Development and evaluation of a Recovery College fidelity measure

Rebecca Toney BA [1]
Jane Knight [2]
Kate Hamill [3]
Anna Taylor MSc [4]
Claire Henderson PhD [4][5]
Adam Crowther MSc [6]
Sara Meddings DClinPsy [6]
Skye Barbic PhD OT [7]
Helen Jennings MSc [8]
Kristian Pollock PhD [1]
Peter Bates MA [9]
Julie Repper PhD [10]
Mike Slade PhD [1]

[1] School of Health Sciences, Institute of Mental Health, University of Nottingham
[2] RECOLLECT Lived Experience Advisory Panel
[3] Leicestershire Partnership NHS Trust
[4] Health Service and Population Research Department, King's College London, Institute of Psychiatry, Psychology and Neurosciences
[5] South London and Maudsley NHS Foundation Trust
[6] Sussex Partnership NHS Foundation Trust
[7] Occupational Science and Occupational Therapy, University of British Columbia
[8] Occupational Therapy, York St John University
[9] Peter Bates Associates Ltd, Nottingham
[10] ImROC, Nottinghamshire Healthcare NHS Foundation Trust

Corresponding author
Prof Mike Slade
Email: m.slade@nottingham.ac.uk

ABSTRACT

Objective

Recovery Colleges are widespread, with little empirical research on their key components. This study aimed to characterise key components of Recovery Colleges, and to develop and evaluate (i) a developmental checklist and (ii) a quantitative fidelity measure.

Methods

Key components were identified through a systematised literature review, international expert consultation (n=77) and semi-structured interviews with Recovery College managers across England (n=10). A checklist was developed, and refined through semi-structured interviews with Recovery College students, trainers and managers (n=44) in three sites. A fidelity measure was adapted from the checklist and evaluated with Recovery College managers (n=39, 52%), clinicians providing psychoeducational courses (n=11) and adult education lecturers (n=10).

Results

Twelve components were identified, comprising seven non-modifiable components (Valuing equality; Learning; Tailored to the student; Co-production of the Recovery College; Social connectedness; Community focus; and

Commitment to recovery) and five modifiable components (Available to all; Location; Distinctiveness of course content; Strengths-based; and Progressive). The checklist has service user student, peer trainer and manager versions. The fidelity measure meets scaling assumptions and demonstrates adequate internal consistency (0.72), test-retest reliability (0.60), content validity and discriminant validity.

Conclusions

Co-production and an orientation to adult learning should be the highest priority in developing Recovery Colleges. The creation of the first theory-based empirically-evaluated developmental checklist and fidelity measure (both downloadable at researchintorecovery.com/recollect) for Recovery Colleges will help service users understand what Recovery Colleges offer, will inform decision-making by clinicians and commissioners about Recovery Colleges, and will enable formal evaluation of their impact on students.

Introduction

Recovery Colleges are a novel approach to supporting people living with mental health problems through adult education rather than through treatment[1]. They are proposed to be collaborative, strengths-based, person-centred, inclusive and community-focused[2]. The concept of 'recovery education' – supporting recovery in relation to mental health problems through education – was developed in Boston and Phoenix in the 1990s. In the past decade a model of Recovery Colleges with a greater emphasis on adult learning and co-production has emerged in the United Kingdom. The first Recovery College opened in 2009, and there are now over 80 operating in the United Kingdom[3]. The Recovery College model developed in England has been widely replicated internationally. Sometimes called 'Discovery centres' or 'Empowerment Colleges' or 'Recovery Academies', Recovery Colleges are now open in Australian, Bulgaria, Canada, Hong Kong, Ireland, Italy, Japan, Netherlands, Norway, Poland and Uganda, among others[4], and an international community of practice has been established[5]. For example, around five Recovery Colleges have opened in Canada since 2017[6], and a further 15 to 20 are planned to open in the next few years. Recovery Colleges are emerging internationally as a central feature of system transformation towards a recovery orientation[7].

Available evidence consistently suggests that Recovery Colleges are associated with positive outcomes for students, including increased wellbeing and achievement of personally valued goals[8-10]. However, most evaluations use uncontrolled and retrospective designs, and despite widespread implementation, only limited evaluative research has been undertaken[5]. An important knowledge gap is how Recovery Colleges can be distinguished from other forms of treatment and support.

The aim of this study was to characterise the key components of Recovery Colleges, and to develop and evaluate a checklist to support the development of Recovery Colleges and a fidelity measure to provide a quantitative fidelity score for use in future evaluations of Recovery Colleges.

Methods

This research was undertaken as part of the Recovery Colleges Evaluation, Characterisation and Testing (RECOLLECT) Study (researchintorecovery.com/recollect). Other elements of the RECOLLECT Study have investigated mechanisms of action and outcomes from Recovery Colleges for students[11] and for staff, service and society[12], and developed a methodology for collaborative data analysis involving people with lived

experience[13]. Ethical Committee approval for the RECOLLECT Study was obtained (Nottingham REC 1, 18.1.17, 16/EM/0484). All participants provided written (or verbal when interviewed by phone) informed consent.

Design

In summary, a coding framework identifying key components of Recovery Colleges was iteratively developed through literature review, expert consultation and semi-structured interviews with Recovery College managers. This framework was used as the theory base for the RECOLLECT checklist, a multi-perspective assessment of fidelity components to inform local development, and then refined through diverse stakeholder interviews and expert consultation. The checklist was then converted into the RECOLLECT fidelity measure, a single-informant assessment producing a quantitative summary fidelity score. The fidelity measure was evaluated with Recovery College managers, clinicians and adult education lecturers.

Setting

The main study sites were Recovery Colleges in Leicester, London and Sussex in England.

Procedure

A systematised review was conducted[14]. Inclusion criteria: publication relating primarily to Recovery Colleges; proposing fidelity criteria for Recovery Colleges; online publication date 2016 or earlier; available in electronic form; English-language. Exclusion criterion: College prospectus, i.e. course lists for a specific College. Publications were collated from: a repository listing published peer-reviewed academic publications (researchintorecovery.com/recoverycolleges); expert consultation with (i) the Implementing Recovery through Organisational Change (ImROC) national transformation programme who lead the development of Recovery Colleges in England and internationally (n=7), (ii) international advisory board of seven experts involved in Recovery Colleges outside England, (iii) the Recovery College International Community of Practice (n=54); conference abstracts (Refocus on Recovery 2010/2012/2014/2017, ENMESH 2011/2013/2015) with author contact; publications citing included articles using Web of Science; reference lists of included publications. Fidelity criteria proposals from included papers were synthesised in consultation with ImROC to generate preliminary proposals for (a) candidate key components of a Recovery College, (b) measurable indicators which could be used to assess each component, (c) potential sources of evidence for the indicators and (d)

stakeholder perspectives. Refinements following comments by the international advisory board were made, to develop a preliminary coding framework.

Semi-structured interviews were conducted with Recovery College managers in ten sites around England between March and May 2017. Sites were chosen to be heterogeneous in terms of geographical spread, commissioning arrangements, longevity and operating model, for example one building versus multiple community venues, or differing levels of co-production. The topic guide comprised open-ended questions such as *What are the aims of a Recovery College?* followed by consultation on the contents of the preliminary coding framework. Interviews were conducted by telephone and immediately transcribed verbatim for thematic analysis. The coding framework was modified based on this analysis, and used as the theory basis for an initial checklist, identifying descriptors for ratings of each dimension from three perspectives: service user student, defined as a Recovery College student who is using secondary care mental health services now or in the last two years; peer trainer defined as a trainer who has lived experience of mental health challenges and recovery; and Recovery College manager.

The initial checklist was piloted in face-to-face interviews with stakeholders with direct experience of Recovery Colleges in the three study sites. Participants completed the initial checklist and were then interviewed about its comprehensiveness, acceptability and usability. The initial checklist was commented on by four expert groups (n=77 in total): ImROC (n=7); the international advisory board (n=7); the Recovery College International Community of Practice (n=54) comprising international experts in developing or evaluating Recovery Colleges; and a lived experience advisory panel comprising mental health service user Recovery College students and non-students, and family members (n=9)[13]. Refinements produced the finalised coding framework and RECOLLECT Checklist.

The RECOLLECT Checklist was modified by the research team to create a fidelity measure completed by a Recovery College manager to produce a quantitative rating for each component. Between September and November 2018 all Recovery College managers in England (n=75) were asked to complete this fidelity measure twice two weeks apart, and to provide feedback on face and content validity, comprehensiveness, acceptability and usability either by email or though cognitive debriefing[15] in person where feasible. To investigate discriminant validity, the fidelity measure was completed by (a)

clinicians in the three study sites in relation to psychoeducational courses they provided in adult mental health services, i.e. not in Recovery Colleges and (b) by adult education college lecturers local to the study sites in relation to their college courses. Refinements were made following feedback and psychometric evaluation to produce the finalised RECOLLECT Fidelity Measure, with minor adjustments made to the RECOLLECT Checklist to ensure consistency.

Analysis

Qualitative data used to develop the coding framework were analysed using the Framework Method[16]. Initial proposals for candidate components were used to shape the preliminary coding framework, which was further developed through open coding and an iterative process of individual analysis and joint discussion between six researchers with backgrounds in psychotherapy, occupational therapy, clinical psychology and social anthropology backgrounds, spanning junior and senior roles, and including people with personal and family experience of mental health issues. This allowed the emergence of unanticipated categories rather than restricting the investigation to predetermined concepts or prejudging the significance of concepts.

Psychometric evaluation used correlational and descriptive analyses for data quality (missing data), scale assumptions (legitimacy of summing items, using similarity of item means and variances; magnitude and similarity of corrected item-total correlations), scale-to-sample targeting (score means and standard deviation; floor and ceiling effects) and reliability (Cronbach's alpha, test-retest). A rating of 'Type 2' was arbitrarily assumed to be higher fidelity. Fit, defined as the extent to which items capture the fidelity of Recovery Colleges, was tested by visually inspecting (a) the ordering of the response options, (b) the ordering of the item thresholds, and (c) two statistical indicators: item fit residuals (±2.5) and chi-square. Discriminant validity was evaluated using independent sample tests comparing total and item-level scores on ratings by Recovery Colleges and (a) clinicians and (b) adult education lecturers.

Results

Key components

Thirteen publications were included (online supplement 1). Primary published sources which informed the coding framework were a briefing paper on Recovery Colleges[1] and a single-site study of Recovery College characteristics[2]. Other publications were overviews of recovery college

components[17] and of emerging communities of practice[5 18], reviews of key aspects (co-production[19-21], outcomes[8 22], recovery[23]) and preliminary evaluations of impacts on staff[24] and services[25].

The coding framework after literature review and expert consultation comprised seven components and 12 measurable indicators (Table 1, column 1).

Table 1 here

Interviews with 10 Recovery College managers were conducted to refine the coding framework, comprising six modifiable and five non-modifiable components (Table 1, column 2). For non-modifiable components, Education became Learning as most participants voiced an opinion that the word 'education' is reminiscent for students of school and does not capture the adult learning ethos: *"It's a very different form of education because it's an engagement in the ideas ... you're not just learning it, you're trying it out. You learn by the method of trying"* (#1). Person-centred became Individualised Experience reflecting the language choices of interviewees. The components Valuing Equality and Passion were added because interviewees made repeated

and emphatic references to challenging stigma and discrimination and to the investment of personal, emotional energy:

> *The balance is totally different and we are more sort-of partners. We work together. Rather than staff doing something for patients, it's more sort-of, coaching* (#4).

> *[A basic definition of a Recovery College] misses the passion. The impact. The kind-of emotional impact that Recovery Colleges have. I think that unfortunately in this day and age with everything that's going on in services and particularly within mental health services … I think it's [passion] less and less likely to be found in other places* (#3).

The five modifiable components described characteristics, defined in Table 2, in which individual Recovery Colleges operate in one of two distinct ways. Each modifiable component is independent of the others, so Recovery Colleges could be Type 1 on some modifiable components and Type 2 on others.

RECOLLECT Checklist

The initial checklist was developed based on the 11 identified components, with different versions for service user students, peer trainers and Recovery College managers. It was evaluated in interviews with three Recovery College managers, 11 peer and non-peer trainers and 30 service user students. Interview participants emphasised the importance of Social Connectedness which was introduced as a new component. The component Passion was re-phrased to Commitment To Recovery. Language was made more accessible and more indicators and examples of evidence were given. The final coding framework comprises 12 components (Table 1 column 3).

Table 2 here

The framework was used to finalise the RECOLLECT Checklist (Online Supplement 2) and the RECOLLECT Fidelity Measure.

RECOLLECT Fidelity Measure

Thirty-nine (52%) of the 75 Recovery College managers in England completed the RECOLLECT Fidelity Measure and provided feedback in interview (n=8) or by telephone / email (n=31), and 23 (59%) re-completed the Fidelity Measure

two weeks later. Eleven clinicians completed the measure in relation to their psychoeducational groups in NHS adult mental health services, and ten lecturers from local adult (18+) further education colleges completed the measure in relation to their college courses. Descriptions of key components and anchor points were refined, and completion by a group of key informants rather than just the Recovery College manager was allowed. The description of key components (Table 2) and the RECOLLECT Fidelity Measure (Online Supplement 3) were finalised.

Data quality was high, scaling assumptions were met (items had similar mean and scale scores spanning the measurement continuum), no floor/ceiling effects were found, Cronbach's alpha (0.72) and test-retest intraclass correlation coefficients (0.60) were acceptable, and kappa coefficient (0.48) for items 8-12 indicate moderate agreement, providing initial evidence for reliability (Table 3). Item-level intra-class correlation coefficients (range 0.63-0.81) were above the suggest minimum of 0.50.

Table 3 here

In relation to construct validity, the fit of items was consistent with the item-person threshold map (not shown). In Table 4, items are listed in terms of easiest (indicating lower fidelity if not endorsed) to most difficult (indicating higher fidelity if endorsed). This item hierarchy (i.e. the construct validity) can be interpreted to be an ordered list of fidelity items, with Co-production Of The Recovery College (item 4) and Learning (item 2) emerging as the easiest items to endorse, and Available To All (item 8), Strengths-based (item 11) and Distinctiveness Of Course Content (item 10) as most difficult. The Location component (item 9) showed evidence for borderline misfit. Removing this borderline redundant item did not improve internal consistency, but given the theoretical rationale for including the item it was retained for future testing. The hierarchy of item difficulties provides evidence to support the intentions of the measure, and informs how the total score can be interpreted in a clinically meaningful way (i.e. clinical utility). The ordering of the items also informs implementation approaches.

Table 4 here

Total scores for Recovery College managers for their Recovery College (mean 13.73, SD 2.55) were significantly different compared with clinicians rating their

psychoeducational groups (mean 7.36, SD 2.41) (t=7.58, p<0.01). All items showed strong evidence for discriminating except component 11 (Strengths-based). There was no significant difference between scores for Recovery College managers rating their Recovery College and adult education lecturers rating their further education courses (t=0.710, p=0.480), but at the component level significant differences were found for Co-production Of The Recovery College (t=3.10, p=0.003) and Progressive (t=2.470, p=0.016). The differences found in both comparisons were due to Recovery College managers rating higher fidelity than the comparator group.

Discussion

This mixed-methods study identified seven non-modifiable and five modifiable components of Recovery Colleges. A new checklist to support Recovery College development and a new fidelity measure supporting Recovery College evaluation were developed and evaluated. The fidelity measure has good internal consistency, adequate test-retest reliability, good content validity and can differentiate Recovery Colleges from clinician-run psychosocial groups and adult education courses. Other RECOLLECT studies have characterised the mechanisms of action and outcomes for mental health service user students[11]

and staff[12] attending Recovery Colleges. Together these provide a theory of change for Recovery Colleges, characterising what they do and their impact.

Rasch analysis found that Co-production Of The Recovery College and Learning were the most likely components to be endorsed, so if they are not high then other fidelity components are less likely to be endorsed. Therefore use of co-production and adult learning approaches should be the initial focus in developing a new Recovery College, and once these are achieved other components should be prioritised as per the ordered list in Table 4.

A key paper identified in the review was a single-site study identifying seven critical dimensions (Educational; Collaborative; Strengths based; Person-centred; Progressive; Community focused; Inclusive)[2], which have been informally published as an un-validated fidelity measure[26]. Extensions in the current study were collection of data from over half of the 75 Recovery Colleges in England allowing identification of modifiable components, more detailed evaluation of proposed concepts and language across a wide range of stakeholders, and the development, preliminary psychometric evaluation and publication of a checklist and measure. Components identified in our study also map onto the findings from a recent systematic review[9]. Based on analysis of

77 included publications, the authors highlighted the central importance of an educational approach and of co-design, aligning with our findings that co-production and learning are the foundational components of a Recovery College.

Co-production has been identified as a core value for psychiatrists[27], reflecting the increasing focus in general on co-production in health care[28]. A reported strength of Recovery Colleges is that they provide an alternative space in which a co-productive culture can more easily emerge than in traditional mental health services. Contrasts include: use of pedagogical approaches such as transformative learning theory[29] as the underpinning model, within which active engagement is assumed; the use of more socially valued labels (e.g. 'student' not 'patient' or 'service user'); a reduced focus on risk management; and a stronger emphasis on the ethical values of autonomy and justice rather than on beneficence and non-maleficence[30]. One way in which co-production is enacted in Recovery Colleges is in the planning and delivery of training, typically involving a peer trainer bringing lived experience and a non-peer trainer bringing professional expertise. Hope is central to recovery[31], and attending courses co-delivered with peer trainers both gives students contact with 'credible role models of recovery'[32] in the peer trainer and exposes them to

potentially more partnership-based clinician-service user relationships, both of which increase hope[33]. The UK model of Recovery Colleges retains a focus on involvement from health professionals, so cannot be described as a peer-led[34] approach. Other models emerging internationally have more peer leadership and less professional involvement[18]; these models raise different questions not addressed in the current study, such as whether professionals are sufficiently involved in co-production, and how the Recovery College can impact on mental health system culture.

We found a consensus that a focus on learning is central to Recovery Colleges. The success of Recovery Colleges may be attributable to this focus – students like to learn what Recovery Colleges offer, they like the way that courses are delivered, and learning improves wellbeing[35] [36]. However, few participants talked about theoretical aspects of education, such as situated learning[37] and collaborative construction of knowledge[38]. A study interviewing 10 psychiatrists about their views on Recovery Colleges found that they viewed the approach positively as a form of service user involvement, whilst expressing concerns about their approach to risk management and safeguarding issues, and whether they may encourage medication non-adherence[39]. Future research should clarify the extent to which these concerns relates to the specific Recovery

College, perhaps assessed using the RECOLLECT Fidelity Measure, or more conceptual concerns relating to the development of non-medical discourses about for example the role of medication and mental health services in recovery.

Other non-modifiable components of Recovery Colleges were Valuing Equality and Commitment To Recovery. These were often expressed as sub-cultural values held in the Recovery College, and typically described as being in contrast to the wider mental health system, reflecting wider debates about recovery and medicine[40]. Stigma against people using mental health systems is a known problem[41], and Recovery Colleges seem to offer a space of acceptance. Both staff and student respondents identified benefits arising from a reduced emphasis on hierarchies of power, less of a 'them and us' distinction, and the creation of a space in which passion about recovery was possible, reflecting an organisational commitment to recovery[42]. Similarly, supporting Social Connectedness was a particular focus in Recovery Colleges, reflecting the established importance of connectedness[23 43 44] and social capital[33 45 46] for recovery.

None of the studies included in our review as proposing Recovery College fidelity criteria[1 2 4 9] identified modifiable components. Recovery Colleges can be understood as a complex intervention, defined as one in which flexibility and tailoring of the intervention is permitted[47]. The most recent overview of Recovery Colleges in England identified the need for more robust research, but cautioned that '*it is important that this does not ossify what is a continually evolving creation*' (p.32)[4]. A balance needs to be struck between defining the necessary features of a Recovery College whilst encouraging ongoing innovation, and our identification and defining of non-modifiable components (without which the service is not a Recovery College) and modifiable components (for which local tailoring is possible) provides an approach to striking this balance.

Limitations can be identified. The systematised search strategy may have missed key publications, although a systematic review published after the study[9] did not identify any relevant papers not included in our review. The psychometric evaluation is based on a small sample size, although it includes responses from over half of all Recovery Colleges in England, so the psychometric characteristics of the RECOLLECT Fidelity Measure for other Recovery Colleges in England is unknown. Finally, no staff students were

involved in the interviews, and the RECOLLECT checklist has versions only for service user students, peer trainers and Recovery College Managers. Future work might develop and evaluate versions of the checklist for staff students and non-peer trainers.

The preliminary psychometric evaluation of the fidelity measure indicated further work may be needed to strengthen the test-retest reliability (e.g. by improving the anchor points), to validate the item hierarchy (e.g. using qualitative methods), and to investigate whether the Location component can be adequately rated. Once finalised, future work will need to investigate the relationship between the 12 components and outcomes, to validate the RECOLLECT Measure and to establish whether any of the non-modifiable elements can be modified, and vice versa. Given the international spread of Recovery Colleges, it will also be important to establish cross-cultural validity of this UK-developed measure. Just as other recovery interventions require cross-cultural modification, such as peer support work[48], the conceptual equivalence of measured concepts such as 'equality', 'community' and 'co-production' will need to be established in other settings. Some items are based on assumptions, e.g. the Location item is premised on the assumption that a health

and social care system exists, which may not be the case in low income settings.

The item hierarchy provides an ordering to inform interventions to improve Recovery College fidelity, and the initial focus should be on establishing co-production and an adult learning environment before addressing other components.

Conclusions

There is a strong business case for Recovery Colleges as part of a broader re-orientation of mental health systems towards recovery[49], yet no trials have been published[9]. This study provides a basis for fidelity evaluation in a randomised controlled trial evaluation of Recovery Colleges.

Data access

Provided in separate supplemental file.

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Declaration of interests

Julie Repper is Director of ImROC, which supports the implementation of Recovery Colleges. No conflicts of interests are declared for any other author.

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Figure 1: Study design flow chart

Table 1: Summary of the development of the RECOLLECT Checklist and RECOLLECT Fidelity Measure

Coding framework after literature review and expert consultation	Coding framework after manager interviews	Final coding framework used in RECOLLECT Checklist and RECOLLECT Fidelity Measure
Components	**Non-modifiable components**	**Non-modifiable components**
1. Education	1. Valuing Equality	Versions: service user students, peer trainers, Recovery College manager
2. Co-production	2. Learning	Scoring: 3-point ordinal scale [Checklist: Red-Amber-Green, Measure: 0, 1, 2]
3. Strengths-based	3. Individualised Experience	Rating for highest score (student version) shown
4. Person-centred	4. Co-production	**1. Valuing Equality** – I am treated with respect and my views are valued
5. Progressive	5. Community Focus	**2. Learning** – I feel fully involved in my learning and my ideas are valued by everyone
6. Community Focused	6. Passion	**3. Tailored To The Student** – I am provided with lots of support for my personal needs
7. Inclusive		**4. Co-production Of The Recovery College** – All of the courses I attend are delivered
	Modifiable components	by a peer trainer and someone else. I can be regularly involved in shaping how the
Measurable indicators	1. Eligibility	Recovery College is run
1. Physical base	2. Location	**5. Social Connectedness** – The college feels relaxed and I have time to get to know
2. College principles	3. Course Distinctiveness	other students during courses and when using the college's other facilities
3. Self-referral	4. Strengths-based	**6. Community Focus** – Lots of courses are delivered by community organisations and I
4. Course selection	5. Progressive	am aware of how I can be supported to move from the college to being in a
5. Personal tutors		community organisation for ongoing support or activity

6. Individual learning plan	**Perspectives**	7. **Commitment To Recovery** – Staff are passionate and dedicated to recovery
7. Not assessment and treatment	• service user student	
8. Not mainstream college	• peer trainer	**Modifiable components**
	• Recovery College manager	Version: Recovery College manager
9. Recovery principles		Scoring: binary rating [Type 1 or Type 2]. See Table 2 for anchor points.
10. Free of charge		8. **Available To All**
11. A safe place		9. **Location**
12. Empathic, warm and welcoming staff		10. **Distinctiveness Of Course Content**
		11. **Strengths-based**
		12. **Progressive**

Table 2: Components (n=12) of the RECOLLECT Checklist and RECOLLECT Fidelity Measure

Non-modifiable components	Description
1. Valuing Equality	Relationships between all students, peer trainers, non-peer trainers and other staff are non-discriminatory and respectful of diversity. No one is judged or treated differently because of their background or mental health difficulties, and everyone's contribution is equally valued.
2. Learning	Recovery Colleges follow an adult education approach whereby students and trainers collaborate and learn from each other by sharing experiences, knowledge and skills. Students have responsibility for their learning and learn through interactive and reflective exercises. Students gain self-awareness, understanding of their difficulties and practical, relevant self-management skills. Students choose courses which best suit their interests and aspirations.
3. Tailored To The Student	Recovery Colleges do not offer a one-size-fits-all experience. Students' individual needs are actively enquired about and accommodated during courses (e.g. personalised handouts, translated text, materials adapted for learning difficulties). Their needs outside the course are also accommodated (e.g. buddy service, transport help, individual learning plans).
4. Co-production Of The Recovery College	People with lived experience (peer trainers and students) are brought together with staff and professional/subject experts to

	design and deliver all aspects of the Recovery College. This includes collaborative decision-making about the prospectus, courses, college policies, staff recruitment, advertising, etc., as well as the co-design and co-delivery of all courses by a peer and non-peer trainer.
5. Social Connectedness	The culture and the physical environment of the college provide students with opportunities to develop informal, meaningful connections with others. The learning space is relaxed, e.g. non-clinical chair layout, access to drinks facilities, shared spaces for socialising. Trainers recognise and cater for students' social needs, e.g. organising exercises and breaks for chatting, sharing experiences and developing friendships.
6. Community Focus	Recovery Colleges engage with community organisations (e.g. mental health charities, artistic/sporting groups) and Further Education colleges to co-produce relevant courses. The college provides students with information, handouts and events which support students' pathways into valued activities, roles, relationships and support in the community.
7. Commitment To Recovery	Recovery Colleges are passionate places where staff talk with conviction and enthusiasm about the service and are dedicated to students' recovery. There is a tangible energy to the college and its activity, and an expression of shared values about the recovery principles on which the college is based.
Modifiable components	*Type 1 VERSUS Type 2*
8. Available To All	Only minimal restrictions (e.g. aged 18+) VERSUS limited to specific groups (e.g. mental health service users, staff and family

	members)
9. Location	In a community location not connect with services VERSUS in a location shared with services
10. Distinctiveness Of Course Content	Any topic can be offered as a course VERSUS only topics not available in mainstream adult education settings are offered
11. Strengths-based	The focus on strengths (not problems) is implicit VERSUS explicit
12. Progressive	The focus is on 'being' and 'becoming' (not on goal-setting) VERSUS the focus is on 'becoming'.

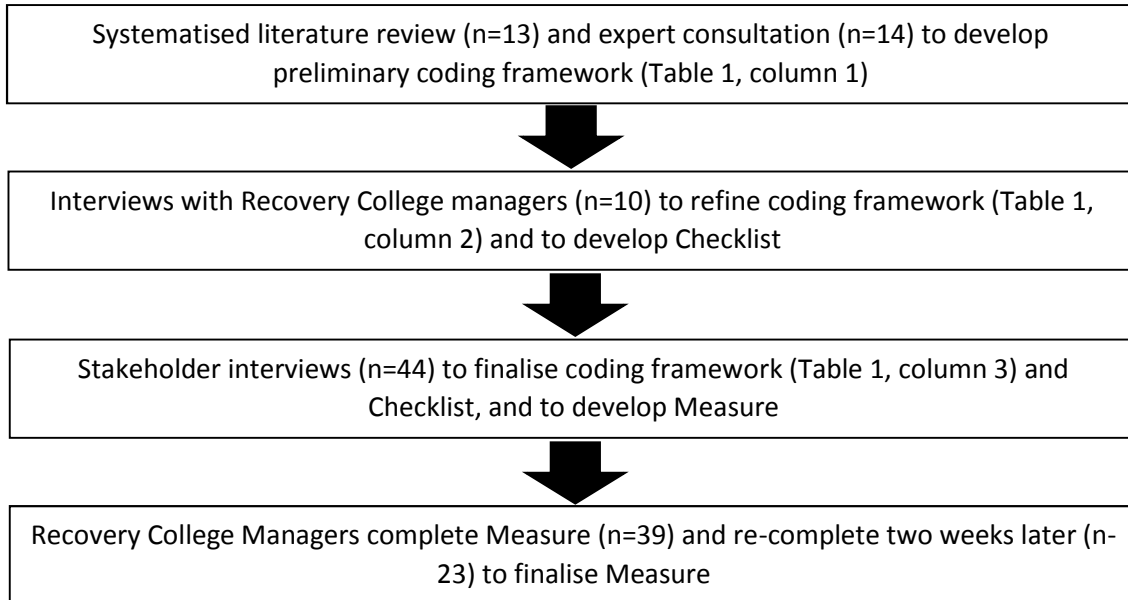**Table 3: Data quality, scaling assumptions, targeting and reliability for RECOLLECT Fidelity Measure (n=39)**

Psychometric property	Total
Data Quality	
Missing data Time 1 (%)	2.4
Missing data Time 2 (%)	0.4
Scaling assumptions[a]	
Item 1-7 mean scores: mean (range)	1.58 (1.33-1.87)
Item 1-7 SD: range	0.41-0.67
Item 8-12 mean scores: mean (range)	0.55 (0.41-0.69)
Item 8-12 SD: range	0.49-0.50
Targeting	
Mean score (SD)	13.73 (2.55)
Possible score range[b]	0-19
Observed score range	8-18
Floor/Ceiling effect[c]	0% / 0%
Reliability of items 1-7	
Cronbach's alpha	0.72
Test-retest	0.60
Mean inter-item correlation	0.02-0.49
Reliability of items 8-12	
Kappa coefficient	0.48

[a] Items 1-7 have an ordinal response scale scored 0-3; items 8-12 have a dichotomous response scale, scored as 0 or 1. [b] Higher scores indicate higher fidelity. [c] Floor effect=% receiving a score

of 0; ceiling effect=% receiving a score of 19

Table 4: Measures of fit and location (SE) of RECOLLECT Fidelity Measure items (n=39)

Component	Location	SE	Fit Residual	Chi^2 df (32,2)	*p*
4. Co-production Of The Recovery College	-3.70	0.37	-0.26	3.44	0.179
2. Learning	-3.53	0.36	0.03	6.84	0.033
1. Valuing Equality	-0.58	0.30	-0.22	4.04	0.132
7. Commitment To Recovery	-0.55	0.30	-2.15	9.42	0.009
5. Social Connectedness	-0.05	0.33	0.70	3.74	0.154
3. Tailored To The Student	-0.04	0.31	-0.01	5.92	0.053
6. Community Focus	0.63	0.26	-0.03	7.50	0.024
12. Progressive	1.21	0.39	1.54	7.00	0.030
9. Location	1.27	0.39	**3.20**	**18.59**	**< 0.001**
8. Available To All	1.41	0.38	1.99	5.77	0.059
11. Strengths-based	1.57	0.38	1.42	4.81	0.090
10. Distinctiveness Of Course Content	2.37	0.38	0.92	2.91	0.233

Systematised literature review (n=13) and expert consultation (n=14) to develop preliminary coding framework (Table 1, column 1)

⬇

Interviews with Recovery College managers (n=10) to refine coding framework (Table 1, column 2) and to develop Checklist

⬇

Stakeholder interviews (n=44) to finalise coding framework (Table 1, column 3) and Checklist, and to develop Measure

⬇

Recovery College Managers complete Measure (n=39) and re-complete two weeks later (n-23) to finalise Measure

Online Supplement 1: Published sources (n=13)

Source	Reference
	McGregor J, Repper J, Brown H (2014) *"The college is so different from anything I have done". A study of the characteristics of Nottingham Recovery College,* Journal of Mental Health Training, Education and Practice, **9**, 3-15.
	Perkins R, Repper J, Rinaldi M, Brown H (2012) *Recovery Colleges. Implementing Recovery Through Organisational Change*, Mental Health Network NHS Confederation, Centre for Mental Health, London.
	Mind (2016) *Australasian Recovery College Community of Practice Inaugural Meeting*, Victoria: Mind.
	Meddings S, McGregor J, Roeg W, Shepherd G (2015) *Recovery colleges: quality and outcomes*, Mental Health and Social Inclusion, **19**, 4, 212-222.
	Shepherd G, McGregor J, Meddings S, Roeg W (2017) *Recovery Colleges and Co-production.* In: Slade M, Oades L, Jarden A (eds) "Wellbeing, Recovery and Mental Health" Cambridge: Cambridge University Press, 181-193.
	Perkins A, Ridler J, Hammond L, Davies S, Hackmann C (2017) *Impacts of attending recovery colleges on NHS staff*, Mental Health and Social Inclusion, **21**, 1, 18-24.
	Shepherd G, Boardman, J., Rinaldi, M., Roberts, G. ImROC *Briefing paper 8. Supporting recovery in mental health services: Quality and Outcomes*, London: Implementing Recovery through Organisational Change 2014.
	Leamy M, Bird V, Le Boutillier C, Williams J, Slade M (2011) *Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis*, British Journal of Psychiatry, **199**, 445-452.
	McGregor J, Brophy L, Hardy D, Hoban D, Meddings S, Repper J, Rinaldi M, Roeg W, Shepherd G, Slade M, Smelson D, Stergiopoulos V, on behalf of RCICoP Group (2016) *Proceedings of June 2015 Meeting*, Recovery Colleges International Community of Practice (RCICoP)
	Rinaldi M, Morland M, Wybourn S (2012) *Annual Report 2011-2012 South West London Recovery College*, London: South West London and St George's Mental Health NHS Trust.
	Watson E (2013) *What Makes a Recovery College? A Systematic Literature Review of Recovery Education in Mental Health*, Nottingham: MHSC Dissertation.
	Meddings S, Byrne D, Barnicoat S, Campbell E, Locks L (2014) *Co-Delivered and Co–Produced: Creating a Recovery College in Partnership*, Journal of Mental Health Training, Education and Practice, **9**, 16-25.
	King T (2015) *An Exploratory Study of Co-Production In Recovery Colleges In The UK*, MSc thesis, University of Brighton.

Online Supplement 2

RECOLLECT Checklist for Recovery Colleges

(The RECOLLECT Checklist is downloadable from researchintorecovery.com/recollect)

RECOLLECT Checklist for Recovery Colleges
Please note that the RECOLLECT Checklist is copyrighted and must not be changed without permission.
Further information: researchintorecovery.com/recollect

STUDENT VERSION

Please complete this version if you are a Recovery College student who also uses (or has used in the last two years) mental health services.

DESCRIPTION
This Checklist is designed to evaluate how close your Recovery College is to our best understanding of an ideal Recovery College, in order to help with further development. It is a tool which is intended to help you to further develop your college by encouraging you to reflect on your college's current strengths and areas for development. It does not produce a numerical score. There are three versions of the Checklist: one for students, one for peer trainers and one for the Recovery College manager. This is the student version. We recognise how Recovery Colleges are co-produced and co-delivered and so you may choose to use any version of the Checklist as a team. However, only the Recovery College Manager's version includes Part 2 which characterises five further components of Recovery Colleges.
INSTRUCTIONS
The following pages list seven key dimensions of a Recovery College. For each dimension, there are three statements which describe a Recovery College that is early in its development (**RED**), making good progress (**AMBER**) and matching our best understanding of an ideal Recovery College (**GREEN**) standard. For each dimension, **please TICK the statement which best matches your own views and experience of your Recovery College.**

1. Valuing equality: The contributions and assets of students, trainers (peers, clinicians, external) and other staff are equally valued. No one is judged or treated differently because of their background or mental health difficulties.

RED	AMBER	GREEN
☐ **I am treated like a patient** I feel somewhat like a 'patient' in the Recovery College: judged and treated differently because of my mental health difficulties. I do not feel my voice is valued during courses and do not feel respected by trainers and other staff.	☐ **I am welcomed but still sometimes feel treated differently** I feel welcomed in the Recovery College and do not feel discriminated against. There is a clear difference in my relationships with Recovery College staff and with other students. Sometimes I feel left out by staff or that it's difficult to talk one-to-one with them if they're busy.	☐ **I am treated with respect and my views are valued** I am welcomed as a person, not a patient. I am treated with respect and dignity. I feel that my voice and views are as valuable as everyone else's (students, trainers, other staff). Trainers demonstrate patience and understanding of my values and uniqueness.
Comments (optional)		

2. Learning: Recovery Colleges follow an adult education approach whereby students and trainers collaborate and learn from each other by sharing experiences, knowledge and skills. Students have responsibility for their learning and learn through interactive and reflective exercises. Students gain self-awareness, understanding of their difficulties and practical, relevant self-management skills. Students choose courses which best suit their interests and aspirations.

RED	AMBER	GREEN
☐ **I am told information rather than actively learning or sharing my own ideas** I have a passive learning experience where I am 'taught' and given information rather than actively learning. I am not invited to 'get involved', for example by sharing my experience/ideas or taking part in group exercises. I do not feel there is a dialogue between the students so that we can learn from each other. What I learn is not particularly relevant to me or useful for self-managing my difficulties.	☐ **I occasionally contribute my ideas but don't learn from other students** I learn from Peer Trainers and 'professionals'. However, students are only occasionally invited to contribute their experience and ideas, and so do not have much opportunity to learn from each other. The learning could be more interactive and everyone more involved. I value the knowledge I gain but I do not necessarily learn practical skills which I can use to support myself in everyday life.	☐ **I feel fully involved in the learning and my ideas are valued by everyone.** I learn from other students, Peer Trainers and 'professionals'. I believe that all of the trainers are skilled at sharing their knowledge and expertise in an educational way. I experience active and collaborative learning. I am given lots of time to speak. My experience and ideas are invited and valued, and all students learn from one another. The things I learn are relevant, practical and allow me to manage my life better.
Comments (optional)		

3. Tailored to the student: Recovery Colleges don't offer a one-size-fits-all experience. Students' individual needs are actively enquired about and accommodated during courses (e.g. personalised handouts, translated text, materials adapted for learning difficulties). Their needs outside the course are also accommodated (e.g. buddy service, transport help, individual learning plans).

RED	AMBER	GREEN
☐ **I am not provided with support for my personal needs** I am provided with the same level of support as everyone else both during and outside the classes. Staff do not actively ask about or make it easy to express my personal needs, or they do not address my needs if they are aware of them.	☐ **I am provided with some support for personal needs, but not as much as I'd like** I have opportunities to express my individual needs but receive only moderate support for them. I receive some learning materials and self-management tools that are personalised for my own development but not as many as I'd like.	☐ **I am provided with lots of support for my personal needs** The college is very accommodating and I receive lots of individualised support if I need it. I receive a range of personalised learning materials and resources to take home and keep.
Comments (optional)		

4. Co-production of the Recovery College: People with lived experience (Peer Trainers and students) are brought together with professionals and subject experts to design and deliver all aspects of the Recovery College. This includes collaborative decision-making about the prospectus, courses, college policies, staff recruitment, advertising, etc., as well as the co-design and co-delivery of all courses by a Peer Trainer and other subject-expert.

RED	AMBER	GREEN
☐ **Only some of the courses I attend are delivered by a Peer Trainer and someone else. I am not asked to be involved in decision-making about running the Recovery College** I am also not asked about the content of courses, and I am not actively invited to give feedback at the end of courses.	☐ **Most or all of the courses I attend are delivered by a Peer Trainer and someone else. I am sometimes involved in decisions about the running of the Recovery College.** I am also asked for my feedback at the end of courses. I am sometimes invited to help make decisions about the design and running of the Recovery College (helping to design the prospectus, decide on new courses etc.).	☐ **All of the courses I attend are delivered by a Peer Trainer and someone else. I can be regularly involved in shaping how the college is run.** I am also fully aware of a range of ways in which I can get involved in the college's decision-making and feel that my views are as important as staff views.
Comments (optional)		

5. Social connectedness: Both the culture and the physical environment of the college provide students with opportunities to develop connections with others. The learning space is relaxed, e.g. non-clinical chair layout, access to drinks facilities, shared spaces for socialising. Trainers recognise and cater for students' social needs, e.g. organising exercises and breaks for chatting, sharing experiences and developing friendships.

RED	AMBER	GREEN
☐ **The college feels clinical and there are no facilities to relax and socialise.** The atmosphere of the Recovery College and the classrooms feels clinical. The courses are focused on learning rather than including time for students to chat and get to know one another. There are no facilities for students to relax and socialise.	☐ **The college feels welcoming. Some course venues have facilities to relax and socialise and there is time, in courses, to get to know each other.** There is time, during courses, to get to know other students. Whenever possible, we are given chances to socialise and share our experiences (e.g. ice-breaker exercises, coffee breaks).	☐ **The college feels relaxed and I have time to get to know other students during courses and when using the college's other facilities (e.g. rest area).** The college and courses are organised so that I have time and space to get to know other students and make friends The college provides facilities for socialising, such as a café or refreshments and rest area.
Comments (optional)		

6. Community focus: Recovery Colleges engage with community organisations (e.g. mental health charities, artistic/sporting groups) and Further Education colleges to co-produce relevant courses. The college provides students with information, handouts and events which support students' pathways into valued activities, roles, relationships and support in the community.

RED	AMBER	GREEN
☐ **No courses are delivered by community organisations. The college does not give me any information about getting involved with or supported by organisations in the community.** I have not attended any courses which are delivered by community organisations. I am not signposted to relevant community organisations for support or active involvement.	☐ **Some courses are delivered by community organisations and I have been signposted to community organisations for support or activities.** I have attended one or more courses which are delivered by community organisations. I am signposted to relevant community organisations for support or to get involved in activities but I am not aware of any formal opportunities to move from the college to being in a community organisation, such as volunteering.	☐ **Lots of courses are delivered by community organisations and I am aware of how I can be supported to move from the college to being in a community organisation for ongoing support or activity.** I attend several courses which are delivered by community organisations and I am able to access pathways from the college to a community organisation for ongoing support or as a volunteer or other role.
Comments (optional)		

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7. Commitment to recovery: Recovery College workers talk with conviction and enthusiasm about the service and are dedicated to students' recovery. There is a positive energy in the college and its activities, based on shared values about the recovery principles on which the college is based.

RED	AMBER	GREEN
☐ **Staff are polite, but they are not overly passionate about recovery.** I feel that the staff are polite, but they are not overly passionate or engaged, either about the courses or about my recovery.	☐ **Staff are enthusiastic about recovery.** I feel that the staff are enthusiastic and engaged, but no more so than staff in other mental health services that I use. Recovery College staff may be passionate about the course content but not about my recovery	☐ **Staff are passionate and dedicated to recovery.** I feel that the staff are passionate, inspirational and dedicated to recovery and the Recovery College. More so than in other mental health services that I use, staff believe in what they are doing. Staff care and go the extra mile.
Comments (optional)		

RECOLLECT Checklist for Recovery Colleges

PEER TRAINER VERSION

DESCRIPTION
This Checklist is designed to assess how close your Recovery College is to our best understanding of an ideal Recovery College. It is a self-development tool which is intended to help you to further develop your college by encouraging you to reflect on your college's current strengths and areas for development. It does not produce a numerical score.

INSTRUCTIONS
The following pages list seven key dimensions of a Recovery College. For each dimension, there are three statements which describe a Recovery College that is achieving this dimension to a low (**RED**), moderate (**AMBER**) and high (**GREEN**) standard. Please only complete this Checklist if you are a Recovery College peer trainer who has delivered at least one course. For each dimension, **please TICK the statement which best matches <u>your own</u> views and experience of your Recovery College.**

1. Valuing equality

The contributions and assets of students, trainers (peers, clinicians, external) and other staff are equally valued. No one is judged or treated differently because of their background or mental health difficulties.

RED	AMBER	GREEN
☐ I feel less valued than my non-peer colleagues, less supported and have less access to staff resources and training. Expertise is seen as sitting with the non-peer trainer or 'professional'.	☐ I have fewer opportunities, less access to resources and training, and less responsibility than other trainers. I have lots of involvement in college decision-making and/or course delivery and planning, but my expertise, knowledge and skills are sometimes undervalued.	☐ I feel equal to and am given the same opportunities, training, supervision and responsibilities as other trainers. My knowledge and skills are equally respected, and I am seen as just as much an expert as a non-peer trainer.
Comments (optional)		

2. Learning

Recovery Colleges follow an adult education approach whereby students and trainers collaborate and learn from each other by sharing experiences, knowledge and skills. Students have responsibility for their learning and learn through interactive and reflective exercises. Students gain self-awareness, understanding of their difficulties and practical, relevant self-management skills. Students choose courses which best suit their interests and aspirations.

RED	AMBER	GREEN
☐ I do not have any formal understanding of adult education principles and do not receive relevant training. My role in class mainly involves doing things for students and giving information to them (e.g. via handouts and videos). There is little opportunity for the students or myself to share our knowledge and expertise in class.	☐ I have some training and a reasonable understanding of delivering adult education. I occasionally do things for students but I also encourage students to do some reflective and group exercises. Students and I have the opportunity to discuss and share our expertise, but not often.	☐ I have a good understanding of adult education and have received relevant training (e.g. in creating lesson plans, using educational language). Rather than doing things to/for students, my job is to encourage shared learning. I use a range of skills to facilitate this, e.g. allowing time for students and trainers to share their expertise and as much reflective group work as possible.
Comments (optional)		

3. Tailored to the student

Recovery Colleges don't offer a one-size-fits-all experience. Students' individual needs are actively enquired about and accommodated during courses (e.g. personalised handouts, translated text, materials adapted for learning difficulties). Their needs outside the course are also accommodated (e.g. buddy service, transport help, individual learning plans).

RED	AMBER	GREEN
☐ I do not usually ask about my students' individual learning needs or adapt the content or delivery of courses in response to them. I do not ask about my students' needs outside classes (transport needs etc.).	☐ I am aware of students' individual learning or personal needs and give them some opportunity to share these (e.g. via a group agreement), but sometimes I do not/cannot provide individual support (e.g. tailored materials).	☐ I actively enquire about and am responsive to the individual learning and other needs of students, as much as possible in a group setting. I accommodate these through activities such as creating group agreements, tailoring course materials and mentoring.
Comments (optional)		

4. Co-production of the Recovery College

People with lived experience (Peer Trainers and students) are brought together with professionals and subject experts to design and deliver all aspects of the Recovery College. This includes collaborative decision-making about the prospectus, courses, college policies, staff recruitment, advertising, etc., as well as the co-design and co-delivery of all courses.

RED	AMBER	GREEN
☐ I am not involved in decision-making processes about the design or running of the Recovery College. Some courses are not delivered by a Peer Trainer alongside someone else. My involvement in course planning and delivery is sometimes less than the non-peer trainer's involvement.	☐ Most or all courses are equally planned and delivered by a Peer Trainer alongside someone else. I am occasionally involved in decision-making about the design and running of the Recovery College.	☐ I am always an equal partner in the planning, delivery and evaluation of courses. There are a range of ways in which I contribute to decision-making about the running of the college and my voice is equal in importance to others.
Comments (optional)		

5. Social connectedness

Both the culture and the physical environment of the college provide students with opportunities to develop connections with others. The learning space is relaxed, e.g. non-clinical chair layout, access to drinks facilities, shared spaces for socialising. Trainers recognise and cater for students' social needs, e.g. organising exercises and breaks for chatting, sharing experiences and developing friendships.

RED	AMBER	GREEN
☐ I do not organise exercises or set aside time during courses for students to get to know each other. The physical space of the classroom has quite a formal set up and there are rarely any facilities or spaces where students can socialise.	☐ I recognise the need for students to feel connected as a group and I organise exercises for them to get to know each another, such as ice-breakers. Beyond this there is little time or access to resources to provide students with opportunities for socialising at the Recovery College.	☐ I recognise that social connectedness is important for students' learning and recovery. I proactively plan opportunities for students to relax and get to know one another, such as ice-breakers, pairs and groupwork and frequent breaks using the college's rest and refreshment facilities.
Comments (optional)		

6. Community focus

Recovery Colleges engage with community organisations (e.g. mental health charities, artistic/sporting groups) and Further Education colleges to co-produce relevant courses. The college provides students with information, handouts and events which support students' pathways into valued activities, roles, relationships and support in the community.

RED	AMBER	GREEN
☐ I do not co-produce or deliver courses with community organisations. I do not work in partnership with any community organisations and do not learn about community projects and services which may be relevant to students or me.	☐ I co-produce and deliver some courses with community organisations. I occasionally signpost students to relevant community organisations for support. However, I am not aware of any formal opportunities for students to move from the college to an active role within a community organisation.	☐ I co-produce and deliver a range of courses with community organisations. I regularly signpost students to relevant community organisations for support and facilitate pathways for students to move from the college to an active role within a community organisation.
Comments (optional)		

7. Commitment to recovery

Recovery College workers talk with conviction and enthusiasm about the service and are dedicated to students' recovery. There is a positive energy in the college and its activities, based on shared values about the recovery principles on which the college is based.

RED	AMBER	GREEN
☐ I am aware of the Recovery College's values about recovery but do not feel strongly or talk often about them. There are barriers to my personal investment in the college and I do not often feel inspired by the college's leadership.	☐ I understand and express the values of the Recovery College and enjoy working there. Members of the college team are motivated around the shared goal of supporting recovery.	☐ I am highly motivated and passionate about the Recovery College and express a strong belief in the students. The college has strong and enthusiastic leadership and I share in its desire to constantly improve, listening to students' feedback and implementing change.
Comments (optional)		

RECOLLECT Checklist for Recovery Colleges

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Further information: researchintorecovery.com/recollect

RECOVERY COLLEGE MANAGER VERSION – PART 1

DESCRIPTION
This Checklist is designed to assess how close your Recovery College is to our best understanding of an ideal Recovery College.
It is a self-development tool which is intended to help you to further develop your college by encouraging you to reflect on your college's current strengths and areas for development. It does not produce a numerical score.
INSTRUCTIONS
The following pages list seven key dimensions of a Recovery College. For each dimension, there are three statements which describe a Recovery College that is achieving this dimension to a low (**RED**), moderate (**AMBER**) and high (**GREEN**) standard.   Please only complete this Checklist if you are someone with an overview of the Recovery College as a whole (e.g. manager, senior peer trainer).   For each dimension, **please TICK the statement which best matches <u>your own</u> views and experience of your Recovery College.**

1. Valuing equality

The contributions and assets of students, trainers (peers, clinicians, external) and other staff are equally valued. No one is judged or treated differently because of their background or mental health difficulties.

RED	AMBER	GREEN
☐ We recognise that staff and students may take time to develop partnership-based working relationships. Whilst being supportive of staff and students, we only deal with issues of discrimination and power differences when they arise.	☐ We do not actively ensure that all relationships in the college demonstrate equal sharing of opportunities, training, etc. However, we do ensure that the college is welcoming to all staff and students, and have some structures in place (e.g. open days, training, supervision) to encourage equality and to challenge stigma and discrimination.	☐ We actively promote a non-judgemental and welcoming culture. Activities are undertaken to ensure that issues of power are always considered within the college (e.g. equal access to training and resources, diversity in promotional materials, analysing equal opportunity data).
Comments (optional)		

2. Learning

Recovery Colleges follow an adult education approach whereby students and trainers collaborate and learn from each other by sharing experiences, knowledge and skills. Students have responsibility for their learning and learn through interactive and reflective exercises. Students gain self-awareness, understanding of their difficulties and practical, relevant self-management skills. Students choose courses which best suit their interests and aspirations.

RED	AMBER	GREEN
☐ We cannot provide evidence of the college's model(s) of adult learning. We can identify a large number of barriers to progress, such as the influence of a strong clinical or psycho-educational model, or limited resources for Peer Trainer training. Trainers are skilled in delivering education and encouraging shared learning.	☐ We can articulate the college's model(s) of adult learning. Some processes are in place to ensure that trainers follow educational principles (e.g. lesson plans, educational language) and that courses involve co-learning. However, some barriers prevent the full and effective implementation of these model(s), e.g. time pressures to launch/recruit to new courses, or barriers to trainer recruitment and training	☐ We can demonstrate the college's full commitment to principles of adult learning. These are evident in the college's prospectus, curriculum and course materials. All trainers (including clinical trainers) can describe the model(s) of adult learning used in the college, and are offered ongoing formal or accredited training in adult learning.
Comments (optional)		

3. Tailored to the student

Recovery Colleges don't offer a one-size-fits-all experience. Students' individual needs are actively enquired about and accommodated during courses (e.g. personalised handouts, translated text, materials adapted for learning difficulties). Their needs outside the course are also accommodated (e.g. buddy service, transport help, individual learning plans).

RED	AMBER	GREEN
☐ We are not able to demonstrate the ways in which the college provides an individualised experience for students. Trainers are not actively supported or trained to take account of and accommodate student differences during classes.	☐ We can demonstrate some ways in which individual needs of students are addressed, but recognise that there are still unmet needs, e.g. students with learning difficulties or non-fluent English speakers.	☐ We are able to demonstrate many ways in which students' individual needs are addressed both during and outside courses. Trainers are made aware of students' needs in advance and provided with guidance on how to adapt the content/delivery of courses.
Comments (optional)		

4. Co-production of the Recovery College

People with lived experience (Peer Trainers and students) are brought together with professionals and subject experts to design and deliver all aspects of the Recovery College. This includes collaborative decision-making about the prospectus, courses, college policies, staff recruitment, advertising, etc., as well as the co-design and co-delivery of all courses by a Peer Trainer and other subject-expert.

RED	AMBER	GREEN
☐ We routinely involve students or staff in decision-making about the design and running of the Recovery College. Most of our success in co-production has been at the level of course co-delivery. We recognise that there are currently some significant barriers to co-production throughout the college, including those of culture, management hierarchies and time.	☐ As well as consistent co-delivery of courses, we involve staff and students in most discussions about the design and running of the Recovery College (e.g. through student steering groups or student reps), but managers make many of the decisions.	☐ We can demonstrate a culture of co-production and its consistent use across the college. The voices of trainers and students are equally heard during decision-making across all levels of the college, including co-delivery, curriculum development, management and design of the physical environment.
Comments (optional)		

5. Social connectedness

Both the culture and the physical environment of the college provide students with opportunities to develop connections with others. The learning space is relaxed, e.g. non-clinical chair layout, access to drinks facilities, shared spaces for socialising. Trainers recognise and cater for students' social needs, e.g. organising exercises and breaks for chatting, sharing experiences and developing friendships.

RED	AMBER	GREEN
☐ Students' social experience is low on the Recovery College's agenda when deciding on course structure and the physical environment. There are no specific processes for students to get to know one another. Course venues rarely have facilities or spaces outside the classroom where students can relax or socialise.	☐ We ensure that the Recovery College is a welcoming environment for students. Trainers are encouraged to provide opportunities for socialising during courses where possible, but this is not central to their role. A few of our course spaces have facilities outside the classroom where students can relax, but there are a number of practical or financial barriers to this.	☐ The Recovery College recognises the role that student integration and connectedness plays in learning and recovery. The college provides a range of facilities for socialising (e.g. café, seating areas, informal and spacious course venues). Trainers are supported to integrate opportunities for students to form closer bonds with each other into the structure of courses
Comments (optional)		

6. Community focus

Recovery Colleges engage with community organisations (e.g. mental health charities, artistic/sporting groups) and Further Education colleges to co-produce relevant courses. The college provides students with information, handouts and events which support students' pathways into valued activities, roles, relationships and support in the community.

RED	AMBER	GREEN
☐ We have limited involvement with, or presence in, community organisations. Community organisations are not involved in college meetings or events, or do not routinely work with the college to co-produce courses or facilitate opportunities for staff/students.	☐ We ensure that the college undertakes some activities to build awareness of its community services and relationships with community organisations. Some college courses are co-produced with community organisations and students are signposted to relevant community organisations for support.	☐ We work with a range of community organisations to co-produce college courses and facilitate pathways for students. We can demonstrate activities to build awareness of, and relationships with, the community. We can demonstrate that joint-working with community organisations has led to changes in the college.
Comments (optional)		

7. Commitment to recovery

Recovery College workers talk with conviction and enthusiasm about the service and are dedicated to students' recovery. There is a positive energy in the college and its activities, based on shared values about the recovery principles on which the college is based.

RED	AMBER	GREEN
☐ Our organisational policies and procedures ensure the Recovery College runs smoothly, but there are barriers (e.g. culture, organisational structures) to personal investment by workers in promoting recovery principles (dimensions 1 to 6 above) throughout the college. There is still significant effort needed to establish the college as something 'different' and 'meaningful'.	☐ We actively motivate each other to promote recovery principles. We have a shared commitment to constantly improve the recovery focus of the college but recognise some barriers to progress (e.g. cultural, financial).	☐ We actively promote recovery principles in the college, and collectively lead with enthusiasm and an expressed belief in the college's students and staff. College activities demonstrate recovery principles in practice, e.g. graduation ceremonies, students becoming trainers.
Comments (optional)		

RECOLLECT Checklist for Recovery Colleges

RECOVERY COLLEGE MANAGER VERSION – PART 2

How to complete this section
This section is only completed by someone who has an overview of the Recovery College as a whole (e.g. manager, senior peer trainer) and characterises five further components of Recovery Colleges. For these components, it is not known which of the two types is better, so there is no best answer. We recognise that Recovery Colleges are complex and often span both types, so please pick the type that *most closely* resembles your college. For each component below, **please identify whether your college is TYPE 1 or TYPE 2 by ticking ONE box for each component.**

8. Available to all

Recovery Colleges vary in the ways in which they implement eligibility criteria for student access.

TYPE 1	TYPE 2
☐ **The Recovery College is available to all.** The Recovery College is accessible to any adult (16+ or 18+), including staff and carers, regardless of their use of local services of any kind. Any restrictions are minimal, e.g. living locally, being registered with a GP.	☐ **The Recovery College is limited to specific groups.** The Recovery College is open to adults (16+ or 18+) who are current or previous users of local secondary care mental health services. There may be local additions to this eligibility e.g. health/social care/community organisation staff, or family and carers. Being 'inclusive' relates to the ways in which the Recovery College does not discriminate or create access barriers for people with, for example, certain diagnoses, learning difficulties or physical health/mobility needs.

9. Location

Recovery Colleges vary in where courses are run.

TYPE 1	TYPE 2
☐ **The Recovery College is based in a community location that is not shared with health, social care or other statutory services.** The Recovery College is deliberately located within communities or neighbourhoods, not in NHS or social care buildings.	☐ **The Recovery College is based in a location which is shared with health, social care or other statutory services.** The Recovery College is located within or near (e.g. adjoining building) to local NHS or social care services.

10. Distinctiveness of course content

Recovery Colleges vary in the content/subject-matter of courses offered.

TYPE 1	TYPE 2
☐ **Any topic can be offered as a course, irrespective of whether it is available in mainstream adult education settings.** The curriculum includes courses on topics which are also available in local mainstream colleges. Example courses might include gardening, arts, Maths, English, budgeting, understanding benefits, physical health care, job-seeking, home maintenance and a range of leisure/recreation activities.	☐ **Only topics not available in mainstream adult education settings are offered.** The curriculum never includes courses on topics which are available in local mainstream colleges. Some courses are offered with a specific recovery-related focus, e.g. gardening for wellbeing, arts for recovery

11. Strengths-based

A strengths-based approach (focussing on assets and potential, not on problems) is either explicit or implicit within the language, courses and materials of the Recovery College.

TYPE 1	TYPE 2
☐ **A focus on strengths (not problems) is implicit in the college.** The learning opportunities offered by the Recovery College implicitly builds on the experiences, strengths, assets and resources of students. The language of being 'strengths-based' is not often used.	☐ **A focus on strengths (not problems) is explicit in the college, in addition to dimensions 1-7 above.** The learning opportunities offered by the Recovery College explicitly build on the experiences, strengths, assets and resources of students. The language of being 'strengths-based' is routinely used by staff and students, and features in course materials and other aspects of the Recovery College.

12. Progressive

There is variation in the ways in which Recovery Colleges focus on, enable and encourage the forward-moving, goal-focused nature of the student experience.

TYPE 1	TYPE 2
☐ **There is a focus on 'being' and 'belonging', not on goal-setting.** The focus of the Recovery College is on supporting individual students' learning needs, safety and belonging, identity development, personal meaning-making and reflection. The college does not require behavioural goal-setting. Students can learn in whatever direction they want to – and for some students that might not be about moving forwards.	☐ **There is a focus on 'becoming' and a strong emphasis on goal-setting and change.** The focus of the Recovery College is on processes which provide pathways of opportunity for students and which support them to move on with their lives. This might include the use of goal-oriented personal plans (Individual Learning Plans) and planning and reviewing goal-oriented activities.

Online Supplement 3

RECOLLECT Fidelity Measure for Recovery Colleges

(The RECOLLECT Fidelity Measure is downloadable from researchintorecovery.com/recollect)

RECOLLECT Fidelity Measure for Recovery Colleges
Please note that the RECOLLECT Checklist is copyrighted and must not be changed without permission.
Further information: researchintorecovery.com/recollect

PART 1

INSTRUCTIONS
Part 1 produces a numerical score indicating the extent to which your Recovery College matches our best understanding of an ideal Recovery College. The score ranges from 0 (low fidelity) to 14 (high fidelity). This Measure is completed by one or more people who have an overview of the Recovery College, e.g. Recovery College manager and/or peer trainer. Only complete this Measure for one Recovery College (even if involved in or managing more than one). By 'students' we mean all students using the college, not just those who use mental health services. The following pages list seven key dimensions of a Recovery College. Each dimension has three statements describe varying levels of development, from early stage to active engagement to active success. For each dimension, **please TICK the statement which best matches your views and experience of your Recovery College**.

DIMENSION	CURRENT STAGE OF DEVELOPMENT	ANSWER *(tick)*
1. Valuing equality The contributions and assets of students, trainers (peers, clinicians, external) and other staff are equally valued. No one is judged or treated differently because of their background or mental health difficulties.	We recognise that staff and students may take time to develop partnership-based working relationships. Whilst being supportive of staff and students, we only deal with issues of discrimination and power differences when they arise.	☐ 0
	We do not actively ensure that all relationships in the college demonstrate equal sharing of opportunities, training, etc. However, we do ensure that the college is welcoming to all staff and students, and have some structures in place (e.g. open days, training, supervision) to encourage equality and to challenge stigma and discrimination.	☐ 1
	We actively promote a non-judgemental and welcoming culture. Activities are undertaken to ensure that issues of power are always considered within the college (e.g. equal access to training and resources, diversity in promotional materials, analysing equal opportunity data).	☐ 2

DIMENSION	CURRENT STAGE OF DEVELOPMENT	ANSWER *(tick)*
2. Learning Recovery Colleges follow an adult education approach whereby students and trainers collaborate and learn from each other by sharing experiences, knowledge and skills. Students have responsibility for their learning and learn through interactive and reflective exercises. Students gain self-awareness, understanding of their difficulties and practical, relevant self-management skills. Students choose courses which best suit their interests and aspirations.	We cannot provide evidence of the college's model(s) of adult learning. We can identify a large number of barriers to progress, such as the influence of a strong clinical or psycho-educational model, or limited resources for Peer Trainer training. Trainers are skilled in delivering education and encouraging shared learning.	☐ 0
	We can articulate the college's model(s) of adult learning. Some processes are in place to ensure that trainers follow educational principles (e.g. lesson plans, educational language) and that courses involve co-learning. However, some barriers prevent the full and effective implementation of these model(s), e.g. time pressures to launch/recruit to new courses, or barriers to trainer recruitment and training.	☐ 1
	We can demonstrate the college's full commitment to principles of adult learning. These are evident in the college's prospectus, curriculum and course materials. All trainers (including clinical trainers) can describe the model(s) of adult learning used in the college, and are offered ongoing formal or accredited training in adult learning.	☐ 2

DIMENSION	CURRENT STAGE OF DEVELOPMENT	ANSWER *(tick)*
3. Tailored to the student Recovery Colleges don't offer a one-size-fits-all experience. Students' individual needs are actively enquired about and accommodated during courses (e.g. personalised handouts, translated text, materials adapted for learning difficulties). Their needs outside the course are also accommodated (e.g. buddy service, transport help, individual learning plans).	We are not able to demonstrate the ways in which the college provides an individualised experience for students. Trainers are not actively supported or trained to take account of and accommodate student differences during classes.	☐ 0
	We can demonstrate some ways in which individual needs of students are addressed, but recognise that there are still unmet needs, e.g. students with learning difficulties or non-fluent English speakers.	☐ 1
	We are able to demonstrate many ways in which students' individual needs are addressed both during and outside courses. Trainers are made aware of students' needs in advance and provided with guidance on how to adapt the content/delivery of courses.	☐ 2

DIMENSION	CURRENT STAGE OF DEVELOPMENT	ANSWER *(tick)*
4. Co-production of the Recovery College People with lived experience (Peer Trainers and students) are brought together with professionals and subject experts to design and deliver all aspects of the Recovery College. This includes collaborative decision-making about the prospectus, courses, college policies, staff recruitment, advertising, etc., as well as the co-design and co-delivery of all courses by a Peer Trainer and other subject-expert.	We routinely involve students and staff in decision-making about the design and running of the Recovery College. Most of our success in co-production has been at the level of course co-delivery. We recognise that there are currently some significant barriers to co-production throughout the college, including those of culture, management hierarchies and time.	☐ 0
	As well as consistent co-delivery of courses, we involve staff and students in most discussions about the design and running of the Recovery College (e.g. through student steering groups or student reps), but managers make many of the decisions.	☐ 1
	We can demonstrate a culture of co-production and its consistent use across the college. The voices of trainers and students are equally heard during decision-making across all levels of the college, including co-delivery, curriculum development, management and design of the physical environment.	☐ 2

DIMENSION	CURRENT STAGE OF DEVELOPMENT	ANSWER *(tick)*
5. Social connectedness Both the culture and the physical environment of the college provide students with opportunities to develop connections with others. The learning space is relaxed, e.g. non-clinical chair layout, access to drinks facilities, shared spaces for socialising. Trainers recognise and cater for students' social needs, e.g. organising exercises and breaks for chatting, sharing experiences and developing friendships.	Students' social experience is low on the Recovery College's agenda when deciding on course structure and the physical environment. There are no specific processes for students to get to know one another. Course venues rarely have facilities or spaces outside the classroom where students can relax or socialise.	☐ 0
	We ensure that the Recovery College is a welcoming environment for students. Trainers are encouraged to provide opportunities for socialising during courses where possible, but this is not central to their role. A few of our course spaces have facilities outside the classroom where students can relax, but there are a number of practical or financial barriers to this.	☐ 1
	The Recovery College recognises the role that student integration and connectedness plays in learning and recovery. The college provides a range of facilities for socialising (e.g. café, seating areas, informal and spacious course venues). Trainers are supported to integrate opportunities for students to form closer bonds with each other into the structure of courses.	☐ 2

DIMENSION	CURRENT STAGE OF DEVELOPMENT	ANSWER *(tick)*
6. Community focus Recovery Colleges engage with community organisations (e.g. mental health charities, artistic/sporting groups) and Further Education colleges to co-produce relevant courses. The college provides	We have limited involvement with, or presence in, community organisations. Community organisations are not involved in college meetings or events, or do not routinely work with the college to co-produce courses or facilitate opportunities for staff/students.	☐ 0
	We ensure that the college undertakes some activities to build awareness of its community services and relationships with community organisations. Some college courses are co-produced with community organisations and students are signposted to relevant community organisations for support.	☐ 1

students with information, handouts and events which support students' pathways into valued activities, roles, relationships and support in the community.	We work with a range of community organisations to co-produce college courses and facilitate pathways for students. We can demonstrate activities to build awareness of, and relationships with, the community. We can demonstrate that joint-working with community organisations has led to changes in the college.	☐ 2

DIMENSION	CURRENT STAGE OF DEVELOPMENT	ANSWER *(tick)*
7. Commitment to recovery Recovery College workers talk with conviction and enthusiasm about the service and are dedicated to students' recovery. There is a positive energy in the college and its activities, based on shared values about the recovery principles on which the college is based.	Our organisational policies and procedures ensure the Recovery College runs smoothly, but there are barriers (e.g. culture, organisational structures) to personal investment by workers in promoting recovery principles (dimensions 1 to 6 above) throughout the college. There is still significant effort needed to establish the college as something 'different' and 'meaningful'.	☐ 0
	We actively motivate each other to promote recovery principles. We have a shared commitment to constantly improve the recovery focus of the college but recognise some barriers to progress (e.g. cultural, financial).	☐ 1
	We actively promote recovery principles in the college, and collectively lead with enthusiasm and an expressed belief in the college's students and staff. College activities demonstrate recovery principles in practice, e.g. graduation ceremonies, students becoming trainers.	☐ 2

RECOLLECT Fidelity Measure for Recovery Colleges
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Further information: researchintorecovery.com/recollect

PART 2

How to complete this section
Part 2 characterises five further components of Recovery Colleges. For these components, it is not known which of the two types is better, so there is no best answer. We recognise that Recovery Colleges are complex and often span both types, so please pick the type that *most closely* resembles your college. For each component below, **please identify whether your college is more like TYPE 1 or TYPE 2 by ticking ONE statement for each component.**

COMPONENT	TYPE	ANSWER *Tick Type 1 or Type 2*
8. Available to all Recovery Colleges vary in the ways in which they implement eligibility criteria for student access.	**The Recovery College is available to all.** The Recovery College is accessible to any adult (16+ or 18+), including staff and carers, regardless of their use of local services of any kind. Any restrictions are minimal, e.g. living locally, being registered with a GP.	☐ **TYPE 1**
	The Recovery College is limited to specific groups. The Recovery College is open to adults (16+ or 18+) who are current or previous users of local secondary care mental health services. There may be local additions to this eligibility e.g. health/social care/community organisation staff, or family and carers. Being 'inclusive' relates to the ways in which the Recovery College does not discriminate or create access barriers for people with, for example, certain diagnoses, learning difficulties or physical health/mobility needs.	☐ **TYPE 2**

9. Location Recovery Colleges vary in where courses are run.	**The Recovery College is based in a community location that is not shared with health, social care or other statutory services.** The Recovery College is deliberately located within communities or neighbourhoods, not in NHS or social care buildings.	☐ **TYPE 1**
	The Recovery College is based in a location which is shared with health, social care or other statutory services. The Recovery College is located within or near (e.g. adjoining building) to local NHS or social care services.	☐ **TYPE 2**
10. Distinctiveness of course content Recovery Colleges vary in the content/subject-matter of courses offered.	**Any topic can be offered as a course, irrespective of whether it is available in mainstream adult education settings.** The curriculum includes courses on topics which are also available in local mainstream colleges. Example courses might include gardening, arts, Maths, English, budgeting, understanding benefits, physical health care, job-seeking, home maintenance and a range of leisure/recreation activities.	☐ **TYPE 1**
	Only topics not available in mainstream adult education settings are offered. The curriculum never includes courses on topics which are available in local mainstream colleges. Some courses are offered with a specific recovery-related focus, e.g. gardening for wellbeing, arts for recovery.	☐ **TYPE 2**
11. Strengths-based A strengths-based approach (focussing on assets and potential, not on problems) is either explicit or implicit within the language, courses and materials of the Recovery College.	**A focus on strengths (not problems) is implicit in the college.** The learning opportunities offered by the Recovery College implicitly builds on the experiences, strengths, assets and resources of students. The language of being 'strengths-based' is not often used.	☐ **TYPE 1**
	A focus on strengths (not problems) is explicit in the college, in addition to dimensions 1-7 above. The learning opportunities offered by the Recovery College explicitly build on the experiences, strengths, assets and resources of students. The language of being 'strengths-based' is routinely used by staff and students, and features in course materials and other aspects of the Recovery College.	☐ **TYPE 2**

12. Progressive There is variation in the ways in which Recovery Colleges focus on, enable and encourage the forward-moving, goal-focused nature of the student experience.	**There is a focus on 'being' and 'belonging', not on goal-setting.** The focus of the Recovery College is on supporting individual students' learning needs, safety and belonging, identity development, personal meaning-making and reflection. The college does not require behavioural goal-setting. Students can learn in whatever direction they want to – and for some students that might not be about moving forwards.	☐ **TYPE 1**
	There is a focus on 'becoming' and a strong emphasis on goal-setting and change. The focus of the Recovery College is on processes which provide pathways of opportunity for students and which support them to move on with their lives. This might include the use of goal-oriented personal plans (Individual Learning Plans) and planning and reviewing goal-oriented activities.	☐ **TYPE 2**