

# RESOURCES

## to Support the Development and Implementation of Recovery Education

**2020-2025**



HSE Mental Health Services



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service



# RESOURCES

## to Support the Development and Implementation of Recovery Education

**2020-2025**

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Dedicated to: Francis Walsh who departed this life on 8th May 2020.

A pleasure to work with and to know. Competent, dedicated and gifted, he has left a legacy in recovery education and peer support working in Ireland. His qualities as a person made Francis so special, his compassion, empathy, his eternal good humour and positivity. Francis was a true gentleman, very humble but a warrior for recovery and the rights of service users and family members, his commitment and passion for this work was inspiring.

*'Thank you' Francis, our dearest friend and colleague.*

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# Foreword

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Recovery Education is recognised as a key driver for developing recovery oriented mental health services and to empower individuals to achieve improved recovery outcomes in their lives. The Health Service Executive (HSE) recognises the importance of recovery education as identified in 'A Framework for Recovery in Mental Health '2018 – 2020, principle four; Supporting recovery oriented learning and recovery oriented practice across all stakeholder groups and additionally that recovery education is fundamentally about experts by experience (service users, family members /carers) designing and delivering programmes through co-production with health professionals to support all aspects and stages of recovery.

Over the last number of years through HSE investment and the support of our community partners significant capacity has been developed across Community Health Organisation's (CHO) around recovery education with all areas now having recovery education services and many also having Recovery Colleges. As this capacity continues to increase and our understanding and knowledge around recovery education continues to grow and evolve, it is important that we maintain fidelity to the underpinning principles of recovery education. We need to ensure that we provide recovery education in a quality, consistent and equitable way across all our services.

This Resource to Support the Development and Implementation of Recovery Education 2020-2025 document will provide that assurance, through outlining best practice around co-production, delivery, promotion and evaluation of recovery education all of which are important in setting up and delivering recovery education.

I would like to sincerely thank everyone involved in the co-production of this document for their hard work and ingenuity in producing it, which will help us to continue to provide and develop recovery education to all our stakeholders to the highest standard possible ensuring our services and service users achieve their maximum recovery potential.



**Michael Ryan**

*HSE Head of Mental Health  
Engagement and Recovery*

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# Acknowledgements

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We would like to thank the Health Service Executive (HSE) National Office for Community Operations, for commissioning the development of this Recovery Education resource and the HSE Mental Health Engagement and Recovery Team for leading on the co-production of the document. The development of this document would not have been possible without the assistance and participation of a wide variety of stakeholders internally within the HSE and externally with many key partners. Actively involved in the co-production of the document were people with lived experience of mental health challenges, family members and supporters, services providers and statutory and non-statutory community partners.

We would like to acknowledge the contributions of those who were part of the working group and

the editorial group. The work of these groups emphasised what can be achieved through co-production.

We would also like to say a sincere thanks to all who co-produced, co-facilitated and participated at the four regional consultation sessions. The consultation session's feedback helped shape the content of the document and really highlighted the importance of a collaborative approach.

We would also like to acknowledge the input of our CAWT (Co-operation and Working Together) colleagues who participated on the working group and feedback into the co-production and collaboration process at various stages.

# Introduction

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Welcome to the *Resources to Support the Development of Recovery Education 2020-2025*. Recovery Education is an educational response to mental health challenges and the recovery needs of service users, family members and health professionals and describes learning experiences that focus on personal narratives and relationships. When creative and curious adults gather to explore and learn, the recovery outcomes can be profound. This document is an invitation and guide to initiate and develop a Recovery Education service that can meet the recovery needs of such adult learners.

Recovery Education is an emerging social innovation in modern Mental Health care. [imroc.org/resources/15-recovery-colleges-10-years/](http://imroc.org/resources/15-recovery-colleges-10-years/). This guidance document has been co-produced to

support HSE Mental Health services in the delivery of quality recovery education and to ensure that the processes are transferrable to any community or voluntary organisation. Recovery Education offers a different way of approaching mental health support and promotion, where recovery-focused therapeutic approaches are enhanced and supported through education and adult learning. Recovery Education has been identified as one of the four key principles in the *National Framework for Recovery in Mental Health 2018-2020* and is supported by a number of actions and measures, including a guidance document on Recovery Education. [www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/](http://www.hse.ie/eng/services/list/4/mental-health-services/advancingrecoveryireland/national-framework-for-recovery-in-mental-health/)

# Putting Recovery in Context

Recovery in mental Health has diverse roots and involves a variety of approaches. The empowering personal recovery approach as we now understand it, evolved from citizen led mental health recovery movements and was informed by civil rights movements emerging during the 1970s (*Rakfeldt, J. et al 2010*). Clinical approaches to recovery with a focus on symptom management and reduction began during the 1950's when medications became available. Rehabilitation within mental health services began to incorporate the concept of

recovery without necessarily using the word from the mid 1980's and into the 1990's. The sharing of recovery narratives was seen as a method of evaluating outcomes (*Davidson, L, 2016*). Since the 1990's, international and national mental health and disability policies began to focus on quality of life and developing mental health services that are responsive to the individual needs of people attending mental health services. This approach was supported by mental health law focusing on people's human rights (*Kelly, B, 2013*).

## Recovery Education Values

Recovery Education is a key objective for the Mental Health service and is a significant indicator of Recovery practice. Recovery Education positively influences the nature of ordinary day to day interactions and shows how dialogue and learning become accepted as important features of mental health care that complement recovery-oriented therapeutic services.

### **This document aims to:**

Provide guidance on good practice in the design and implementation of co-produced Recovery Education for both statutory Mental Health services and their community and voluntary partners.

### **Slade (2009) described some aspects of recovery that also apply to Recovery Education:**

- 1.** It promotes social inclusion and active citizenship.
- 2.** It is a model of good practice and way to invite involvement and commitment from health professionals.
- 3.** It shows us how important a Recovery narrative/ personal Recovery story is in empowering recovery in others.
- 4.** It shows us how important relationships built on co-production are to Recovery

# Recovery Education - Frequently Asked Questions:

## Who is this document for?

The document is primarily intended to assist and guide the HSE Mental Health Service to implement quality recovery education in Ireland. It is hoped that the document can also be used by all groups wishing to co-produce, co-facilitate and evaluate Recovery Education in community, educational or formal settings.

## What is Recovery Education?

Recovery Education is the process by which individuals explore, assimilate and create the knowledge required for recovery in their own lives or in the lives of those they support. It involves providing educational services to, and within, local communities (HSE, 2017) Recovery Education takes a strengths-based and adult education approach which offers the choice to engage in learning opportunities. It is influenced by the values of self-direction, personal experience, ownership, diversity, and hopefulness (HSE, 2017) Recovery Education can be delivered from a central location or hub, often referred to as a Recovery College. Alternatively, it may be available in multiple community settings. This is often called a Recovery Education Service.

## What is a Recovery Education Service?

A Recovery Education Service uses an adult education approach to facilitate mental health recovery. Module/course content is co-produced and co-facilitated by people with lived experience of mental health challenges, family members/ carers/supporters, service providers and community partners. A Recovery Education Service is responsive to local need and can provide recovery education in communities, mental health services with staff, third level college students and anyone with an interest in mental health. Recovery Education can be provided in a number of venues in the community and HSE facilities.

## What is a Recovery College?

Recovery Colleges are a specific form of recovery education where the activities take place in a unique or educational setting such as a college or university. All aspects of the college and modules/courses are co-produced by people with lived experience, services providers and subject-matter's experts. People with lived experience, family members and service providers and anyone with an interest in mental health register as students and take modules/courses which enable them to manage their own recovery and to positively influence the practice of service providers. Recovery Colleges are strengths-based, person-centered, and are open to all. Recovery Colleges most often operate within an established mental health agency. Recovery Colleges operate on what is referred to a hub-and-spoke model. The key feature is a hub in the central structure with several spokes that extend into the community. The hub offers the main base and the spokes represent additional sites where recovery education is offered.

## Who is Recovery Education for?

Recovery Education is for everyone. It can be college based and community-facing or integrated and available for the entire community using different locations. Within all our communities there will be people with experience of mental health challenges, people who care about those with mental health challenges, staff members who provide mental health services and people who have an interest in the area of mental health. Recovery Education can provide people with a shared space to learn with, and from, others in a non-judgmental, accepting and encouraging environment where challenges are explored in a positive way. For families, it can be an opportunity to reduce isolation and stigma while increasing knowledge, communications and coping skills. It can create a learning environment where both people who use services, and those who provide them, experience a different kind of relationship. This environment challenges unhelpful practice, attitudes, behaviour and prejudices of mental health so that people with lived experience of mental health challenges can feel safe, welcome, valued and accepted. For staff, it can provide opportunities to learn new ways of supporting individuals and families affected by mental health challenges, and to find better ways to support their own mental health and wellbeing.

## What are the advantages of Recovery Education?

Recovery Education is guided by good practice and consistent and rigorous co-production is a positive approach for recovery and mental health promotion in the community.

### Recovery Education:

- Empowers people to have control over their own personal recovery. It challenges the idea of compliance and the dependent patient role.
- Reinforces social inclusion for all or 'challenges the concept of congregated settings'
- It promotes an environment that encourages understanding, knowledge and skill development and challenges the stigma around mental health.
- Supports identifying individual learning goals that can have practical application in life. Recovery culture describes a move from paternalistic care-giving to Person Centered mental health care.
- Provides an adult learning opportunity rather than a 'day care' type service.

## What is Co-Production in Recovery Education?

Co-production is understood as the designing, delivering and evaluating of educational services in an equal relationship between professionals, people using the services, and their families. Through co-production, service users, family members, service providers and community partners become active participants and equal partners at all levels within design and delivery (HSE, 2017).

## What does lived experience mean?

A person with lived experience is someone who has experience of mental health challenges and/or a family member who is supporting someone with mental health challenges.

## What is Co-facilitation?

Co-facilitation refers to the facilitation of learning that involves two or more facilitators working together in a co-operative and collaborative manner to support the learning outcomes that advance recovery. This will include people with professional and lived experience. There must always be representation of people with lived experience of their own mental health difficulties, where possible and appropriate, by family members and community partners.

## What is Family Recovery Education?

Family Recovery Education is the process by which families, friends and supporters explore, assimilate and create the knowledge required for Recovery in their own lives and within their family. Family Recovery is discussed in greater detail within the HSE Family Recovery Guidance Document, 2018-2020 (HSE, 2017). Family Recovery Education is guided by the same principles and guidelines as all Recovery Education.

## What is a Peer Educator?

A Peer Educator is a person with lived, and/or family experience who is employed to manage and co-ordinate Recovery Education activity within a service or group. A Peer Educator is a co-producer and co-facilitator of recovery education.

## What is a Recovery Education Coordinator?

A Recovery Education Coordinator is a person who is employed to support the direction, management and running of a Recovery Education service.

## What is a Recovery Education Facilitator?

Recovery Education Facilitators are paid employees who, in collaboration with peer educators, co-produce and co-facilitate Recovery Education modules/ courses.

## What is a Recovery Education Facilitator Volunteer?

A volunteer Recovery Education Facilitator has received training to co-produce and co-facilitate recovery education modules in their area. They are in receipt of out-of-pocket expenses for travel and subsistence.

# Recovery Education is most effective when it is underpinned by these quality principles:

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- All Recovery Education modules are co-produced and co-facilitated by people with lived experience of mental health challenges, family members, service providers and community partners.
- Recovery Education requires a governance structure to support the management and operation of that service.
- Recovery Education modules are reviewed by an advisory group to ensure educational quality and the advancement of recovery processes.
- Recovery Education services use policies to support their operations.
- Recovery Education services collect data to ensure quality and to inform evaluation.

# Section 1. A Closer Look at Recovery Education

## The ethos and philosophy of Recovery Education

Recovery Education is based on adult education and an understanding of how adults learn. Effective recovery-oriented services combine recovery education with the personal narratives of lived experience and progressive recovery-oriented clinical practices.

**Transformative learning** is a key feature of recovery education as it aims to generate new learning and fresh perspectives on all matters related to mental health and recovery and it helps people to grow within and beyond their personal life and/or professional experiences. Transformative learning provides students with opportunities to challenge understandings about mental health and find new ways to advance personal recovery. Self-determination also influences recovery education, by supporting learners to thrive and grow, achieve their goals and increase their levels of well-being. More detail on these ideas is available by clicking on the Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit [www.hse.ie/recovery-education-toolkit](http://www.hse.ie/recovery-education-toolkit)

## Where and how to start?

Recovery Education begins with consultation and proceeds with co-production, relationships and the collaborative identification of educational needs. It is helpful to imagine this process in terms of 3 stages.

- 1. Engagement:** This is about starting the conversation and taking stock. This stage describes a process of relationship building with agencies, partners and people with lived and family experience. Engagement is about planning and preparation.
- 2. Development:** This stage involves the establishment of groups for co-production, co-facilitation and quality assurance.
- 3. Transformation:** This is where established recovery education is regarded as a normal, routine, and integrated feature of mental health services and their wider community.

## Participating in Recovery Education

Getting involved in recovery education has many benefits. Some of these are described in Table 1 on the next page.

**Table 1: Recovery Education Participation**

When you participate	This can lead to...
The lived experience story will be respected and acknowledged.	<i>Encouraging good self-care and positive decision making</i>
Genuine collaboration through co-production will be experienced	<i>Co-production and collaboration at every stage from deliberation to design and delivery</i>
Unhelpful 'them and us' relationships will be reduced	<i>Mutual respect and new relationships</i>
Peer support relationships will be established, fostered and strengthened	<i>Emergence of natural peer supports in the recovery education setting</i>
New opportunities for communication and relationship building will be fostered	<i>People/ students becoming more confident and effective in a group setting</i>
A new focus on choice, self-direction and decision making will emerge.	<i>Self-direction and personal meaning is fostered through learning</i>

## What sorts of topics are covered?

All learning material, topics and themes are identified through co-production to reflect the needs of the group, their community and their locality. The table below gives some example of co-produced modules/ courses that have been delivered in Recovery Education settings.

**Table 2: Examples of Recovery Education Modules**

Theme	Example of Module(s)
Understanding recovery	<i>Let's talk Recovery Depression and Recovery Living with depression and beyond</i>
Recovery skills and self-management	<i>Self-care and Recovery Introduction to Wellness Recovery Action Planning Mindfulness and Recovery</i>
General - mental health and medical issues	<i>Let's talk about Cognitive Behavioral Therapy Compassion Focused Therapy and Recovery Psychosis and Recovery</i>
Developing life & social skills	<i>Back to education as a Recovery Step Assertiveness for Recovery Progressing your life and following your dreams</i>

# Section 2. Supporting Quality

## Operational Governance

Recovery Education governance will vary in HSE areas, but the recommended structures below are fundamental to support effective governance in relation to the oversight of recovery education activity.

### 1. The HSE Mental Health Area Management Team

HSE Mental Health services normally resource a Recovery Education Service. The Mental Health Area Management Team offers oversight and support to the recovery coordinator and peer educators. An Operational Group will inform, guide and support the activities of the specific Recovery Education Service and the Recovery Coordinator will report to the Mental Health Area Management Team.

### 2. The Operational Group

An Operational Group advises on the activities and day-to-day running of the Recovery Education Service. There may be distinct functions assigned to individual members of the group which includes a Recovery Education Coordinator and Peer Educator. The Peer Educator will be supervised by the Recovery Education coordinator. A Peer Educator is a qualified and experienced adult educator with lived and/or family experience of mental health challenges. The overall function of the group is to support the operations of the Recovery Education Service. Membership of the Operational Group will include representation from multidisciplinary teams, people with lived experience of mental health challenges, family representation and community partner

representatives. It is recommended that two people with lived experience of mental health challenges and two family members are present on the group. The operational group will have clear terms of reference. An example of membership and terms of reference are described in Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit [www.hse.ie/recovery-education-toolkit](http://www.hse.ie/recovery-education-toolkit)

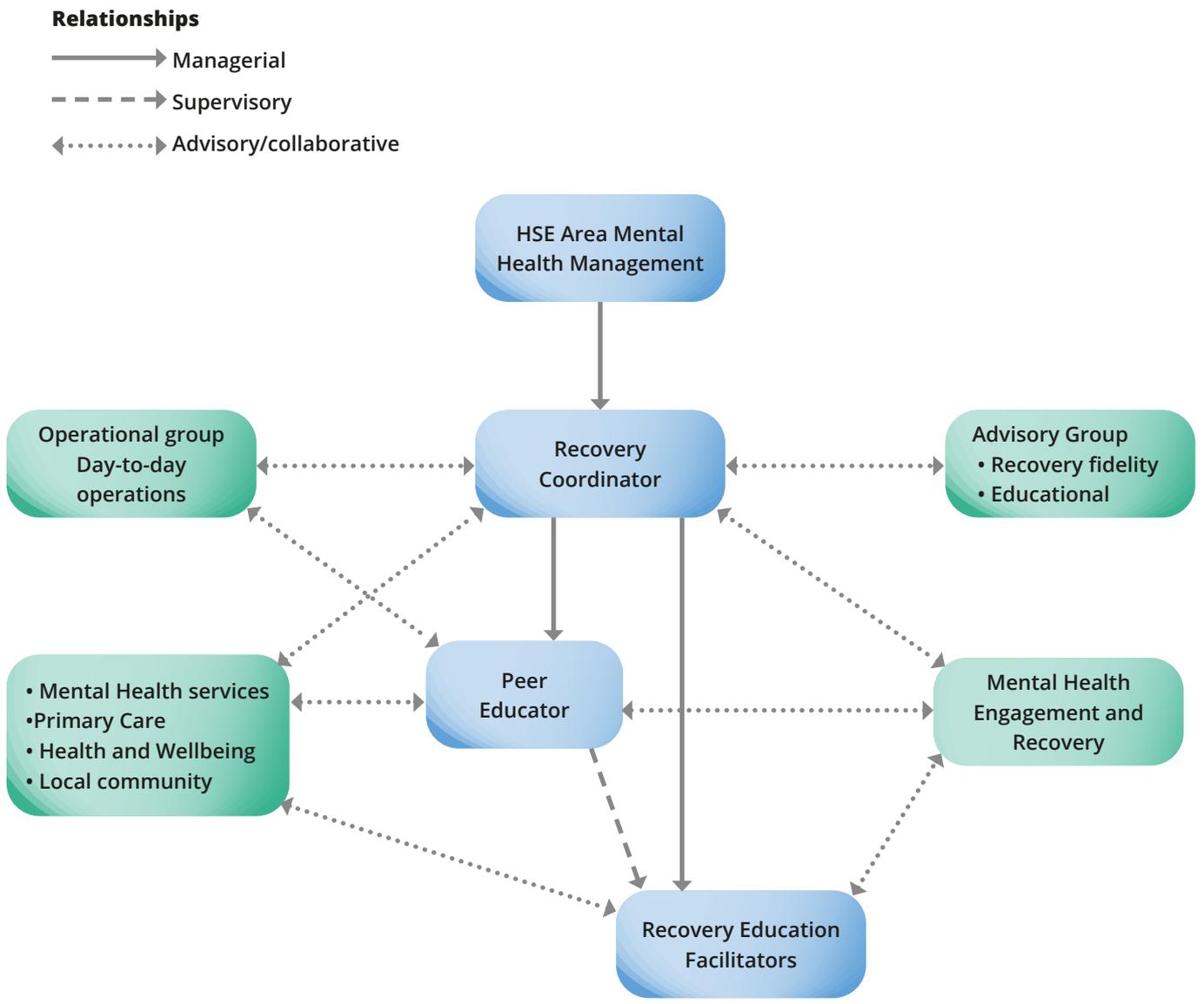
### 3. The Advisory Group

Recovery Education will deliver quality adult education that advances recovery and for this reason a Recovery Education Service needs an expert advisory group. This group reviews all co-produced learning material in accordance with guidance set out in this document and supported by the Recovery Education Toolkit. The function of the group is to determine 'fitness for purpose' with regard to all content produced and delivered within the Recovery Education Service. An advisory group may include some of the participants described below although actual membership and numbers of participants may vary by location. The advisory group will oversee curriculums and evaluations, approve new courses, ensure that educational standards are high and that fidelity to Recovery is maintained. See an example of a fidelity to recovery education criteria by clicking on the Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit [www.hse.ie/recovery-education-toolkit](http://www.hse.ie/recovery-education-toolkit)

### Potential participants:

- Adult education specialist
- Mental health professional
- Certification and accreditation specialist
- Peer support worker
- Area lead for engagement and recovery
- Person with lived experience of mental health challenges
- Family member with lived experience

Figure 1. Example of organisational chart



### How to identify a module/course?

Recovery Education modules/ courses are based on the needs of the community. The needs of the community can be ascertained by

- A)** Conducting a survey with people using services and/or local forum, community partner groups, etc.
- B)** Facilitating focus groups with people using services, local forum, community partners, facilitators and current students.

### How to co-produce a module/course?

- A)** Finalise module/course selection based on community priority.
- B)** Form a co-production development group for each module.
- C)** Co-produce module/course objectives.
- D)** List learning outcomes.
- E)** Establish a module/course outline.
- F)** Use and review existing modules that had been co-produced elsewhere to get started.
- G)** Co-produce learning materials and activities.
- H)** Send the course outline, aims and objectives to the advisory group for review.
- I)** Amend the module/course based on the feedback from the advisory group.
- J)** Schedule the module/course for co-facilitation.
- K)** Co-produce a perspective and advertise same.

### How to co-facilitate a module/ course?

- A)** The co-facilitator team will meet to prepare and practice based on the module/course outline.
- B)** The co-facilitator team will provide multiple perspectives and experience as part of facilitation.
- C)** The team will ideally work as equals, sharing facilitation as equally as possible.
- D)** Afterwards, co-facilitators take time to reflect on:
  - > What went well with the module/course?
  - > Are there any areas within the module/course outline that need review and amending?
  - > What were the challenges for facilitators?
  - > How were/can the challenges be overcome?

### How to evaluate a module/course?

- A)** Co-production team develop a module/course feedback form for use with every module/course.
- B)** Ask students to complete the course/module feedback form.
- C)** Summarise the results of the feedback forms returned.
- D)** Review the reflections from the facilitators' feedback.
- E)** Identify what changes could be made to improve the course/module or better meet the needs of students.
- F)** Evaluate:
  - > Is more expertise required on the co-facilitation team?
  - > Is the mixed method of delivery effective?
  - > Was there anything missing that could enhance the module/ course?
- G)** Develop a plan to implement the feedback

More in-depth evaluation of Recovery Education maybe required which can be described under several headings.

**Table 4: Evaluation**

Evidence base	Indicative information	Performance indicators
What is the effectiveness of the recovery education?	Preliminary indicators gathered through student evaluations show a strong satisfaction with their recovery education experience.	Evaluation forms and satisfaction scales completed after a session or class
Are personal recovery goals supported?	Preliminary indicators are gathered through student evaluations. This requires the collection and collation of student narratives	Transcripts of student narratives and accounts that describe achievement of personal Recovery goals
Are there subjective measures of personal recovery?	A process using a recovery questionnaire based on the CHIME structure identified by Leamy et al 2011. Click on Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit for an example of an Individual Learning Plan Template <a href="http://www.hse.ie/recovery-education-toolkit">www.hse.ie/recovery-education-toolkit</a>	Questionnaires that ask students to gauge the influence or effect of the recovery education experience in terms of recovery processes such as connectedness, hopefulness and so on. These can be completed pre and post recovery education.
Quality of life and well being	Health promotion and wellbeing scales have been employed in Recovery College settings and are an appropriate means of gauging improvements in subjective wellbeing. These generally consider 3 subjective health measures: <ul style="list-style-type: none"> <li>• Psychological well being</li> <li>• Social wellbeing</li> <li>• Measures of quality of life</li> </ul>	Psychological well-being scales. Life satisfaction and happiness measures (Kemmer, JR. 1993) Social capital measures and Quality of life indicators associated with 4 domains including psychological well-being, social well-being, occupational well-being and physical wellbeing (Baldwin .S et al (1990) Quality of life perspectives and policies. Routledge London

## Co-producing an Individual Learning Plan

Recovery Education Services/Colleges support the use of Individualised learning plans. Students have the opportunity to speak to the peer educator who can assist in exploring the students' goals and recovery path and identify modules/courses that may be helpful to them. It is not necessary or practical for every student to complete an individual learning plan; however where possible an individual learning plan can support students to set learning goals towards recovery. Click on Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit for an example of an Individual Learning Plan Template. [www.hse.ie/recovery-education-toolkit](http://www.hse.ie/recovery-education-toolkit)

## How do you present your progress and outcomes?

- Collect data throughout the year - number of students who enrolled for modules/courses and number of module/courses co-facilitated.
- Collate the findings from the module/course feedback forms.
- Develop and present an annual activity report to the operational group and area management team.
- Showcase your findings at community events, through local media and on other social media platforms.

## Policies to support Recovery Education delivery

Each college or education service will subscribe and adhere to existing relevant Mental Health Service policies and procedures. In addition each Recovery Education service/Recovery College will adapt a range of relevant policies to include:

- principles
- curriculum design
- collaborative working
- boundaries
- self-care etc.

## Section 3. Roles that Support Recovery Education

At the time of writing it is recommended that:

1. At least one full time person is employed to the operation of a Recovery Education Service/ College (*Perkins et al, 2018*).
2. Services/colleges have a mix of people working to support the work of the service/ college:

### Recovery Education/College Coordinator

This person works in the role of supervisor and is the link to the Mental Health Service Area Management Team. The role includes working as part of the operational group to overseeing governance, risk, budget management, and administration.

### Peer Educator

- > Managing a Recovery Education Service/ College
- > Mentoring and supporting recovery education facilitators and recovery education volunteers,
- > Leading on the development of service and college curriculum
- > Leading on co-production, co-facilitation and evaluation.

### Recovery Education Facilitators

- > co-produce and co-facilitate the delivery of the recovery education plan and curriculum.

### Recovery Education volunteer –

- > participates in the co-production and co-facilitation of recovery education modules/ course.

### Recovery Service/ College administrator –

- > accept courses registrations
- > manage enrolment
- > answer questions and queries
- > manage equipment
- > venue booking
- > ordering equipment and utilities etc.

Please view draft role-descriptions by clicking on the Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit [www.hse.ie/recovery-education-toolkit](http://www.hse.ie/recovery-education-toolkit)

## Training for Recovery Education Facilitators

It is essential that all facilitators are trained to facilitate or co-facilitate modules/ courses. It is recommended that all facilitators attend a facilitation skills training course. This course focuses on facilitation skills such as course planning, design, how to use a variety of education methods to facilitate groups and encourage and support learning, addressing different learning styles. Other topics include how to manage the learning environment and group dynamics, including managing conflict. A key component of the training is learning how to utilise recovery narratives as an educational tool.

## Support for Recovery Education Service/ Recovery Colleges employees and volunteers

To develop, sustain and deliver quality educational modules/courses facilitators require support in their work. Regular facilitators meetings hosted by the recovery coordinator and or peer educator will give facilitators an opportunity to access facilitator peer support. It will provide an opportunity to reflect on their facilitator experience, they can identify their strengths as facilitators, areas they believe they can improve upon and can identify further training needs if required. This meeting will also provide an opportunity for shared learning. Recovery education facilitators employed can access Employee support/assistance scheme offered by the employer. All this information should be included in a facilitator's handbook. Please view an example of a facilitator's handbook by clicking on the Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit [www.hse.ie/recovery-education-toolkit](http://www.hse.ie/recovery-education-toolkit)

## Support for the Peer Educators

One-to-one supervision is provided by their line manager who in most incidences is the recovery coordinator. A National Peer Education Network enables peer educators to meet every two months to support each other, share information, address challenges and build on solution focused outcomes. Peer educators can access the employee support/assistance scheme offered by the employer.

## Support for Recovery Coordinators

One to one supervision is provided by the line manager and employee support/assistance scheme offered by the employer

## Information for students enrolling for Recovery Education modules

Recovery Education Services/Colleges often provide students with a student handbook which outlines general information that students need to know. Student handbooks often include the following information.

- Introduction - mission, vision, values and principles of the Recovery Education Service/ College
- Module guidelines or code of conduct - this may include guidelines that each student is asked to follow; these will be co-produced.
- Housekeeping - e.g. building policies, smoking, break times, parking etc.
- Module information - this will include information on each course that is given to students upon enrolment and attending the module/course.

Please click on the Resources to Support the Development and Implementation of Recovery Education 2020-2025 Toolkit for an example of a Student Handbook [www.hse.ie/recovery-education-toolkit](http://www.hse.ie/recovery-education-toolkit)

## Section 4. Promoting and Marketing Recovery Education Services/Colleges

In order to promote recovery education numerous marketing activities can be considered:

- **Course Prospectus** - Co-produce a course prospectus that can be produced in hard-copy format and pdf digital version and shared online
- **Social Media** - Social media platforms such as Twitter, Facebook and Instagram can be considered
- **Website** - Develop a Recovery Education Service/ College website that promotes and showcases Recovery Education opportunities. Potential students can access information and the prospectus online.
- **Partner agencies** - Partner agencies would be happy to share information and links about Recovery Education opportunities available in the community. The modules offered may fill an important need within their own user or member group.
- **Posters** - one page posters of course topics are convenient for promotional purposes and can be circulated widely so they can be picked up by visitors to the website or if visitors walk into the service and request information.
- **Sharing your Recovery Education experiences/ narratives** - people who have actively facilitated or attended recovery education as a student could share their experience and, with permission, this could be shared on the website via video, written narrative, within reports and as information on the course prospectus.

- **Word of mouth** - Students are likely to share their experiences of Recovery Education with their contacts, which could be a valuable source of promotion, provided they have had a positive experience.
- **Information sessions** - regular information sessions can be offered in the community.

### List of stakeholder groups and organisations involved on committees and engagement events

The document has been developed in keeping with recovery principles through co-production. The co-production working group was comprised of members of various stakeholder groups including:

**Francis Walsh**, National Engagement and Recovery Lead, HSE

**Donal Hoban**, Service Improvement Lead, CHO2

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## Four regional consultation groups were co-produced and co-facilitated

Location	Co-facilitated	Number of attendees
Dublin	Gina Delaney and Elaine Nixon	16
Kerry	Donal Hoban and Kelley Lee	14
Sligo	Donal Hoban and Feargus Callaghy	11
Tullamore	Aisling Duffy and Amanda Hunt	18
Total		59

We hope you find the information and resources useful to help begin and/or continue to enhance recovery education.

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