



# **TOOLKIT**

## **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



# TOOLKIT

## 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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# Introduction

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The Health Service Executive (HSE), Mental Health Engagement and Recovery Team welcome you to the Resources to Support the Development of Recovery Education 2020-2025 Toolkit. This toolkit is best used with the *Resources to Support the Development of Recovery Education 2020-2025* ([www.hse.ie/recovery-education-resource](http://www.hse.ie/recovery-education-resource)). The Toolkit utilises the experience and resources from Recovery Education Services and Recovery Colleges around Ireland. The aim of the toolkit is to support, develop and enhance quality recovery education within the HSE, Mental Health Services and any community/national group or organisation planning to co-produce and co-facilitate recovery education.

Recovery education is a key driver for the HSE Mental Health services in creating a recovery oriented service as set out in 'A National Framework for Recovery' (2017) and this toolkit will help us to achieve that by further embedding recovery education into our service delivery.

The toolkit gives a very insightful pedagogy into the concept of recovery education and provides a range of practical resources to support the delivery of recovery education. All the templates and resources included in this toolkit have been co-produced based on the experience of recovery educators delivering recovery education across the country for the past number of years. It will ensure that that recovery colleges and services are delivering recovery education to a high quality evidenced based standard and maintain fidelity to the principles of recovery education.

I would like to thank everyone involved in the development of the toolkit which will help ensure we continue to deliver co-produced recovery education to the highest standards possible and provide. This toolkit will support mental health staff in delivering more recovery oriented services providing increased opportunities for service users, family members and carer's to achieve maximum recovery outcomes.



**Michael Ryan**

*Head of Mental Health  
Engagement and Recovery*

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# Section One

## Towards a Theoretical Educational Framework for Recovery Education

*Donal Hoban, Mayo Recovery College Director*

What the idea of recovery education gains in terms of ready comprehension and cultural acceptability it loses in terms of an obvious frame of reference. There is currently no substantial body of pedagogical evidence to support the activity and, from the vantage point of sceptics perhaps, a lack of evidence to support recovery education on an ongoing basis. The following paper attempts to outline an educational framework and pedagogy for recovery education. The basic proposition is that recovery education is adult education at the service of recovery.

In recovery education there is explicit permission to act and think differently, learning from each other's life experience and researching what works best, underpinned by a values-oriented approach and clear learning objectives rather than therapeutic approaches. Adult learning fosters a reframing of experiences through storytelling and this storytelling becomes the organising principle for human action. Narratives of hope, control and opportunity are discourses that offer coherence over time within a particular space and context. In this way the content of the story or the subject matter at hand is at the service of the process which is recovery. Hence there is a need to train all facilitators, including clinicians and not just peers, in basic Adult Education. The process is collaborative, supporting the co-production and design of learning experiences.

Recovery education should be less preoccupied with content than it is with process. In some respects, any content or topic is approachable once it lends itself to discourse, learning and the creation of new knowledge. The dynamic and transformative processes inherent in adult learning appear to serve recovery best in terms of reframing human experience and nurturing recovery processes. Ideas about autonomy, self-agency and increased volition are part of a contemporary recovery narrative that sees people marshal their own resources typically in a coalition of interest with others who have lived experience. The achievement of self-agency and autonomy is well documented as a classic educational objective for adult learners. Adult learners report that they engage in learning to:

- (1) access information that helps them orient themselves in the world
- (2) give voice to ideas in the confidence they will be heard
- (3) make decisions and become independent
- (4) build a bridge to the future (Stein, 1995).

It is telling how these reported rationales resonate with the recovery tasks described by Slade (Slade, 2009), the constructs of 'Hope, Control and Opportunity' identified by Repper and Perkins (2003) and the processes of recovery (Connectedness, Hopefulness, Identity, Meaning, Empowerment) reported by Leamy et al. (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011).

## An Educational Paradigm for Recovery

Recovery education is in need of sound and credible pedagogical theoretical framework if it is to be taken seriously. There are two objectives here:

- (a) To evolve an educational practice identity sufficiently differentiated from therapeutic activity
- (b) To describe this activity in terms of constructivist and transformative learning.

An educational approach is fundamental to the way that Recovery Education functions. Comparing therapeutic and educational approaches is useful (Perkins, 2012). Therapy is often understood as a deficit approach to mental health which maintains power imbalances between professionals and service users while education is potentially open-ended and facilitative, helping people recognize and make use of their talents and resources. Education is about change. It can be seen as a process of facilitating learning, acquiring new, or modifying existing, knowledge skills and behaviour, hopefully to positive effect. It is the learning which produces change. Adult education is **Constructivist**. (Sjoberg 2007). What this means is that humans construct their own knowledge of the world through experiencing things and reflecting on those experiences.

## Core Ideas in Constructivist Learning

- Learning is something done by the learner by acting on and engaging in a learning environment.
- Learners bring lived experience to the learning situation.
- Learners have diverse and conflicting ideas, some of which may be socially ordained or not.
- Some ideas may be at odds with accepted scientific ideas and norms.
- All representations and understandings need to be taken seriously.
- Knowledge is constructed through interaction with environments, collaboratively in social settings and this is further shaped by cultural and linguistic forces.

We can make some basic assumptions about constructivist learning:

- (1) Such learning is active and interactive and knowledge is constructed from experience.
- (2) Learning is both personal and subjective.

This philosophical orientation is consistent with established adult education theories and other influences. Recovery education is informed by self-efficacy theory and good participative education can generate capacity and ability through verbal reinforcement, observation, vicarious learning and affirmation. Recovery education can also learn from Narrative Inquiry, a practice often associated with psychotherapy (Speedy, J.2007). Some of the more influential adult education ideas include work by Paulo Freire and Jack Mezirow;

critical consciousness raising and transformative learning respectively. Recovery education relies on two key processes that support constructivist learning: (a) co-production and (b) co-facilitation. Co-production, which describes the collaborative design and organization of content and indicative learning objectives, and co-facilitation, which describes the collaborative discursive facilitation of this material, combine the perspectives and narratives of lived and professional experience that yields multiple viewpoints and creates understanding.

Recovery education is an invitation to:

- Identify personal goals
- Process learning through reflection
- Become members of a learning community or a community of interest, thereby creating a more durable community
- Collaborate with others
- Learn through a social experience or context
- Take ownership and develop greater self-agency

The characteristics of conventional or typical pedagogy, the transmission of knowledge and comprehension are in some way analogous to a biomedical understanding of recovery. Transformative adult learning equally reflects the idiosyncratic, biographical and subjective representations of personal recovery. Table 1 compares conventional approaches to education with constructivist (recovery approaches) Table 2 illustrates this by linking understandings of recovery and education.

**TABLE 1**

| Conventional education                                 | Constructivist (recovery education)                          |
|--|--|
| Begins with part of the whole or a piecemeal approach. | Begins with the whole  |
| Pre-ordained or prescribed content and process         | Is iterative, digressive, differentiated                     |
| Established text and understandings                    | Uses multiple sources  |
| Didactic or taught                                     | Dialogic and discursive, characterised by narratives         |
| Directed by an expert                                  | Negotiated through multiple representations of expertise     |
| Knowledge is inert and predetermined                   | Knowledge is constructed and new frames of reference created |

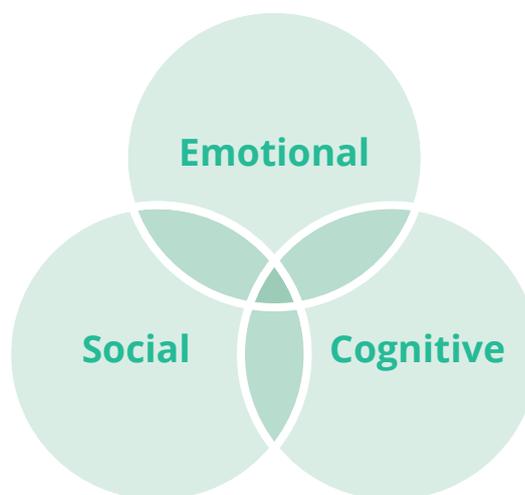
(Sjoberg 2007)

**TABLE 2**

| Adult learning                             | Consistent with... | Personal Recovery                    |
|--|--------------------|--------------------------------------|
| Transformation and not simply transmission |                    | Unique meaning for individual        |
| Subjective                                 |                    | Deeply personal                      |
| Practical                                  |                    | Self-directed                        |
| Has, personal meaning and application      |                    | With or without symptoms, biographic |

(Slade 2009)

Recovery education is about active, challenging learning which supports self- agency, reliance and self-directedness. Capacity to learn and change is influenced by external factors including limits imposed by traditional mental health services and internal processes such as feelings of powerlessness, isolation and worthlessness. Learning can be enhanced and positive change supported through engaging with the emotional, social and cognitive domains of the individual and associated groups. The figure to the right and below adapted from the research of the **Learning Without Limits project** at Cambridge University illustrates how emotional, social and cognitive domains are interdependent.



**TABLE 3**

| External factors such as your experience of traditional mental health services                               | Recovery education can be a force for positive change in the social domain                                 | Internal factors such as how you feel about yourself and understandings of self-determination                     |
|--|--|---|
| EMOTIONAL DOMAIN   | SOCIAL DOMAIN  | COGNITIVE DOMAIN  |
| Recovery education can support and <b>increase</b> , hope , confidence, self-esteem, security and competence | Recovery Education can <b>strengthen</b> and foster new opportunities, belonging, community and solidarity | Recovery Education can <b>enhance</b> control, engagement, meaning, relevance, knowledge, skills and progression. |

Hart, Dixon, Drummond & Mac Intyre ( 2004)

## Why the Focus on Adult Learning?

Recovery Education is a means of involving those with lived and professional experience so that they can work together to develop new knowledge and understanding. The inclusive and collaborative mechanisms that characterise recovery education create the possibilities for transformation of knowledge, identity and agency. This is achieved by addressing barriers too often inadvertently created by traditional therapeutic services.

The processes through which adults learn, assimilate knowledge and create new frames of reference have been well documented. The mechanisms of adult learning and its constructivist character discussed above have real application for Recovery Education. Malcolm Knowles is best known for the construct of '**Andragogy**', an idea rooted in inquiry-based learning and the simple idea that curious adults act on the learning environment and **elicit their own responses** from it.

Knowles (Knowles, 1984) presents **6 principles of adult learning** which claim adults are:

- Self-directed
- Connected to life
- Goal-orientated
- Relevant
- Seek practical application in life from their learning
- Respectful

Knowles' (1984) adult learner assumptions including, adults are self-directing; experience is a rich resource for learning; and the value of learning that integrates into daily life with real application, offer a useful insight to how adults engage and learn. According to Knowles, problem-centred or solution focused approaches are more engaging than subject centred approaches and motivation that has an internal locus of control or source is most effective. If we combine some of these assumptions it indicates that adults are more likely to learn in a manner that benefits them personally when the learning relates to prior life experience.

## What is Transformative Recovery Education?

As noted above the intent of recovery education is to bring about transformation. Candy (1991) proposes a synthesis of ability which suggests the adult learner to be:

- Methodical
- Analytical
- Collaborative
- Curious
- Open
- Creative
- Reflective

These are sophisticated processes for a learner and recovery education must be committed to create conditions that sustain them if recovery is to be advanced.

Transformative learning is about developing autonomous thinking. Transformative learning moves toward embracing frames of reference that are more inclusive, discriminating, self-reflective and crucially integrative of experience. Mezirow (1991) distinguishes between habits of mind which are durable and resistant to change and points of view which are open to transformation. Mezirow also cites Habermas to distinguish between instrumental learning which is didactic and communicative learning which is constructivist. For Mezirow, this is the process of effecting change in a frame of reference. His contention is that adults have acquired a coherent body of experience, associations, and concepts and so on that defines their life world. The Learning Without Limits study mentioned earlier, shows how this formulation of a frame of reference can be shaped by the subjective experience of mental health adversity.

Frames of reference are essentially the assumptions through which we understand experience. For many people, these frames of reference have acquired a stubborn intransigence. An example is that of relationship or, more specifically, the recovery promoting relationship. The recovery promoting relationship is at the heart of contemporary working practices (Bird et al 2011). However a concern is that many formative encounters and relationships recounted by mental health service users with service providers are often described in terms of deference, power imbalance and the amelioration of symptoms. Over time this can become a durable and unhelpful frame of reference.

Transformative learning theory suggests that adults have a strong tendency to reject ideas that fail to fit their preconceptions. This phenomenon called, 'availability bias', describes how we reinforce ideas and beliefs in terms of how quickly such ideas and beliefs come to mind. However when learning conditions are conducive and favourable toward explorative dialogue, it appears that a habitual or entrenched frame of reference can be displaced or challenged by another one that is more reflective, discriminating and integrative of lived experience. It is this key dimension of integrating experience into newly forged meaning that makes recovery education compelling.

Transformative learning assumes that we bring habits of mind and systems of belief to bear on our daily interactions. These are the products of complex influences and biographic histories and may include cognitive distortions such as emotional reasoning and maladaptive thinking. The key issue is that habits of mind are broad and sometimes abstract, orienting habitual ways of thinking and feeling. An example of such a habit of mind in a mental health care context could be the attitudinal bias of a health professional to a service user. An embedded notion could be that service users or patients need to be directed and cared for, accompanied with the corresponding notion that health professionals 'know best'. These predispositions are born of a complex of feelings and beliefs that create and reinforce institutional systems. Recovery education can create conditions that challenge these ideas in the pursuit of alternative frames of reference and new thinking.

Transformative learning has been influenced by the work of Jurgen Habermas (1984) and especially his ideas on communicative learning. Communicative learning is co-learning and is characterised by at least two parties striving toward reaching an understanding of the meaning of an interpretation or the justification of a belief. The ultimate goal of transformative learning is perspective transformation. The achievement of this relies on discourse and as Mezirow contends, "the more interpretations of belief available, the greater likelihood of finding a more dependable interpretation or synthesis". New frames of reference foster fresh understandings such as a 'life beyond illness'. In this subjective framing of new ideas and in a recovery education setting it is likely that change arises from an accretion of transformations or series of interconnected living experiences. Recovery tasks can be integrated with educational tasks as shown below.

**TABLE 4**

| Recovery Task   | Educational Process                            | Educational Task  |
|---|--|---|
| The conceptualisation of a life beyond illness or diagnostic categorisation | Through critical reflection and open discourse | Becoming more aware and critical in assessing assumptions especially those that govern values, beliefs and feelings |
| Reframing illness as experiential but not definitional                      | Through consciousness raising                  | Greater awareness of new information /knowledge and imagined alternatives   |
| Realising personal agency and self-directedness                             | Through collaboration and group work           | Greater effectiveness in collaborating with others to collectively assess, pose and resolve problems                |
| Restoring or developing a new social role                                   | By constructing a personal narrative base      | Legitimising a new identity through discourse and story   |

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## Conclusion

Recovery education is based on adults constructing new meaning and knowledge where co-production and co-delivery have clearly indicated learning objectives that explicitly include autonomous thinking and opportunity for critical reflection, thus generating new narratives of hope and insight. As Frank puts it:

*“Story telling is for one another just as much as it is for oneself. In the reciprocity that is storytelling the story teller offers herself as a guide to the others’ self-formation. The moral genius of storytelling is that each teller and listener enters the space of the story for the other”.* (Frank, 1995)

It is in this context of openness and candour that education can nurture the recovery processes of connectedness, hopefulness, identity, meaning and empowerment. Mezirow describes the potential of adult learning:

*“Critically explored assumptions may be in the autobiographical context of a belief or they may be supporting a social cultural or economic system. Transformations in frames of reference take place through critical reflection and the transformation of a habit of mind.”*

As we have discussed above, adult education and contemporary recovery oriented services share many common values and aims, not least of which is the desire to foster and nourish self-mastery, autonomy and empowerment through transformative learning.

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# Section Two

## Sample Recovery College/Recovery Education Service Operational Group Terms of Reference including Group Membership

A Recovery College is a HSE funded, mental health community facing, adult education initiative that provides peer-led co-produced and co-delivered learning to a constituency that includes service users, supporters and health professionals. Many College programmes are delivered at a central educational hub venue \_\_\_\_\_ but other outreach programmes in the community and clinical settings are also provided.

### Function and Purpose of the Group

The role of the Operational Group is to offer support, advice and guidance, to the Peer Educator and College Coordinator in terms of practice and service delivery. A separate Advisory Group has also been established to guide the educational activity of the College. This Advisory Group reviews and evaluates the course content at the college in terms of recovery fidelity and educational quality. The chair of this group is represented on the Operational Group.

### Membership

Recovery College Coordinator

Principal Peer Educator

Adult Education Advisor

Area Management Team Representative

Service Provision Representative

Third Level College Representative

Recovery College Student

Community Partners

## Functions of the operational group will involve consultation to support and deliberate:

- Recovery practices and fidelity
- Recovery Education design, practice and evaluation
- Communication and publication of prospectus and other college documentation
- Recovery College policy development
- Liaison with the HSE National Mental Health Office

## Governance

The Operational Group will advise on and inform the activities of the College. The principal Peer Educator will report to the College Co-ordinator. The College Co-ordinator will update the Management Team following consultation with the Operational Group. Matters related to the design and delivery of course content, prospectus production, the location of such courses and persons involved in design/delivery will be overseen by the principal Peer Educator and College Co-ordinator in consultation with the Advisory Group.

A briefing with regard to such activities will be presented to the Operational Group at each meeting by the Peer Educator. Matters relating to expenditure will be discussed by the Operational Group and communicated to the Management Team Business Manager by the College Co-ordinator for approval. The Operational Group will also advise on locations for peripatetic recovery classes/modules delivered outside of the college.

## Meetings

The Operational Group will meet every 5 weeks. A quorum of 4 will be required for a meeting to proceed. The respective roles of chair and secretary will be assigned on a rotating basis and this will be recorded in the minutes of each meeting. The Operational Group will seek to progress all decisions through consensus. A contentious issue or disagreement may necessitate that an equal?? vote is taken to achieve resolution.

## Recovery Fidelity and Educational Quality

The Recovery College will seek to sustain good recovery working practices and principles and will report to the Operational Group on student numbers, participation rates and other matters arising. Quality assurance and recovery fidelity will be underpinned by adherence to college policies and to external moderation of the college learning content and methodology by the Advisory Group.

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## Communication

The Recovery College will produce regular reports for the mental health services and community partners under various headings detailing the activities of the college. Indicative content may include;

- Registration, participation and other student data.
- Modular content and prospectus detail.
- Health professional participation data.
- Recommendations from the Advisory Group regarding quality assurance.
- Accounts of expenditure exclusive of core costs.
- Updates on data collection and evaluation
- Briefing on policy revisions or development
- Briefing on emerging national directions, practices or policies

## Policy Development

The Operational Group will oversee and guide the maintenance or revision of existing college policies and will also assist in the development of new policies where necessary and appropriate.

## National HSE, Mental Health Services

The Operational Group will liaise with the national mental health services to ensure continuity and consistency with their mission:

- (1) To recommend a developmental framework for Recovery Colleges
- (2) To oversee the development of a standardised guidance on all aspects of Recovery College Development.
- (3) To advise on the integration of Recovery Colleges within the framework of current mental health service delivery.

The operational group will respond to emergent guidelines on recovery college governance as set out by national mental health services.

## Sample Recovery Module/Courses Fidelity Criteria

The criteria are as follows:-

- (1) **Educational** – Recovery focused knowledge/understanding, coping strategies and skills, applications of learning are facilitated through recovery focused curriculum and facilitative relationships.
- (2) **Collaborative** – Lived, life, professional and subject expertise and experience are brought together in co-production, co-delivery and co-learning.
- (3) **Strengths based** – For all students and staff, achievements, strengths skills and qualities are identified, built upon. Adjustments and supports are put in place to overcome challenges.
- (4) **Person-Centred** – Students come of their own volition, work towards their personal goals, ambitions and dreams at their own pace. They choose the courses they wish to study and identify the supports they find helpful.
- (5) **Progressive** – Students work towards goals, and/or to overcome personal challenges. Courses and support are agreed through an individual learning plan which is reviewed regularly.
- (6) **Community Focused** – The college is community facing with active engagement with community organisations and Further Education colleges to co-produce relevant courses and facilitate pathways into valued roles, relationships and activities.
- (7) **Inclusive** – The college offers learning opportunities to students of all abilities, cultures, ages and experiences. A sound differentiation policy ensures that everyone has equal access to learning and the contribution that everyone can make is recognised and valued.

\*Adapted from Criteria developed by Nottingham Recovery College

## Sample Individual Learning Plan

|   |  |                     |      |      |  |  |
|---|--|---------------------|------|------|--|--|
| <b>Name</b>   |  |                     |      |      |  |  |
| <b>Semester</b>   |  |                     |      |      |  |  |
| <b>Date</b>   |  |                     |      |      |  |  |
| <b>Let's talk about your personal dreams, hopes and ambitions</b>   |  |                     |      |      |  |  |
|   |  | <b>If present ✓</b> |      |      |  |  |
| <b>I would like to</b>  |  | ILP1                | ILP2 | ILP3 |  |  |
| <b>I would like to</b>  |  | ILP1                | ILP2 | ILP3 |  |  |
| <b>I would like to</b>  |  | ILP1                | ILP2 | ILP3 |  |  |
| <b>Previous module/courses, groups, etc.</b>  |  |                     |      |      |  |  |
|   |  |                     |      |      |  |  |
| <b>Are there any additional supports you may need? (e.g. sitting close to the front, wheelchair access)</b> |  |                     |      |      |  |  |
|   |  |                     |      |      |  |  |
| <b>Strengths and successes</b>  |  |                     |      |      |  |  |
|   |  |                     |      |      |  |  |

| What would you like to learn  |  | If present ✓ |   |      |  |
|-------------------------------|--|--------------|---|------|--|
| I want to be able to          |  | ILP1         | ILP2  | ILP3 |  |
| I want to be able to          |  | ILP1         | ILP2  | ILP3 |  |
| I want to be able to          |  | ILP1         | ILP2  | ILP5 |  |
| <b>Agreed modules/courses</b> |  |              |   |      |  |
|                               |  |              |   |      |  |
|                               |  |              |   |      |  |
|                               |  |              |   |      |  |
| <b>Signed by student</b>      |  |              | <b>Signed by Recovery Education Service/College</b> |      |  |
|                               |  |              |   |      |  |

## Sample Recovery Co-ordinator Role Description

|  |  |
|--|--|
| <b>Job Title</b>                               | Recovery Co-ordinator  |
| <b>Location</b>                                | Community Healthcare   |
| <b>Employer</b>                                |  |
| <b>Organizational Area</b>                     | Dublin   |
| <b>Grade</b>                                   | Grade VII  |
| <b>Reporting Relationship</b>                  | <p>Report to relationship with _____ from an employment contact perspective.</p> <p>Work to relationship with CHO Health Services in terms of duties and responsibilities.</p> <p>Reports directly to General Manager, HSE Community Mental Health Services</p>  |
| <b>Purpose of Post</b>                         | <p>The continued development of recovery orientated services is a key priority of mental health services. The Framework for Recovery in Mental Health 2018- 2020 sets out a vision of recovery and recovery orientated services.</p> <p>A central component of this role will be the co-ordination, monitoring and reporting of the Community Implementation Plan.</p> <p>Our Area is committed to the development of a comprehensive prospectus of education to be delivered right across our Area. This role is an integral part of developing and delivering this goal.</p>   |
| <b>Eligibility criteria and qualifications</b> | <ul style="list-style-type: none"> <li>• A relevant qualification in a health, or education or related field at or above Level 6 on the QQI framework. This qualification must include knowledge of adult education principles.</li> <li>• Evidence of training and experience in the co-production of recovery education training programmes and workshops.</li> <li>• At least two years' work experience of project design and delivery in a relevant field.</li> <li>• Knowledge and experience of public health services.</li> <li>• Demonstrable competence in leading the development of projects and initiatives that promote mental health recovery.</li> <li>• A strong and demonstrable commitment to mental health and recovery that is informed by personal lived experience.</li> <li>• Relevant experience of working collaboratively with internal and external stakeholders.</li> </ul> |

## Skills, competencies and/or knowledge

### Professional Knowledge

- A full understanding of and familiarity with the key documents which guide recovery in mental health.
- Project design, development and delivery skills and competencies.
- Demonstrable application of skills and knowledge developed in gaining a qualification in health, education, or related field including co-production of adult education.
- An understanding of how education and communication can promote the cultural and organisational changes which support recovery in mental health.
- Evidence of training and experience in the co-production of recovery education training programmes and workshops.

### Skills

- A demonstrated practice of self-care
- Motivation and an innovative approach to the role
- Experience of training design and producing resource materials
- The ability to use a broad range of education techniques
- Good administration skills including experience of writing business cases, holding, administering and managing budgets
- Demonstrated line management experience. Particular emphasis on experience of supporting colleagues
- Capacity to work on own initiative and seek support as required
- IT Skills.

### Planning and Organising

- Demonstrated experience of excellent resource planning and management
- Excellent time management skills
- Ability to effectively prioritise and schedule projects and other activities
- Project design and delivery experience
- Demonstrate effective problem solving and decision making skills

### Communication and Interpersonal Skills

- Confidence and competence in public speaking and presentations.
  - The ability to organise and present information clearly, concisely and confidently when speaking and writing.
  - Tailoring communications to meet the needs and abilities of the audience.
- Demonstrate excellent interpersonal and communication skills
- Ability to foster positive working relationships with stakeholder groups and partner organisations.
- Ability to interact effectively and in a professional manner with other staff and key stakeholders.

|  |   |
|--|---|
| <b>Skills, competencies and/or knowledge</b><br><b>continued</b> | <b>Commitment to a Quality Service</b> <ul style="list-style-type: none"> <li>• Lead the co-design of evaluation measures against agreed outcomes</li> <li>• The ability to meaningfully evaluate and articulate the benefits of recovery education in mental health</li> <li>• Demonstrate a commitment to and passion for the sustainable delivery of high quality, co-produced services</li> <li>• Demonstrate a commitment to recovery-focused community development principles and practices</li> <li>• Demonstrate commitment to and practice of continuing professional and personal development</li> <li>• Maintain and update relevant systems of documentation and record keeping.</li> </ul>   |
| <b>Principal Duties and Responsibilities</b>                     | <ul style="list-style-type: none"> <li>• The Recovery Co-ordinator will operationalize the aims and objectives of the Area Recovery Committee in keeping with the National Framework for Recovery and supporting guidance documents on Recovery Education, Co-production and Family Recovery. They will have a responsibility and meaningful role within the Area Recovery Committee.</li> <li>• Build supportive relationships with partner organizations and individuals in the development &amp; delivery of recovery education initiatives.</li> <li>• Support the development, resourcing and effective implementation of area recovery communications strategy.</li> <li>• Administer and update relevant systems of financial management, documentation and record keeping.</li> <li>• Attend and support Recovery Steering Group meetings and any relevant subgroup meetings.</li> <li>• With the support of the Area Recovery Committee and the Local Recovery Groups, identify and develop the capacity of our community.</li> </ul> <p><i>The above Job Description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned from time to time and to contribute to the development of the post while in office.</i></p> |
| <b>Other requirements</b>  | <ul style="list-style-type: none"> <li>• Full driving licence with access to own private transport for work related travel</li> <li>• Garda Vetting</li> <li>• Satisfactory references</li> <li>• Flexible working hours including out of hours</li> </ul>  |
| <b>Competition specific selection process</b>                    | <p>Short listing will be carried out on the basis of information supplied in your curriculum vitae.</p> <p>The criteria for short listing is based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and knowledge section of this job specification.</p>  |

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| <b>Tenure</b>        | 18 months fixed term.   |
| <b>Remuneration</b>  | In line with HSE Grade VII  |
| <b>Working week</b>  | 37 hours excluding lunch  |
| <b>Annual leave</b>  | 32 days   |
| <b>Probation</b>     | 6 month probationary period   |
| <b>Short Listing</b> | Applicants will be shortlisted for interview based on the information supplied in their CV and letter of application at the closing date. |

## Sample Peer Educator Role Description

### Job specification and Terms and Conditions

|  |  |
|--|--|
| <b>Job Title</b>                               | Peer Educator  |
| <b>Location</b>                                | CHO  |
| <b>Employer</b>                                |  |
| <b>Organizational Area</b>                     | Dublin   |
| <b>Reporting Relationship</b>                  | Reports to Area Recovery Co-Ordinator  |
| <b>Purpose of Post</b>                         | <p>The continued development of recovery orientated services is a key priority of mental health services. The Framework for Recovery in Mental Health 2018- 2020 sets out a vision of recovery and recovery orientated services.</p> <p>Our Area is committed to the development of a comprehensive prospectus of education to be delivered right across our Area. This role is an integral part of achieving this goal.</p> <p>The Peer Educator will support the development and delivery of recovery education across the CHO.</p>  |
| <b>Eligibility criteria and qualifications</b> | <p><i>The successful candidate must demonstrate:</i></p> <ul style="list-style-type: none"> <li>• Third Level qualification or equivalent</li> <li>• At least 2 years' experience working in a relevant field</li> <li>• A strong and demonstrable commitment to mental health and recovery informed by personal lived experience</li> <li>• A track record and demonstrable competence in the support and development of projects and new initiatives that promote positive mental health</li> <li>• Evidence of training and experience in the coproduction of recovery education training programmes and workshops</li> </ul> |
| <b>Skills, competencies and/or knowledge</b>   | <p><b>Professional Knowledge</b></p> <ul style="list-style-type: none"> <li>• A full understanding of and familiarity with the key documents which guide recovery in mental health</li> <li>• An understanding of the role of education in mental health recovery</li> <li>• Evidence of training and experience in the coproduction of recovery education training programmes and workshops</li> </ul>  |

**Skills, competencies  
and/or knowledge  
continued**

**Skills**

- A demonstrated practice of self-care
- Motivation and an innovative approach to the role
- Experience of co-facilitating and supporting the design and production of resource materials
- The ability to use a broad range of education techniques
- Ability to work in a manner that supports and promotes co-production
- Good administration skills including experience in managing and recording expense items
- Capacity to work on own initiative and seek support as required
- IT Skills
- Ability to support a team of facilitators

**Planning and Organising**

- Demonstrated experience of excellent resource management
- Excellent time management skills
- Ability to effectively prioritise and schedule projects and other activities
- Project delivery experience
- Demonstrate effective problem solving and decision making skills

**Communication and Interpersonal Skills**

- Confidence and competence in public speaking
- Effective presentation and facilitation skills
- Demonstrate excellent interpersonal and communication skills
- Ability to foster positive working relationships with stakeholder groups and partner organizations
- The ability to interact effectively and in a professional manner with other staff and key stakeholders
- The ability to present information clearly, concisely and confidently when speaking and writing. Tailoring communications to meet the needs and abilities of the audience.

**Commitment to a Quality Service**

- The ability to meaningfully evaluate the benefits of recovery education in mental health
- Demonstrate a commitment to and passion for the sustainable delivery of high quality, co-produced services
- Demonstrate a commitment to recovery focused community development principles and practices
- Demonstrate commitment to and practice of continuing professional and personal development
- Maintain and update relevant systems of documentation and record keeping

|   |   |
|---|---|
| <b>Principal Duties and Responsibilities</b>  | <ul style="list-style-type: none"> <li>• Deliver co-produced recovery education identified as required by our community</li> <li>• Work successfully and effectively in coproducing recovery education plans and prospectuses for the Area</li> <li>• Identify and promote the potential of future co-facilitators, leaders and collaborators throughout our community</li> <li>• Build supportive relationships with service users, family members and service providers in our area</li> <li>• Build supportive relationships with partner organisations and individuals in the development &amp; delivery of recovery education initiatives</li> <li>• Understand and be guided by the National Framework for Recovery and the supporting guidance documents on Recovery Education, Co-Production and Family Recovery</li> <li>• Be an active role-holder and resource holder in Promoting Area Recovery initiatives and support the development of the Area communications strategy</li> <li>• Attend and support appropriate community and organisational working groups</li> </ul> <p><i>The above Job Description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned from time to time and to contribute to the development of the post while in office.</i></p> |
| <b>Other requirements</b>                     | <ul style="list-style-type: none"> <li>• Full driving licence with access to own private transport for work related travel</li> <li>• Garda Vetting</li> <li>• Satisfactory references</li> <li>• Flexible working hours including out of hours</li> </ul>  |
| <b>Competition specific selection process</b> | <p>Short listing will be carried out on the basis of information supplied in your curriculum vitae.</p> <p>The criteria for short listing is based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and knowledge section of this job specification</p>   |
| <b>Tenure</b>                                 | <p>1 year fixed term.</p>   |
| <b>Remuneration</b>                           | <p>Analogous with HSE Grade IV</p>  |
| <b>Working week</b>                           | <p>37 hours excluding lunch</p>   |
| <b>Annual leave</b>                           | <p>26 days</p>  |
| <b>Probation</b>                              | <p>3 month probationary period</p>  |
| <b>Short Listing</b>                          | <p>Applicants will be shortlisted for interview based on the information supplied on their CV and letter of application at the closing date.</p>  |

## Sample Recovery Education Facilitator Role Description

|                               |   |
|-------------------------------|---|
| <b>Job Title</b>              | Recovery Education Facilitator  |
| <b>Location</b>               |   |
| <b>Employer</b>               |   |
| <b>Organizational Area</b>    |   |
| <b>Reporting Relationship</b> | Reports to  |
| <b>Purpose of Post</b>        | <p>_____ and the Health Service Executive share a commitment to the development of recovery oriented services in alignment with the national policy 'A Vision for Change' and as outlined in 'A Framework for Recovery in Mental Health 2018-2020'.</p> <p>Recovery education is recognised as a key driver of recovery and the inclusion of the 'Lived Experience' and 'Expert by Experience' skill set is essential to the delivery of high quality recovery education.</p> <p>_____ working in close collaboration with the Health Service Executive, will employ experts by experience on a two year fixed term contract. Recovery Education Facilitators in collaboration with Peer Recovery Educators will deliver Recovery Education programmes across Recovery Colleges/ Recovery Education Services and CHOs.</p> <p>The purpose of the role is:</p> <ul style="list-style-type: none"> <li>• To co-facilitate the delivery of a wide range of recovery education programmes in the local CHO</li> <li>• To participate in the co-production of recovery education programmes in the local CHO</li> <li>• To plan and coordinate the production and delivery of recovery education to specific groups or in specific locations in the local CHO.</li> <li>• In CHOs with established recovery colleges/Recovery Education Services, to work under the direction of the College Peer Educators*</li> <li>• To participate as an Expert by Experience in Recovery Education initiatives</li> </ul> |

|   |   |
|---|---|
| <p><b>Eligibility criteria and qualifications</b></p> | <p><i>The successful candidate must demonstrate:</i></p> <p><b>Essential:</b></p> <ul style="list-style-type: none"> <li>• Active involvement in mental health recovery education</li> <li>• Commitment to recovery informed by relevant lived experience or family member mental health experience</li> <li>• Strong and demonstrable experience of group facilitation or similar engagement processes with service users and family members as relevant to this role</li> </ul> <p><b>Desirable:</b></p> <ul style="list-style-type: none"> <li>• Appropriate training in facilitation/co-facilitation skills (for example: WRAP, Recovery Principles &amp; Practices, Recovery Education modules)</li> <li>• QQI Level 6 Training, Delivery and Evaluation Skills or equivalent</li> </ul>   |
| <p><b>Skills, competencies and/or knowledge</b></p>   | <p><b>Relevant knowledge</b></p> <ul style="list-style-type: none"> <li>• A clear understanding of recovery in mental health</li> <li>• An understanding of the role of education in mental health recovery</li> <li>• Demonstrate an understanding of approaches to adult education and training</li> </ul> <p><b>Relevant knowledge</b></p> <ul style="list-style-type: none"> <li>• A clear understanding of recovery in mental health</li> <li>• An understanding of the role of education in mental health recovery</li> <li>• Demonstrate an understanding of approaches to adult education and training</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Ability to work co-operatively as part of a team</li> <li>• Administration and ICT skills</li> <li>• Capacity to work on own initiative and seek support as required</li> <li>• Problem-solving and adaptability skills</li> </ul> <p><b>Planning and Organising</b></p> <ul style="list-style-type: none"> <li>• Experience of planning and organising (events, people, resources etc.)</li> <li>• Time management skills</li> <li>• Commitment to provision of a quality service including knowledge of evaluation techniques, working to standards, and commitment to professional development</li> </ul> <p><b>Communication and Interpersonal skills</b></p> <ul style="list-style-type: none"> <li>• Demonstrate excellent interpersonal and communication skills</li> <li>• Effective presentation and facilitation skills in a variety of settings and using varied techniques suitable to the audience</li> <li>• The ability to interact in a professional manner with other staff and key stakeholders</li> <li>• Confidence and competence in public speaking</li> <li>• Demonstrate experience in adult learning and group facilitation</li> </ul> |

|   |  |
|---|--|
| <b>Principal Duties and Responsibilities</b>  | <ul style="list-style-type: none"> <li>• To co-produce and co-facilitate the delivery of recovery education programmes in the local CHO</li> <li>• To participate in and collaborate on the co-production and delivery of recovery education modules, material and training in the CHO</li> <li>• To collaborate with Peer Recovery Educators in the planning and arranging of recovery education programme delivery in Recovery Colleges/Recovery Education Services, and in specific locations in the local CHO</li> <li>• To maintain, monitor and store relevant information on participants in line with current legislation</li> <li>• To provide feedback and information to the HSE on all recovery education activity and outcomes as required</li> <li>• Work in accordance with best practice in recovery principles as outlined in 'A Framework for Recovery in Mental Health 2018 – 2020'</li> <li>• Support the empowerment of service users and family members/supporters through their participation in Recovery Education</li> <li>• To work in accordance with all policy, procedures and statutory requirements of the HSE and Mental Health Ireland</li> <li>• To participate on and input into service improvement committees and initiatives as an Expert by Experience in the local CHO and nationally on occasion and as agreed*.</li> </ul> <p><i>The above is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.</i></p> |
| <b>Other requirements</b>                     | <ul style="list-style-type: none"> <li>• Appropriate references.</li> <li>• Access to transport and ability to travel as required.</li> <li>• Willingness to train in specific programmes as relevant to the post for example, Recovery Principles &amp; Practices Workshops (1&amp;2), Eolas, WRAP, Recovery Education modules, and ensure fidelity to Recovery Education principles.</li> </ul>  |
| <b>Competition specific selection process</b> | <p>Short listing will be carried out on the basis of information supplied in your curriculum vitae.</p> <p>The criteria for short listing is based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and knowledge section of this job specification.</p>   |
| <b>Tenure</b>                                 | <p>2 Year fixed term.</p>  |
| <b>Remuneration</b>                           | <p>Analogous with HSE Grade III</p>  |
| <b>Working week</b>                           | <p>37 hours excluding lunch</p>  |
| <b>Annual leave</b>                           | <p>26 days</p>   |
| <b>Probation</b>                              | <p>3 month probationary period</p>   |
| <b>Short Listing</b>                          | <p>Applicants will be shortlisted for interview based on the information supplied on their CV and letter of application at the closing date.</p>   |

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## Sample Recovery Education Volunteer Role Descriptor

- To collaborate with Peer Recovery Educators in the planning and arranging of recovery education programme delivery in Recovery Colleges/Recovery Education Services, and in specific locations
- To co-produce and co-facilitate the delivery of recovery education programmes
- To participate in and collaborate on the co-production and delivery of recovery education modules, material and training

## Sample Description of a Recovery College

The college is a community educational support to promote transformative learning in mental health and wellbeing. It is open to everyone: people with lived experience of mental health challenges, family members, mental health service providers and the general public. Participation in transformative learning enables people to grow within and beyond their personal life and/or professional experiences, providing us with opportunities to challenge our assumptions about mental health – our own and others’ – and find new ways to support recovery. We hope that you enjoy facilitating with Galway Recovery College.

## Healthy Boundaries

The college is not a therapeutic service although many people feel that they receive peer support from their fellow students. Coming to the college may be the first experience that many people have had of being able to discuss mental health issues with people who have had lived experience of similar issues and without being judged. To ensure that we provide a safe space for learning without veering towards therapy, we need to have and observe healthy boundaries.

## Vision

Everyone has access to recovery education.

## Mission

To offer recovery education to everyone who could benefit from it.

## Goals

Our goals are to:

- Develop an educational approach that will inspire students to gain:
  - New knowledge and perspectives in mental health
  - A broader understanding of a wider range of recovery possibilities
  - Greater confidence and knowledge to overcome challenges and strive towards their own goals
- Provide a geographical space with an outreach model of education which can respond to the needs of all stakeholders enabling a transformation of the relationship between mental health services, the people they serve and their communities
- Embrace the ethos of the National Recovery Framework by supporting recovery-oriented improvement in the outcomes and experience of health and social care through the sharing of knowledge and learning.
- Create a learning environment where both people who use services and those who provide them experience a different kind of relationship that challenges unhelpful practice, attitudes, behaviour and prejudice by modelling a different conversation and understanding so that people with lived experience of mental health challenges feel safe, welcome, valued and accepted.
- Use evidence based transformative learning methodologies and content to produce educational programmes that will provide *co-learning* which *reflects recovery principles, founded on co-production and co-facilitation in which everyone can participate.*
- *Ultimately create and sustain an enabling environment with a community of students and staff where people learn from each other's similar and different experiences* and gain a sense of hope and empowerment.

## Values

The college is founded on the following values:

- **Hope** – we hold out the hope that everyone can recover even when students may not feel hopeful
- **Equality** – we work on the basis that everyone is equal and refer back to our innate equality at every opportunity
- **Respect** – we treat everyone with complete respect, distinguishing between the person and any undesirable behaviour
- **Quality** – we aim to offer recovery education of the highest quality and consistently seek to enhance the quality of our work

## Principles

The following principles underpin the ethos of the college:

- Co-production all modules are co-designed and co-facilitated by:
  - people with lived experience of mental health challenges
  - family members/carers of people with such experience
  - Mental health service providers
- Team work – we work together as equal members of a team
- Non-judgement – we seek to understand and accept each other instead of judging other people and finding them wanting

## What we ask of students

We ask students to work with us to ensure that all education sessions are as supportive of learning as possible by:

- (1) Sharing personal experience thoughtfully, bearing in mind its potential effect on yourself and other people and the amount of time available
- (2) Remembering that the facilitators' role is to support the learning process, rather than to give advice
- (3) Not using alcohol or recreational drugs before coming to the college
- (4) Not engaging in disruptive behaviour
- (5) Recognising the boundaries to the student/facilitator relationship. In ordinary life, relationships can involve triggers that can be unhelpful to our recovery. To keep the student/facilitator relationship as clear as possible of any such unhelpful issues, students are asked to respect facilitators' ethical boundaries and refrain from:
  - seeking one-to-one support from facilitators
  - seeking to socialise with facilitators
  - any physical contact with facilitators except shaking hands
  - offering facilitators gifts

We appreciate students collaborating with us as described above. However, refusal to work with the college in this way may result in the student being asked to leave.

Any complaints or conflicts must be reported by students to the college administrator and will be dealt with in accordance with the HSE complaints procedure.

## What we ask of facilitators - our code of ethics

In order to provide a college environment that is conducive to learning as well as being safe for students and facilitators, we ask facilitators to work in accordance with the following guidelines. All facilitators need to be able to deal with each of the following issues—it is not helpful for students or facilitators for such issues to be handled by one or two facilitators only.

### (1) Sharing personal experience

Sharing our personal experience can create a very powerful learning experience for students. However, it is important that it is offered from a learning perspective for students' benefit rather than a cathartic exercise for the facilitator. It is important for facilitators to avoid taking the opportunity to over-emphasise particular opinions of their own which were not agreed at the co-production stage.

### (2) Addressing over-talkers

If a student tends to over talk and take up a lot of session time, one of the facilitators will need to confront the issue in a sensitive manner. An intervention such as "We cannot spend too much time on this issue as there is a lot of other material on the programme for this session" may be enough to resolve the issue. If the student appears to have a habit of dominating conversations, it may be necessary to take the person aside, say at the tea break, and discuss the issue of fair air time for everyone.

### (3) Sensitive issues

If a student is talking at length about something that is upsetting them, the facilitator might say "this is not really something that we can deal with in an education session" and signpost them to possible resources where they may be able to access the support that they need. Many people with mental health challenges are very sensitive so this needs to be done gently so as not to hurt, embarrass or traumatise the student.

### (4) Supporting a distressed student

If a student becomes distressed in a session, two of the facilitators, currently not leading, will invite the student to leave the room with them.

### (5) Teamwork

It is important to that we work as equal members of a team, dividing the work as equally as possible and helping each other when necessary and appropriate. All facilitators should be clear about who is leading each section of the session – as agreed in the preparation session beforehand. It is important to respect other members of the facilitation team and avoid taking over their sections of the session.

### (6) Clear relationships with students

To keep the student/facilitator relationship as clear as possible of any potential triggering issues, facilitators are asked to observe ethical boundaries and refrain from:

- providing students with one-to-one support
- socialising with students
- Accepting gifts from students

### **(7) Seeking business**

Clinicians acting as facilitators are asked not to seek business from amongst college students

### **(8) Personal relationships**

The development of personal relationships with students would blur the facilitator/student relationship. If such a scenario were to arise, facilitators are expected to make every effort to ensure that they treat all students equally whilst in the college. If a facilitator were to develop a sexual relationship with a student, the facilitator will be asked to cease facilitating with the college.

### **(9) Physical contact**

As many people may be triggered by physical touch, facilitators are asked not to engage in physical contact with students with the exception of shaking hands, if initiated by the student.

### **(10) Inclusiveness**

Facilitators are expected to avoid talking or behaving in a way that would be experienced as oppressive by someone else, being careful with humour and avoiding making a joke at someone else's expense. If someone else engages in such behaviour, it is the responsibility of all facilitators to confront the behaviour—with prime responsibility resting with the facilitator leading at the time - with respect for all concerned. Interventions such as "We may need to be careful here. That could be interpreted as sexist or racist" will address the behaviour without blaming the speaker. Continued oppressive behaviour after such interventions will result in the perpetrator being asked to leave the college.

### **(11) Conflict**

If conflict arises between a facilitator and a student it is important that the facilitator concerned remains calm and respectful to the student. If the issue can be resolved by brief discussion during the session, no further action may need to be taken. If the facilitator wants further action to be taken by other facilitators or the peer educator, she/he will need to write a short summary of what has happened and what action they would like taken on the Conflict/Complaints form available from the administrator. Based on the details on the form, the peer educator will investigate the situation in accordance with the procedure at Appendix 1 and decide whether any action should be taken. If the facilitator is not satisfied with this outcome the matter will be referred to the Operations Group.

### **(12) Abuse/harm/neglect to a child or vulnerable adult**

If anyone talks of a child or vulnerable adult being abused, harmed or neglected or at risk of any of these dangers, a facilitator must remind the speaker of the exceptions to the confidentiality agreement and say that, if any details are given, the facilitator will have to make a report to the authorities. If a report needs to be made, the facilitator will need to raise the matter with the peer educator.

### **(13) Disruptive behaviour**

If a student engages in disruptive behaviour, the facilitator leading at that point needs to address the behaviour, by drawing attention to the group agreement and/or by asking the student to desist. If the student continues to be disruptive she/he may need to be asked to leave the college. Whilst recognising the fact that mental health challenges and other issues may result in distressed and distressing behaviour, facilitators need to keep in mind the greater good for the greatest number. One person should not be allowed to make the college feel unsafe or unhelpful to learning for the rest of the group.

#### **(14) Bullying and harassment**

Bullying is repeated inappropriate behavior that undermines your right to dignity . It usually takes place over a period of time. It can be done by one or more persons and it is aimed at an individual or a group to make them feel inferior to other people. Bullying can be direct or indirect, and can include verbal, physical or cyberbullying. Cyberbullying is bullying which is carried out online, through mobile phones, social networking sites, email or texts. Bullying can take many different forms such as:

- Social exclusion and isolation
- Damaging someone's reputation by gossip or rumours
- Intimidation
- Aggressive or obscene language

Harassment is unwelcome and inappropriate verbal or physical conduct, or coercive behaviour, where the behaviour is known or reasonably ought to be known to be unwanted or unwelcome. Facilitators are referred to the HSE's Grievance and Disciplinary policies and procedures.

#### **(15) Garda vetting**

All facilitators must be Garda vetted. The college administrator will arrange for vetting to take place.

#### **(16) Medication**

Students may, from time to time, ask facilitators for advice on reducing or ceasing the use of psychiatric medication.

Whilst facilitators may understand the desire of the student to decrease or eliminate medication and may even have done so themselves, it can be very dangerous to do so without medical supervision. Under no circumstances , therefore, should a facilitator give such advice, saying instead, something along the lines of "It can be dangerous to come off medication without the agreement of your doctor/psychiatrist" and recommending that the student discuss the issue with their doctor—or seek a second opinion if their doctor does not appear to be supportive and helpful. Even if the facilitator is a psychiatrist, they are unlikely to know the student's details—and even if they do, an education session is not the place to have this discussion.

#### **(17) Alcohol/recreational drugs**

Students are asked not to use alcohol or recreational drugs before coming to the college.

#### **(18) Advice**

The college works on the basis of transformative learning, supporting students to assess situations and make decisions for themselves. On no account should facilitators advise students about any issue. Instead they could make information available to support students to take responsibility for taking their own decisions.

#### **(19) Availability for preparation**

Facilitators need to be available for pre-session preparation for an hour before the session begins to ensure that everything goes smoothly in accordance with the agreed co-produced session plan.

#### **(20) Lifts**

Facilitators are not insured to carry passengers as part of their work and should not offer students lifts.

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## Sample Recovery Education Student Handbook

### Welcome to the Recovery College!

#### What is a Recovery College?

The college is a community educational support to promote transformative learning in mental health and wellbeing. It is open to everyone: people with lived experience of mental health challenges, family members, mental health service providers and the general public. Participation in transformative learning enables people to grow within and beyond their personal life and/or professional experiences, providing us with opportunities to challenge our assumptions about mental health – our own and others’ – and find new ways to support recovery. We hope that you enjoy learning with Galway Recovery College.

The college is not a therapeutic service although many people tell us that they receive great peer support from their fellow students.

#### The vision of the Recovery College

A community where everyone has access to recovery education.

#### Mission

To offer recovery education to everyone who could benefit from it.

#### Goals

Our goals are to:

- (1) Develop an educational approach that will inspire students to gain:
  - New knowledge and perspectives in mental health
  - A broader understanding of a wider range of recovery possibilities
  - Greater confidence and knowledge to overcome challenges and strive towards their own goals
- (2) Provide a geographical space with an outreach model of education which can respond to the needs of all stakeholders, enabling a transformation of the relationship between mental health services, the people they serve and their communities
- (3) Embrace the ethos of the National Framework for Recovery in Mental Health by supporting recovery-oriented improvement in the outcomes and experience of health and social care through the sharing of knowledge and learning.
- (4) Create a learning environment where both people who use services and those who provide them experience a different kind of relationship that challenges unhelpful practice, attitudes, behaviour and prejudice by modelling a different conversation and understanding so that people with lived experience of mental health challenges feel safe, welcome, valued and accepted.

- (5) Use evidence based transformative learning methodologies and content to produce educational programmes that will provide co-learning which reflects recovery principles, founded on co-production and co-facilitation.
- (6) Ultimately create and sustain an enabling environment with a community of students and staff where people learn from each other's similar and different experiences and gain a sense of hope and empowerment.

## Values

The college is founded on the following values:

- Equality
- Respect
- Co-production
- Team work
- Not judging other people

## How we work together

We ask students to work with us to ensure that all education sessions are as supportive of learning as possible by:

- (1) Sharing personal experience thoughtfully, bearing in mind its potential effect on yourself and other people and the amount of time available
- (2) Remembering that the facilitators' role is to support the learning process, rather than to give advice
- (3) Not using alcohol or recreational drugs before coming to the college
- (4) Not engaging in disruptive behaviour

- 
- (5) Recognising the boundaries to the student/facilitator relationship. In ordinary life, relationships can involve triggers that can be unhelpful to our recovery. To keep the student/facilitator relationship as clear as possible of any such unhelpful issues, students are asked to respect facilitators' ethical boundaries and refrain from:
- (a) seeking one-to-one support from facilitators
  - (b) seeking to socialise with facilitators
  - (c) any physical contact with facilitators except shaking hands
  - (d) offering facilitators gifts
- (6) Remembering that the college is inclusive of everyone. Students are asked to avoid talking or behaving in a way that would be experienced as oppressive by someone else, being careful with humour and avoid making jokes at someone else's expense.

We appreciate students' co-operation in working in this way. However, unacceptable behaviour may result in the student being asked to leave.

## Complaints

Any complaints or conflicts must be reported by students to the college administrator at \_\_\_\_\_ and will be dealt with in accordance with the HSE complaints procedure.

## Sample Module/Course Session Plan Template

|  |         |
|--|---------|
| <b>Module/Course Title:</b>  |         |
|  |         |
| <b>Duration:</b>   | 3 hours |
| <b>Aim:</b>  |         |
| <b>Learning outcomes</b> By the end of this programme, students will be able to: |         |
| 1.   |         |
| 2.   |         |
| 3.   |         |
| 4.   |         |

*Each outcome corresponds with a learning task associated with the indicative content below.*

*Co delivery requires a balance of emphasis on personal and professional understandings.*

*The pedagogical aim of the session is to present professional, factual and theoretical understandings that elicit and provoke personal narrative understandings and commentary on recovery at a level of analysis and evaluation.*

## Timetable and Indicative Content

| Timing | Content          | Aids and Materials | Actions   | Who |
|--------|------------------|--------------------|---|-----|
| 6.00   | Introductions    | Slides 1-10        | Introduce: <ul style="list-style-type: none"> <li>• Topic</li> <li>• Facilitators</li> <li>• Engagement &amp; Recovery</li> <li>• Galway Recovery College</li> <li>• Aim and objectives</li> <li>• Schedule</li> <li>• Housekeeping</li> <li>• Introduce students</li> <li>• Group agreement</li> </ul> |     |
|        |                  | Slide              |   |     |
|        |                  | Slide              | Small group work:<br>Question?<br>Record on flipchart sheets<br>Share with full group<br>Discuss  |     |
|        |                  | Slide              |   |     |
|        |                  | Slide              |   |     |
| 8.40   | Check objectives | Slide              | Ask students whether our objectives have been met and verbally give one sentence on how session went  |     |
| 8.45   | Grounding        |                    | Grounding breathing exercise  |     |
| 8.50   | Feedback         |                    | Ask students to complete feedback forms   |     |
| 9.00   | Close            |                    |   |     |

|                                 |  |
|---------------------------------|--|
| <b>References:</b>              |  |
| <b>Session plan created by:</b> |  |
| <b>Signature:</b>               |  |
| <b>Date:</b>                    |  |

## Sample Module/Workshop Evaluation Form

|                         |  |
|-------------------------|--|
| <b>Session Title:</b>   |  |
|                         |  |
| <b>Date of Session:</b> |  |
| <b>Facilitators:</b>    |  |
| <b>Location:</b>        |  |

Thank you very much for taking part in this session. We would like your feedback to help us in planning for the future.

|  |
|--|
| <b>Where did you hear about this workshop?</b> |
|  |

Please answer the following questions based on your experience today:

|                                |
|--------------------------------|
| <b>What worked best today:</b> |
|                                |

|  |
|--|
| <b>What worked less well or could be improved:</b> |
|  |

|   |
|---|
| <b>Any other comments or suggestions:</b> |
|   |

In response to the statements below, please tick an option from Strongly Disagree to Strongly Agree:

| Statement:   | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|-------------------|----------|---------|-------|----------------|
| The process of becoming involved in the session was straightforward and trouble-free.        |                   |          |         |       |                |
| I felt welcomed by the facilitators to the session   |                   |          |         |       |                |
| The venue was comfortable with adequate facilities   |                   |          |         |       |                |
| The aims and objectives of the session were clearly explained                                |                   |          |         |       |                |
| My involvement and contributions were supported and facilitated well                         |                   |          |         |       |                |
| The involvement and contributions of other group members were supported and facilitated well |                   |          |         |       |                |
| I felt respected and my opinions were valued.  |                   |          |         |       |                |
| I felt respected and my opinions were valued   |                   |          |         |       |                |
| The facilitators were knowledgeable  |                   |          |         |       |                |
| The facilitators communicated effectively  |                   |          |         |       |                |
| The structure of the session helped to achieve the stated aims                               |                   |          |         |       |                |
| I would be happy to participate in a future session  |                   |          |         |       |                |

## Sample of an Outcome Evaluation Form

**CHIME** is a way of measuring individual or personal outcomes in Recovery oriented services.

**CHIME** stands for: Connectedness, Hope, Identity, Meaning, Empowerment

Please respond to the statements below:

| Statement:  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|-------------------|----------|---------|-------|----------------|
| I felt connected to the activities and processes in this session      |                   |          |         |       |                |
| I feel hopeful about Recovery after taking part in this session       |                   |          |         |       |                |
| I feel my identity was recognised and valued in this session          |                   |          |         |       |                |
| I feel that the material delivered in the session is meaningful to me |                   |          |         |       |                |
| I feel more empowered after taking part in this session               |                   |          |         |       |                |

## Sample Co-Production Checklist

| <b>Preparation – Before Co-Production Occurs</b>   | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| Is there any conflict between facilitators/stakeholders or is there anything that may prevent effective co-production from occurring? <i>(All Co-Production Activities)</i>  |            |           |
| Have facilitators/stakeholders enough time to properly prepare for the co-production activity? <i>(All Co-Production Activities)</i>   |            |           |
| Is professional hierarchy evident between facilitators/stakeholders? <i>(All Co-Production Activities)</i>   |            |           |
| Are facilitators/stakeholders willing to work together equally? <i>(All Co-Production Activities)</i>  |            |           |
| Are facilitators/stakeholders willing to accept new recovery ideas and roles e.g. Peer Support Workers/Peer Educators/Recovery Colleges and their importance in co-production? <i>(All Co-Production Activities)</i> |            |           |
| Can this co-produced activity occur in a mutually accessible location e.g. rural communities etc? <i>(All Co-Production Activities)</i>  |            |           |
| Have service provider facilitators/stakeholders been given support by their line managers/supervisors etc to partake in the co-production activity? <i>(All Co-Production Activities)</i>                            |            |           |
| Have facilitators/stakeholders received adequate training in facilitation and co-production? <i>(All Co-Production Activities)</i>   |            |           |
| Have facilitors/stakeholders developed a plan on how they will co-produce? <i>(All Co-Production Activities)</i>   |            |           |

| <b>Delivery – Things to be Mindful of during Co-Production</b>  | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| Have the facilitators/stakeholders adequately prepared for the programme? <i>(All Co-Production Activities)</i>   |            |           |
| Are there refreshments available for participants on arrival and at scheduled breaks? <i>(Education Only)</i>   |            |           |
| Are the facilitators sitting at all times during the co-produced activity (exception is if facilitator is using flipchart)? <i>(Education Only)</i>   |            |           |
| Have all tables been removed from the co-produced space? <i>(All Co-Production Activities)</i>  |            |           |
| Have facilitators welcomed the participants to the co-produced activity? <i>(Education/Audit Activities Only)</i>   |            |           |
| Has an ice-breaker been performed? <i>(Education Only)</i>  |            |           |
| Has a group agreement been created between facilitators/provider and participants/ other stakeholders? <i>(All Co-Production Activities)</i>  |            |           |
| Has each facilitator/stakeholder been given equal opportunity to speak? <i>(All Co-Production Activities)</i>   |            |           |
| Have the participants been given the space to interact with the co-produced activity/ask questions and have a proper discussion on the subject matter being explored? <i>(All Co-Production Activities)</i> |            |           |

|   |  |  |
|---|--|--|
| Have facilitators and participants utilised their lived experience and personal narratives to provide a deeper understanding of the topic being discussed?<br><i>(All Co-Production Activities)</i> |  |  |
| Was the activity evaluated by participants? <i>(Education Only)</i>   |  |  |
| Have participants completed and returned evaluation forms from the co-produced activity to the facilitators? <i>(Education Only)</i>  |  |  |

| <b>Evaluation – How well did facilitators/stakeholders engaged in Co-Production and Co-Delivery of the Material</b>  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| Did the co-production activity go as planned? <i>(All Co-Production Activities)</i>  |            |           |
| If not, could this be due to the facilitators/stakeholders lack of belief in mental health/addiction recovery or in the topic being discussed? <i>(All Co-Production Activities)</i> |            |           |
| Is there support for facilitators/stakeholders after the co-production activity e.g counselling, debriefing etc? <i>(All Co-Production Activities)</i>                               |            |           |
| Have the facilitators completed and returned their evaluation form to the peer educator? <i>(Education Only)</i>   |            |           |

## Sample Recovery Education Modules/Courses Advisory Group Checklist

|                             |
|-----------------------------|
| <b>Module/Course Title:</b> |
|                             |

| Criteria                                    |  | Comment |
|---|--|---------|
| Is it clear?                                |  |         |
| Is it fit for purpose?                      |  |         |
| Is it transferable across different groups? |  |         |
| Is it recovery focused?                     |  |         |
| Does it reflect educational values?         |  |         |

|                              |  |
|------------------------------|--|
| <b>Advisory Group Member</b> |  |
| <b>Date</b>                  |  |





## **Mental Health Engagement and Recovery Office**

(Working with People who use  
Mental Health Services, their Family  
Members, Carers and Supporters)  
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Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service