



Flexible Recovery College

The Transformation Action Plan

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Welcome!

Dear current and future colleagues. Dear Recovery College fans. Dear ones who are curious about what we've come up with at Recovery College. Dear readers.

This text reflects more than 6 years of the Recovery College in Prague. It is the result of 6 months of detailed analysis of how the Recovery College as it currently exists. It is also a hope for change to which we invite you.

In many discussions, the Recovery College team has processed a large amount of information - from students, from lecturers, from collaborating organisations. We have also read between the lines and tried to listen to the unspoken.

And a vision for the new shape of Recovery College emerged. We call it the Flexible Recovery College. Its essence is based on principles that are important to us and that we want to share with you.

Please forgive the factual and stark language we use in the text. It may seem to have lost the kindness and support that is so typical of Recovery College. There is a practical reason for this. And that is the need to describe the change and the finish line we want to get to. In detail, in a form that can be translated into a project application. So that it's clear even to outsiders what it is.

We want you to know that we are always open to talk, to meet, to create together. And we look forward to it!

On behalf of the Recovery College team Petra Kubinová

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Background

What is a Recovery College and how it fits into the community mental health care system?

Recovery College is an education and personal growth program designed primarily for adults with mental illness, their loved ones, and professionals in mental health services.

It offers a portfolio of courses and workshops that teach skills and develop competencies for recovery from mental illness. Recovery means that people who have mental health difficulties are able to take on normal social roles and live normal lives, even if symptoms of the illness persist.

Recovery College does not replace traditional public education, nor does it replace mental health and social services, but it is an appropriate complement to them, giving service clients the opportunity to step outside the mental health care system. At the same time, a study by Bourne et al. (2018) found a lower need for professional services among recovery school students.

The Recovery College concept has its roots in the US in the 1990s. In 2000, the Recovery Education Center was established in Arizona. The first recovery school was founded by Rachel Perkins and Julie Repper in the UK in 2009. Today, there are more than 100 recovery schools in 20 countries around the world, and the number is growing rapidly. It is a modern, expanding way of supporting and socially integrating people with mental illness, their loved ones and the professional development of mental health service staff.

The uniqueness of this concept lies primarily in the change in the concept of the provider-recipient relationship. In professional mental health services, people are divided into providers and recipients, helping workers and clients, givers and receivers. That relationship is inherently asymmetrical, even in the most modern and well-functioning services. Another important change that recovery colleges bring is a move away from the traditional conception of mental health services (both social and health). In the traditional conception, services are conceived as a programme of client/patient solutions that are designed and delivered by service workers.

In contrast, recovery colleges offer a perspective that is based on the key principles of their operation:

- Students instead of patients/clients and staff. Being a student is a more common and acceptable social role than being a patient/client of a service. Students can become lecturers.
- Personal growth and skill acquisition through education.
- Co-production. All courses in the recovery school are created by people with their own experience of mental health problems, along with other professionals.
- Functioning like a real school. The programme always has educational content.

The first Recovery in the country was founded by the Centre for Mental Health Care development in 2016. In setting it up, we were inspired by the British concept and were supported methodologically by colleagues from CNWL Recovery & Wellbeing College in London, including Julie Repper.

Analysis of strengths and opportunities to change

The following sources were used for the analysis:

- Records of prospective students and successful graduates for the period 2017-2022
- Evaluation of course feedback, questionnaires on the impact of Recovery School courses on student recovery for the period 2017-2022
- Interviews with members of the tutor team and other staff (including peer workers) who delivered the service in the period 2017-2022, 17 people
- Online survey conducted via google forms tool in the period November-December 2022

Questionnaire survey

The questionnaire was aimed at identifying the need for the implementation of the project and how the service operates in terms of communication with students; the form, content, scope and location of the courses. It was sent to mental health service workers in Prague, successful course graduates, family members of people with mental illness, and was also posted on the CRPDZ website and Facebook page. It was completed by 200 respondents.

There is interest in the Recovery College service and the survey confirmed the need for the project. 90.5% of the 200 respondents expressed interest in joining the service's training programme. Of these, 27.5% were family members or loved ones of people with mental illness, 39.5% were people with mental illness, and 43% were mental health service workers and others, especially students. (Percentages do not add up to 100%, respondents could tick multiple options)

People with mental illness, their loved ones, and mental health service workers need accessible and clear information about Recovery College. They would like to find out about what courses are on offer, what they can do for them and why through the website, Facebook, but especially through individual communication via email. 34% of respondents said they had heard about Recovery College from friends or colleagues. It is therefore a non-negligible source of external communication that requires students to have a positive experience of the service.

Those interested in studying the courses are looking for help with personal development (67%), professional development (64%), welcome the opportunity to meet other people (39%), want to share experiences and network (39%), relax and think differently (25.5%), get practical tips and suggestions (51%) or new information (65%). 21% of respondents would welcome the opportunity to lecture or contribute to a Recovery College course.

In terms of course time, the preferred format appears to be a course length of 1.5 - 4 hours. Students would welcome weekend sessions but also a regular meeting format. The optimum time for courses to take place is the morning for some respondents and the afternoon for others - in both cases around 50%. Evening courses are preferred by around 30% of respondents.

Respondents' preferred venue for face-to-face courses is the facilities of the Centre for the Development of Mental Health Care (58%) or some health or social services (35.5%). A significant number of respondents would like to take courses online (52.5%). Outside of Prague, respondents also prefer courses close to their home or online.

Evaluating post-teaching feedback and the impact of teaching on student recovery

Method

Methodologically, this was a pre-post design. The aim was to determine whether respondents' recovery rates differed at entry and exit. The Questionnaire about the Process of Recovery (QPR- 15) in the Czech language version was selected for the evaluation of the Recovery Schools training programme. It is an instrument with good psychometric properties. The scale has 15 items, each of which is rated by the respondent on a scale of 0 - 4. The higher the score, the higher the level of recovery. An average total score was calculated for each respondent.

All Recovery School students were asked to complete the questionnaire prior to entering the program (October - November 2022 period) and then after exiting the program (January 2023). A total of 21 paired completed questionnaires were obtained. 5 questionnaires that contained duplicate responses were discarded. Data from 16 respondents (26% of all students) were therefore included in the analysis.

Student's t-test was used to statistically calculate the comparison of means.

Results

For the 16 respondents for whom two measurements were taken, their mean scores were compared. Four persons had a decrease in their scores, one person had no change in their scores and the majority, 10 persons, had an increase in their mean scores. Overall, there was an improvement in the mean recovery score. This difference is statistically significant. We can conclude that there has been an increase over time in the rate of recovery as measured by the QPR - 15 questionnaire. The results are promising and suggest a positive impact of the Recovery School program on students.

Limits

The shift we have found should be viewed with caution. Some limitations arise from the pre - post design itself. There were no controls for other student characteristics and the influence of other factors (health and social services used, self-help activities and informal support, spontaneous recovery processes, etc.) cannot be ruled out. A further limitation of our findings lies in the fact that they are valid only for less than a third of the students who participated in the programme.

Quantitative evaluation - conclusion

The quantitative evaluation focused on the question of whether people who attended Recovery School courses experienced improvements in their personal recovery. This was a pre - post design. The QPR-15 questionnaire was used. The analysis included 16 respondents who completed the questionnaire on entry to the programme and at the end of the programme, with varying levels of engagement with the courses. On average, respondents experienced an improvement in recovery and this difference was statistically significant.

The QPR-15 tool proved to be well suited to the purpose of the study and captured changes in individual respondents. However, the results should be interpreted with caution. A number of other factors may have influenced the improvement in recovery scores and the results can be applied to approximately one-third of the students. To further understand the effects of the Recovery School, it would be useful to use qualitative research methods

The 2022 Recovery College program cannot be described as anything other than highly successful. A total of 62 students participated (everyone took at least 1 course). Individual courses received high ratings from participants. The overall "grades" of the courses on the various dimensions do not

deviate much from 1, or "excellent". The evaluation of the impact on student recovery also looks very good, although we have to be cautious in our conclusions, mainly because we were only able to obtain data from a part of the students (26%). However, the statements recorded in the participants' feedback confirm the positive impact on recovery.

Based on this evidence, we can conclude that this is an educational program that is attractive to students and creates unique opportunities for bringing together people with experience of mental illness and professionals in roles outside the traditional setting. In addition, this program is highly likely to contribute to the recovery of participants.

Reflecting on the operation of the Recovery College in 2022, we have identified several success factors, or possible reasons why the program has been so successful.

1. CMHCD has accumulated know-how in recent years on how to design and develop Recovery College courses.
2. The instructors - experts with experience - are recruited from former students. Recovery College is something that makes sense to them and they go into teaching with personal commitment and gusto.
1. 3 Some of the course offerings are targeted at peer counsellors or those interested in peer counselling. This is a group that has a very difficult time finding their place in the mental health care system and does not receive adequate support.
2. 4 Some of the courses were held online. This suits some participants who have barriers to coming to a face-to-face course (social withdrawal, travel costs, etc.).
3. 5. We were able to improve the publicity of the courses, so the offer reached more potential students.
4. 6. In 2022, the large MoH projects to support the transformation of mental health care, which offered a range of events, including outreach and education, that could be attended, have effectively ended. The demand for quality innovative Recovery School education is likely to be significant in the future.

Problem analysis

Recovery College is a low threshold programme/service that supports people with mental illness, their loved ones, and professionals from mental health services. It enables the sharing of different perspectives, developing the competencies of professionals and people facing mental health problems and their loved ones. Although it is a promising innovative programme with proven effectiveness, the current form of the Prague Recovery College, based on practice in the UK, appears to be dysfunctional in the Czech Republic.

The Recovery College does not adapt its current set-up to the changing needs of the people it is designed to serve.

The consequences of this lack of flexibility are quite serious. People with mental illness predominate among the students. Those close to people with mental illness do not attend the courses at all, and mental health service workers marginally. Thus, the atmosphere of the courses is effectively akin to mainstream day programmes for people with mental illness. There are few students. It is common for 10-13 students to sign up for a course and 1-5 to attend. When few students come to a course, instructors experience frustration that they have spent effort and time preparing for a class that there is seemingly no interest in. Instructors are then not motivated to continue working in this model. Moreover, the small number of students makes it difficult to evaluate the program. The end

result is an ineffective program that does not live up to its potential to integrate people with mental illness and their loved ones into mainstream life and does not connect the world of lived experience of mental illness to the world of mental health care professionals.

1. The Recovery School staff team does not have sufficient capacity to:

- a. **Care for students**
- b. **Active communication externally**
- c. **Continually identifying student wants and needs and tailoring courses to student wants and needs**

Consequences: few students use the service. The small number of students limits the ability to evaluate the impact of the service. The Recovery School team is not motivated to continue working in this model.

In service delivery practice, it is common for 10-13 students to sign up for a posted course and 1-5 students attend. The service thus becomes ineffective and tutors experience frustration that they have spent effort and time preparing for a class that appears to have no interest.

The questionnaire survey and analysis of other sources indicated that potential students are unaware of the service. They have no idea of their benefits. The current promotion of the service is part of the applicant's website and Facebook page where it fades into their other activities.

The current set-up of the Recovery School team is limited by its capacity. The majority of team members are employed as FTEs and this set-up lacks sufficient time for continuous nurturing of the values and principles of the service and their application to practice. The team lacks continuous support in the form of methodological and values guidance on how to deliver a service underpinned by the wants and needs of the students. Thus, team members lack the experience of success in the form of positive feedback from students. There is no motivation to continue working in such a set up model. We are seeing increased turnover especially in peer positions.

2. Lack of precise targeting of courses and their approach to potential students (content, location, length of courses)

Consequence: the service is only available to a narrow group of students.

The vast majority of the courses are held in the CRPDZ premises and their time allocation is 6-18 h. The topics and content assume that students are in a more advanced stage of recovery. Analysis of resources has shown that the service is unavailable to students in the early stages of recovery who, due to the manifestations of illness, are not yet able or willing to attend a course, e.g. due to current hospitalisation. Or their illness prevents them from concentrating continuously within the set time allocation. It is also unavailable to students who need to pursue their recovery away from home in a setting where they will have peace and space to study, e.g. family members of people with mental illness.

The questionnaire survey also revealed that the supply of Recovery College courses is not keeping pace with demand. Prospective students demand different topics to those we offer.

3. Recovery College does not work in synergy with other mental health services and organizations

Consequence: the student population is dominated by people with mental illness. Those close to people with mental illness do not attend the courses at all, and mental health services staff attend marginally. Mental health services workers do not convey the Recovery College offerings to their clients.

Analysis of sources indicated that mental health services workers and relatives were unaware of the service but would like to participate in the training programme. They would also like to use the Recovery College offer for the benefit of their clients/patients.

Summary and key points to change

Recovery College is a well-established adult education and personal growth program focused on mental health and inclusion of people with mental illness in the community. It has a portfolio of 18 courses that regularly find an audience and are highly rated in terms of the quality of the topic development and the delivery of teaching. Recovery College has a positive impact on the recovery process of students and thus promotes their social inclusion. Staffing is diverse and most Recovery College staff are peer specialists.

At the same time, the analysis has shown that Recovery College is not sufficiently adapting to the changing needs of the people it serves with its current set-up. It is not fulfilling its potential to integrate people with mental illness and their loved ones into mainstream life.

For Recovery College to begin to reach its full potential, changes need to be implemented in several areas:

- Strengthening the capacity of the team
- Active and continuous identification of student needs and better communication externally (especially PR, social media)
- Innovation and restructuring of the course portfolio
- Establishing strategic partnerships
- Setting up an ongoing evaluation process

Transformation Action Plan

How was the Transformation Action Plan developed and what is its purpose?

We discussed the results of the case study on an ongoing basis with the Recovery College team, other experts and collaborating organisations. Of course, we also asked the students themselves.

What makes the Recovery College concept meaningful is how it works with hope and how it can bring people together. So, we are always looking to get as many people as possible excited about our vision for a Flexible Recovery College. We knew that the best plan that we couldn't get funding for was only a partial solution and a compromise.

That's why, in developing our Transformation Action Plan, we paid attention to detail while trying not to overwhelm it with information. We therefore first prepared an overview Problem Analysis. From

the Problem Analysis¹, we then developed a Logical Framework for Transformation² that included specific, measurable goals and a description of the activities that would lead to their achievement. The description of the activities is also very specific.

This gave us a plastic description of a transformation action plan that is very usable for fundraising to provide a Recovery College as well as for establishing partnerships, team functioning, and communication with students.

Although the objectives and activities are described in very specific terms, we think of them with flexibility. It is a description of the ideal functioning of the Recovery College for a specified period of time so as to eliminate the problems that emerged from the case study. We are open to discussing them and adapting them to actual situations that may arise.

Objectives and timetable of the Transformation Action Plan

The Action Plan has two phases:

1. Preparatory - 12/2022-06/2023
2. Implementation - 07/2023-09/2025

The primary goal of the Action Plan is to create a Flexible Recovery College (FRC) that is responsive to the changing needs of the people it serves. More broadly, the goal is to create a program that is both true to the principles of Recovery College as an evidence-based practice and highly functional in the national context.

The action plan will introduce and test a new solution that will lead to Recovery College adapting to the changing needs of those it serves, becoming flexible and thereby more effectively supporting the inclusion of people with mental illness and their loved ones into mainstream life.

Recovery College will be flexible in the following areas:

- In the ways it seeks out, reaches out to and invites the people it is designed to serve (people with mental health problems, their loved ones, mental health care professionals).
- In the location of the courses. These will take place in different locations, according to the needs and wishes of the students.
- In the length of the courses. Existing courses will be supplemented by a range of courses of varying lengths, including very short training events and, conversely, regular meetings.
- In the choice of topics that will respond directly to the wishes and needs of the students.
- Role-taking, where students will be encouraged to try out tutor roles.
- The introduction of the new solution will allow a wider, more diverse and larger number of students to participate.
- The service will become more effective in the social inclusion of people with mental illness by their loved ones.

A minimum of 180 individuals will participate in the pilot implementation of the FSF, 75% of whom will rate the courses as beneficial to their personal and professional growth. 85% of the FSF team will feel part of the college team and will be actively involved in its future direction.

¹ The analysis of the problem is described above in the text

² Annex of this document

Four sub-objectives have been set to meet the main objective:

1. An FRC team will emerge that is comprehensively prepared to deliver the FRC program. The team will consist of 15 persons - 3 guarantors, a methodologist, an internal and external lecturing team plus 3 methodologists from collaborating organisations. The team members will be 50% persons with their own experience of the shower. The participants will have experience in the field of mental illness. The team will be familiar with and apply in practice the principles of the Flexible Recovery School and will have excellent lecturing skills.
2. A portfolio of FRC courses will be developed, adapting the lecturing staff, content, location, and length of courses to the changing needs of the target groups.
3. a strategic partnership will be established with 1 collaborating family member organization and 2 health/social service organizations and a unified visual identity and communication strategy with FRC students will be developed.
4. The resulting program will be piloted over 18 months. During the pilot implementation of the FRC, 360 hours of courses will be taught: 240 hours face-to-face, 120 hours online and 3-weekend sessions will be implemented.

Steps to fulfil the Transformation Action Plan

Preparatory phase

The aim of the preparation phase is to raise awareness of the upcoming new form of Recovery College and to get the team, students, the public and potential collaborating organisations excited about the idea. Another important goal is to secure funding for the Flexible Recovery College.

During December 2022 and January 2023, the Transformation Action Plan was developed into concrete form in terms of a Problem Analysis, Logical Framework, and a description of how a Flexible Recovery College could work. At the same time, the Action Plan was developed into a grant application to the ESF+ grant program.

Dissemination activities will take place and a multiplier event will be held to which stakeholders will be invited.

Implementation phase - expected changes and steps to implement the Action Plan³

We expect the following changes because of the implementation of each step:

Recovery College is flexible and responsive to the needs of those it serves. This is a comprehensive change in the setting and operation of the service, resulting in more effective integration of people with mental illness and their loved ones into mainstream life.

The change is manifested in several areas:

The Recovery College team has sufficient time, knowledge, and skills to work with the target group. It continuously identifies the needs and wishes of the students and adapts the course portfolio in terms of topics and content, venue, and time allocation. This makes the service accessible to a larger number of students, which provides an opportunity to evaluate the impact of the service on their recovery and

³ The timetable is attached as Annex

thus social inclusion. The increase in the number of students also has an impact on the satisfaction of the implementation team. They experience a sense of achievement from their work, feel they are valid members of the team and are motivated to get involved in the future direction of the service.

The course portfolio is designed to respond to the needs of students at different stages of recovery. As well as people with mental illness, the Recovery School courses are attended by their loved ones and professionals from mental health services.

A system of continuing care for students is set up. Team members work with students to develop, continually update, and evaluate learning plans. The learning plans are a functional tool for identifying student needs and wants.

A functional service communication strategy is set up. The service is presented through its own website, and the websites of partners. As a result, information about the service reaches a larger number of prospective students. Mental health services staff broker the offer of the Recovery School to their clients.

Step 1 - Flexible team

The activity will strengthen the capacity of the Recovery College team in terms of staffing, time, skills and knowledge to work with students and the ability to present the service in a proactive and clear way.

A team will be assembled following a selection process and will then receive ongoing support and guidance in how to understand and deliver the service. This support will enable the team to better care for students in the context of their wants and needs and to better communicate the service externally.

Caring for students in the context of their wants and needs will take the form of curriculum support and support during lessons. The mode of support is based on the principles on which the Recovery College is founded.

Learning plans will be a tool for individual student support. It is a living tool that is updated and changed throughout the course of study. Its essence is for the student to choose the courses that best suit their needs in their recovery process. With coaching support from Recovery College staff, he or she will identify his or her needs and in response, choose the courses that best meet his or her needs.

The communication of the service externally - is clear, motivating students to learn as the benefits of the courses are clearly defined.

The activity will strengthen the capacity of the Recovery School team in terms of staffing, time, skills and knowledge to work with students and the ability to present the service actively and clearly.

The aim is to set up an FRC team consisting of at least 15 individuals (expert guarantor of the lecturing team, expert guarantor of communication with the target group, expert guarantor for working with own experience, methodologist of the FRC, methodologists of cooperating organisations, internal and external lecturing team).

The internal lecturing team will come from the selection procedure, which oversees the expert guarantors and the FRC methodologist. It will be composed of a minimum of 8 individuals (of whom at least 50% will have their own experience of mental illness). This team will be employed for 24 months on a total of 2.0 hours.

The FRC team will be supplemented as needed during the action plan by external trainers. They will be employed on an FTE basis to prepare and deliver courses not covered by the FRC guarantors and the internal lecturing team.

The team will undergo the two phases of training required for the proper functioning of the Recovery College and for the required flexibility of the team. In total, the team will be supported with 108 hours of training divided into two phases.

1. Basic team support - 36 hours
2. Ongoing team support - 72 hours

The core team support is aimed at consolidating the team's knowledge of the RC concept and its principles and introducing the concept of flexibility. It will take place prior to the start of the pilot implementation of the FRC. The whole team will participate. It is divided into three courses: Principles of FRC (6 hours), Basic Skills of FRC Worker (18 hours), Principles of Working with FRC Students (12 hours). All courses are always taught by a pair of FRC professional supervisors (teaching as part of their full-time job).

Ongoing team support will take place during the pilot implementation of the FRC. The support is focused on:

(a) gaining the required flexibility in working roles and deepening the expertise of the FRC team - 30 hours - Attended by the expert guarantors and the methodologist, the internal and external FRC lecturing team, and methodologists from collaborating organisations as required.

b) Acquisition and improvement of lecturing skills - 42 hours - Internal and external lecturing team and FRC methodologist will participate

Ad a)

A total of 5 courses will take place. 1 course is taught by a tandem of FRC professional supervisors (teaching as part of their full-time job) and 4 courses are purchased on a turnkey basis. The course topics are creating new courses (6 hrs), Social media (6 hrs), Identifying student wants and needs (6 hrs), Specifics of online teaching (6 hrs), Working with feedback (6 hrs).

Ad b)

It is done by in-house training and transfer of necessary know-how from abroad. The internal education, called lecturers to lecturers - 36 hours - is taught by internal lecturers of the FRC team within their full-time job, under the guidance of the expert guarantor of the lecturing team. To improve the peer tutors, work with them and to grow FRC students into tutor roles, a course (6 hours) will be held with Marlie van den Berg, a tutor from the Netherlands. She has 45 years of experience in mental health care. She has worked as a psychiatric nurse and social worker. She has received training in, among others, strengths support, the Yucel method, photovoice, peer support and shared reading, positive psychology.

The FRC team meets at least once a month for 3 hours under the guidance of the FRC Methodologist. In total, a minimum of 27 meetings will be held. A weekend retreat of the team will be held in the middle of the project to evaluate the FRC's performance so far and to set up the implementation of the second half of the project. It will be led by the full-time guarantors and the evaluator.

FRC team position description

Expert guarantor of the lecturing team (PS; 0.1 FTE; 27 months)

Leads the lecturing team (internal and external lecturers), guarantees the provision of the necessary competences of lecturers for the proper functioning of the FRC. Oversees the adherence to the principles and the level of involvement of the lecturing team in the operation and direction of the FRC.

Oversees the selection of internal and external lecturers, training and teaching in the basic support of the FRC team, participates in regular team meetings and training with external expert lecturers and foreign lecturer. Leads the internal training of the lecturing team - the so-called lecturers to lecturers' courses.

Is part of the Transformation Action Plan Council and participates in its meetings.

During the pilot implementation, the FRC hospitalizes the lecturing team (internal and external) and provides feedback to the lecturers on their teaching. It oversees the selection of course topics and prepares the courses it lectures.

Expert guarantor of communication with the target group (PS; 0.1 FTE; 27 months)

Sets and oversees the communication strategy with FRC students. Oversees compliance with the principles and the level of involvement of collaborating organisations in the running and direction of the FRC.

Participates in the selection of the internal lecturing team, oversees training and teaching in basic team support, participates in regular team meetings and training with external expert lecturers and foreign lecturer.

Leads the Transformation Action Plan Council is responsible for the unified visual identity and preparation of the FRC website.

Leads communication with students across the team and collaborating organizations during the pilot implementation of the FRC. He oversees the selection of course topics and prepares the courses he teaches.

Professional Supervisor for Work with Own Experience (PS; 0.1 FTE; 27 months)

Ensures that all FRC activities are implemented with respect to the self-directed experience and the needs of the students and oversees compliance with the principles and future direction of the FRC.

Participates in the selection of the internal lecturing team, oversees the preparation and teaching in the core support team, participates in regular team meetings and training with external expert lecturers and foreign lecturer.

Participates in the Transformation Action Plan Council.

Oversees the selection of course topics, considering own experience, and prepares the courses he/she lectures.

Methodologist at the Faculty of Social Sciences (PS; 0.7 FTE; 27 months)

Responsible for the overall design of the FRC, ensuring that the work of the team, external communication and the design of the courses are in line with the principles and objectives of the service.

Is responsible for the portfolio of courses and weekend sessions developed, curricula, lecturer manuals, teaching materials, lecturer staffing (including ensuring alternation).

Leads FRC team meetings, participates in Transformation Action Plan Council meetings and team training. Ensures proper feedback work is done.

Communicates with the project focus group, develops learning plans with students.

Teaching team

Internal (total PS; 2.0 FTE; 24 months)

Minimum of 8 people. Participates in team training, team, and Council meetings. They are responsible for preparing the course portfolio and weekend meetings, deliver taster online courses and face-to-face courses in collaborating organisations, maintain a consistent visual identity and communication with students, train external tutors, prepare, and lead internal training for the tutor team - called tutors to tutors, evaluate and reflect on student feedback, support and guide students in taking on tutor roles.

External (DPP)

External lecturers are employed on a DPP basis to prepare and lecture individual courses - they participate in the training of the lecturing team as required.

Cooperating Organisation Methodologist (DPP)

Is responsible for the design of the FRC inward to the collaborating organization. Attends the Council and a minimum of 12 FRC team meetings. Participates in basic support to the FRC team. Participates in the target group needs survey and evaluation.

Project Activities Coordinator (PS; 0.5 FTE; 27 months)

Coordinates and organizes activities for the project target group - internal and external tutors, students of courses and weekend FRC meetings.

Responsible for the selection of the venue for each course/weekend meeting taking into account the needs of the target group. Communicates with the target group. Keeps records of the project target group's training plans, draws up training plans with the students.

Step 2 - Portfolio of courses/weekend meetings

The aim of the activity is to innovate the Recovery College course portfolio to respond to the needs of students in terms of content, venue and time allocation.

The innovated portfolio will include courses that are accessible to a wide range of students, including loved ones of people with mental illness, and mental health service staff. The portfolio will respond to the needs of loved ones of people with mental illness who, through caring for their loved ones, lack time for personal growth and well-being. It will therefore include weekend sessions designed especially for them.

The topics of the courses and their content cannot be defined in advance. Their definition is the essence of the implementation of the change in the service provided. A survey of the needs of potential students will be carried out, from which specific needs will emerge.

The aim of the activity is to innovate the portfolio of Recovery School courses to respond to students' needs in terms of content, venue and time allocation.

The output of this activity is a portfolio of courses and weekend meetings adapted in terms of lecturers, content, venue, and duration to the changing needs of the target group of the FRC. The portfolio is developed including lecturers' manuals, curricula, and teaching materials.

It is prepared by the guarantors, the in-house lecturing team (within their full-time hours) and external lecturers (in the form of a DPP), or by students of the FRC who are supported by the team to grow into lecturing roles. The Methodologist is responsible for the final form of the portfolio.

The course topics will come both from the questionnaire survey carried out prior to the preparation of the application and, above all, from a thorough investigation of the needs of students (including potential students) which will take place at the beginning of the Action plane implementation (Step 5). The topics are discussed at the FRC team meetings and can be identified by the methodologists of the collaborating organisations.

Based on the questionnaire survey before writing the project application, the developed courses will last for different periods of time (including short courses - 1 hour, 2-4 hours and weekend meetings).

The portfolio is created and revised before and throughout the pilot implementation of the FRC. The team works with their feedback and student feedback and revise the materials created after the implementation of each course. These are developed to allow for tutor alternation in the event of a tutor failure or during the next iteration of the course.

The portfolio will be finalised after the final evaluation (Step 5) by incorporating the recommendations and feedback outputs from the evaluation by the internal lecturing team.

Step 3 - Strategic partnership

The aim of the activity is to set up cooperation and a unified communication strategy with partners in the interest of potential students.

The first output of the activity is a functional strategic partnership with 1 collaborating family member organization and 2 organizations that provide health/social services. The second outcome is a set unified visual identity and communication strategy with FRC students across all collaborating organizations. The professional guarantor of communication with the target group is responsible for both outputs.

In each of these organisations there is 1 methodologist employed as a DPP, who is responsible for the concept of the FRC inwards to his/her organisation. The methodologists of the cooperating organizations are a solid part of the FRC team, they attend basic support and some courses from the

ongoing support of the team as needed. They collaborate with the action plan evaluator on the initial student needs survey and final evaluation (Step 5), and are responsible for holding a consistent visual identity and communication strategy with students in their organisations.

The methodologists of the collaborating organisations form the so-called Action Plan Council together with the professional guarantors and the FRC methodologist. This has the purpose of setting the direction of the FRC, proposing, and approving course topics and overseeing mutual cooperation and emerging partnerships, making activities accessible to potential students from their organisations. Therefore, the methodologists will attend a minimum of 14 team meetings as well as an outreach meeting of the FRC (Step 1).

To facilitate a unified and easier communication with students across the collaborating organisations, the FRC team will create a website - a "base" of information about FRC activities containing general information about the service concept, lecturers, course annotations and dates, online student registration, etc. - in the first six months of the project. The entire team of the FRC, led by the professional guarantor of communication with the target group, collaborates on the content of the website. The website is continuously updated with newly created courses according to the portfolio (Step 2), the collaborating organisations link to it, the whole team of the Faculty of Social Sciences knows the content and actively encourages students to visit it. All promotional materials for the students of the Faculty of Science and Technology follow a uniform visual identity common to the established website.

Step 4 - Pilot Implementation of Flexible Recovery College

The aim of the activity is to pilot test the change introduced in the Recovery School service.

The aim is to test the operation of the FRC in practice. The entire FRC team, led by the Methodologist, is responsible for achieving this goal.

During the pilot implementation, a total of 360 hours of training will be delivered according to the new portfolio (Step 2), divided into 240 hours of face-to-face and 120 hours of online training and 3 weekend sessions (Friday afternoon - Sunday).

60% of the face-to-face courses will take place away from the project applicant's premises in rented premises based on the needs of the students. The weekend sessions will take place in rented premises outside the capital. Prague to give more space for the so-called wellbeing of the participants. The online courses will take place on the ZOOM communication platform, with which the applicant has had previous positive experience.

All courses (face-to-face and online) and weekend meetings are taught by an internal, external lecturing team and supervisors in tandem (pair of lecturers: professional + lecturer with own experience of mental illness or family member). Remuneration is in the form of a FTE over and above the full-time position within the FRC team.

Total minimum number of individuals expected to attend the course/weekend meeting at least once is: 180 persons.

During the pilot implementation of the FRC, the team will also conduct 40 hours of taster courses (20 hours face-to-face, 20 hours online). These are aimed at informing the interested students about the courses - their principles, content, introducing them to the lecturers, or introducing the students to each other. The aim is to lower the entry threshold for new FRC students.

The quality of the developed portfolio of taught courses is the responsibility of the FRC Methodologist (Step 2).

The expert guarantor of the lecturing team is responsible for the expertise of the lecturing team. He/she is also responsible for the training of external (new) lecturers - if necessary, he/she will determine who from the internal lecturing team is responsible for the training. The expert guarantors and the methodologist regularly visit the courses taught and provide feedback to the lecturers. They bring the conclusions of the hospitalization to the FRC team meeting and also draw changes in the portfolio etc. from the hospitalization. In total, 50 hours of hospitalization will take place. Minutes are taken from each hospitalization.

The methodologist is responsible for the management of the tutor team and has an overview of the work of the individual tutors and arranges for alternations for indisposed tutors when necessary.

The professional guarantor of communication with the target group together with the methodologist is responsible for communication and work with students. They are responsible for setting the rules for communication and work with students so that team members across the collaborating organisations know and follow them (Step 3).

The team works individually with each FRC student. The team contacts the student after registration, introduces and explains the FRC concept, draws up a 'learning plan', guides the student through the courses, processes their feedback and actively encourages them to step out of the role of student and take on the role of course tutor with the guidance of a team member.

The FRC team works flexibly in their job roles - communicating with prospective students, introducing them to new course portfolios, drawing up curricula, obtaining and processing feedback, encouraging students to take on lecturing roles, enrolling new students, recommending courses suitable for them, etc.

After the pilot testing of the FRC and the processing of the outputs from the final evaluation (Step 5), the FRC Methodology will be developed by the team in an electronic form.

Step 5 - Evaluation

The evaluation aims to answer the following evaluation questions:

To what extent is the Recovery School responding to the changing needs of students and tutors?

What are the main benefits or short-term impacts of the Recovery School for students?

What are the main lessons and recommendations for possible follow-up projects?

The evaluation of the project is divided into several phases:

1. entry phase
2. initial needs survey
3. final evaluation (including ongoing assistance)

An external evaluator is responsible for all phases.

The aim of the entry phase of the project is to produce an initial evaluation report. For this purpose, a minimum of 2 meetings will be held between the evaluator and the sponsors and the FRC methodologist to refine the evaluation questions.

In the first phase of the project, an initial in-depth investigation of the needs of the people targeted by the FRC will be carried out under the guidance of the evaluator. This will be done through an online questionnaire and physically through interviews with existing students and potential students in the collaborating organisations (professionals, family members of people with mental illness, people with their own experience of mental illness). The evaluator will propose the optimal survey design and specific instruments in the initial phase of the implementation of the action plan.

The output of this in-depth investigation is a detailed description of the needs of the students, which the team builds on in the development of a portfolio of courses and weekend sessions (Step 2). The needs investigation ensures that the courses offered (Step 4) fit the needs of the students and address a broader spectrum of students. This ensures easier adherence to the principles of co-production during course delivery and greater benefit to the students themselves.

The output of the final evaluation is a final evaluation report. This aims to:

- To what extent is the Recovery College truly responsive to the changing needs of students and tutors?
- What are the main benefits or short-term impacts of Recovery College for students?
- What are the main lessons and recommendations for possible follow-up projects?

The evaluator will design a specific data collection instrument (interviews, online surveys, workshops, etc.) that he/she then participates in. He/she is in continuous contact with the FRC team, providing ongoing assistance in monitoring, report writing, attending team meetings. In total at least 4 times.

He is the author of the final evaluation report, whose results he consults with the team and adjusts together with the team the course of the FRC based on these results.

The innovation that Flexible Recovery College brings

The very concept of the Recovery College is an innovation. It is a modern, expanding way of supporting and socially integrating people with mental illness, their loved ones, and the professional development of mental health services staff.

The proposed solution is innovative in several aspects:

Flexibility

The service is more adaptable to the changing needs of the target group in the ways it seeks, reaches and engages them. Courses take place in different locations, according to the needs and wishes of the students. The portfolio consists of a range of courses of varying lengths, including very short training events and, conversely, regular meetings. It includes topics that respond directly to students' wants and needs.

A key part of the flexibility is the change in engagement of the target group, where students are encouraged to try out tutor roles.

Involvement of partners

Partnership working within the project ensures that the service is made available to more students. A clear, coherent, and consistent communication strategy for the service is set.

A coherent team - education, training, support

Team members have greater competence and skills to deliver the service. They receive continuous support and methodological guidance. They feel part of a functioning team and are motivated to take an active part in the future direction of the service.

Transfer of foreign know-how

Peer tutors make better use of their potential in teaching, have specific knowledge and skills that help them in their professional growth and the team is more competent to support students in taking on the role of tutor.