Northern Ireland Practice and Education Council

for Nursing and Midwifery

Scoping of Recovery Orientated Practice Training

CONTENTS

Scoping of Recovery-Orientated Practice Training

1.0 Introduction

This report sets out a description of Recovery-orientated practice training across Northern Ireland. It includes information obtained from HSC Trusts whose staff access such training and education provider organisations which deliver this type of training.

2.0 Background

Mental health Recovery is a journey of healing and transformation, enabling a person with a mental health problem to live a meaningful life in a community of his or her choice, while striving to achieve his or her potential (DHHS 2005).

"If recovery is a journey, then the role of mental health workers is to provide some guidance and signposts on that journey, without taking control away from the service user they travel alongside" (NES, 2007).

The Bamford Action Plan for Mental Health (DHSSPS, 2012) includes a commitment to the development of a culture of Recovery-based practice:

"The focus of future mental health services will be based on the delivery of a comprehensive range of services, provided within a stepped care model that ensures that people with a mental health need receive services that are underpinned by the principle of recovery and aimed at achieving and maintaining the maximum level of functioning, independence, social inclusion".

To support this, the Public Health Agency asked NIPEC to conduct a review of how Recovery currently features within training programmes for HSC professionals in Northern Ireland. Initially it had been suggested that NIPEC would seek to develop resources that would support the embedding of a Recovery-orientated approach in practice; during the period of preparation of the report, however, the Public Health Agency commissioned IMROC (Implementing Recovery through Organisational Change) to work with the five HSC Trusts in the province with the aim of embedding Recovery-orientated approaches in practice. As a result, it was agreed that NIPEC should undertake a literature review and scope Recovery-orientated training.

3.0 Literature Review Background

The aim of a recovery-orientated approach within the delivery of mental health is to support people to build and maintain a self-defined, self-determined, meaningful and satisfying life with personal identity, regardless of whether or not

there are ongoing symptoms of mental illness (Shepard, Boardman & Slade, 2008). Thus a recovery-orientated approach represents a movement away from a primarily biomedical view of illness to a holistic approach to wellbeing that builds on individual strengths (Davidson 2005).

The term *Recovery-orientated practice* encompasses the aforementioned principles. It emphasises hope, social inclusion, community participation, personal goal setting and self-management. Typically, literature on recovery-orientated practice promotes a coaching or partnership relationship between people accessing mental health services and mental health professionals. In this model people with lived experience of mental illness are considered experts on their lives, while mental health professionals are considered experts on available treatment services. Mary Ellen Copeland (2000) describes the shift in power differentials: "*mental health workers have to dare to be human and relate in normal ways. Recovery-orientated relationships are real and authentic even when different roles need to be played. When mental health workers take power, they take it away from the other person. The measure of Recovery-orientated practices would be in the amount of power and control they give or take away*" (Copeland & Mead, 2000).

This literature review aims to collate the current evidence regarding the key components necessary to support the embedding of recovery orientation in practice. Barriers to the implementation of a Recovery-oriented approach, although not the focus of this literature review, are briefly outlined.

4.0 Methodology of Literature Review

A literature search of relevant articles was undertaken using a number of electronic databases from the following disciplines: nursing (BNI & CINAHL), allied health professions (AMED), psychological (PSYCHINFO), social care (ASSIA) and medical (MEDLINE). Search terms included ("mental health" "recovery" "nursing" "worker" "psychiatric" "training" "education" "recovery based approaches" "evaluation") and combinations of these relevant search terms were utilised in order to form a comprehensive search. All articles relevant to the search were chosen for documentary analysis. Access to electronic databases and journals was through the NHS Education for Scotland eLibrary and other electronic sources.

There were certain themes which could be described as critical success factors that consistently emerged from the literature reviewed which support the embedding of recovery-orientated approaches in practice. These include:

- a Recovery-orientated underpinning infrastructure
- an organisational culture that supports the recovery process

- service user involvement at all levels within the organisation
- recovery-orientated attributes, staff preparation and support
- realistic time frames to support the implementation of change.

In addition to use of these as a framework to present the literature review, barriers which impede the implementation of a recovery-orientated approach are also briefly outlines.

5.0 Underpinning Infrastructure

Olmos-Gallo et al (2012) describe how a Recovery-orientated approach to service delivery requires to be underpinned by a vision, persistent leadership which is passionate about recovery, resiliency, strengths-based approaches and evidence based practices. Farkas et al (2005) propose that, in order for mental health programmes to deliver recovery-orientated approaches to care, the programmes' mission statements, policies and procedures, record keeping and staffing should be consistent with recovery values. Farkas et al (2005) suggest that the organisation's mission statement should not be 'known' just by staff working in the organisation, but should be known and understood by all service users and associated care providers. Service user inclusion and involvement are viewed in the literature as instrumental to change and the shift towards person-centred Recovery-orientated care. Olmos-Gallo et al (2012) suggest that service users should have a major voice in driving organisational policy, service decision-making, programme development and the specific types of service available, creating user involvement and inclusion in relation to the realisation of Recovery-orientated services.

Many community mental health teams are attempting to implement Recovery-oriented services, such as Individual Placement and Support (IPS). IPS is a community-based approach to supported employment that encourages illness self-management through its focus on competitive employment and individual choice. In an extensive longitudinal study involving discussions with IPS programme managers, staff members and service users Becker et al (1998) reviewed the implementation experience of IPS using a Recovery-orientated approach. Becker et al (1998) identified five areas that are critical for successful implementation of a Recovery-orientated approach to IPS. These included: champions; strong leaders, who must communicate a vision of the Recovery ideology and how programmes actualize that vision; middle managers, who must understand the model and provide direction to execute the change process; and change agents, who successfully implement the Recovery-orientated approach in practice. The study also highlighted the need for organisational restructuring to enhance multidisciplinary working, which may necessitate re-profiling of staff roles. Under the area of organisational restructuring, the authors identified the

need for documentation and record keeping to be reviewed to reflect goal-focused, strengths-orientated approaches. The final area identified by the authors is recognised time frames for programme implementation. In the study of implementing IPS in more than 12 Community Mental Health Teams, Becker et alo (1998) reported that most of these teams took at least one year to implement the Recovery-orientated IPS programmes.

Key terms associated with underpinning infrastructure are: vision, persistent leadership, strong management, change agents, service user involvement, realistic time frames.

6.0 Organisational Culture

Glisson & Hemmelgarn (1998) suggest that the organisational culture has been proven to be an important predictor of positive service outcomes in relation to Recovery-orientated approaches within service delivery. Organisational culture is generally thought to comprise attitudes and values shared by staff about their work (Glisson & Hemmelgarn 1989). Farkas (2005) suggests that there are at least four key values that support the recovery process which seem to be commonly reflected in the recovery literature and these values are: person orientation, person involvement, self-determination/choice and growth potential. Farkas et al (2005) argue it is critical that staff come to the Recovery-orientated mental health programmes with the basic knowledge attitudes and skills needed to promote recovery, so knowledge of recovery principles and selection of staff are key ingredients to success. Basic knowledge includes knowing the current research with respect to recovery outcomes, as well as, for example, research related to the role of prejudice and discrimination, which are considered as obstacles to recovery. Basic attitudes include the extent to which the four key values are incorporated into a staff member's way of thinking about individuals with mental health problems. Olmos-Gallo et al (2012) also highlight the need to recruit the right people to enhance the potential of a Recovery-orientated service suggesting that recruitment should be based more on individuals and their attributes rather than formal training and education. Repper & Slade (2012) support the notion of user involvement in the process of staff selection and recruitment.

Key terms associated with organisational culture: organisational culture, person orientation, person involvement, self-determination, choice and growth.

7.0 Service User Involvement

Davidson (2005) argues that the role of the professional is seen in recovery literature as that of a companion or fellow traveller, rather than an expert mental

health professional. Many professionals see recovery and self-management as having been an integral part of their working for many years. Although this is true of many professionals, the change from ‘caring for’ or ‘case working’ to encouraging self-management is subtle but significant. Handing back control to the service user is not an easy step for a professional to take, particularly within a risk averse culture. Recovery-orientated practice is about finding a way of working that fully respects and builds on individual service users’ perspectives on wellness and self-management. Davidson (2005) suggests that for some professionals the transition is easy, whilst for others, it threatens their self-perception as experts. The concept of recovery may challenge nurses’ image of the nursing role and be in conflict with their motivation to be nurses. Mackintosh (2006) suggests that many individuals are attracted to nursing as a career because it will entail caring for a person, which they view as a rewarding and worthwhile vocation. This endeavour could be challenged by elements of a Recovery approach which focuses on working with the service user to enable him/her to take back control, promoting independence and being less reliant on the relationship with the professional, and working towards the service user’s defined goals. The recovery approach requires a different relationship; Roberts and Wolfson (2004) have characterised this as a shift from a health and social care professional who is in a position of expertise and ‘authority’ to someone whose behaviour is more akin to that of a personal coach or trainer. Perkins and Slade (2012) describe this change in the role of the professional as moving from ‘being on top to being on tap’.

Professionals working in a Recovery-orientated way need to build collaborative relationships with each individual to understand his/her strengths, wishes and opportunities. Repper and Perkins (2012) describe how there should be recognition of the equal importance of both the professional perspective and the lived experience of the service user. Davidson (2005) suggests that it is the “experts by experience” who may be best placed to help others to keep well, because they often have a better and deeper level of understanding about the nature of mental distress. Repper and Carter (2011) propose that there is a wealth of evidence that demonstrates the effectiveness of peer support within mental health service. Davidson (2005) argues that service user led self-management programmes- particularly using Wellness Recovery Action Plans (WRAP)- and self-management groups run entirely by service users, and service user led crisis houses, are viewed by service users as more appropriate to their needs. Repper & Carter (2011) highlight that if service users are to be able to function effectively in peer support roles, they will require specific training, support and supervision.

Key terms associated with service user involvement: collaboration, independence, strengths-focus, self-management, ‘experts by experience’.

8.0 Recovery-Orientated Attributes, Staff Preparation and Support

Borg & Kristiansen (2004) attempt to specify the key constituents of Recovery-orientated practice at individual practitioner level. They conclude that openness, collaboration between service user and professional as equals, a focus on the service user's inner resources, reciprocity, and a willingness on the part of the practitioner to go the extra mile are pivotal to success. They went on to suggest that these general skills must be combined with a high level of relationship skills, empathy, caring, acceptance, mutual affirmation, an encouragement for responsible risk-taking, and a positive expectation for the future. Perkins (2006) also places 'hope inspiring relationships' at the heart of her prescription for recovery-orientated practice.

The literature identifies staff training in recovery as pivotal to facilitating change to recovery-orientated approaches. Olmos-Gallo et al (2012) suggest that on-site recovery training should be available for every new employee, regardless of his/her position. Tsai et al (2011), in their study, examined whether recovery-related training in community mental health centres was associated with differences in staff attitudes and reported organisational practices. In this study, 318 staff at four community mental health centres completed questionnaires about their attitudes to recovery and training which they had received in the previous year. The results demonstrate that staff who had undertaken at least one recovery training session reported significantly higher service user optimism and a greater organisational recovery orientation towards service users' life goals. The findings of this study suggested that recovery training is positively related to the attitudes and the practice of staff in regards to recovery.

Farkas et al (2005) also argue that staff should have additional learning and development opportunities, which should include providing access to new information consistent with recovery values. They also suggest indirect methods of training- involving new staff in teams whose values are compatible with recovery can prove effective; for example, increasing staff's expectations of improvement may be accomplished by involving new staff in team meetings where higher expectations for outcomes are the norm (Alexander et al 1997).

Staff supervision is viewed as an important factor in promoting a positive organisational climate and the implementation of Recovery-oriented cultures in practice settings. Glisson & Hemmelgarn (1998) suggest that supervision sessions should include a focus on recovery principles and competencies to ensure that recovery values are translated into action. Furthermore, Farkas et al (2005) support the need for supervision of staff working in Recovery-orientated mental health programmes, suggesting the intrinsic integration of recovery values and principles within the supervision process. In other words, the process should involve staff, should focus on strengths as well as limitations, and should

concentrate on setting meaningful professional goals for improvement with respect to the delivery of recovery services, as well as training plans to achieve the goals.

Key terms associated with attitudes and staff preparation: collaboration as equals, empathy, caring, hope inspiring, recovery training, supervision, integration.

9.0 Barriers to the Implementation of a Recovery-Orientated Approach.

Becker et al (1998) identifies a number of barriers to implementing recovery-orientated approaches to service delivery; these include:

- poor leadership, resulting in a lack of commitment and drive to implement change
- organisational structures that are deficit orientated and emphasise symptoms and problems
- staff members, who are unable to change and may deal with their discomfort in ways that are disruptive to the integrity of a Recovery-orientated approach
- unrealistic time frames set by organisations to manage and implement change.

Becker et al (1998) reminds us that it takes time to plan and manage the restructuring of services, helping and supporting staff members to build necessary skills, remove barriers to change and become a mature, Recovery-orientated service. Davidson et al (2006) describe concerns about recovery-orientated approaches encountered in the transformation of mental health services. The cornerstones of recovery-orientated processes are self determination and client choice. Some health and social care professionals cannot understand how such principles can be afforded to service users, who are experiencing acute mental health distress for example - an acute psychotic episode or mania. For these professionals, this type of situation creates concerns in relation to risk and raises for them questions of an ethical nature and liability. Shepherd (2007), however, argue that risk is inherent in all mental health services, and that in Recovery- orientated services risk may be increased; but it is sometimes necessary to take risks in order to learn and grow, suggesting that services need to differentiate between risks that must be minimised (self-harm, harm to others) and risks that people have a right to experience. Shepherd et al (2008) argue that recovery ideas encourage opportunities for growth and change (the dignity of risk) but in a responsible way. Within a Recovery-orientated ethos, there needs to be a degree of risk tolerance in encouraging service user choice, balanced with duty of care obligations. Shepherd et al (2008) recommend that organisations should provide guidance, training, supervision and support to staff

on how to reconcile flexibility and responsiveness to people's unique circumstances and preferences with appropriate risk management obligations.

Key terms associated with barriers: lack of leadership, lack of commitment, unrealistic time frames, staff inability to change, risk, risk intolerance

In conclusion, this literature review demonstrates that a radical shift is required by organisations to facilitate the transformation of services from a largely biomedical focus to one that releases and maximises the contribution of service users, supported by a culture of recovery and staff enabled through training to practise in a Recovery-orientated way.

10.0 Scoping of training

In order to capture as full/wide an understanding of Recovery-orientated training as possible, it was decided to scope training accessed and provided within HSC trusts as well as training provided by organisations external to Trusts. Scoping tools were developed to reflect these perspectives. An overview of each scoping tool is set out below and each is attached at Appendix 1 and 2.

11.0 Scoping Tool – HSC Trusts

The scoping tool which aimed to gather information from HSC Trusts included items encompassing the following aspects:

- service groups where training is provided
- staff groups attending training
- types of training, academic level
- training for trainers including update training
- perceived benefits and disadvantages associated with contracts
- quality assurances or accreditation and associated costs
- plans for future roll out of Recovery-orientated training
- resource implications.

This scoping tool was issued to the following HSC Trusts:

- Belfast HSC Trust (BHSCT)
- Northern HSC Trust (NHSCT)
- Southern HSC Trust (SHSCT)
- South Eastern HSC Trust (SEHSCT)
- Western HSC Trust (WHSCT).

12.0 Findings – HSC Trusts

Each HSC Trust submitted a completed scoping tool. The Trusts were asked to submit information specifically in respect of the following programmes:

- Recovery Star
- WRAP
- Refocus
- DREEM

Several of the submissions included information regarding several other programmes which have, therefore, also been included in this report. These were:

- Recovery awareness training
- Introduction to Recovery
- HABIT
- Specialist Practice in Nursing: Psychosocial Interventions for Serious Mental Illness (THORN)

The findings from HSC Trusts are set out on a programme-by-programme basis. At the outset, it is relevant to note that recovery-orientated training is not currently categorised as mandatory for any of the service groups listed within the scoping tool. The information provided by HSC Trusts, however, would seem to suggest strongly that all Trusts are actively committed to providing opportunities for staff to access this type of training. It is notable that the Southern HSC Trust reported that, within its 'mental health division, the objective has been set to afford all staff access to a two-day WRAP training programme'. The Trusts also submitted the numbers of staff across the various disciplines who have undertaken Recover-orientated training and this information is reported by Trust at Appendix 3.

Recovery STAR www.outcomestar.org.uk

The Recovery STAR approach enables service users to evaluate progress towards self-reliance. The approach is designed to be used in a collaborative way with the service user, and should be an integral part of key working and care planning. Two HSC Trusts reported accessing Recovery STAR. The table below presents further detail in respect of Recovery STAR training accessed.

Table 1: Detail of Recovery STAR Training Accessed by HSC Trusts

Detail in respect of Recovery STAR Training	BHSCT	NHSCT
Initial training	1day	2 days
Refresher Training	0	1day
Funding/funded by	In-house	STAR Licence £1950 plus subsistence £435 + vat Total circa £2385 per person trained

From the information submitted by those HSC Trusts which reported using Recovery STAR, the following detail was also reported:

- In the Belfast HSC Trust, Recovery STAR Training is offered to all Mental Health Day Services Staff. In this Trust training is provided in-house within existing arrangements, by Trust psychology staff. This is a one-day programme, which has no academic award no assessment criteria and does not require refresher updates. To date, 30 staff have completed the training, primarily Day Services Staff and Occupational Therapists.
- The Northern HSC Trust reported that two team leaders, a nurse and an occupational therapist have been trained as trainers in Recovery STAR and Recovery STAR awareness training has be delivered to 50 staff. The training has been provided by Triangle Consulting Social Enterprise, Brighton, East Surrey.

The Recovery STAR training for trainers is a two-day training course, followed by a one-day annual update to remain on a register as a trainer. There is a formal assessment as part of the initial two-day training and as part of the annual update. The Recovery STAR trainers who provide the 'train the trainers' programme are assessed and validated by the Triangle Consulting Social Enterprise Organisation for the Recovery STAR model, ensuring up-to-date and competent trainers to deliver the training. There is a Recovery STAR Licence Fee of £1,950 plus VAT @ 20%, amounting to £2,450 for each staff member who undertakes the 'train the trainers'; this is payable by the Trust. The Licence Fee allows the trainers to train and support up to 100 staff internally. It is not clear from the information provided the number of staff who have been trained in this way. Another cost, which is not included in the licence fee, is administration documentation for the Recovery STAR. It was also reported that there are other additional costs to the Trust including subsistence, totalling to date £618.00.

Wellness Recovery Action Planning (WRAP) Training

Responses regarding WRAP varied in respect of the nature and duration of training. Several Trusts reported using more than one type of training. The data obtained is summarized in tabular form below:

Table 2 Detail of WRAP Training Accessed by HSC Trusts

Title	Duration	HSC Trusts Accessing WRAP
WRAP	½ day awareness	BHSCT
WRAP	2 days	NHSCT WHSCT SHSCT SEHSCT
WRAP for facilitators	5 days	SEHSCT, SHSCT
WRAP Advanced	5 days	SHSCT
Service user and carer WRAP	2-2.5 hours for a period of 8 weeks	SHSCT

In addition, the Southern HSC Trust reported the application of a Team WRAP within this section of the questionnaire.

In respect of service groups accessing WRAP training, the following reports were made:

- Belfast HSC Trust indicated that all service groups are offered WRAP training (2 days)
- South Eastern HSC Trust indicated that Community Mental Health Teams, Home Treatment and Crisis Response, Occupational Therapy, Supported Living, Mental Health In-patient, Addictions Services and Prison Healthcare are offered WRAP Training
- The Western HSC Trust reported that WRAP training had been targeted at Recovery Teams thus far
- The Northern HSC Trust reported that WRAP training had been offered to Hospital and Community Mental Health Teams to date
- The Belfast HSC Trust indicated that WRAP training has been directed towards Community Mental Team, Mental Health Day Services. It was also noted that all Mental Health Occupational Therapy staff had received a half-day familiarisation on WRAP.

A limited range of education and training providers were used to provide WRAP training. These include the regional multi-professional in-service education unit, the Clinical Education Centre (CEC) which provides a range of WRAP programmes, and an In-house Social Services Training Unit, which provided service users with a half-day familiarisation session.

Limited information was provided by respondents regarding quality assurance and accreditation. HSC Trusts cited the CEC's unit's role as the provider of

nursing and midwifery education, and this includes arrangements for quality assurance. Notably, reference to the trainers having undertaken a five-day preparation programme to deliver WRAP would suggest evidence of quality assurance mechanisms.

There were no reports of the use of formal assessment processes but the issuing of a certificate of achievement was referenced as being provided to participants. When, however, clarified with the regional multi-professional in-service education unit, it was noted that normal practice is the issuing of a certificate of attendance, rather than a certificate of achievement. It is also relevant to note that WRAP training was not reported by respondents as carrying academic credit.

There was general consistency across the five HSC Trusts in respect of costs of the provision of WRAP. Those utilising the regional multi-professional in-service education unit indicated that costs are included within an existing service level agreement. Those utilising in-house Social Service Training Units referenced costs as being in-house. Where it was reported that service users are involved in the delivery of training, the use of a therapeutic earning model was referenced. Only two Trusts included costs of 'back-fill and travel' within overall costs of WRAP training.

All those Trusts which reported using WRAP as one of the approaches to Recovery- orientated training reported that a five-day preparation programme had been undertaken by staff who took on the role of WRAP facilitator.

There was a varied response to the item concerning the preparation and update of trainers/facilitators, as illustrated below.

- The Belfast HSC Trust suggested that, as Recovery training is a relatively new endeavour, thinking in respect of update training has not been fully developed
- The Southern HSC Trust Trust noted that a partnership approach exists between the education provider and the Trust in relation to facilitators. This respondent noted that the two - day programme is delivered by two facilitators, one an employee of the education provider and one an employee of the Trust. In reference to update training, this Trust reported that plans are in hand for those facilitators who meet the requirements to progress to advanced facilitator status
- The Northern HSC Trust noted that the education provider organisation which delivers WRAP training carries responsibility for update training
- The South Eastern HSC Trust reported that it did not have a formal update approach in place at present. It contended, however, that staff facilitating WRAP training are registered with a professional regulatory body and as such

are expected to undertake development opportunities to enable the performance of the WRAP facilitator role

Developing Recovery Enhancing Environment Measures (DREEM)

DREEM is a research evaluation tool used to help staff and users of Mental Health Services to learn about mental health recovery and assess the degree to which a service actively enhances the potential for personal recovery.

The information provided suggests that the Southern HSC Trust had undertaken a DREEM evaluation in 2010/11. A Trust team, comprising professional staff, service users, carers and voluntary agencies, carried out the evaluation; this was led by a Clinical Psychologist from within the Trust.

Recovery Awareness Training

The South Eastern HSC Trust provides recovery awareness to all staff working in Community Mental Health Teams, including crisis management Home Treatment Teams, Occupational Therapists, staff working in supported living accommodation, Mental Health In-patient, Addictions services and Prison Health care.

In its submission, the Trust reported that this programme aims to:

- Promote a knowledge and awareness of recovery
- Provide an opportunity to consider how recovery can underpin and enhance practice
- Consider the challenges and opportunities of ensuring that practice is grounded in recovery.
- Consider action required to integrate and/or further develop Recovery Oriented Practice within the participant's own field of practice.

Table: 3 Detail of Recovery Training Accessed by the South Eastern HSC Trust

Type of Training	Duration of training
Initial training	1day
Refresher Training	0
Funded	In-house

This is a one-day programme provided within existing arrangements with the Trust's Social Services Learning and Development Team. The one-day programme carries no academic award, has no assessment criteria and does not require an update refresher.

The trainer who delivers this programme is an Approved Social Worker, who has undertaken a 'train the trainers' programme and holds a MSW in Advanced Social Work. There is no formal requirement for the trainer to have updates but under professional registration requirements, registrants are required to undertake relevant development opportunities to enable them to deliver Recovery Awareness Training. This includes reviewing relevant literature and evidence-based practice.

Introduction to Recovery

The Belfast HSC Trust reported that its staff had accessed a one-day "*Introduction to Recovery"* educational programme. This Trust indicated that this programme was delivered by the regional multi-professional in-service education unit and has also been provided through the Trust's Social Services Training Unit. The type and duration of training is detailed in tabular form below.

Table 4: Detail of Introduction to Recovery Training by Belfast HSC Trust.

Initial training	1day
Refresher Training	0
Funded	SLA with the regional multi-professional in-service education unit

This training is offered to all new staff, all Mental Heath Day Services Staff, including Mental Health Occupational Therapists.

The programme holds no academic award, there is no formal assessment criterion and it does not require an update refresher.

The training is delivered through an existing Service Level Agreement with the regional multi-professional in-service education unit and is also provided through the Trust's Social Services Training Unit.

Humanistic and Behavioural Intervention Therapy (HABIT)

HABIT is a humanistic and behavioural approach to managing and dealing with challenging behaviour. Behavioural learning theories suggest that learning occurs when the individual can see change in behaviour. It highlights the importance of regularly and consistently rewarding desired behaviour and this is seen crucial to the success of a behavioural approach to learning. So that the individual is successful learning is broken down into small steps.

Table 5: Detail of HABIT Training by the Northern HSC Trust.

No of Trusts accessing HABIT	1
Initial training	2.5days
Refresher Training	0.5
Funded	Through SLA with the regional multi-professional in-service education unit

- Humanistic and Behavioural Intervention Therapy (HABIT) is offered to in-patient rehabilitation staff in one Trust. HABIT is a two and a half day training programme initially, with a half day follow–up.

A Nurse Education delivers HABIT training from the regional multi-professional in-service education unit through the Service Level Agreement. CEC is responsible for ensuring that Nurse Education Consultants are updated to deliver the training programme.

Within the Northern HSC Trust, 29 staff has accessed HABIT and the cost to the organisation to train these staff was replacement monies amounting to £6,934.20 for the initial two day training and £1,386.84 for the half-day update. Formal supervision sessions on a six monthly basis are being organised for staff who have undertaken training to support the embedding of HABIT in clinical practice. The cost to the Trust for the supervision sessions, in terms of back fill, is still to be identified.

Psychosocial Interventions for Severe and Enduring Mental Illness.

The Western HSC Trust cites the above course as a specific Recovery-orientated training programme accessed by the Trust. Psychosocial Interventions for Severe and Enduring Mental Illness is a specialist practice programme, targeted at mental health professionals and available through the education commissioning process. A Recovery-oriented value base underpins this programme, which has been available for a considerable time period.

Concluding comments re recovery training and service level agreements and contracts

Perceived benefits of service level agreements/contracts were reported by Trusts as being responsiveness, expertise, flexibility, accessibility and partnership. The following comments provide examples:

- *Excellent example of Service and Clinical Education Trainers in partnership*
- *Trainers are experienced and have knowledge of working practice*

- *Locally delivered training*
- *Reduced travel cost*

Only one potential disadvantage was expressed, focusing on a potential risk of variation on quality linked with training experience.

General comments, suggestions and future recovery training

Respondents were also offered the opportunity to submit comments and suggestions in respect of recovery training. All respondents took the opportunity to do so with a degree of consistency emerging. Comments submitted included the following:

User-led training - In respect of impact, one Trust anticipates that when Recovery -orientated training is user-led, the impact will be maximised.

IMROC - The introduction of the IMROC project is thought to provide a potential for accreditation and the development of 'recovery colleges'.

Choices - Opportunities to consider other Recovery-orientated training approaches, including more detail on those specified within the proforma

Co-ordinated planning – A desire to move towards a planned and co-ordinated approach to the utilisation of recovery resources, including planning in terms of costs

Supporting service user – A recognition that there is a financial implication when service users and carers are involved and deliver training and that this needs to be addressed.

Strategic approach – A desire for a regional approach to Recovery-orientated training was expressed.

13.0 Scoping Tool – Education Providers

The scoping tool issued to education providers differentiated between pre and post-registration education and training and incorporated three primary items aimed at eliciting the following:

- Whether Recovery-orientated training is included in training programmes
- Whether specific preparation is required by those delivering Recovery-orientated education
- Associated Costs

The tool provided an opportunity to offer comments.

This scoping tool was issued to the following organisations:

- Northern Ireland Medical Dental Training Agency (NIMDTA)
- Open University (OU)
- Clinical Education Centre (CEC)
- Ulster University (UU)
- Queens University Belfast (QUB)

14.0 Findings - Pre-registration education programmes

Nursing Pre-Registration training programmes

Pre-registration nursing programmes are delivered in Northern Ireland through three Approved Education Institutions (AEIs). All NMC approved pre-registration nursing programmes are delivered on the basis of 50% theory and 50% practice; put simply pre-registration nursing students are provided with the theoretical underpinnings by AEIs, whilst HSC Trusts provide practice placements within which students are exposed to and supported, by mentors and others, to translate theory into practice. This means that partnership working between universities and practice settings is critical to ensuring there is a tangible link between theory and practice.

Table 6: Detail of Pre-Registration Nurse Training Programmes

Item	Response QUB	Response UU	Response OU
1. Is Recovery-orientated Practice included in pre-registration programmes?	Yes	Yes	Yes
2. Do teaching staff who deliver require specific preparation?	No	No	No
3. Are there specific costs associated with preparation/ delivery/updates for staff delivering Recovery-orientated practice?	No	No	No

Queens University Belfast

The School of Nursing at QUB reported that the pre-registration nursing curriculum reflects the spirit of the Bamford Action Plan: *Journey Through a*

Lifetime. (DHSSPS 200). Student nurses are taught the importance of mental health, social wellbeing, resilience and support throughout life. Pre-registration student nurses also develop the skills and personal qualities that create the environment, which supports positive mental health, well being and recovery throughout the life of the individual. Student nurses learn to focus on the unique individualised strengths of individual, and their families, as well as recognising vulnerability, building resilience and intervening early to maximise recovery. In addition, students' learning remains meaningful and contemporary through the diverse nature of the team delivering the curriculum. The team includes experts by experience (service users and families), practising clinical practitioners and experienced lecturers.

Ulster University

Ulster University reported that the importance of recovery, and the concept of recovery, is embedded within the modules in the pre-registration nursing courses and that it is a clear message through the course and specifically named as an approach underpinning care in mental health settings. The DHSSPS Mental Health Nursing Strategy, '*Towards Recovery',* is core reading within the pre-registration course

They also reported significantly positive comments as received from the NMC Pre-Registration Mental Health re-validation panel regarding the strengths of the new and current mental health pre-registration nursing curricula regarding service user involvement in terms of their input to teaching and most importantly the actual formative assessment of pre-registration mental health students. These collegiate strategies enable students to focus clearly on the positive promotion of mental health and a significant focus on mental health recovery for their clients' and their families.

Ulster University also commented on the valuable contribution that their Annual Mental Health Nursing Conference had on promotion of mental health recovery indicating that the collegiate nature and strategic importance of the conference provided pre-registration mental health students with an excellent forum for issues related to mental health recovery and resilience. The conference provides an excellent opportunity for inter-professional and multi-professional liaison with mental health experts by experience.

Both the Queens University and Ulster University stated that teaching staff that deliver training on Recovery-oriented practice did not require specific preparation. Queens University reported that the curriculum team maintain the currency of their recovery awareness and knowledge via team teaching, education supervision, peer review of teaching, representation on local and regional recovery focused policy and strategy meetings/fora, as well as

attendance(s) and presentation(s) at regional and national conferences. Ulster University stated that staff providing this training are up to date with the concept of recovery and as educationalists are able to remain updated through continuous professional development.

Open University

The Open University reported that recovery principles are currently embedded in its pre registration nursing mental health diploma programme and this will feature in the BSC (Hons) pre registration nursing programme for mental health. The respondent noted that there will be opportunities for adult nursing students to avail of resources related to recovery. Continuous professional development rather than recovery specific training is the approach taken to facilitating teaching staff to deliver pre registration nursing programmes.

Social Work

Social work pre-registration programmes are provided at Queens University and Ulster University. Both educational institutions reported that Recovery-orientated practice is included in their pre-registration programmes for social work training.

Table 7: Pre-Registration Social Work Training Programmes

Items	Response QUB	Response UU
1. Is Recover-orientated Practice included in pre-registration programmes?	Yes	Yes
2. Do teaching staff who deliver require specific preparation?	No	No
3. Are there specific costs associated with preparation/delivery/updates for staff delivering Recovery-orientated practice?	No	No

Queens University Belfast

Queens University stated that Recovery-orientated practice is a key principle informing social work training, focusing on a person-centred approach, supporting individuals in gaining strength from their own networks, communities and resources. Service users regularly contribute to the delivery of teaching

Ulster University

Ulster University reported that the school of Social Work introduce the concept of Recovery-orientated practice in final year to students undertaking the Degree in

Social Work programme. The students also receive a lecture on “working with individuals with Enduring Mental Illness” The first half of the lecture details the nature of Enduring Mental Illness difficulties and the impact on the sufferer. The second half of the lecture covers the communication skills required by the professional and need for a Recovery-orientated approach/intervention. In addition, the respondent reported that social work students complete a 100-day practice placement in mental health settings as part of their training. Therefore, students have opportunities to see examples of the application of the Recovery-orientated ethos in practice/clinical settings.

Both the AEIs stated that the teaching staff, who deliver training on Recovery-oriented practice within the pre-registration Social Work Programme did not require specific preparation and as such there were no associated costs. Queens University did state that the Social Care Council provides an annual grant to facilitate service users and carers to assist in the delivery of some aspects of teaching.

Occupational Therapy

Pre-registration occupational therapy training is provided at Ulster University.

Table 8: Pre-Registration Occupational Therapy Training Programmes

Items	**Response**
1. Is Recovery-orientated practice included in pre-registration programmes?	Yes
2. Do teaching staff who deliver require specific preparation?	No
3. Are there specific costs associated with preparation/delivery/updates for staff delivering Recovery-orientated Practice?	Yes

The Occupational Therapy pre-registration education provider reported that Recovery-orientated practice is embedded within the Occupational Therapy pre-registration programmes; students receive a 2-hour “Recovery Model” lecture and a two-hour practical “Wellness Recovery Action Plan” session, and a seminar incorporating a 30-minute video in relation to a service user’s recovery journey. The student’s assessment, which is a case study, is required to incorporate the Recovery approach. The students also receive a two-hour lecture focussed on the Bamford Review.

It was reported that teaching staff who deliver the training on Recovery-orientated practice do not require specific preparation. It was identified that there

are associated costs, as the education provider pays experienced practitioners to provide updates for teaching staff and students.

Clinical Psychology

A Pre-registration Clinical Psychology programme is provided at Queens University Belfast.

Table 9: Pre-Registration Clinical Psychology Training Programmes

Items	Response QUB
1. Is Recovery-orientated practice included in pre-registration programmes?	Yes
2. Do teaching staff who deliver the training require specific preparation?	Yes
3. Are there specific costs associated with preparation/delivery/updates for staff delivering Recovery-orientated practice?	Yes

This Clinical Psychology Department reported that Recovery-orientated practice is integral to the Standards of Proficiency in relation to the training of Clinical Psychologists (regulated by Health and Care Professions Council) and accredited by the British Psychological Society. As such, it informs academic and practice placement modules on the Doctorate in Clinical Psychology. Most explicitly, Recovery-orientated practice is taught within adult mental health units, especially in relation to psychosis, severe and enduring mental health difficulties, neurological presentations, chronic illness and long-term conditions, depression and addictive behaviours. It is also embedded within clinical experience and supervision on practice placements.

Recovery ethos is included within training on psychological interventions. It is also reflected in outcomes training for example service evaluation and clinical interventions are evaluated from a perspective of recovery in social and personal functioning.

In keeping with recovery ethos, there is a service user's participation panel attached to the programme. Service users collaborate with programme staff in design and delivery of curriculum and are in membership of the programme steering committee.

This respondent reported that teaching staff involved in the delivery of Recovery--orientated training avail of specific training, which is primarily achieved through continuous professional development. It was also reported that HSC Trust staff

provide a teaching input on the programme. Costs are incurred in respect of the provision of continuous professional development however the actual costs were not identifiable from the information submitted. The contribution of service users and carers was acknowledged by the respondent as being fundamental and integral element of the training and attracts associated costs which must be met.

Medical Training

The pre-registration undergraduate Medical Training programme is provided at one Queens University Belfast. Findings are detailed below.

Table 10: Pre-Registration Medical Training Programmes

Items	**Response QUB**
1. Is Recovery-orientated practice included in pre-registration programmes?	No
2. Do teaching staff who deliver the training require specific preparation?	No
3. Are there specific costs associated with preparation/delivery/updates for staff delivering Recovery-orientated practice	No

The respondent reported that there are no specific lectures within the existing course curriculum in relation to Recovery-orientated practice. The respondent reported however, that medical students access clinical practice placements within different Trusts during their undergraduate training. During this time, medical students are exposed to Recovery-orientated services and practices. It was also noted that the Centre for Medical Education, School of Medicine, Dentistry and Biomedical Sciences is currently undertaking a revision of undergraduate teaching in Psychiatry, and it is anticipated that Recovery-orientated practice will be a central focus in the didactic teaching and clinical practice in the new term beginning September 2013.

Key Findings in relation to pre-registration programmes:

- All the education providers recognise the importance of including Recovery-oriented practice within the relevant programmes
- Recovery-oriented theory is for the most part included in pre-registration education programmes across all disciplines, where it was reported as not being the case the education programme provider is actively seeking to do so

- Respondents reported that teaching staff who deliver theory in relation to Recovery-orientated practice within the course curriculum utilise continuous professional development, to ensure they are up-to-date in relation to Recovery-orientated theories
- Most of the pre-registration providers actively engage with service users and /or practising clinical practitioners to support the delivery of Recovery-orientated approaches within pre-registration programmes
- Costs incurred by the education providers are related to continuous professional development and facilitating the contribution of service users.

Post -Registration Recovery-Orientated Training Programmes

A specifically designed post-registration scoping tool was issued to the following education providers/agents:

- Queen's University, Belfast
- Ulster University
- NIMDTA
- CEC

Queens University, Ulster University, Northern Ireland Medical Dental Training Agency and the Clinical Education Centre, deliver post-registration education programmes across a range of disciplines. All post-registration education providers stated that Recovery-orientated practice underpins relevant programmes. Detail of education provision extracted from the various submissions is presented in tabular form:

Queens University Belfast: Nursing

Title of programme	PGDip/BSc (Hons) Specialist Practice in Nursing (Psychosocial Interventions for serious mental illness (THORN)
Duration	2 years, part time
Academic level	Masters and Degree level
Target audience	Experienced mental health nurses
Aim	To develop an understanding of the nature of illness and its impact on individuals and their families, and how to maximise recovery/outcomes.
Learning outcomes	• Develop collaborative relationship with the patient & family that recognises their expertise in their experience of illness and recovery

	• conceptualise recovery from a multi-dimensional perspective. • articulate the links between stress, vulnerability, resilience and recovery. • demonstrate a comprehensive understanding of building resilience from conception to old age • demonstrate and understanding of phase-sensitive recovery focused interventions • effectively employ early intervention strategies to promote wellbeing • devise keeping well and being prepared plans (Relapse prevention)
Do staff require specific training?	Yes: The teachers have developed a strong practice teaching team in relation to recovery. All of the teachers have undertaken academic and skill preparation on Recovery-based practice, via single modules or short courses or the completion of the THORN course, as preparation to teach on the programme.
Do teaching staff require specific updates?	Yes: The curriculum delivery team maintain their recovery awareness credibility via team teaching, educational supervision, peer review of teaching, representation on local, regional and national recovery focused policy and strategic meetings/fora as well as attendance and presentations at regional and national conferences.
Quality Assurance/Accreditation	Robust quality assurance processes are in place.
Other comments (summarised)	The work force requires a broad biopsychosocial understanding of wellness, illness and recovery/resilience recovery training needs to be viewed from a very broad perspective beginning with the socialisation of staffs/practitioners into a biopsychosocial framework.

Ulster University: Nursing

In respect of nursing, Ulster University reported that it does not provide Recovery-orientated training specifically but noted that the concept of Recovery-orientated practice is embedded within both the Specialist Practice Community Mental Health and the Specialist Practice Mental Health Nursing programmes. Recovery-orientated practice was also reported as being embedded within stand-alone modules in the area of mental health. Teaching staff who deliver these programmes maintain currency in respect of recovery theory and as

educationalist and nurses through continuous professional development. UU reported on the importance of utilising mental health experts by experience to inform, deliver and re-design many aspects of the post-registration mental health nursing curricula. A service user stakeholder group facilitates these processes. Furthermore post-registration students are also encouraged to attend the annual Mental Health Nursing Conference held at Ulster University which is aligned to the themes within World Mental Health Day.

Northern Ireland Medical and Dental Training Agency (NIMDTA)

NIMDTA provides training for junior doctors and the respondent stated that it does not provide a specific programme in relation to Recovery-oriented practice. The respondent stated that NIMDTA has a statutory requirement to deliver the curriculum for GP training agreed with the General Medical Council, available at http://www.org.uk/gp-training-and exams/gp-cirriculum-overview.aspx. One of the areas within the curriculum identifies competencies in relation to Care of People with Mental Health Problems. Although this area does not directly mention Recovery-orientated practice, it does reference the need for the General Practitioners to be competent in providing patient-centred care a key component for Recovery-orientated practice. Please see extract below drawn from http://www.org.uk/gp-training-and exams/gp-cirriculum-overview.aspx.:

Extract form GP Curriculum overview 3.10

Patient Centred Care: This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

14.1 Enable people who are experiencing mental health problems to engage as much as possible in understanding their difficulties and negotiate, acceptable management

14.2 Use communication skills that enable your patients who are distressed to feel comfortable enough to disclose their concerns

15.3 Use assessment schedules in a patient-centred way

14.4 Understand the concept of concordance, which is particularly important in mental health care:

14.4.1 You need to support patients in making choices about which treatment options may work best for themselves

14.4.2 You should understand that this ability to choose improves the likely effectiveness of the intervention

14.5 Understand the range of psychological therapies available including cognitive behavioural therapies, mindfulness, counselling, psychodynamic, psychosexual and family therapy

14.6 Provide opportunities for continuity of care for people with mental health problems

Social Work at Queens University Belfast

The School of Social Work within Queens University delivers the following programmes, Systemic Practice and Family Pathway, Postgraduate Certificate in Cognitive Behavioural Practice; and Postgraduate Diploma in Cognitive Behavioural Therapy. The respondent noted that the latter two have a particular emphasis on Recovery-orientated practice. They also deliver the Post Graduate Diploma Mental Health Pathway (Approved Social Work Programme) which has a recovery orientated ethos

Title of programme	**Systemic Practice and Family Therapy Pathway**
Duration	2 years, part time
Academic level	Masters
Target audience	Multidisciplinary
Aim	• to provide an overview of the current field, both in terms of the theoretical ideas that have informed practice and skill, as well as the settings in which family therapy is practised. To enable students to understand how systemic approach is situated in the wider context of contemporary psychotherapy practice. • to meet the requirements and learning outcomes for foundation level training as set by the family therapy accrediting body, the Association for Family Therapy and Systemic Practice in the UK • to introduce students to the field of systemic theory, practice and research approaches and encourage development of basic practice skills and their application to the work setting.
Learning outcomes	• a basic understanding of the systemic approach to family and other relationships • an ability to describe a range of systemic models and approaches and give examples of their application to practice • an ability to take a critical stance to ideas and their value;

	• an ability to demonstrate a range of practice skills (e.g. through role play) • an ability to describe and critique the concept of the family life cycle perspective and its application to different family forms • an ability to explore the implications of adherence to AFT's Code of Ethics and practice for both individuals and organisations • an awareness of the impact of the wider social context especially in respect off race culture, gender, sexual orientation, age and disability • a commitment to anti-discrimination practice • a familiarity with a range of literature relating to systemic practice • a basic familiarity with some aspects of research in the field. This should include an appreciation of the need for client feedback and service evaluation • an ability to begin to consider their own personal family and cultural experiences from a systemic perspective • an ability to place the development of systemic therapy into historical context • an ability to explore and give an account of their personal learning process over time.
Do staff require specific training?	Yes: staff need to be qualified in Systemic Family Therapy which is a four year psychotherapy training.
Do teaching staff require specific updates?	Yes
Quality Assurance/Accreditation	Courses are accredited by the Association for Family Therapy and Systemic Practice in the UK (AFT)
Other comments	Systemic Family Therapy training at all levels enable practitioners to promote improved functioning for clients, improved communications and healthy inter-dependence in personal relationships that foster increased social inclusion within families and local communities. The newer models of systemic practice are strengths-based approaches that empower individuals and family systems to recover from current challenges and promote good future adaptation to new stressors.

Title of programme	**Post Graduate Certificate in Cognitive Behavioural practice: and Post Graduate Diploma CBT**
Duration	1 year, part time
Academic level	Masters
Target audience	Multidisciplinary
Aim	PG Certificate: to expand the knowledge of CBT Models and skills for application in current roles and current practice PG Diploma: to train CBT psychotherapists to minimum standards required by BABCP
Learning outcomes	PG Cert: - to prepare for practice within levels 1 and 2 of a stepped care model (low intensity) psychological interventions in mental health, primary care or social care settings; teaching and learning in mental health awareness; an introduction to CBT theory and methods; and low intensity interventions for professionals working in health and social care programmes; develop knowledge, abilities and skills in health and social care programmes; develop knowledge, abilities and skills to promote the improvement of standards of service and care; develop intellectual and practice skills, through the fostering of professional competence, academic achievement and continuous professional development. PG Dip –demonstrate a comprehensive and critical understanding of the theoretical base, principle and values of CBT as applied to mental disorders; Evaluate the research evidence of the efficacy of CBT with clients specific with mental health disorders; Identify the key changes elements of CBT in relation to clients with mental disorders; Incorporate Socratic methods in relation to clinical practice; Use a specialist CBT perspective to understand and address crisis, hopelessness and suicidality.
Do staff require specific training?	Yes PG Dip teaching staff must be accredited CBT therapists with BABCP CBT trainee therapists who seek accreditation by

	BABCP need to trained to BABCP minimum standards. QUB PG Dip meets the full BABCP minimum standards requirements. Course costs 2013 PG Dip £5790 PG Cert £2580
Do teaching staff require specific updates?	No
Quality Assurance/Accreditation	Courses are accredited by the BABCP
Other comments	CBT models are implicitly Recovery-orientated. All students are taught models and skills to promote recovery, promote independence and discourage dependence. In CBT terms, recovery is linked to enabling clients to reclaim their lives as much as possible by facilitating recovery from depression and anxiety disorders that typically entrap many people in negative cognitive and behavioural cycles.

Title of programme	**Post Graduate Diploma Mental Health Pathway (Approved Social Work Programme)**
Duration	1 year, part time
Academic level	Masters
Target audience	Social workers with at least two years post-qualifying experience
Aim	The primary purpose of the Northern Ireland Approved Social Worker Training Programme is to ensure the competence of social workers being considered for appointment as Approved Social Workers (ASWs) by their employing Health and Social Care Trust. The programme also aims to equip social workers to work more effectively with individuals, families and carers affected by 'mental disorder'.
Learning outcomes	There are specific learning outcomes for each of the three modules on this course but in general the learning outcomes across the modules are designed to ensure that candidates have the specific knowledge, skills and values needed for this role in the care and protection of people with 'mental disorder'.

Do staff require specific training?	Yes, staff need to be Approved Social Workers with an up-to-date knowledge of mental health law and practice
Do teaching staff require specific updates?	Yes, especially in developments in case law
Quality Assurance/Accreditation	The Northern Ireland Post Qualifying Education and Training Partnership (NIPQETP) has approved the training Programme as meeting all nine Requirements of the Northern Ireland Specialist Award in Social Work. The Programme has been awarded 120 academic credits at Masters Level. Candidates who successfully complete training will be awarded a Post-Graduate Diploma in Applied Social Studies (Mental Health). Alternatively these academic credits can be 'banked' towards a Masters Degree.
Other comments	There is a strong emphasis on recovery; anti-oppressive practice, rights based approach, user empowerment, advocacy and mediation in the teaching on this course. There is also a strong commitment to the involvement of service users and carers in the planning of, delivery and evaluation of the training programme.

Clinical Education Centre

The Clinical Education Centre provides in-service, post-registration education programmes to support the nursing and midwifery registrant workforce. Within this organisation, the view was expressed that all mental health education programmes currently delivered are underpinned by a Recovery-orientated, strengths-based approach. Wherever possible, it reported that it actively engages and works in collaboration with service users and carers in the planning and delivery of educational programmes; the orgnaisation believes that working in a collaborative manner is key to the values and ethics of recovery. A range of specific Recovery-orientated education programmes are delivered these include: Wellness Recovery Action Planning (WRAP) 2-day workshop; WRAP Facilitation, a five-day workshop; Humanistic Approaches & Behavioural Intervention Training (HABIT); and Recovery Awareness Training.

Title of programme	Wellness Recovery Action Plan (WRAP)
Duration	2-day workshop
Academic level	None
Target audience	This course is recommended for professional registered staff, service users and carers
Aim	To increase understanding and awareness of Recovery and WRAP for participants working in Mental Health settings.
Learning outcomes	By the end of the two-day programme, participants will: • be introduced to the Key Recovery Concepts of o Hope o Personal Responsiblity o Education o Self-advocacy o Support • be introduced to WRAP: Self Monitoring and Response System • be aware of what constitutes a Wellness Toolbox • develop their personal Wellness Recovery Action Plans • explore methods of transferring learning to clinical practice.
Do staff require specific training?	Yes: teaching staff have undertaken specialist WRAP training. A 5-day course at a cost of £300 per day per person.
Do teaching staff require specific updates?	Yes: two days every two years with the Copeland Centre
Quality Assurance/Accreditation	Courses are accredited by the Copeland Centre, USA
Other comments	Six staff trained as WRAP facilitators. In order to enhance capacity, it has commissioned advanced facilitator training from the Copeland Centre. This should enable three staff to facilitate the training of practitioners, service users and carers to deliver a therapeutic WRAP group.

Title of programme	WRAP Facilitation
Duration	5 days
Academic level	None
Target audience	Multi professional team, service users and carers who have completed 2-day WRAP programme and who have completed their own WRAP
Aim	That participants will become proficient in facilitating WRAP groups in a clinical setting
Learning outcomes	At the end of this course, the participant will be able to: • create a safe learning and clinical environment • explore the values and ethics of WRAP • demonstrate an overview of key concepts of Recovery • demonstrate knowledge and understanding of mental health recovery and WRAP • explore different creative approaches to mental health recovery and WRAP to meet all learning types • build effective WRAP facilitation skills • encourage and support other people to use WRAP in their lives • begin planning application to clinical setting
Do staff require specific training?	Yes: initial training for trainers £3000, plus travel and accommodation for 2 trainers at £2,000, plus purchase of training manuals at £1300. Also supervised teaching practice on two occasions whilst in delivering the5- day programme at a cost of £3000 and £1000 for travel and accommodation.
Do teaching staff require specific updates?	Teaching staff have received advanced WRAP facilitation training from an accredited trainer associated with the Copeland Centre in the USA.
Quality Assurance/Accreditation	There is no licence fee however staff are required to update every 2 years at £350 per person: the updates form part of a Quality Assurance process.
Other comments	

Currently, nurse education consultants in partnership with HSC Trusts, service users and carers, provide WRAP workshops to registered staff. This is a two-day workshop which allows participants to carry out one-to-one WRAPs with service users.

The accreditation of the nurse education consultants by the Copeland Centre to facilitate WRAP groups in clinical settings removes the need for specialised training services from the USA. It also allows the delivery of a five-day WRAP programme on a regional basis, thereby enhancing the capacity of WRAP facilitation in Northern Ireland.

Title of programme	**Recovery Awareness**
Duration	½ day
Academic level	None
Target audience	Multi-professional groups and users and carers
Aim	To increase understanding and awareness of Recovery for participants working in Mental Health settings.
Learning outcomes	Learning Outcomes By the end of the half-day programme, participants will: be introduced to the key recovery concepts of - Hope - Personal Responsibility - Education - Self-advocacy - Support
Do staff require specific training?	No
Do teaching staff require specific updates?	No
Quality Assurance/Accreditation	In-house QA processes
Other comments	

Title of programme	**Humanistic Approaches & Behavioural Intervention Training (HABIT)**
Duration	2 days and ½ day follow up
Academic level	None
Target audience	Multi-professional Groups
Aim	To enable practitioners to develop their knowledge and skills related to the management of behaviours that challenge
Learning outcomes	Identify and describe challenging behaviour. Discuss the possible causes/functions of challenging behaviour. Describe the consequences of challenging behaviour.

	Assess patients using recognised techniques. Practise identified strategies to reduce challenging behaviour. Considered humanistic approaches to challenging behaviour. Plan an implementation strategy to manage challenging behaviour. Have a follow-up facilitated review of these interventions.
Do staff require specific training?	No
Do teaching staff require specific updates?	No
Quality Assurance/Accreditation	In-house QA processes
Other comments	None

15.0 Key Conclusions - Post-Registration Education Programmes.

- Responding AEIs reported that they deliver a range of programmes which are underpinned by the values of a recovery-orientated approach.
- The in-service training provider has a suite of programmes which are specific to Recovery-orientated practice.
- AEIs reported that teaching staff, as part of continuous professional development, employ a range of methods to ensure they are up to date in relation to Recovery-orientated theories. The in-service education provider reported that specific training has been accessed to facilitate the delivery of certain Recovery-orientated programmes.
- Across all post-registration education providers there is a recognition of the need for both involvement and the contribution of service users and practising clinical practitioners in the design and delivery of Recovery-orientated programmes.

16.0 Limitations

This report provides a high level description of Recovery-orientated practice training for health and social care professionals in Northern Ireland at a ‘moment in time’. Whilst the information contained within the report has been gathered within the recent past it has not been possible to capture progress or developments which may have occurred in the period of time which it has taken to prepare this report.

17.0 Conclusions

On the basis of the findings of this scoping of Recovery-orientated training in Northern Ireland, it is apparent that both the education providers and the HSC Trusts have embarked on a journey towards embedding the Recovery-orientated ethos into practice settings. This is to be welcomed; some organisations are further along in this journey than others but this should be viewed positively, as experiences can be shared and can inform future decision making regarding how best to proceed.

The following conclusions emerge from the review:

- All HSC Trusts are actively accessing a range of educational programmes in relation to recovery from a variety of sources with the aim of ensuring that Recovery-orientated practice becomes embedded within practice.
- There appears to an appetite on the part of HSC Trusts to move towards a planned and more co-ordinated approach to training related to recovery-orientated practice.
- HSC Trusts anticipate that when Recovery-orientated training is more user-led, the impact will be maximised.
- All the education providers recognise the importance of including Recovery-oriented practice training within the relevant programmes.
- Recovery-oriented theory is for the most part included in pre-registration and post-registration education programmes across all disciplines, where this is not the case the education provider is actively seeking to do so.
- There is a range of programmes at post–registration level available through the AEIs, which are underpinned by the values of a recovery-orientated approach.
- The regional multi-professional in-service training provider has a suite of programmes, which are specific to Recovery-orientated practice,
- Education providers recognise the need for involvement and contribution of service- users and practising clinical practitioners in the design and delivery of Recovery-orientated programmes.
- Currently education providers actively engage with service users and /or practising clinical practitioners to support the delivery of Recovery-orientated approaches within pre-registration programmes.
- Education providers report that the involvement, to varying degrees, of service users in post-registration recovery-orientated training

- There is recognition by both HSC Trusts and education providers that there are financial implications to the involvement of service users and carers in the design and delivery of training, which needs to be addressed at regional level
- Collaborative working between all education providers and HSC Trusts seems to be well developed
- Continuous professional development plays an important role in ensuring that teaching staff within the AEIs, are up-to-date in relation to recovery-orientated theories
- The in-service education provider undertake specific training to facilitate the delivery of certain Recovery-orientated programmes
- Costs incurred by the education providers to deliver Recovery–orientated education programmes are related to continuous professional development and facilitating the contribution of service users.

18.0 Recommendations

Recognising the limitations and drawing on the conclusions of this scoping of Recovery-orientated practice training, one overarching recommendation is made:

There is a need for a multi-professional training strategy/framework for Recovery-orientated training which:

- Ensures a more regional consistent approach
- Recognises the learning acquired during pre-registration training of health and social care professionals and builds on what is already in place
- Recognises and harnesses the potential contribution of service-users to the design and delivery of Recovery-orientated practice
- Rigorously evaluates and addresses the costs associated with training; this is particularly relevant in respect of the contributions of service-users and 'train the trainers' model in the context of the impact on HSC Trust staff
- Establishes a robust evaluation mechanism which will allow both the Trusts and education providers to monitor and evaluate their performance, as they strive towards ensuring that the Recovery-orientated ethos becomes embedded in practice. It is anticipated that the work of IMROC might address this.

For the purposes of this report these recommendations have been translated into an action plan.

DRAFT: Recovery Orientated Practice Training Action Plan

Action Plan	Lead Agent	Other Agents to be involved	Timescale	
			Start Date	End Date
Key Recommendation **Develop an agreed regional approach to Recovery orientated practice training that:** • Recognises the learning acquired during pre-registration training of health and social care professionals building on that which is presently in place. • Recognises and harnesses the contribution of service-users to the design and delivery of Recovery-orientated practice training. • Addresses the costs associated with training; particularly in respect of the contributions of service-users and the 'train the trainers' model and associated time commitments from Trust Staff. • Includes a process for robust evaluation which will facilitate Trusts and education providers to monitor and assess the impact of Recovery oriented training on practice.		Service users & carers Education Providers at Pre and Post-registration level. HSCTrusts, ImRoc Leads	July 2013	June 2015

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Recovery Orientated Practice:

Pro Forma to review the provision of recovery orientated practice training within HSC Trusts in Northern Ireland

January 2013

Completing and Submitting the Pro Forma

When completing this Pro Forma, please be as concise as possible to avoid it from being overly time-consuming for the respondent/s.

Please ensure that all responses relate to the headings set out in this Pro Forma to avoid duplication.

Supplementary material may be returned with the Pro Forma if deemed useful.

Details of Organisation

Name of Organisation:

Name of Contact Person:

Job Title:

Address:

Telephone Number:

Email Address:

PLEASE RETUREN YOUR RESPONSE BY 5PM ON MONDAY 21ST JANUARY 2013

1. **Please supply details of any Service Groups where recovery training is provided within your organisation (e.g. Community Mental Health Teams, Crisis Response Teams, Addiction Teams, Eating Disorders Services).**

SERVICE GROUP	MANDATORY YES √	MANDATORY NO x	SERVICE GROUP	MANDATORY YES √	MANDATORY NO x
1.			4.		
2.			5.		
3.			6.		

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

2. Which of the following Recovery Training Programmes are provided to staff within your organisation?

NAME OF TRAINING PROGRAMME	SERVICE GROUPS TRAINING IS PROVIDED TO (E.G. AS AT QUESTION 1 ABOVE)	PROVIDER ORGANISATION
1. The Recovery Star		
2. Wellness and Recovery Action Planning (WRAP)		
3. ReFocus		

4. Developing Recovery Enhancing Environments Measure (DREEM)		
5. Other (please specify)		
6. Other (please specify)		

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

3. Of the Service Group staff who have attended recovery training, what is the number and percentage trained within the past two calendar years?

SERVICE GROUP (E.G. AS AT QUESTIONS 1 & 2 ABOVE)	NUMBER OF STAFF TRAINED	% OF STAFF GROUPS TRAINED	
		2011	2012
	1. NURSES n= 2. PSYCHOLOGISTS n= 3.PSYCHIATRISTS n= 4. SOCIAL WORKERS n= 5. HEALTHCARE SUPPORT WORKERS n= 6. OTHER (PLEASE SPECIFY) n= 7. OTHER (PLEASE SPECIFY) n=		
	1. NURSES n= 2. PSYCHOLOGISTS n= 3.PSYCHIATRISTS n= 4. SOCIAL WORKERS n= 5. HEALTHCARE SUPPORT WORKERS n= 6. OTHER (PLEASE SPECIFY) n= 7. OTHER (PLEASE SPECIFY) n=		
	1. NURSES n= 2. PSYCHOLOGISTS n= 3.PSYCHIATRISTS n= 4. SOCIAL WORKERS n= 5. HEALTHCARE SUPPORT WORKERS n= 6. OTHER (PLEASE SPECIFY) n= 7. OTHER (PLEASE SPECIFY) n=		

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

4. For each recovery training programme provided please describe the academic level, length and frequency, formal assessment and cost.

SERVICE GROUP (E.G. AS AT QUESTIONS 1 & 2 ABOVE)	NUMBER OF STAFF TRAINED	% OF STAFF GROUPS TRAINED 2011	2012
	1. NURSES n= 2. PSYCHOLOGISTS n= 3.PSYCHIATRISTS n= 4. SOCIAL WORKERS n= 5. HEALTHCARE SUPPORT WORKERS n= 6. OTHER (PLEASE SPECIFY) n= 7. OTHER (PLEASE SPECIFY) n=		
	1. NURSES n= 2. PSYCHOLOGISTS n= 3.PSYCHIATRISTS n= 4. SOCIAL WORKERS n= 5. HEALTHCARE SUPPORT WORKERS n= 6. OTHER (PLEASE SPECIFY) n= 7. OTHER (PLEASE SPECIFY) n=		
	1. NURSES n= 2. PSYCHOLOGISTS n= 3.PSYCHIATRISTS n= 4. SOCIAL WORKERS n= 5. HEALTHCARE SUPPORT WORKERS n= 6. OTHER (PLEASE SPECIFY) n= 7. OTHER (PLEASE SPECIFY) n=		

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

NAME OF TRAINING PROGRAMME	ACADEMIC LEVEL	LENGTH AND FREQUENCY	DETAILS OF ANY FORMAL ASSESSMENT	COST OF TRAINING PROGRAMME
1.				
2.				
3.				

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

NAME OF TRAINING PROGRAMME	ACADEMIC LEVEL	LENGTH AND FREQUENCY	DETAILS OF ANY FORMAL ASSESSMENT	COST OF TRAINING PROGRAMME
4.				
5.				
6.				

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

5. What level of training have the educators undertaken who deliver recovery orientated programmes within your organisation?

Please comment:

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

6. How frequently are the educators updated in recovery orientated practice/approaches?

Please comment:

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

7. Please outline the process (e.g. frequency, associated costs and provider) for the training/updating of the educators.

Please comment:

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

8. Does your organisation have an agreement or contract with an approved training agency, education provider organisation or relevant body to supply the training/updates?

Please comment:

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

9. What benefits/disadvantages are there to your organisation in having this agreement or contract?

Please comment:

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

10. Please supply details of each of recovery training programmes provided within your organisation in relation to:

a. Quality Assurance/Accreditation

b. Costs to the organisation (please consider quality assurance/accreditation training/updates for the educators

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

11. Please supply any additional comments you would like to make in relation to recovery training:

Please comment:

12. Please provide details of any future recovery training planned for delivery within your organisation:

Please comment:

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

13. In the Northern Ireland context, please provide any suggestions for future recovery training or recovery resources required to support HSC staff and patients:

Please comment:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS PRO FORMA

Please return completed pro forma to Dr Carole McKenna, NIPEC Senior Professional Officer by email to carole.mckenna@nipec.hscni.net or by post to Centre House, 79 Chichester Street, Belfast, BT1 4JE by **5pm on Monday 21st January 2013**.

NIPEC

Appendix 2

Pre and Post Registration Scoping Tool
Education Providers

Pre- Registration Recovery Training Programme/s

Please give details of any Recovery training programmes that your organisation provides using the following headings.

In order for your answers to be saved on the form, it will be necessary for you to save the form to your desktop, and once completed re-attach it to the return email address to us.

You will notice that where we require you to answer/comment on a question there is either a tick box or a shaded box; the shaded box is a text form field which will allow you to input unlimited text, as this form is a protected document it will only allow you to input at these grey shaded boxes. Please click on the box and input your text.

Is Recovery Orientated Practice/Recovery Training included in pre- registration programmes? **Please tick the box: Yes ☐ No ☐**
If yes please provide details:
Do teaching staff who deliver training on Recovery Orientated Practice/Recovery Training require specific preparation? **Please tick the box: Yes ☐ No ☐**
If yes please give detail:
Are there specific costs associated with preparation/delivery/updates for teaching staff delivering the training? **Please tick the box: Yes ☐ No ☐**
If yes please give detail:
Please supply any additional comments you would like to make in relation to Recovery Orientated Practice/Recovery training.

POST REGISTRATION

RECOVERY TRAINING PROGRAMME/S

Please give details of any Recovery Training Programmes that your organisation provides, completing one questionnaire for each programme:

In order for your answers to be saved on the form, it will be necessary for you to save the form to your desktop, and once completed re-attach it to the return email address to us.

You will notice that where we require you to answer/comment on a question there is either a tick box or a shaded box; the shaded box is a text form field which will allow you to input unlimited text, as this form is a protected document it will only allow you to input at these grey shaded boxes. Please click on the box and input your text.

Title of Programme:
Academic Level:
Duration of Training: **How often is the training repeated:**
Target Audience:
The Aim and Intended Learning Outcomes of the programme: ➢ **Aim** ➢ **Intended Learning Outcomes**

Do staff delivering the training programme require specific preparation? **Please tick the box: YES ☐ NO ☐** **If yes, please give details including costs:**
Do staff delivering the training programme require specific updates? **Please tick the box: YES ☐ NO ☐** **If yes, please give details including costs: ☐**
Please supply details of training in recovery in relation to: **(a) Quality Assurance / Accreditation ☐** **(b) Costs to the Organisation (give consideration to licence fee)**
Please supply any additional comments you would like to make in relation to Recovery Training:

Appendix 3

Total number of staff that have attended Recovery-orientated Training per Trust

Southern HSCTrust			
	2011	2012	2011/12
Nurses	50	95	145
Psychiatrists	-	5	5
HCSW	-	11	11
OT	11	11	22
Psychologists	-	4	4
SW	8	20	28
User	12	2	14
Carer	1	4	5
Other	-	-	-
		TOTAL	234

South Eastern HSC Trust			
	2011	2012	2011/12
Nurses	132		132
Psychiatrists	-	-	-
HCSW	-	12	12
OT	10	-	10
Psychologists	-	-	-
SW	17		17
User	-	-	-
Carer	-	-	-
Other (Residential Worker)	20	-	20
Psychological Therapist	0	2	2
		TOTAL	193

Northern HSC Trust			
	2011	2012	2011/12
Nurses	60	123	183
Psychiatrists	-	-	-
HCSW	-	-	-
OT	2	5	5
Psychologists	-	-	-
SW	2	5	5
User	-	-	-
Carer	-	-	-
Other	-	-	-
		TOTAL	193

Western HSC Trust			
	2011	2012	2011/12
Nurses	16		16
Psychiatrists	2	-	2
HCSW	2	-	2
OT	2	-	2
Psychologists	-	-	-
SW	5	-	5
User	-	-	-
Carer	-	-	-
Other	-	-	-
		TOTAL	27

Belfast HSCTrust			
	2011	2012	2011/12
Nurses	-	-	-
Psychiatrists	-	-	-
HCSW	-	-	-
OT	36		36
Psychologists	-	-	-
SW	-	-	-
User	-	-	7
Carer	-	-	8
Other (Day Service Staff)	18	-	18
Multidisciplinary groups Discipline not enumerated			231
		TOTAL	300

For further Information, please contact
NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE
Tel: (028) 9023 8152
Fax:(028) 9033 3298

This document can be downloaded from the NIPEC website www.nipec.hscni.net

May 2013