

Psychosocial Recovery Coach

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Purpose of this document

We introduced the psychosocial recovery coach (recovery coach) into the National Disability Insurance Scheme (NDIS) on 1 July 2020. We developed it in response to feedback about the need to integrate recovery-oriented practice within the NDIS.

We included the support item in the [NDIS pricing arrangements](#) and Price Limits (formerly the NDIS price guide) in 2020–2021.

The purpose of this document is to provide information on this support item. It includes guidance for NDIS providers to deliver the recovery coach support item.

We will monitor and review the effectiveness of this role.

Background

The National Disability Insurance Agency (NDIA) is committed to ensuring that the NDIS meets the needs of people with psychosocial disability. To achieve this, we have:

- developed the [Psychosocial Disability Recovery-Oriented Framework \(Recovery Framework\)](#). This will ensure that the NDIS is more responsive to participants living with psychosocial disability, their families and carers
- introduced a support item for people with psychosocial disability: the psychosocial recovery coach.

We developed the recovery coach support item and the Recovery Framework in consultation with:

- the Commonwealth government
- state and territory governments
- people with lived experience of mental distress and recovery
- families and carers of people with mental health issues
- peak consumer and carer bodies
- service provider stakeholders.

Overview of the role

Recovery coaches provide support to people with psychosocial disability to increase their levels of independence as well as their social and economic participation.

People can then take more control of their lives and better manage complex challenges of daily living.

Through recovery-enabling relationships and skilled coaching, recovery coaches support people to build capacity, including strengths and resilience.¹

Recovery coaches work collaboratively with people, their families, carers, and other services in the stages of a recovery plan. These stages are:

- Design
- Plan
- Implement
- Review.

Among others, the following documents inform the work of recovery coaches:

- Australian Health Ministers' Advisory Council's, *The National framework for recovery-oriented mental health services*²
- [National Disability Insurance Scheme Act 2013](#) (NDIS Act)
- The [NDIS Psychosocial Disability Recovery-Oriented Framework](#)
- The NDIS Code of Conduct³
- The WHO Quality Rights Framework, published in 2021
- For lived experience recovery coaches, the [National Lived Experience \(Peer\) Workforce Development Guidelines](#).⁴

Recovery coaches offer capacity-building supports. They do not provide core supports for activities of daily living, or community, social and recreational activities.

The recovery coach line item is tailored to the needs of people with primary psychosocial disability, with a focus on:

- coaching, developing and implementing recovery plans
- collaborating with other services.

¹ PULSAR Manual Recovery-promoting relationships and working practices for specialist and community mental health services (or Secondary Care staff) Second Edition (2016) Adapted for Australian use from REFOCUS Mike Slade, Victoria Bird, Clair Le Boutillier, Julie Williams and Mary Leamy (www.monash.edu/_data/assets/pdf_file/0017/1452410/PULSAR-Secondary_Care_Manual-FINAL.pdf)

² P2-3 of the Australian Health Ministers' Advisory Council's *The National framework for recovery-oriented mental health services*. www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers?language=en

³ NDIS Code of Conduct www.ndiscommission.gov.au/providers/ndis-code-conduct

⁴ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission.

Depending on availability in the market, participants have the option to choose from either a recovery coach with:

- lived experience, called a lived experience recovery coach
- learned experience.

All recovery coaches are expected to bring competencies to this role as described in this document. The practice of lived experience recovery coaches is informed by the lived experience discipline.⁵ This means the work is not only informed by a person's individual experiences but also universal experiences of:

- discrimination
- marginalisation
- exclusion
- feeling powerless.

The Recovery Framework outlines the importance of lived experience. It recognises it as a form of expertise that informs the way the NDIS works with participants living with psychosocial disability.

The Recovery Framework defines lived experience as the experience of living with mental health conditions, emotional distress and/or psychosocial disability. Carer/family lived experience is defined as the experience of supporting and caring for a participant/family member living with psychosocial disability.

Recovery-oriented practice

The National Disability Insurance Agency (NDIA) uses the World Health Organisation's (WHO) definition of recovery, also known as personal recovery:

'For many people, recovery is about regaining control of their identity and life, having hope for their life, and living a life that has meaning for them whether that be through work, relationships, spirituality, community engagement or some or all of these' *World Health Organisation*.⁶

⁵ Co-production - Putting principles into practice in mental health contexts, 2018 © Cath Roper, Flick Grey & Emma Cadogan (https://recoverylibrary.unimelb.edu.au/data/assets/pdf_file/0010/2659969/Coproduction_putting-principles-into-practice.pdf): Royal Commission into Victoria's Mental Health System, Interim Report, Chapter 18 – Lived Experience Workforces www.rcvmhs.vic.gov.au/

⁶ Guidance on community mental health services: promoting person-centred and rights-based approaches. Geneva: World Health Organization; 2021 (Guidance and technical packages on community mental health services: promoting person-centred and rights-based approaches)

The Australian Health Ministers' Advisory Council's *National framework for recovery-oriented mental health services*⁷ defines recovery-oriented practice as:

'the application of sets of capabilities that support people to recognise and take responsibility for:

- their own recovery and wellbeing
- defining their goals, wishes and aspirations.'

Recovery-oriented practice:

- recognises and embraces the possibilities for recovery and wellbeing created by the inherent strength and capacity of all people with psychosocial disability
- encapsulates a strengths-based approach, maximises self-determination and self-management of mental health and wellbeing
- is inclusive of diversity and cultural safety
- helps families and carers understand the challenges and opportunities arising from their family member's experiences⁸.

Roles and responsibilities

Subject to what the person wants, the responsibilities of the recovery coach include:

- developing recovery-enabling relationships based on hope
- supporting the person with their recovery planning
- coaching to increase recovery skills and personal capacity in motivation, strengths, resilience and decision-making
- collaborating with the wider system of supports to ensure supports are recovery-oriented
- supporting engagement with the NDIS including support with plan implementation (in the absence of a support coordinator)
- completing documentation and reporting as required.

⁷ Australian Health Ministers' Advisory Council's *The National framework for recovery-oriented mental health services*. www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers?language=en

⁸ Ibid.

An NDIS planner or local area coordinator can support participants to choose a recovery coach best suited to their unique needs and preferences. This may mean that participants need to talk, in the first instance, with 2 or more providers before making a choice of a recovery coach. It is best practice that providers should not charge participants for an initial 'meet and greet'.

The initial phase of support will focus on relationship building and supporting a participant's recovery planning. A key task is to reach a shared understanding of a participant's:

- goals
- priorities
- strengths
- resources
- any possible barriers that might be experienced.

Using the shared understanding and preferences, recovery coaches support participants to gain maximum benefit from their NDIS plan. They link in with NDIS providers and other relevant supports, including clinical mental health services, to ensure well integrated support.

Developing a recovery-enabling relationship

The working relationship between the recovery coach and the person and their family and carers is central to recovery-oriented practice.

Building trusting relationships based on hope is essential. Without a strong sense of trust, it is difficult to have an authentic and shared understanding of a person's goals and needs.⁹

Developing recovery-enabling relationships takes time. Providers must be mindful of the impact changing recovery coaches has on building and maintaining trusting relationships. The aim should be to build a long-term relationship between the recovery coach and the participant, where possible.

⁹ Recovery-promoting relationships and working practices for specialist and community mental health services (or Secondary Care staff) Second Edition (2016) Adapted for Australian use from REFOCUS Mike Slade, Victoria Bird, Clair Le Boutillier, Julie Williams and Mary Leamy (www.monash.edu/_data/assets/pdf_file/0017/1452410/PULSAR-Secondary_Care_Manual-FINAL.pdf)

If there is a change in recovery coach workers within a recovery coach provider, an appropriate handover is essential for continuity of support. If a participant changes recovery coach providers, best practice is to provide an appropriate handover.

Recovery coaches work best when they provide support in the context of a recovery-promoting relationship that is resilient, and able to navigate the ups and downs in a participant's recovery journey.

Developing and supporting relationships should involve:¹⁰

- a fundamental belief that the person they support can live a full and meaningful life
- prioritising building rapport and trust throughout working relationships
- respecting the person and their families or carers' values, interests and preferences
- understanding and navigating any tensions and sensitivities in working with the person's support network
- understanding the participant's preferences on when and how to include family, carers, and informal supports¹¹
- understanding and respecting the person's values and preferences on how they wish to receive support, including any cultural considerations
- exploring and developing a shared understanding of what recovery means for the person
- an ongoing awareness of power imbalances and how their own values and preferences impact on the working relationship
- raising the expectations held by the person that their values, strengths and goals will be prioritised
- supporting the person to understand their human rights
- supporting the person to build up their capacity for self-advocacy
- supporting the person's right to 'dignity of risk.' This means a person's agency can be upheld by respecting the decisions they make that impact their life.
- supporting the person in line with supported decision-making principles.¹²

¹⁰ Adapted from Australian Health Ministers' Advisory Council's *The National framework for recovery-oriented mental health services*. www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers?language=en

¹¹ A practical guide for working with carers of people with mental illness, March 2016, Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia and Mental Health Australia. www.mhaustralia.org/publication/practical-guide-working-people-mental-illness

¹² The NDIA's approach to supported decision making and accompanying policy is described on the [Supported decision making policy](#) webpage.

Supporting the person with their recovery planning

The recovery coach works with the person to develop and maintain an individual recovery plan.

A recovery plan builds on and complements the NDIS plan. It does this by:

- building on, and if needed, clarifying and breaking down goals to short-term objectives
- articulating strengths
- identifying barriers.

The recovery plan should achieve the following:¹³

- Enable the person to identify areas of life where they have choice and areas of life where the decisions are currently made by other people (and a plan for building capacity in those areas).
- Identify key contacts who are in the person's life and can support them. This includes safety planning during periods of episodic and fluctuating wellbeing.
- Map identified goals with available and potential resources and services.
- Identify early signs that may need changes in supports and identify how supports can be adjusted to meet fluctuating needs. This may include increased support from clinical services and/or changes to NDIS supports.
- Provide support to plan and manage available resources and services in the broader service system (including, for example, their NDIS funded supports and clinical mental health services) to optimise the use of these resources.
- Clarify how NDIS supports complement and interact with other supports such as clinical mental health services.
- Help the person navigate the wider service system.
- Clarify the roles and responsibilities of the person, recovery coach, clinical supports, and other supports.

If someone is also receiving treatment from a clinical mental health service, developing a recovery plan may involve working collaboratively with the person's clinical mental health team to develop a shared recovery plan.

¹³ Adapted from Tondora J, Miller R, Slade M, Davidson L. Partnering for recovery in mental health: A practical guide to person- centered planning. John Wiley & Sons; 2014 May 19 and PULSAR Manual Recovery-promoting relationships and working practices for specialist and community mental health services (or Secondary Care staff) Second Edition (2016) Adapted for Australian use from REFOCUS Mike Slade, Victoria Bird, Clair Le Boutillier, Julie Williams and Mary Leamy (www.monash.edu/_data/assets/pdf_file/0017/1452410/PULSAR-Secondary_Care_Manual-FINAL.pdf)

Monitoring and regular review and adjustment of the recovery plan should be undertaken in partnership with the person, their family and carers and other key support services the person may be receiving, including clinical services.

Monitoring and review of the recovery plan can be used to support the NDIS reporting requirements (see the section below on Documentation and Reporting) and NDIS planning processes.

Coaching

Recovery coaches affirm that people with psychosocial disability can take responsibility for their lives and can live a full and meaningful life.

Coaching supports people to articulate what a meaningful life means for them. This may also include the perspectives of their families and carers.

Recovery coaches must also recognise, respect, celebrate the strengths of, and be responsive to diversity, cultural safety, needs and perspectives, as well as the perspectives of those who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, or Asexual (LGBTIQA+). The application of recovery principles must respond to the particular characteristics and needs of different population groups. This includes First Nations communities, people who identify as LGBTIQA+, and people from Culturally and Linguistically Diverse (CALD) backgrounds, as well as people in rural and remote locations.

The recovery coach then works with the participant to support them in their endeavours to live the kind of life they seek.¹⁴

Key features of the coaching approach include:

- understanding by asking questions, listening, and clarifying
- agreeing on identified goals
- developing a shared understanding of actions, roles, and responsibilities
- building skills for self-direction and taking control
- following up on actions
- reflecting, evaluating and learning.¹⁵

¹⁴ Bora R, Leaning S, Moores A, Roberts G. Life coaching for mental health recovery: the emerging practice of recovery coaching. *Advances in Psychiatric Treatment* 2010; 16:459–467

¹⁵ Bird V, Leamy M, Le Boutillier C, Williams J, Slade M (2014) REFOCUS (2nd edition): Promoting recovery in mental health services, London: Rethink Mental Illness.
https://www.researchintorecovery.com/files/REFOCUS%20Manual%202nd%20edition_4.pdf

Recovery coaches, where helpful, can use manualised programs and other tools and resources to assist in the coaching relationship. Examples of manualised programs include:

- WRAP
- Active8
- Optimal Recovery
- Collaborative Recovery Coaching Protocols
- My Mental Health Recovery Measure (RAS:DS)
- Beyond Now
- PTSD Coach.¹⁶

Collaborating with the broader system of supports

Recovery coaches are expected to have an in-depth knowledge of available services and resources, including local and web-based supports.

The goal of collaboration with the broader service system is to use resources and services in a way that is:

- integrated
- aligns with the person's recovery plan
- enables a recovery-oriented approach.

The recovery coach is responsible for:

- **Contributing lived or learned experience of recovery perspectives:** Alongside the broader system of supports, including by collaborating with other NDIS funded providers to ensure those supports are recovery-oriented.
- **Supporting linkages and continued engagement with the broader service system:** Helping to build the capacity of the person to access, engage and maintain engagement with different service systems. Particularly health, housing, education, employment, financial supports, family supports and physical health care services.
- **Supporting connections with peer support groups and mutual self-help networks:** Isolation can be one of the biggest challenges experienced by people with psychosocial disability. These resources introduce a person to communities to build social and support networks.

¹⁶ Collaborative Recovery Model Coaching Resources [Collaborative Recovery Model \(Chapter 9\) - Wellbeing, Recovery and Mental Health \(cambridge.org\)](https://www.cambridge.org/core/books/collaborative-recovery-model-coaching-resources)

- **Facilitating a coordinated response between services:** With or at the direction of the person, facilitate and participate in shared planning, including case conferencing, to ensure a coordinated response between services like mental health, physical health, justice, and housing.
 - This may involve the recovery coach working collaboratively with the person's clinical mental health team and other services to develop a shared recovery plan.
 - Monitoring and regular review and adjustment of the recovery plan should be undertaken in partnership with the person, their family and carers and other support services the person may be receiving, including clinical services.
- **Shared planning at transition points:** It is particularly important that shared planning is undertaken at key transition points. These may include periods of episodic and fluctuating needs, and life transitions like moving home or changes to a support network. Shared planning may also include support with handover and working with clinical services to ensure coordinated discharge planning.

Supporting engagement with the NDIS

One of the desired outcomes of this support item is that the person is supported by the recovery coach to become an active participant of the NDIS.

For some people, this may mean moving from being a disempowered participant who asks: 'what can I get?' to becoming an active participant who can say: 'what I want is...'

Recovery coaches support the person to develop these skills:

- Knowledge of NDIS processes, like the pros and cons of different options of plan management.
- Skills to use and navigate the NDIS, including engaging with service providers and negotiating service agreements.
- Self-advocacy skills.
- Greater understanding of the reasonable and necessary evidence-based supports available that may support them to achieve their recovery goals.

Recovery coaches are responsible for the following:

- Supporting the person to understand and make best use of funded supports in their plan.

- Informing the person about choice and control and the [NDIS funding criteria](#). This may include informing them about the resources on the NDIS website to inform them of the [reasonable and necessary supports](#) that will provide the best outcomes for them, where appropriate.
- Providing support to the person to negotiate with providers about service options that best meet their preferences.
- Ensuring that service agreements and service bookings are completed as appropriate.
- Working with the person and, if engaged, their Plan Manager, to monitor the use of funded supports.
- Working with the person to adjust their NDIS plan budget and supports if there is a change in support needs. This may include supporting them with an NDIS plan variation request, where needed.

Given coordination is also a part of the recovery coach role, we will generally not fund both support coordination and recovery coaching in a participant's plan.

However, there are limited cases where we may identify a need for a participant to have a recovery coach and support coordinator working with them at the same time. If this happens, the providers should ensure that there is a clear plan to:

- avoid duplication of tasks
- ensure the roles are well defined and well-coordinated, so they are aligned to meet the participant's needs and recovery goals.

In these cases:

- the support coordinator is responsible for supporting engagement with the NDIS as described in the items above
- the recovery coach is responsible for supporting the participant with their recovery planning, coaching and collaborating with the broader system of supports, as described in the previous sections above.

Documentation and reporting

The purpose of documentation and reporting is to show that the participant's NDIS supports are meeting their expectations and needs.

Only the participant can confirm if their supports are adequately meeting their needs and expectations. For that reason, it is best practice that participants actively engage in the reporting process and, if possible, co-author the progress reports prepared by the recovery coach.

Recovery coaches are expected to provide progress reports to the person and to the NDIA. It is expected that a progress report is completed before the participant's plan reassessment or review.

Progress reports should outline the following:

- progress made towards recovery goals and NDIS goals, including any enablers or barriers faced, and proposed mitigation strategies to overcome those barriers
- the use of funds (also called plan utilisation)
- linkages to services like clinical treatment and interventions
- changing needs and circumstances, including those related to episodic and fluctuating wellbeing
- any successes the participant would like to celebrate
- any other relevant information.

Recovery coaches must keep timely and accurate documentation about the interactions they complete when providing support. This includes both in-person interactions and activities undertaken for the coordination and support of the person.

Interface with other NDIS supports

Recovery Coach and Support Coordination (Level 2: Coordination of Supports)

Support coordination is a support item funded by the NDIS. Support coordination assists participants to do the following:

- Understand, implement, and use their NDIS-funded supports.
- Connect with community, mainstream and other government services.
- Build capacity and independence.

Visit the NDIS website for more information about [what your support coordinator should do](#).

As described above, coordination can also be an element of the role of the recovery coach. We will generally not fund both types of supports in a participant's plan.

We may consider funding both support coordination and recovery coaching in a participant's plan in limited circumstances, if there is an identified need and it is appropriate to do so. This will only happen if there is:

- clarity about how the two roles will work together to enhance the participant's recovery goals

- a clear plan outlined to avoid duplication of tasks and service inefficiencies.

Recovery Coach and Plan Managers

[Plan management](#) is when a provider supports participants to manage funding in their NDIS plan.

For example a plan manager:

- can pay providers on behalf of a participant
- provides financial reporting
- manages a participant's budget.

It is important for recovery coaches to work collaboratively with plan managers (where there is one) to support participants with psychosocial disability to gain the most benefit from their funded supports.

Conflicts of Interest

Under the NDIS Code of Conduct, an NDIS provider must 'act with integrity, honesty, and transparency.' This is further explained in the NDIS Quality and Safeguards Commission's [guidance for providers on conflicts of interest](#):

'NDIS providers should disclose to the people with disability they support or who are seeking support, any conflicts of interest – potential or real – that may impact on how they deliver supports and services to that person. This would include conflicts of a financial, business or personal nature, including any financial and/or corporate interest or relationship the NDIS provider may have with other entities, including businesses and organisations, or of a personal nature, including but not limited to cultural, religious or social relationships.'¹⁷

¹⁷ NDIS Quality and Safeguards Commission, The NDIS Code of Conduct – Guidance for providers, 2019, pg.20 [The NDIS Code of Conduct \(ndiscommission.gov.au\)](#)

Safety and Safeguarding

Promoting and protecting a participant's safety

The [NDIS Code of Conduct](#) requires all NDIS providers and workers, including recovery coaches, to promptly do the following:

- Take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence against, as well as the exploitation, neglect, and abuse of people with disability.
- Act with respect for individual rights to freedom of expression, self-determination, and decision-making, in accordance with relevant laws and conventions.
- Provide supports and services in a safe and competent manner with care and skill.
- Act with integrity, honesty, and transparency.

Recovery coaches have a significant role in helping to safeguard participants, as well as reducing potential exposure to exploitation. They may see early warning signs of risk to the participant's safety and wellbeing and are in a position to act on this.

Recovery coaches can make reportable incident notifications to the [NDIS Quality and Safeguards Commission](#) (the NDIS Commission), and should also be aware of and notify any other jurisdictional bodies that are relevant in the participant's (and provider's) location. Reportable incidents include any incidents that have occurred, or are alleged to have occurred, in the provision of services.

Recovery coaches should proactively support the participant to raise any concerns or issues around their safety or the quality of their supports and services. Recovery coaches can also raise concerns or make a complaint themselves if the participant wishes them to do so.

All registered NDIS providers (including recovery coaches) should understand and comply with their obligations to raise concerns. If there is an immediate risk or threat to the participant, recovery coaches should immediately contact emergency services.

More information about the NDIS Code of Conduct is on the [NDIS Commission's website](#).

Registration

Providers of the recovery coach support item can register with the NDIS Commission, and are assessed against the applicable [NDIS Practice Standards](#) for Registration Group R106 (Assistance in coordinating or managing life stages, transition and supports).

This registration group includes short and long-term supports that focus on:

- strengthening a participant's ability to coordinate their supports
- assisting them to live at home and participate in their community.

This involves assessment against the CORE module of the NDIS Practice Standards, and covers:

- rights and responsibilities for participants
- governance and operational management
- the provision of supports
- the support provision environment.

The [Verification Module of the NDIS Practice Standards](#) establishes standards relevant to lower risk supports.

It requires that registered NDIS providers identify and manage risks, including those to participants. There must also be an incident management system that ensures incidents are:

- acknowledged
- responded to
- well managed
- learned from.

It also requires that workers meet each participant's support needs and are:

- competent in relation to their role
- hold relevant qualifications
- have relevant expertise and experience to provide person-centred support.

More information about registration with the NDIS Commission is available on the [NDIS Commission's website](#).

All providers of the recovery coach support item need to understand and comply with requirements under the NDIS Commission and any other relevant legislation.

Workforce considerations

Competencies

Both lived experience recovery coaches and recovery coaches with learned experience must be skilled in assisting people with psychosocial disability to:

- build confidence in themselves
- build the belief in their own resourcefulness
- have courage to pursue their hopes and ambitions
- continually develop their abilities, strengths, and resources.

Recovery coaches are expected to have:

- proven knowledge and understanding of psychosocial disability and recovery, including but not limited to:
 - trauma-informed practice
 - supported decision making
 - cultural competency
 - family-inclusive practice
- the ability to facilitate access and coordination of community resources, services, and other government service systems. This includes:
 - collaborating with mental health services in planning and coordinating supports
 - implementing the plan and any variations
 - ensuring coordination of support responses
- demonstrated ability to engage with participants to build a trusting coaching relationship that motivates and builds capacity to:
 - solve problems
 - review progress
 - reflect and learn
 - provide and elicit feedback
- understanding of the episodic nature of mental health conditions and experience in collaborating with relevant services to plan and maintain engagement through periods of increased support needs
- for lived experience recovery coaches, demonstrated ability and willingness to use their lived experience to provide support and enable recovery.

The skillset of lived experience recovery coaches derives primarily from:

- the lived experience discipline, which acknowledges that lived experience is a collective notion
- knowledge and expertise gained from personal experience of mental health challenges and distress, service use, and recovery.

Lived experience recovery coaches demonstrate expertise with the purposeful use and sharing of personal experience to support others to:

- identify their aspirations
- make decisions for themselves
- exercise choice
- assume greater control of their lives.

Lived experience recovery coaches:

- understand the critical need for connection and use this expertise to inspire others to find hope
- build relationships based on a collective understanding of shared experience, self-determination, and empowerment
- provide an important resource for change¹⁸.

Recovery coaches can also draw on a learned experience of mental ill-health and recovery to provide support and enable recovery. Recovery coaches without lived experience draw on knowledge and expertise from their professional training and practice to support people with their recovery journeys.

Read more about the lived experience workforce in the [National Lived Experience Workforce Guidelines](#) on the National Mental Health Commission website.

¹⁸ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. National Lived Experience Workforce Guidelines. 2021, National Mental Health Commission.

Qualifications, experience and professional development

We recommend the following experience, qualifications, and professional development for recovery coaches:

Lived experience recovery coach

Recommended minimum level of qualifications and experience:

- Certificate IV in Mental Health Peer Work or similar training, and/or
- 2 years of experience in mental-health related peer work.

Recovery coaches without a lived experience

Recommended minimum level of qualifications and experience:

- Certificate IV in mental health, community services, other related health fields or similar training, and/or
- 2 years of experience in mental-health related work.

We recommend that providers facilitate or provide appropriate professional development for their employees. Structured supervision arrangements should be made available.

Providers should encourage recovery coaches to do a minimum of 20 hours per calendar year of continuing practice development across the 2 categories of:

- formal learning activities
- informal learning activities.

It is best practice for the supervision of lived experience recovery coaches to be provided by people who have significant experience of working in, and supervising, lived experience roles. This is called lived experience supervision.

Formal learning activities (recommended minimum of 10 hours from this category):

- Receiving structured practice supervision.
- Completing work-based learning (assessed learning).
- Completing training including attending conferences, forums, workshops and seminars.

- Developing evidence-based practice resources.

Informal learning activities:

- Completing and documenting private study, like reading related resources.
- Participating in a community of practice with a record of activities completed.
- Reflective journaling involving detailed reflection and writing, with a focus on developing competence and quality of practice.

Supervision

Practice supervision is the structured process by which a supervisor works with a recovery coach to review and reflect on their practice. This aims to enable self-reflection and ongoing learning.

Practice supervision is recommended for ongoing awareness of the recovery coach's:

- own values and preferences
- power imbalances
- how these may impact on the relationship with the people they work with.

Practice supervision contrasts with managerial supervision, which focuses on whether certain performance standards have been attained and organisational protocols followed. For example: performance reviews, workload planning and management.

Resources

Key framework and guidance

[NDIS Psychosocial Disability Recovery-Oriented Framework](#), NDIA.

Australian Health Ministers Advisory Council (2013). [A national framework for recovery-oriented mental health services: Guide for practitioners and providers](#), Commonwealth of Australia

Mental Health Coordinating Council, [Trauma-informed care and practice \(TICP\)](#)

Dudgeon, P., Milroy, H. & Roz. Walker eds., (2014). [Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice](#) 2nd Ed., Commonwealth of Australia.

Mental Health in Multicultural Australia (2014). [Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery](#).

GLHV@ARCSHS, La Trobe University (2016). [Rainbow Tick Guide to LGBTI inclusive practice](#) (Prepared by P. Kennedy)

NEAMI Australia (2017). [Diversity and Inclusion Framework](#).

First Nations

Mental Health Coordinating Council, [Reimagine Today Aboriginal and Torres Strait Islander peoples Hub](#). This hub was codesigned with people with lived experience of psychosocial disability from First Nations communities, and their families and carers.

MHCSA (2016). Lived Experience Workforce Program (LEWP), [NGO Aboriginal Mental Health Lived Experience Workforce \(LEW\) Standards and Guidelines: Self-Assessment Tools for Organisations](#)

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