

This PDF is available as an additional resource to complement the interactive training module.

Significant functionality is lost with the translation to PDF and we recommend all staff to complete the online version.



This module is an introduction to the role of psychosocial recovery coach in the NDIS. It covers the purpose of the role, main responsibilities and expected competencies. This module is for mental health professionals who are, or who want to become, psychosocial recovery coaches.

The information in this module is general in nature. Every organisation does things differently and has different policies and procedures, so please interpret the content in this module with your organisation in mind and discuss any discrepancies with your line manager.

Duration: Approximately 45-60 minutes (Note: you can close the training and pick up where you left off at a later date).

Last updated: May, 2022

Content and links in this training were correct at the time of publication. We check these regularly; however, if you find broken links or errors please contact transitionsupport@flinders.edu.au

Course Outline

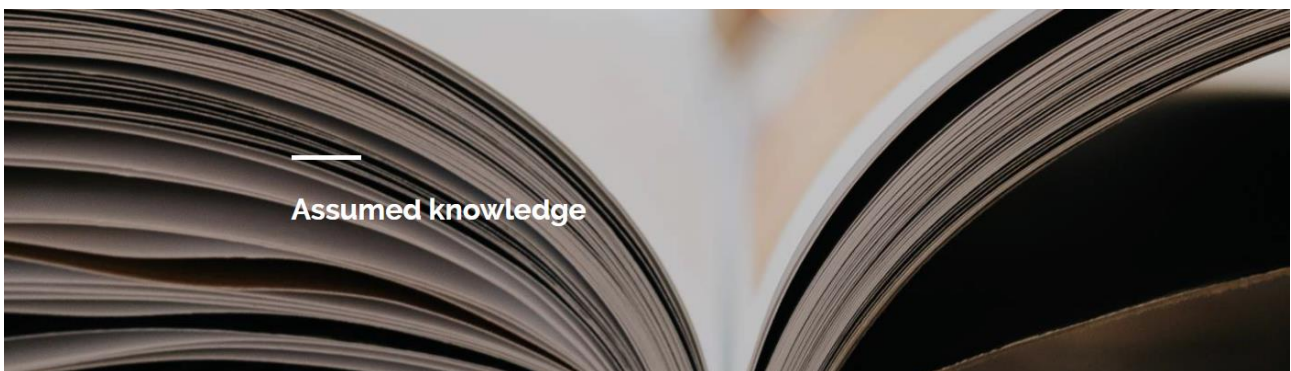
- ≡ Training objectives
- ≡ Introduction to recovery coaching
- ≡ Recovery coaching in the NDIS landscape
- ≡ Core competencies
- ≡ Role responsibilities



This module is an introduction to the role of psychosocial recovery coach in the NDIS. It covers the purpose of the role, main responsibilities and expected competencies. You should also refer to your organisation for more specific training regarding your day-to-day responsibilities.

By the end of this training you will:

- Understand why recovery coaching has been introduced and who it is for
- Understand who can provide recovery coaching supports in the NDIS and the core competencies expected of recovery coaches
- Understand the main responsibilities of recovery coaches



This module assumes a general understanding of the NDIS, its purpose and the types of supports that are funded by the NDIS. The below training modules cover these topics in detail:

- NDIS explained
- Recovery and the NDIS
- Reasonable and necessary and the NDIS



Content in this training is based on the following sources:

- The National Disability Insurance Scheme Act 2013 ([Link to legislation](#))
- Psychosocial recovery coach support item ([NDIA fact sheet](#))
- Psychosocial recovery coach information ([NDIA fact sheet](#))
- The NDIS price guide ([NDIS website](#))
- PULSAR Manual Recovery-promoting relationships and working practices for specialist and community mental health services (or Secondary Care staff) Second Edition (2016) ([download](#))
- A national framework for recovery-oriented mental health services, guide for practitioners and providers (2013) ([Department of Health website](#))
- Queensland Framework for the Development of the Mental Health Lived Experience workforce ([Queensland Mental Health Commission website](#))
- Consultation with mental health providers and NDIA representatives as part of activities conducted by the Transition Support Project team.

Introduction to recovery coaching

Recovery coaching was introduced as a new type of NDIS support in July 2020 following consultation with the mental health sector, carers and consumers. Recommendations included:

- 1 Providing NDIS funding for recovery-oriented services that are evidence based and targeted to people with a psychosocial disability
- 2 Identifying ways to better respond to the episodic needs of NDIS participants with a psychosocial disability

- 3 Recognising the important contributions of the lived experience mental health workforce.

Capacity building



The broad aim of the recovery coach role is to support people with psychosocial disability to progress their recovery journey whilst accessing NDIS and other services. Recovery coaching is a capacity building support and sits in the 'Support Coordination' funding category.

Mental health & recovery expertise

The recovery coach role was developed using a [recovery-oriented practice framework](#) to ensure that people with a psychosocial disability have access to evidence-based and tailored psychosocial support.

Providers of recovery coaching supports are expected to meet a set of core competencies that outline the required knowledge, skills and attributes of the role. These competencies are discussed in detail later in this training.



Recovery coaches may have either a lived experience and/or a learned experience of mental ill-health and recovery that they will draw on to provide recovery support.

Lived experience recovery coaching



A recovery coach who identifies as a 'lived experience recovery coach' will have the demonstrated ability and willingness to use their lived experience and recovery to provide support and enable recovery.

[Psychosocial recovery coach information](#), prepared by the NDIA.

Lived experience roles are defined as those where people are employed specifically to use their personal understanding of life-changing mental health challenges, service use and periods of healing/personal recovery, to assist others.

[Queensland Mental Health Commission](#), Queensland Framework for the Development of the Mental Health Lived Experience Workforce

Lived experience roles exist in diverse organisations and contexts, spanning entry level to executive leadership roles. While it's true everyone has some 'lived experience', not everyone chooses to work in a role that is primarily informed by their lived experience.

[Queensland Mental Health Commission](#), Queensland Framework for the Development of the Mental Health Lived Experience Workforce

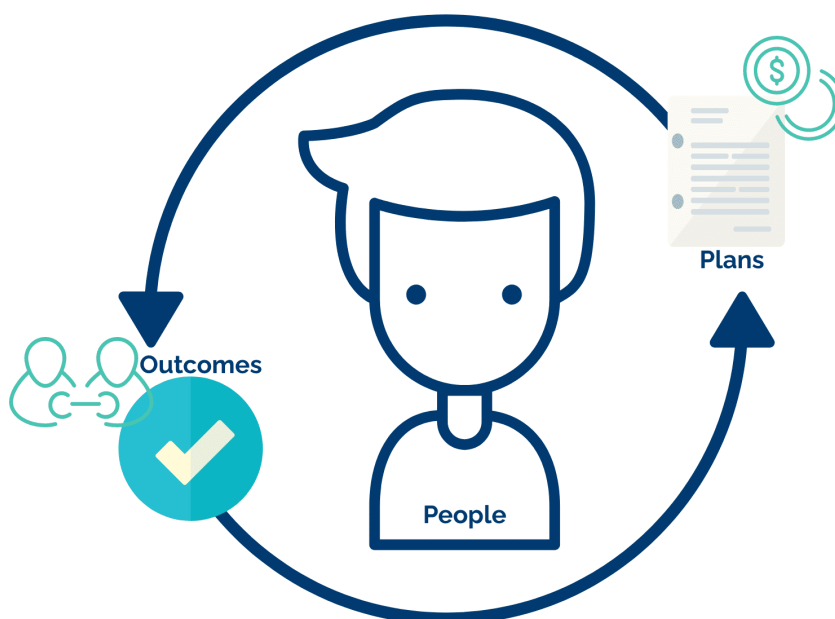
A recovery coach who identifies as a 'lived experience recovery coach' will have the demonstrated ability and willingness to use their lived experience and recovery to provide support and enable recovery.

[Psychosocial recovery coach information](#), prepared by the NDIA.

Why is recovery coaching important?

People with a psychosocial disability comprise a large portion of NDIS participants and may benefit from targeted support to use their NDIS plans and progress their recovery goals. Click on the image below to learn more.

Sources: [NDIS data and insights webpage](#) and ['People with a psychosocial disability in the NDIS June 2019 report.'](#)



Outcomes

People with a psychosocial disability may experience different challenges than people with other disability types. Recent data indicates that people with psychosocial disability require more support with:

- finding and keeping a job if relevant to their goals)
- understanding their NDIS plans
- preparing for plan reviews

Recovery coaches can play an important role in helping people to address these challenges using recovery-oriented approaches.

People

People with a psychosocial disability are one of the largest cohorts in the NDIS. They are more likely than other disability types to be disconnected from mainstream services and have a higher proportion of people from marginalised population groups (eg. culturally and linguistically diverse).

People with psychosocial disability can benefit significantly from the specialist mental health knowledge and experience of a recovery coach.

Plans

The average plan funding amount per year for a person with a psychosocial disability is \$69,000.

Plan utilisation is 56% for psychosocial disability. This means people aren't always using all of the funding that is available to them.

Recovery coaches can help people to understand and use their plans.

Who can access a recovery coach?

Psychosocial recovery coaching is for NDIS participants with psychosocial disability needs. To access recovery coaching a participant can either:

- Request that recovery coaching be included in their plan at their next plan or plan review meeting (note that the amount of recovery coaching provided in the plan will be based on the participant's needs)
- Use their existing support coordination funding flexibly to access a recovery coach instead of/in conjunction with support coordination services.*

***People that have support coordination funded in their plans as a *stated* support will not be able to use this funding flexibly to pay for a recovery coach. However, they can contact their NDIA planner or LAC to discuss making this item flexible if suitable.**

Recovery coaching in the NDIS landscape

Recovery coaches are one of a number of people working in the NDIS. Their role is unique and complements, but doesn't replace, other roles. Click on each image below to learn more.



Support Coordinators

Support coordinators assist participants to get the most out of their NDIS plans. They support participants to:

- Connect with mainstream and NDIS funded supports
- Build capacity to manage services independently
- Understand their plan and how it can be used

Support coordinators are not required to have mental health specialist knowledge.

Recovery Coaches

Recovery coaches have a role in assisting participants to access their NDIS and other relevant mental health services in a similar way to support coordinators. They also use their mental health and recovery expertise to build capacity, support recovery planning and provide direct recovery support and coaching.

NDIS Support Workers

Direct support funded by the core and capacity building categories will involve working with the person to assist them to achieve a specific goal or goals in their plan. This can include support with daily activities (eg. gardening) or assistance to learn a new skill (eg. catch public transport independently).

While recovery coaches can provide some direct recovery support in a coaching and/or recovery planning capacity, they will need to refer participants to other support workers for more targeted NDIS support.

Local Area Coordinators

Local area coordinators (LACs) are NDIA partners in the community who can help people to engage with and understand the NDIS.

They can support people to apply to prepare for planning and to start using their plan. An LAC can support participants to choose a recovery coach.

Plan Managers

Plan managers support participants who have plan-managed funding to manage and pay for supports. For example, a plan manager can pay providers on behalf of a participant, provide financial reporting and manage a participant's budget.

Recovery coaches who have plan-managed participants will need to work collaboratively with the person's plan manager. The NDIS 'Guide to plan management' provides further clarity on the role of plan managers.

Disability Advocates

Formal advocacy supports are not funded by the NDIS but are available free of charge for people needing extra support to manage service challenges or if they want to review NDIS decisions. Recovery coaches can link a person to a formal advocate if the person needs this type of support. Recovery coaches also play an important role in supporting people to self-advocate to the best of their ability.

Support coordination or recovery coaching?



Both recovery coaching and support coordination include a service navigation component; therefore, it is unlikely that a person will be separately funded for both supports. However, as always, funding decisions will be made on an individual basis depending on the person's needs.

Furthermore, participants who have flexible support coordination funding in their plan (e.g., funding that is [not a stated support](#)) can choose between recovery

coaches, support coordinators or a combination of the two depending on their budgets and preferences.

Conflicts of interest and recovery coaching

Recovery coaches, like all NDIS providers, must operate within the NDIS code of conduct and ensure that they have systems in place to prevent potential or real conflicts of interest when working with participants. For example, because recovery coaches will support their participants to access other NDIS services and supports, they will need to have a conflict of interest policy that ensures participants have choice and control when selecting these other providers. A conflict of interest may occur, for example, if a recovery coach shows a clear preference for one NDIS provider over another.

Conflict of interest when offering multiple supports

This example will walk through a common NDIS scenario that might lead to a conflict of interest if not properly managed.

START >

Step 1

Meet Casey



Casey is an NDIS participant who is working with a recovery coach, Ashley, to help her to start using her plan funding.

Step 2

Casey seeks advice

Casey would like to find some group activities that help her make friends and build her computer skills. Ashley's organisation offers some great group computer courses that Ashley thinks will be perfect for Casey so she recommends that she use some of her NDIS funding to buy these services.

Step 3

The potential conflict

It is common that NDIS providers will have more than one service. The group activities offered by Ashley's organisation may actually be really great for Casey. However, because

Ashley works for the organisation too, it is a potential conflict to recommend this service over other organisations in the area. It could make Casey feel pressured to use that service because of her relationship with Ashley. She also hasn't been encouraged to consider other options before making an informed decision about which service is right for her.

Step 4

Managing the conflict

It is ok if Casey decides to access multiple supports from the same service. The organisation will just need to show that they managed their potential conflict and supported choice and control. They can do this by:

- making sure that they suggest a number of service options as well as their own
- making sure that Casey is told that she is under no obligation to choose the suggested service and that her choosing a different group activity would not affect her recovery coaching service or relationship with her recovery coach
- clearly separating their NDIS services and having different contact people to talk to for each service type
- documenting the conversation and steps that were taken to manage the potential conflict.

Step 5

Casey decides

After looking at a couple of different services Casey decides that the group activities that Ashley's organisation provides are the best fit for her. Ashley records the decision in the client management system and clearly describes the other service providers that she recommended and why the decision was made. She puts Casey in touch with the manager of the group programs to discuss the service further. When Ashley sets up the service agreement with the group program the organisation's conflict of interest policy is attached to the agreement.

Summary

It is important to have policies in place to support true choice and control in the NDIS. There are times when potential conflicts can arise and these can be managed. Talk to your organisation to see what conflict of interest policies you may have and remember to be mindful of these when setting up a service agreement.

For more information on conflict of interest and the NDIS, see our [conflict of interest article and templates](#).

Core competencies

Recovery coaches are skilled mental health and recovery practitioners. To deliver recovery coaching services in the NDIS providers must meet the following core competencies:

- Demonstrated knowledge and understanding of psychosocial disability and recovery practice
- Ability to facilitate and coordinate service access
- Ability to engage with participants and build trusting coaching relationships that motivates and builds capacity
- Understanding of the episodic nature of mental illness and how to plan and maintain service engagement
- Ability and willingness to use lived experience of mental ill-health and recovery to provide support (where the person identifies as a lived experience recovery coach).

The competencies were developed to align with the skills, knowledge and attributes required for recovery-oriented service delivery as described in the Department of Health's ['National recovery-oriented mental health services: guide for practitioners and providers'](#).

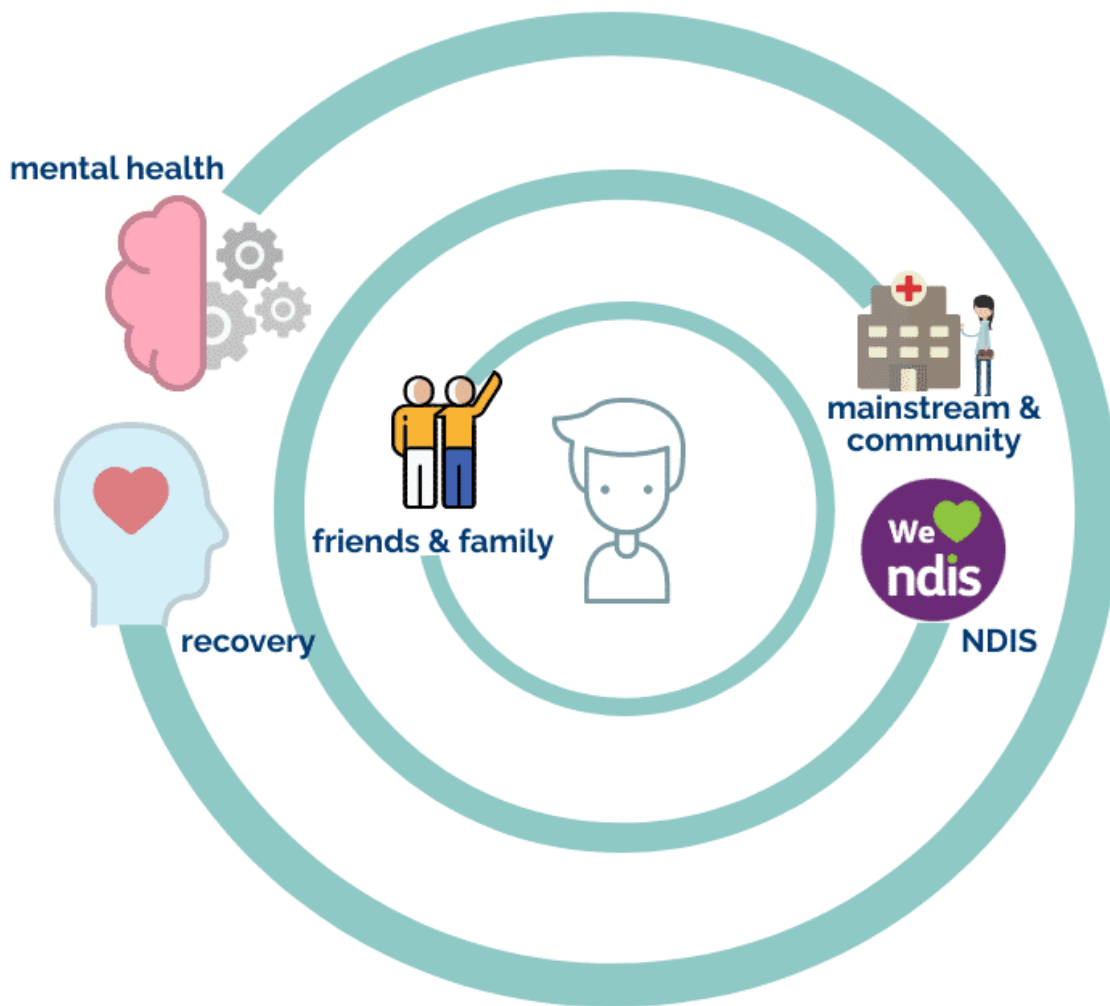
Qualifications and experience

To meet the above competencies, it is recommended that recovery coaches have the following minimum qualifications and/or experience.

- Certificate IV in mental health/mental health peer work, or similar training and/or
- Two years paid experience in mental health related work/peer work

Knowledge, skills and attributes

Competencies can be defined as knowledge, skills and attributes that are required for a person to do their job well. Click on the image below to learn more about the **knowledge** required to be a recovery coach.



Mental Health

Recovery coaches have strong mental health knowledge and experience. They understand that mental health experiences can be episodic and that service needs can change over time. They also understand how people’s mental health conditions can result in psychosocial disability and the impact this can have on daily life.

Recovery

Recovery coaches are recovery experts and understand how to provide recovery oriented services including:

- trauma informed practice
- supported decision making
- recovery planning

Friends and family

Recovery coaches understand that strong relationships with family and friends are important. They have knowledge of their clients' social networks and understand the importance of including these informal supports in a person's recovery journey.

Mainstream and community

Recovery coaches understand that the NDIS is one part of a system of supports. They understand that mainstream and community services also have a role to play in supporting people with mental health conditions. Recovery coaches have good knowledge of the services available in their area and can link people with appropriate services to complement their NDIS supports.

NDIS

Recovery coaches know all about the NDIS. They understand what types of supports the NDIS funds, how people can access and navigate the NDIS, how to active a plan and set up NDIS services and how to prepare for plan reviews.

For information about the NDIS in a psychosocial context – The Transition Support Project offers training modules across the NDIS pathway from start to finish.

Click on the headings below to learn about the core **skills and attributes** expected of recovery coaches and what this looks like in practice.

Recovery oriented

Recovery coaches are recovery-oriented practitioners. This means that they:

- Seek to understand the person and their preferences/goals for recovery
- Apply recovery oriented approaches throughout all interactions with the person, their family and when working with other service providers
- Use supported decision making
- Use recovery planning tools.

Collaborative

Recovery coaches are collaborative in their approach to supporting a person's recovery plan. This means that they:

- Facilitate access to, and coordination of, community resources, services and other government systems
- Work collaboratively with other providers to plan and coordinate service use
- Work collaboratively with the person and their support network.

Builds trust and rapport

Recovery coaches have the capacity to build rapport and gain the trust of the person and their support network. This means that they:

- Respect people's values, interests and preferences
- Display empathy
- Disclose their own values and preferences and acknowledges potential power imbalances.

Capacity building

Recovery coaches build individual capacity using coaching and motivation strategies to enable individuals to progress their own recovery plan and manage their supports. This means that they:

- Use coaching programs and/or tools
- Provide and seek feedback
- Encourage people to review and reflect on their progress and strategies
- Promote self-advocacy and independence
- Do things with the participant, not for the participant.

Planning and organising

Recovery coaches have strong organisational and planning skills. This means that they:

- Have good record keeping practices
- Plan ahead; for example, develop plans with a person to manage supports during times of crisis or increased support needs
- Coordinate multiple systems/providers to come together to support a single participant without duplication/gaps.

Willing to use lived experience

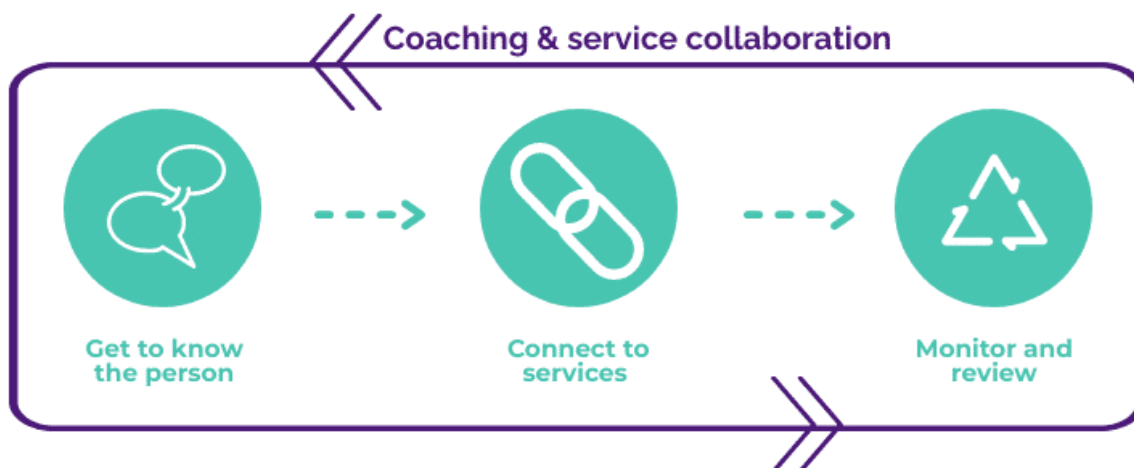
Recovery coaches, who identify as lived experience recovery coaches, will be willing to use their lived experience to support people with mental illness. This means that they:

- Share their personal experiences with the person with the purpose of supporting the person to use this information for their own recovery planning, to exercise choice and control and to make decisions
- Use their knowledge and experience gained from their own recovery journey to navigate service systems.

Role responsibilities

Phases of recovery coaching

An NDIS planner or LAC will support people to connect with a recovery coach once their plan is approved. Recovery coaches then support the person as follows.



Coaching and service collaboration

Coaching and service collaboration are core components of the recovery coaching role. The two activities will likely be required across all the phases of recovery coaching.

Connect to services

After spending time getting to know the person and their recovery goals, recovery coaches use this knowledge to help the person to connect with services (NDIS and broader) that match their recovery goals.

Monitor and review

Recovery coaches help NDIS participants to get the most out of their NDIS plan. Making sure that services are working for the person, checking in with the person, and coaching the person in their recovery journey are important ongoing components of this role.

Getting to know the person

The initial phase of recovery coaching focuses on relationship building and supporting recovery planning. An important outcome of this phase is a shared understanding of the person's goals, strengths, resources and possible barriers to service use.

Person-led & recovery-oriented



Importantly, all recovery coaching activities will be delivered with a person-led and recovery-oriented approach. Recovery coaches will work *with* the person on their NDIS and recovery journey in a way that suits the person's preferences for support, for engagement and for the pace with which they want to progress their recovery goals.

Remember, when it comes to recovery coaching, the participant is always in the drivers seat.

Subject to the preferences of the person, the responsibilities of the recovery coach should include:

Developing recovery-enabling relationships

In keeping with the recovery model, rapport building is acknowledged as a critical part of the recovery coach role. Often people will have extra funding in their first plan(s) in order to allow adequate time for this.

START >

Step 1

Building recovery-enabling relationships is based on the following beliefs and practices:

- That people with psychosocial disability can live full and meaningful lives
- That building rapport and trust is critical for effective working relationships
- That people, their friends and families will have individual values, interests and preferences, which are to be understood and respected
- That power imbalances exist between people with psychosocial disability and those who provide supports and services, and this can impact service utilisation.

Step 2

In building recovery-enabling relationships, a recovery coach may do the following:

- Spend time with the person to understand their life, who is in their life and what is important to them
- Seek to understand the person's preferences regarding how they want to receive support
- Seek to understand what recovery means to the person and what this might look like
- Help the person to understand their human rights and build their capacity for self-advocacy
- Identify people or places that can help the person to feel comfortable and that may contribute to building rapport initially
- Share their own values and interests, acknowledge any differences in values and how this will be managed.

Step 3

Scenario

Sam has just received his second NDIS plan and has funding for 100 hours of recovery coaching. Sam struggled to use all of the funding in his previous plan because he doesn't like meeting new people and often didn't engage with services.

Sam's new recovery coach, Glenda, contacts Sam initially by phone at his request. After this first call, Glenda then meets Sam at a park near his house accompanied by his carer. They agree to meet in the park a few more times, with Sam's carer present, to get to know each other. At the first few meetings Sam is very quiet. In the third meeting Sam mentions that he likes to walk his dog in this park and Glenda suggests that next time Sam bring his dog and they do a short walk together. Sam learns that he is more comfortable talking to Glenda whilst walking the dog. Glenda is able to learn more about Sam, his service preferences and his current support networks during these discussions.

Recovery planning

Recovery coaches will support people to develop a recovery plan. This recovery plan should be closely linked to the person's NDIS plan, but will also be a stand alone resource. It will build on the NDIS plan by further exploring the person's service expectations and challenges, their strengths, their informal networks and give a break down of their NDIS goals amongst other things.

START >

Step 1

A recovery plan should include:

- Information about a person's strengths e.g., their internal resources like 'I am a good listener' and external resources like 'I have a supportive family'
- Information about barriers to service access and recovery
- Information about the person's main informal and formal support networks and what support they provide
- A summary of the person's values, treatment and support preferences
- A statement of the person's recovery goals and a breakdown of larger goals into smaller, action-oriented goals or objectives (this should link to the goals described in the NDIS plan but may be more detailed)
- Information about support preferences should the person experience fluctuations in their support need.

Step 2

In building a recovery plan with the person, a recovery coach may do the following:

- Using the person's NDIS plan as a guide, have a discussion about their NDIS goals and how they would like to work toward these
- work with the person to develop the plan, ensuring that the person is an active participant and directs what information is included in the plan. This could involve supporting the person to write their own statements, draw mind maps or other pictures that capture what they are feeling or thinking
- speak to the person about what information may be included in the plan to share with others, and what is kept private
- take the time to have conversations about key elements of the recovery plan, like goal setting, strengths and service preferences
- use the recovery plan and planning discussions to clarify the roles of the person, the recovery coach, clinical and other supports
- show the person how the recovery plan can be a tool for navigating the broader service system.

Step 3

Scenario

When Sam and Glenda were first getting to know each other they talked about Sam's informal networks and how his carer helps him. So, they start their recovery planning by focusing on Sam's existing supports. Sam prefers to draw rather than write so Glenda helps him to draw a 'relationship map' that includes the important people in his life and how they help him. Glenda encourages him to think about his family and friends, as well as his formal supports.

Next time they meet Glenda asks Sam to think about what he does and doesn't like when he accesses mental health supports. She also asks if he is willing to show her his NDIS plan so she can start to get an idea of what funding Sam has available.

Subsequent meetings involve discussions about Sam's strengths and goals, ways that he might start to work toward his goals and mapping these goals to his support network.

There are many resources that support recovery planning for people with a mental health condition. Check with your organisation to see if there are preferred tools or templates used for recovery planning. The [PULSAR manual](#) includes a number of useful templates for having recovery planning discussions. Action planning templates originally developed for the Partners In Recovery (PIR) initiative may also be helpful (note these should be suitably adapted for recovery coaching support).

[PULSAR manual Appendix 1_ Values, treatment and support preferences \(VTSP\) interview guide.pdf](#)
33.2 KB

[PULSAR manual Appendix 3_ Strengths worksheet.pdf](#)
33.8 KB

[Action Plan template Partners in Recovery.pdf](#)
437.6 KB

Coaching

Recovery coaching is a capacity building support. Supporting people to actively lead their own recovery, to identify and pursue their goals, to manage their own services in a way that works for them, and to maximise choice and control are key outcomes of the role. Doing this involves ongoing 'coaching' conversations.

START >

Step 1

Key features of the coaching approach include:

- Understanding by asking questions, listening, clarifying

- Agreeing on identified goals
- Developing a shared understanding of actions and roles and responsibility
- Building skills for self-direction and taking control
- Following up on actions
- Reflecting, evaluating and learning.

Step 2

When having coaching conversations recovery coaches will do the following:

- Help people to break their NDIS and recovery goals into smaller, achievable goals
- Discuss what is to be expected from coaching conversations and have an agreement about accountability for the recovery coach, and the person; make it clear that the person is responsible for directing their recovery journey
- Focus on independent action (person doing things for themselves) or joint action (doing things with other people), rather than doing things for the person
- Incorporate coaching principles in all recovery planning discussions.

Step 3

Scenario

Sam and Glenda have been working together for six months and have developed a strong rapport. Glenda used coaching strategies when they were developing Sam's recovery plan; this helped Sam to break down his goal of 'becoming more active in the community' into a more specific goal of connecting with other people his age by re-joining his local soccer team.

One day, at soccer training, Sam hears that the team will be getting new uniforms. He is worried that this will cost too much money and is thinking about quitting the team. He is hoping that Glenda can call the club to find out if he will have to pay for his uniform. Glenda recognises that making this call for Sam does not build his capacity to engage with community supports. Instead, she coaches Sam to think about why he doesn't want to make the call, what might help him to feel more comfortable to do it and why this is important. They agree to make the call together and that this will be a learning opportunity for Sam to make similar calls on his own in the future.

Supporting service collaboration

Recovery coaches play an important role in supporting people to develop a strong wrap-around system of supports, to connect with services in their local area including community and mainstream supports, and to facilitate collaboration between different

services. This requires strong knowledge of available NDIS supports and mainstream and community services.

START >

Step 1

In supporting people to connect with services, a recovery coach has the following goals:

- To ensure that services work collaboratively where applicable
- To ensure that all services are recovery-oriented and understand the person's recovery goals and service preferences
- To build the person's capacity to access and manage their own services including how to engage with mainstream services
- To support the person to build social networks beyond mainstream or other paid services
- To contribute their lived or learned experience of accessing mental health services to improve service delivery (by talking to providers) and/or to improve service access (by sharing their experiences with the person).

Step 2

In supporting people to connect with services a recovery coach may do the following:

- Talk to service providers (including NDIS and mainstream services) about what it means to be recovery-oriented
- Check in with the person, and with their service providers if required, to ensure services are delivered as discussed
- Accompany the person to meet service providers when initially setting up services/making changes to services
- Participate in, or facilitate, shared planning meetings between services to ensure an integrated response between services. This is important throughout the person's recovery but may be a particularly critical part of the role when the person is experiencing life changes that require increased/decreased service engagement.
- Help the person to resolve issues with service engagement or access e.g., support a person to change providers if they are unhappy with a service
- Introduce the person to peer groups, community networks, or online groups/forums that can reduce social isolation.

- Regularly review and monitor recovery plans and change these if necessary to reflect changes in service use.

Step 3

Scenario 1

Sam is socially isolated and mostly only interacts with Glenda, his clinical services and his father who is also his carer.

Sam would like to start connecting with other people in the community but isn't sure how to do this because he experiences extreme anxiety in new situations. Glenda has a lived experience of mental illness and talks to Sam about how she has joined an online forum specifically for people with mental health conditions. Through this forum she was able to feel more connected to the community. She also worked with her support worker to start building skills to be able to meet people in face-to-face settings. Sam agrees that he would like to try some online networking and also to consider how his clinical and NDIS supports may help him to start developing social skills for when he leaves the house.

Step 4

Scenario 2

Sam's main carer is his father, Bob. Bob has been admitted to hospital with a hip fracture after a fall. Sam's clinicians, core and capacity support workers have struggled to adequately support Sam as he has been having difficulties with his mental health without Bob's support. Due to his severe decline in his mental health, there are discussions by his clinical supports that Sam may not be able to live independently. Glenda is aware that Sam's independence and the ability to live his life on his own terms is vital to his wellbeing. Glenda coordinates a meeting with Sam's community mental health clinicians and key personnel from his NDIS providers and Sam to increase clinical supports while his father is unable to care for him.

NDIS engagement

Supporting people to engage with the NDIS, to use their NDIS plans, to exercise choice and control and to use their plans to best suit their individual recovery needs is a critical part of the recovery coach role.

START >

Step 1

NDIS engagement goals

An important outcome of the recovery coaching role is that people become more 'active' users of the NDIS and their funding.

This means that people think about what they want from their plan, and from their services - and know how to ask for it. For some people, this may mean moving from being a passive recipient who asks "what can I get?" to becoming an active participant who says "what I want is...."

Step 2

In supporting NDIS engagement, a recovery coach helps the person to develop the following knowledge/skills:

- Strong knowledge of the NDIS, how it works and the options that are available (e.g., plan flexibility, options for funding management)
- Skills to navigate the NDIS, including how to engaging with service providers and how to negotiate service agreements
- Skills to self-advocate when accessing services.

Step 3

In supporting NDIS engagement a recovery coach will be responsible for:

- Supporting the person, their families and carers across all stages of the NDIS pathway from understanding their NDIS plan, to implementing their plans, managing services and preparing for plan review.
- Supporting the person to understand and make the best use of the funded supports in their NDIS plan
- Providing support to the person to negotiate with providers on service options that best meet their preferences
- Ensuring that service agreements and service bookings are completed as appropriate
- Working with the person to monitor their support budgets
- Working with the person to adjust their NDIS plan budget and supports where there is a change in support needs, including initiating a NDIS plan review, where required.

Step 4

Scenario

Sam has had difficulties engaging with services in the past and did not use much of the funding in his previous plans.

After having some good discussions about his goals and service preferences, Sam has decided he would like to use some of his NDIS funding to go to a local community centre where there is a group cooking class for people living with mental health conditions.

At Sam's request, Glenda calls the group centre to see if they have capacity to provide services to Sam and if they can arrange a meeting. Sam and Glenda go to the meeting together and bring Sam's NDIS plan and recovery plan with them. Using the recovery plan as a guide, Sam talks to the service provider about what he wants. The service provider use this information to draft a service agreement, which Sam and Glenda review together.

Reporting

Recovery coaches will be expected to provide progress reports to the participant and the NDIA, as per the participant's and the NDIA's expectations. Generally it is expected that a progress report is completed prior to plan review.

START >

Step 1

Progress reports will align closely with the person's NDIS goals and include:

- A summary of recovery goals and progress toward these goals for the plan period
- Services that the person has been connected to
- A summary of how NDIS funding has been used
- Changes to service usage or engagement if relevant
- If relevant, description of any barriers or challenges in using NDIS funds (e.g., difficulties accessing appropriate services).

Step 2

In preparing progress reports recovery coaches may do the following:

- Involve the person in the reporting process, for example by reflecting on their year and asking about their goals and progress
- Share the report with the person, and invite feedback

- Wherever possible, encourage the person to co-author the documentations and reports
- Share the report with the NDIA prior to plan review.

Step 3

Scenario

Sam's plan is scheduled to be reviewed in a month and Glenda sets aside time to talk to Sam about the progress report.

Glenda explains what needs to go into the report and that it will be shared with the NDIA as part of the review process and discussions.

Glenda asks Sam how he would like to prepare the report and how he can contribute. Sam would like to help but doesn't feel like he has strong writing skills. Together they develop a rating scale from 1 - 10 that Sam can use to indicate how he feels he has progressed his goals and how his services are meeting his expectations and needs. Glenda fills in some more detail based on discussions with Sam and together they sign the report.

Billable activities

What can recovery coaches charge for?

The [NDIS price guide](#) sets out the rules regarding what recovery coaches can and cannot charge for.

It is also important to have clear [service agreements](#) which describe how recovery coaching hours will be used.



Recovery coaches, like all NDIS service providers, can only charge for activities that directly relate to an individual participant and their plan. Broader daily activities associated with being at work, such as professional development, supervision, breaks and other general administration cannot be charged to individual participants and are covered in the overheads of providing recovery coaching services.

See below for principles of charging in relation to hours of work, travel, cancellations and report writing.

**Time:**

Recovery coaches can charge different hourly rates depending on the time of day and day of the week that they provide the supports. Unlike support coordinators, recovery coaches can provide support on the weekends, on public holidays, and after hours - giving the role significant flexibility to work with people when they need it most!

**Travel and transport:**

Recovery coaches can charge for their time and additional travel costs (e.g., mileage) when travelling to participants to provide support, in line with the provider travel rules. They can also charge for their time spent travelling *with* a participant if this travel is required as part of the support e.g., driving with a person for community access activities. Download our 'Provider travel and participant transport in the NDIS' fact sheet for the in's and out's of

charging for travel costs in the NDIS.

**Cancellations:**

Recovery coaches may only charge for short notice cancellations or no-shows in accordance with the rules set out in the price guide. A short notice cancellation is when a person gives less than 2 business days notice to cancel or doesn't attend the appointment within a reasonable time. In these scenarios, recovery coaches can charge up to 100% of the cost of the cancelled appointment provided this has been discussed in the service agreement and

there is no alternative billable work that can be done instead (e.g., the cancellation is at a cost to the business). Recovery coaches also have a duty of care to work with participants to understand why cancellations occur and address any challenges with service access.



Non-face-to-face:

Recovery coaches can claim for non-face-to-face activities, including report writing, where this has been agreed in the service agreement. Recovery coaches should ensure participants understand what activities may be charged as non-face-to-face hours and seek to include participants in most activities where feasible (eg. report writing for plan review) to continue to build capacity.

Registration and professional development

Providers of the recovery coach support item can register with the [NDIS Quality and Safeguards Commission](#) (NDIS Commission). To register, providers will need to:

- 1** Be assessed against the applicable NDIS Practice Standards for Registration Group R106 (Assistance in coordinating or managing life stages, transition and supports).
- 2** Demonstrate that they meet the requirements as specified in the CORE module of the NDIS practice standards which covers: rights and responsibilities for participants, governance and operational management, the provision of supports and the support provision environment.
- 3** Understand and comply with requirements under the NDIS Commission including the [NDIS code of conduct](#) which requires all NDIS providers and workers to deliver supports and services in a safe and competent manner, with care and skill.

It is not a requirement that recovery coaches be registered NDIS providers. However all recovery coaches, whether registered or unregistered, are required to comply with the NDIS code of conduct and to meet the competency requirements in order to provide services in a safe manner, with care and skill.

Continuing professional development

Recovery coaches are not required to have professional registrations (e.g., with AHPRA). However it is recommended that recovery coaches, like all mental health professionals, participate in regular continuing professional development (CPD) activities including supervision.

- 1** A minimum of 20 hours per year of professional development is recommended. Structured supervision is included in this 20 hours.

2

Professional development activities should include formal learning activities and informal learning activities (see below flip cards for examples). Formal learning activities should comprise at least half (10 hours minimum) of the activities.

3

It is recommended that recovery coaches document their CPD and reflect on the benefits to their practice.



Formal learning activities:

- Formal practice supervision
- Work-based learning that is assessed
- Completing role relevant training via conference, workshops, seminars or online systems
- Developing evidence-based practice resources.



Informal learning activities

- Self-directed study e.g., reading journal articles
- Participating in communities of practice
- Reflective practice/journaling.

Source: 'Psychosocial Recovery Coach Information' available on the [NDIS website](#).

Documenting CPD activities

Recovery coaches should maintain a log of their CPD activities along with a description of each activity, its relevance to practice and any reflections/learnings achieved. Some organisations will already have templates for recording activities. Examples to include in a CPD log are:

- The date and duration of the activity
- The type of activity e.g., workshop, online training, supervision, community of practice attendance
- Whether the activity would be considered a formal or informal activity
- The details of the activity e.g., the presenter name, the institution, the name of the course
- The topic or main focus e.g., NDIS information session, recovery planning, coaching

- Your reflections on the activity e.g., What did you learn? What did you like? What didn't you like? How does this activity advance your recovery coaching practice? What ongoing learning needs did you identify as a result?

Finding CPD opportunities

Recovery coaches can set their own learning goals and seek CPD opportunities that best meet their individual learning needs. Below are some tips for finding suitable activities:

NETWORK

One of the best ways to keep on top of opportunities that may arise, such as local communities of practice, online learning opportunities and events, local events and more, is to engage in networking. This includes talking to your colleagues and peers, taking advantage of networking opportunities and signing up for relevant e-newsletters. Examples of organisations who can link you in with CPD and other networking activities include:

- Your state mental health peak bodies or national peak bodies ([click here](#) for a list)
- The NDIA [provider e-newsletters](#)
- Your local Primary Health Network ([click here](#) to find yours)

ONLINE PROVIDERS

There are a lot of online providers offering evidence-based training and education for mental health providers. Some examples include:

- [Mental Health Professional Online Development \(MHPOD\)](#): An online resource library developed by the Australian government to support the professional development needs of Australia's mental health workforce. This site includes over 100 hours of material on topics ranging from recovery to dual disability.
- [The Black Dog Institute](#) learning and education for mental health professionals includes a wide range of learning resources including online communities of practice, live webinars, webinar recordings and workshops.
- [Transition Support Project](#) online training modules include a suite of training resources that cover the NDIS pathway from understanding the NDIS to supporting plan reviews.

EMPLOYER

Employers have a responsibility to support their staff to access CPD opportunities. Talk to your manager to learn about some of the opportunities staff have previously found useful. Employers also have a responsibility to provide adequate access to supervision opportunities.

Supervision



Formal supervision is an important part of effective mental health service delivery. Research has shown that supervision can reduce stress and burnout and improve service quality.

The NDIA recommend that providers of recovery coaching supports should have access to structured supervision with a focus on reflective practice and ongoing learning. It

is also recommended that lived-experience recovery coaches have access to lived-experience supervisors.

Supervision for recovery coaches may include the following:

- A small group meeting of recovery coaches with a set agenda or topic for discussion e.g., 'challenges engaging clients and strategies'
- One-on-one supervision with an experienced recovery coach to address a particular challenge or learning need arising from a recent experience
- Peer supervision with a colleague, reflecting on elements of practice, challenges and strategies
- Regular supervisory meetings with a senior recovery practitioner with a focus on recovery practice.

Resources

[PULSAR manual Appendix 6_ Personal and or supervision reflection form.pdf](#)

31.5 KB

[Nov 2020_ Transition Support CPD template for Recovery Coaches.xlsx](#)

27.7 KB

