

Chapter 5

How do we set up a health coaching service delivered by lay people and peers?

This chapter is written for organisations and individuals who want to commission or run health coaching as a standalone service, predominantly staffed by lay people and peers. It describes:

- **What is meant by a peer and volunteer service**
- **The evidence of its effectiveness**
- **How to set up a service**

What is peer or lay coaching?

Peer or lay coaching is a standalone community-based service delivered by lay people, offering dedicated one to one and small group support. These may be provided, for example, over 6-9 weeks with weekly meetings of 45 minutes tailing off as the person gains the confidence, knowledge and skills to achieve their goals. These approaches are different from other types of self-management programmes that offer fixed curriculum courses.

Lay coaches are people with lived experience trained in coaching skills who are drawn from the communities they work in. They can have a variety of backgrounds, and may be volunteers, employed or long term unemployed, retired or have a range of conditions such as multiple sclerosis and diabetes.

Lay coaches help patients:

- **Tell and understand their story**
- **Identify what is important to them and what their long term goals are**
- **Identify and achieve the first steps towards a goal**

Goals may be as varied as losing weight to moving to more appropriate housing. Lay coaches help and support the patient to overcome blocks and barriers through a process that utilises the client's own strengths and assets and previous experiences of success. The coach does not give advice or comment on treatments, medication or the person's health condition.

Whereas health coaching in the clinical setting draws on the health care professional's expert knowledge, lay coaches focus on what is important to the individual in managing their day to day lives with a health condition. The coaches' skills include understanding core self-management processes such as pacing, planning, relaxation and other self-management tools.

At a glance

Lay coaches support patients to tell and understand their story, identify what is important to them and their goals, and achieve their first steps towards these through:

1. One to one sessions
2. Small groups
3. Online support
4. Telephone
5. Webinars and videos

Outcomes include:

- Ability to self-manage
- Improved well being
- Improved service navigation
- Achievement of lifestyle related goals
- Improved weight management
- Increased exercise

"It got me to do something outside being ill... I couldn't understand my strengths and what I can do after being ill for so long"

"It makes you think about what you can do to help yourself instead of just sitting there"

Useful resources

for quality standards

An established service in Dorset

For a EU perspective

Health coaching and other forms of self-management support

Does peer coaching work?

Evaluation of lay coaching is in its infancy in the UK with a limited number of studies so far. However, emerging evidence from programmes is promising. An external evaluation of the My Health My Way service in Dorset (case study 6) showed significant improvement in multiple areas as measured by the Health Education Impact Questionnaire (HEIQ)¹.

In Salford the "Being Well" wellbeing coaching service has found that in 70% of people studied, self-efficacy (confidence and motivation to self-care) improved after an average of 6 sessions of peer coaching with 74% of people reporting improvements in wellbeing. Around 1200 people use the service each year² (case study 7).

How to establish a successful service?

There are five prompts to consider:

1. Design and Planning

Early consideration should be given to the aims and ethos of the service as well as the design. For example, the service should support people living with long term conditions, and those who care for them, to gain the confidence, motivation and skills to deal with:

- **Medical management of the condition - such as diet and exercise, medication compliance and moving towards being more in control and a partner in care**
- **Day to day activities - maintaining what is important, being socially active**
- **Managing emotions - such as anger, fear, grief and loss associated with the condition, and supporting the process of acceptance and change.**

In rural areas it is important to consider access to appointments and need for home visits, and using local libraries, community rooms, or coffee shops where coaches can meet patients.

Ensure IT systems are in place and fit for purpose, identify necessary data sets, ensure effective data capture and clarify information governance issues.

2. Engagement

Most community-based programmes take time to build up awareness of the service, often 18 months or more. A communications plan with multiple messages for a range of audiences is required. Generate early support amongst clinicians and stakeholders to ensure appropriate pathways, referrals and signposting. Look at how to link to advocacy services, community prescribing and care co-coordinators as health coaching can enhance these approaches. Feedback to referrers such as GPs is important, as it helps clinicians understand how the service benefits patients and increases trust.

3. Recruitment and training of lay coaches

Key to recruiting volunteer coaches is ensuring people have the right aptitude. To support people who may be returning to work or who may have been service users consider flexible recruitment processes, using role play and workshops to assess aptitude to the role. Put in place ongoing assessment through observation of practice and supervision. Encourage peer feedback and shadowing. People training in level 2 and 3 counselling skills are often keen to take on coaching roles. Contact local adult education colleges.

Key considerations in training include:

- **Need for flexibility - for some people with health conditions long days may be difficult**
- **Experiential training - use of role play and practice over theory**
- **Basic requirements - cover issues such as safeguarding, confidentiality and data protection**

At least 5 days of training should be allowed based around core competencies. This may be shorter if the people selected for training have some previous experience in reflective listening skills or other transferable skills. A basic training programme would cover:

- **Setting and maintaining appropriate boundaries**
- **Managing and making effective use of time**
- **Appropriate use of goal setting including scaling**

- **Appropriate use of problem solving and goal follow up**
- **Managing resistance to change and ambivalence**
- **Understanding of the bio-psychosocial models of health**
- **Use of a solution and asset based approach**
- **Creating and maintaining a safe and positive relationship**
- **Understanding of social learning and self-determination theory**
- **Being responsive and sensitive to the needs and beliefs of the client.**

4. Evaluation and quality improvement

Continual review based on data and evaluation will ensure that service quality is maintained, reassure commissioners and increase learning to continually improve the intervention's effectiveness.

Key considerations include reporting requirements and use of outcome measures such as Patient Activation Measure (PAM), goal attainment, Health Education Impact Questionnaire, Health Literacy scales. Consider how patient stories are captured and used and patient experience including Friends and Family Test. Ensure consent from patients to allow use of stories and to be contacted for evaluation.

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5. Maintaining change

Consider setting up monthly drop in groups so that patients who have finished coaching can still access support if needed. Utilise people who have been through the service as volunteers to run monthly groups and support small coaching groups. Where appropriate offer training in coaching skills and core self-management skills so that volunteers can move into paid roles if appropriate.

Case study 7

Being Well Salford – a coach-led health and wellbeing service

Being Well Salford, commissioned by Salford City Council, aims to empower participants to make positive changes. It reaches communities and people who are most disadvantaged and unlikely to respond to public health messages.

It works with people who want to change two or more lifestyle issues, for example, low mood, activity levels, weight, smoking, or alcohol.

They are likely to be people who are low in confidence, find it hard to believe they can effect change, and aren't sure what to tackle first; typically, they have already accessed specialist services and not met their goals.

Being Well Salford's team of coaches and participants meet in community settings ranging from health centres to fire stations and Job Centres, with the option of telephone sessions too.

Coaches use motivational interviewing techniques; this involves regular one-to-one meetings with a participant, encouraging them to set their own goals, and giving them the tools and techniques to achieve them.

Collaborative approach

To deliver the service, 11 Salford organisations – predominantly from the third sector – work in partnership. Operating within a shared set of values and aims, and steered by a central board, this model of delivery allows for wider co-production across the city, and enables participants greater access to alternative and additional support.

The experience of participants

In 2014/15, the service received 1,560 referrals, leading to 1,085 assessments. Working with these participants, coaches delivered almost 6,000 sessions.

At a glance

Being Well Salford is a one-to-one coaching service for people who want to change two or more lifestyle issues

Coaches use motivational interviewing and other behaviour change techniques

The service works with disadvantaged communities and people, is based in community settings and is a collaboration of 11 different organisations

Following coaching, 44-60% of people reported positive changes in smoking rates, weight loss, physical activity and mood

www.beingwellsalford.com

More information

After using the service:

- **48 per cent fewer people smoked 11 or more cigarettes a day**
- **44 per cent reported weight loss**
- **58 per cent felt that they were increasing their physical activity**
- **66 per cent said that their mood had improved**

Participants reported that they felt more in control of their journey, were motivated by setting their own goals, and valued having a personalised service that listened to them.