Health Coaching Training Programme

Helping People Help Themselves

Evaluation Report

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1 Background and overview of the programme

Health coaching is a supported self-management intervention. It focuses on supporting people to make more informed and conscious choices about their health. It enables people to develop the knowledge, skills, and confidence to take opportunities to become active participants in their care and wellbeing. Health coaching and training help to address health inequalities which could be explained as the unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Health coaching training addresses health inequalities by providing professionals with key communication skills to improve the quality, access and experience for service users facing the greatest challenges in health life expectancy. The health coaching programme, which is the focus of this evaluation, is a 4-day course that that is fully accredited by the NHS Personalised Care Institute (PCI) and aligns with the NHS Health and Wellbeing Coach Competency Framework. The course fulfils the minimum training requirement for health and wellbeing coaches working in the NHS, and participants also obtain an Advantage Level 4 accreditation in Health Coaching upon course completion.

2 Programme participants

There were two cohorts of participants in 2024 to support Health Inequalities within Buckinghamshire. Each cohort consisted of 30 people from across the system including but not limited to:

Social workers

Social care

Health care professionals

Voluntary sector / charity

Religious leaders

Anyone that has a touch point with service user in one of the 10 opportunity Bucks wards identified for health inequalities,

3 Evaluation

3.1 background and rationale

This report outlines an evaluation commissioned by Buckinghamshire Health and Social Care Academy (BHSCA) and undertaken by the University of Bedfordshire (UoB). The purpose of this evaluation is to access the effectiveness of Health Coaching programme with a particular focus on:

- How the programme influence/change attitudes

- How the programme benefits participants who in turn influence and impact others in their teams and wider workplace

- The difference made by such a training programme not only to those who undertake the training but to wider stakeholders

For this evaluation, two approaches were adopted, firstly by collecting evaluation surveys from the first 2 cohorts of participants who took part in this training. Secondly, those who took part in the second cohort of training were invited to take part in an in-depth focus group to gather their feedback and to explore their views further.

3.2 Evaluation approach and data collection tools

This evaluation employed a mixed-methods approach to gather comprehensive feedback on the training programme. Data was collected through two primary tools: an end-of-training evaluation survey and a post-training focus group. The evaluation survey was carried out immediately after the training and provided quantitative and qualitative insights into participants' initial reactions, perceived value, and areas for improvement. The survey was completed by 58 participants. The follow-up focus group, which was attended by 6 participants, enabled a more in-depth exploration of participant experiences, offering rich, qualitative data on how the training was applied in practice, its wider impact, and suggestions for future development. Together, these tools provided a well-rounded understanding of the training's effectiveness and areas for enhancement. All data collection was conducted anonymously. In the reporting of focus group results, participants are referred to using the label "P" followed by their assigned number (e.g., P1, P2) to maintain confidentiality while allowing for clear attribution of quotes and viewpoints.

4 Results and data analysis

4.1 Survey Results

4.1.1 Survey results summary

The survey indicated an increase in participants' confidence in holding conversations about health coaching after completing the course. Learning activities were received positively, with all participants rating them as effective and the majority describing them as 'extremely effective'. Key aspects of the training, such as the application of coaching skills, opportunities for networking, and exposure to a range of tools and models, were highlighted as particularly beneficial to their professional practice. Participants also praised the resources and facilitators, describing them as engaging and knowledgeable. Examples of how the training would be applied in their roles included promoting empowerment, fostering partnership, and developing professional resilience.

Participants felt that the course met its learning objectives and found the trainers to be effective in their roles. Overall, feedback was positive, with all participants stating they were likely or very likely to recommend the course to others.

4.1.2 Survey results detailed analysis

4.1.2.a Useful aspects of the training

When asked what aspects of the training they found particularly useful, the participants indicated four key areas:

- The opportunity to use their coaching skills during the training
- Networking opportunities and interactive group-based activities
- The different tools and models taught
- The resources provided and the engaging and knowledgeable facilitators

When asked how participants would use health coaching in their role, and to further support their service users, four key themes around knowledge, engagement, partnership, and resilience were identified.

4.1.2.b Empowerment, skills, knowledge, and confidence

The participants felt the training allowed them to manage the challenges their work offers with more confidence. *"Empower them (patients/clients) to take ownership, manage challenges and be more confident in setting their own goals as an alternative to dominant prescribed approaches."*

There was an overall feeling of empowerment. This empowerment was aligned with ownership and with their patients' outcomes. There is a clear sense of empowerment as being part of the solution and enhancing the relationship between client and professional, as noted in this participant's response: *"I work for the NHS, getting people who suffer from mental health back into employment. I usually tell them and guide them into doing what's needed to get back into work. Going forward, I will ensure that I'm evoking answers and getting my clients to get to the outcome, as this will help them to feel empowered.*

The impact empowerment can have been evident for both the professional and the patient/client, as identified in this response:

"I think it can have a massive impact in creating the shift for someone to take responsibility for their own actions and behaviours. There is something deeply empowering about it, and it can lead to long-term, permanent, and sustainable change."

The concept of empowerment as part of the dynamic in the working relationship is referred to in this response:

"Empower them (patients/clients) to be a part of the solution and work with me."

One participant highlighted the use of one-to-one work as particularly beneficial in this regard:

"Using the coaching skills I learned in my everyday one-to-ones to empower patients to find their own solutions to their health problems, promote self-care, and self-efficacy."

4.1.2.c Service user (SU) experience and engagement:

It is evident that the training is already being utilised in practice, as addressed by this response:

"I have used a bit of it already with a Service User and have found I am more at ease in giving the SU the opportunity to problem solve."

Further developmental work is planned to utilise this training in future models:

"I am thinking of incorporating health coaching as an option in our triage model."

One participant indicates a feeling that this has a wider impact, with:

"More engagement and empowerment with the public."

Service users feedback has been positive as evidence by this participant's feedback:

"Users have reported feeling heard and valued as well as being notably quicker to follow up or reach back out after the meeting which demonstrates how allowing them to find their own options and what will fit in with their life means they are more likely to implement the changes and understood the benefits."

4.1.2.d Partnership working vs expert model approach

The practical benefits of this training are clear, with an influence on the environment and how conversations are structured and considered. It appears those trained understand the importance of not imparting their own agenda but to listen and support.

"I will give clients the space and time to explore without putting my agenda on them" was offered, in addition to *"My conversations will be structured (or not structured) very differently now! I'm not there to impart my knowledge, I'm there to listen and help support the participant's own discoveries."*

The training has encouraged a client-focused approach that may have contrasted with previous meetings.

"I have implemented underpinning concepts and approaches in meetings with users and have received positive feedback already. Establishing exactly what issue the person feels most pertinent to focus on is very useful for the conversation and observably for the person. Affirmations are brilliant to reflect on successes and highlight them to the person."

The implication of allowing time is a key feature in this change. *"Allow time we are so focused, sadly, on a particular agenda being achieved in a time frame."*

4.1.2.e Professional resilience

In addition to the changes around empowerment and the partnership approach to working, there is an understanding from this training on how to aid with professional resilience. The understanding between solving issues and guiding for solutions is evident in this feedback:

"Empowering service users to take responsibility/ownership of own life. Overcome that 'stuck' feeling when service users come back time and time again with the same issue. Stop trying to solve service users' concerns/issues and guide them to find their own."

4.2 Focus group results

4.2.1 Focus group summary

The focus group discussions generated rich, reflective insights from participants representing a range of professional backgrounds. Four key themes emerged from the analysis, capturing both the strengths of the training and areas for potential development:

Theme 1: Course-Related Views

This theme explored participants' reflections on the course content, delivery, and its relevance to their professional roles, including the value of a practical and engaging learning environment.

Theme 2: Learning Tools, Case Studies and Portfolios

Participants shared their perceptions of the case studies and portfolio as integral parts of the learning process. While many appreciated these tools, some challenges related to time, confidence, and clarity of expectations were also highlighted.

Theme 3: Applying Training to Practice

This theme detailed how participants translated their training into real-world practice, describing specific skills, approaches, and mindset shifts used in their interactions with patients and clients.

Theme 4: Broader Impacts and Organisational Reach

The final theme considered the wider influence of the training, including its effects on team dynamics, clinical outcomes, professional identity, and the potential for systemic change.

In addition to these themes, participants offered constructive suggestions for improving the structure and delivery of the training, particularly around ongoing support, portfolio demands, and organisational engagement.

Overall, the training was well received, with participants expressing genuine enthusiasm and appreciation. The next section of the report will present a detailed exploration of each of the four key themes that emerged from the focus group discussions.

4.2.1.1 Theme 1 - Course related views

A- Overall views about the course

The training experience was positive for all participants. As one participant noted, there were *"so many positives"* (P1), which included the opportunity to gain practical experience of health coaching. The environment was described as relaxed and non-judgmental. Participants appreciated the ability to engage in a:

"discussion between us without any cameras, without anybody watching or judging you" and the overall engagement within the room was also positively recalled, with the same participant stating: *"Everybody was so engaging with the course"* (P1).

The diverse range of expertise among the healthcare professionals attending was highly valued. One participant emphasized:

"Having so many expertise in the room (was invaluable)" (P3).

The multi-disciplinary peer interaction was particularly appreciated, with feedback:

"(I) felt relaxed to just have a human conversation" and *"enjoyed the interaction between us"*. With a further reflection *"A big interactive team, so it really felt like despite the fact that we were all coming from different professions"* (P1).

There was also an understanding that training can vary, as one participant pointed out:

"(we) all been trained actually initially in a very different way" (P3),

but that there are *"some transferable skills"* (P2) that can be applied across different roles and settings.

B- Practical Training and Peer Practice

There was value in having time to practice within the training meetings. One participant noted:

"We had the opportunity to just informally just do" (P1),

while another described how practice was particularly beneficial, stating:

"Practise really helped because it worked... was my like light bulb moment" (P5).

The ability to engage in peer practice was also appreciated, as it allowed participants to understand both perspectives. One participant shared:

"Doing the practises with people" (P3), while another remarked: *"To see how to be the coach but then how to be the patients"* (P5).

The opportunity to practice had a direct impact on its application to real-world practice, as evidenced by Participant 5, who stated:

"It's taught me to sort of reword the questions and give them the space to actually talk" (P5).

C- Course content

The course content was perceived to be relevant to all attendees, and the activities were enjoyable. Both Participant 3 and Participant 4 expressed clear appreciation for having examples of previous case studies available. One participant stated:

"The examples, they were great" (P4),

while another mentioned:

"The best thing that happened for me was that they sent through some examples" (P3).

The infographics provided were also noted as useful; however, Participant 4 expressed a preference for having them included in the booklets, sharing:

"Really good infographics that they had in the presentations that we didn't have in our booklets. And I ended up having to draw them." (P4).

Feedback on the content highlighted that it resonated with attendees. One participant noted:

"Content, the thing that stood out with me" (P1),

while another remarked: *"I liked all the little activities"* (P5). Participant 3 added: *"The content was all relevant to everybody"* (P3).

Overall, there was consensus that the trainers were highly skilled, as reflected in Participant 5's comment:

"The trainers were all very knowledgeable, all very good at what they do." (P5)

D- Non-Practical Values and Holistic Impact of the Training

There is a sense of the non-practical values in what has been learned by many participants. One key point shared by Participant 3 was:

"that people were the experts on their own health" and that *"it is a privilege to coach people."* This same participant also felt more comfortable with silence after the training, stating: *"Feeling happier in that silence, which I think I've always filled before."*

Participant 1 agreed, highlighting the *"importance of getting to know the patients."*

Participants felt the training offered a toolbox of skills, with one participant describing it as

"having a toolbox and [using] the tools as and when you need it" (P2).

This was echoed by the direct impact it could have on patients, with one participant noting: *"Understanding of barriers"* (P3), and further commenting: *"I think patients feel heard when they're coached and I think that's very empowering."* (P3)

The training offered support to Participant 4, who expressed a desire to explore certain elements of their work further using this knowledge: *"I've been able to say here's all the data."* Other participants took a more holistic approach, with one sharing: *"I will take away everything that I learned"* (P1), and another stating: *"It helps us get better outcomes from our patients."* (P2)

E- Venue and Course Environment Feedback

The chosen venue was favourable and having it away from a work setting was deemed important by participants. Participant 4 highlighted this,

"Having that detached space, it not being in a hospital or it not being part of the social care building or not being part of the Council building, but having it in an affordable location, I think possibly could support it going forward."(P4)

4.2.1.2 Theme 2 - Learning tools, case studies and portfolios

A- Case studies

The case studies were generally popular with most participants. Participant 3 shared: *"I got a lot out of that (case study)"*, and having a deadline for completion was seen as helpful. The freedom to focus on creating posters without a word count limitation gave participants a sense of accomplishment. Participant 1 mentioned: *"We had a deadline, so that helped us"* and *"Enjoyed the process of drafting the poster and thinking, here it was free"* (in relation to not being limited by word count) (P1). This sentiment was echoed by Participant 6, who said: *"It made me kind of go in depth through that model"* and *"It was good to reflect on your practice and put it on paper"* (P5).

Participant 5 enjoyed having all the posters displayed on the wall, which added to the sense of accomplishment, stating: *"It's nice to have that now to look back on"* and *"Nice to see them all the big ones up on the wall when we've done our event."* Participant 3 agreed, expressing: *"Feel really proud of myself here that I've done this"* and *"Loved seeing everybody else's, really inspirational."*

There were only a few concerns raised by two participants regarding the use of the case study, and these were related to confidence and relevance. Participant 5 expressed: *"Not very good at PowerPoints and designing the poster side of it. It was like that was stressful."* Participant 4 shared: *"I hate presenting stuff like that, mainly because I've got a learning need myself."* This participant also felt that the relevance of the case study to their work made it difficult, stating: *"I had so few case discussions to be able to do because of my role,"* and *"It just seemed too big."*

B- Portfolios

The use of the portfolio was a significant feature in the focus group discussions, with some time spent on its implications and use. This aspect generated the most feedback and suggestions for improvements in the development of the program. Participant 5 found the portfolio favourable, stating: *"It is really good and it makes you think, like realize what you have learned."* However, most participants felt more negatively about this learning tool.

The main issues raised regarding the portfolio were that it was a large piece of work within a limited time capacity, with a consensus that this came as a surprise. Participant 5 shared: *"Daunting to know, I wasn't made aware," "It was such a big piece of work portfolio,"* and mentioned: *"I'm struggling getting the feedback."* Participant 4 echoed this, saying: *"Putting it down on paper in the way that we're being asked, I've found really tricky,"* and added: *"I didn't realize how big it was. I opened the portfolio after and went, oh Lordy, this is massive."* (P4)

Participant 2 agreed, stating: *"I didn't realize it, that the portfolio needed so much amount of work,"* and *"The portfolio took us by surprise."* (P2) The concern about when and how much time would be needed was shared within the focus group. One participant noted: *"It is a massive piece of work. As clinicians, we are busy and doing things we don't have time out for this,"* and *"I'm still doing it on weekends, chipping at it."* (P2) Participant 4 added: *"I've got physically no time to do it at all, so I'm having to do it at night,"* and stated: *"The portfolio has been, for me, the downside."*

The participants offered several suggestions for improving the portfolio. These suggestions focused on providing ample time and ensuring more specificity to the role, as suggested by Participant 4: *"You could make it more specific to your, your profession, or what you are."*

One suggestion was to include a section for feedback within the portfolio, where there could be space for continued support versus individual support, as noted by Participant 4: *"Having something around some of the feedback in the portfolio where you can have that space or there's a different line around Continued support versus individual support."* Additionally, Participant 4 suggested: *"Having that information prior and continuation throughout and possibly that buy-in"* would have been beneficial.

Having the work provided in advance was also suggested by Participant 2: *"If you are told beforehand that this is what is expected from you, this is how many hours this will take."* This idea was supported by another participant, who said: *"If we'd had it to begin with and gone, so this is an activity that's in your portfolio, tick."* (P4)

Participant 5 raised concerns about the potential impact the portfolio could have on patients. They expressed worry that patients might feel *"I'm a Guinea pig"*, particularly those working with children, who are described as *"very vulnerable and they're very distrusting anyway"*. The participant was also concerned that the portfolio process could make patients feel like *"they've been an experiment."*

4.2.1.3 Theme 3 Relating training to practice

A- Practical applications and relation to practice

The participants gave examples of clinical application of their training, highlighting key activities they are now using. These included *"using the Socratic questioning"* and *"ice breaker activities"* (P2), and

"the stress container exercise... I am using that exercise now to let them (patients/clients) see what else they can do to get the stress out of their body" (P1). Participant 1 also described, *"sitting down as in the first time and do a proper introduction"*, while Participant 3 shared, *"I'm not going to tell you what to do. I'm here to listen."*

The training has influenced how participants ask questions and empower users:

"it has been working like the way I ask questions, the way I engage the young people" (P5) and *"using it to empower and educate our patients and our service users"* (P2).

Allowing more time in conversations has been a significant development: *"giving more time and space to the service user to kind of think, …not pressured as much to, you know, give everything to that patient in that amount of time."* (P2). Participant 3 reflected on choosing *"not to be a fixer"*, and Participant 1 noted, *"I just take more time to get to know the patients."*

B- **Barriers to Applying the Training**

Barriers to applying the training were raised by two participants. These were identified as role-specific challenges, particularly when working with children and families. Participant 4 noted, *"difficulties that I have in my role is that I'm not actually dealing with that person. I'm dealing with that person's child"* and *"it's been really tricky to try and implement straight away into CYP because of that parental parental relationship dynamic."*

Participant 5 added, *"then there's a long waiting list, or there's a managing their expectations (parents) as well."*

4.2.1.4 Theme 4: Wider impact

A- Wider Impact and influence on Teams, Roles, and Funding

The wider teams, relationships with employers, supervisors/supervisees, and the role of funding were identified as broader impacts of the training.

Being offered the training had a positive effect on morale:

"I felt valued member of staff that they'd that they'd given me this opportunity" (P3).

However, self-funding was raised as a potential barrier: *"previously the other courses I have Self-funded. it's unachievable for a band 4 or a student to be able to afford some of those courses"* (P4).

Participants also expressed the importance of being allowed to practise health coaching within their roles:

> *"we have to be allowed to practise as a health coach (not just clinical)"* (P3).

There was acknowledgement of the commitment required from both the trainee and management:

> *"either work agree that they're going to make the commitment and you're going to have time out until that portfolio is done or we're given the expectation of this is how much time you're going to have to spend outside of work"* (P4).

B- Influence on patient care

The training appeared to have a direct and meaningful influence on patient care. *"it empowers them (patients)"* (P3), with Participant 1 noting, *"I have got a little bit more sympathy for the patient."* There was a recognised shift away from traditional models of care: *"we need to get away from this medical model where people go and everything is done to them (patients)"…"when they've done it themselves… They've taken responsibility for it"* (P3). Tailoring approaches to individual needs was seen as beneficial, as expressed by Participant 2: *"making it more tailored to them (patients),"* and supported by Participant 6: *"(using) Socratic questioning, they (patients) kind of find their own solutions."*.

C- Wider Influence and Recommendations for Rollout

There was a clear perception that the impact of the training extended beyond individual attendees. Participant 6 noted, *"(as a team) we are most solution focused now"* and added that *"we direct those discussion towards being more solution focused involving the patient."* The training was also personally endorsed to others, with Participant 2 stating, *"I've recommended it to my colleagues also to go on it."*

Some participants proposed expanding access to the training across the wider workforce. Participant 1 suggested, *"(for all staff) maybe a level two kind of thing like we do the mandatory training that you know on manual handling for example. It could be something like that,"* while Participant 3 agreed that it should be *"taught to all the other sort of allied health profession professionals and all the other sort of professional would be amazing but maybe not in the depth that's requiring the level of portfolio."*

5- Suggestions for improvements

The following section outlines participants' suggestions for improvement, drawn from the focus group discussions, highlighting practical ideas to enhance the training

experience and increase its impact. Views focused on how to improve the overall support, management involvement and follow-up after course completion.

A- improving support

The course has a dedicated programme manager with on-going support and feedback offered at every session. Participants were encouraged to engage with the support on offer. The course was viewed positively by all participants and some offered suggestions for improvement, particularly around tracking their progression throughout the course.

"It would be a great idea if we had regular check insurance like a clinic drop in clinics kind of thing" (P1), and Participant 4 proposed *"like a lecturer drop in. A particular time or space where they're free, where you could potentially talk to them."*

The same participant also suggested a means of formative feedback: *"you can e-mail them and they can look over it before they mark it. Some something around that. Am I on the right track?"* (P4)

It is noted that, given the diverse backgrounds of participants in this training, the support provided may be perceived and received in different ways.

B- Importance of Management Involvement and Organisational Support

There was extensive discussion on the value of having management attend the training, with participants feeling that this would enhance the likelihood of successful implementation.

"Having our managers that haven't done the health coaching has been a little bit of a barrier." (P4) This was supported by Participant 3: *"my wish this year is that my line management and those that are in the know have some health coach training,"* and echoed again by the same participant: *"if we don't change anything at the ground level, at the management level, at the middle manager level, we aren't going to see a change."*

The limitations of hierarchical status were also discussed. Participant 4 noted the challenge of *"cascade in dissemination and at the minute going upstream when we're not the ones that are devising pathways"* and Participant 1 emphasised broader organisational change with: *"the whole NHS needs to fully embrace. The coaching techniques."*

C- Suggestions for Ongoing Support and Follow-Up

The ability to meet after the course concluded was viewed favourably and was suggested by multiple participants. This was described by Participant 4 as *"the best way to describe it would be a convention"*, with the intention being to *"remind ourselves of the tools and the techniques that we learned"* (P1) and to *"just keep yourself checked in"* (P3).

A drop-in session was proposed by Participant 3: *"a drop in session, you know it could be every sort of month, six weeks, two months. It doesn't have to be that regular"*. This was

supported by Participant 4: *"kind of six months later or three months later to talk about the things that we're actually doing."*

Participant 1 also suggested the value of *"like a forum kind of thing, more regular."*

There were suggestions from one participant to review the role of the Change Sponsor. Participant 4 stated, *"I barely knew my change sponsor… They weren't really in my area, so I'd met them about three or four times."* They further suggested that, *"The change sponsors need to be somebody who has that active thing and that the active buy-in."* (P4)

It is worth noting that participants have access to a shared platform where they can post their views and access a range of resources. This is complemented by a monthly Community of Practice (CoP), which offers support through peer engagement and direct access to the project manager.

6- Discussion and conclusion

This evaluation has demonstrated that the health coaching training was received positively by participants across various professional backgrounds, offering both immediate and perceived long-term value. Participants reported improvements in communication, empowerment, and patient-centred care, with many citing specific tools, such as Socratic questioning and stress container exercises, as being integrated into their everyday practice. The training not only supported clinical conversations but also facilitated reflective learning, professional growth, and enhanced workplace morale. A prominent theme was the shift away from directive models towards a more collaborative, solution-focused approach. This was perceived to enhance patient engagement and outcomes, with participants expressing increased confidence in giving space for patients to explore their own solutions.

The findings highlight some areas where refinements could be made. For example, the portfolio element of the course—while offering meaningful opportunities for reflection—was at times described as unexpectedly demanding in both scope and time, despite information about this component being communicated at the outset of the training.

Case studies and peer interaction were consistently valued, and the multidisciplinary nature of the training was seen as a strength. Structural barriers, such as limited time, challenges applying the model in certain roles (e.g., with children or parents), and the absence of managerial involvement, were identified as obstacles to full implementation.

The feedback suggests that wider systemic buy-in, particularly from leadership, is critical for sustainable integration. Participants advocated for ongoing post-training support, drop-in clinics, and even a scaled rollout across teams to embed the learning culturally. Overall, the training is seen as a valuable, transformative intervention with significant potential to improve both practitioner satisfaction and patient care.

Graduation event

The graduation event provided a valuable opportunity for participants to present their case studies, which showcased a diverse range of real-world scenarios, from supporting

clients with mental illness to working with wheelchair users and individuals in supported living for example. Each case study demonstrated how participants had applied their health coaching training in practical settings, using the approach to build trust, empower clients, and facilitate meaningful behaviour change. The event also fostered strong peer engagement, allowing participants to learn from one another, reflect on different ways the coaching model was being implemented, and feel that their contributions were recognised and valued.

7- Final Summary of Key Positive Results

1. Empowerment and Patient-Centred Practice
   Participants reported a shift in their approach to care, prioritising patient autonomy and using techniques like Socratic questioning to support individuals in finding their own solutions.

2. Improved Communication and Listening Skills
   Many attendees highlighted a greater awareness of how to structure conversations, listen actively, and allow space for patients to reflect without imposing their own agenda.

3. Enhanced Confidence and Clinical Application
   Practical tools such as stress container exercises, structured introductions, and icebreaker techniques were adopted into clinical settings, improving engagement and outcomes.

4. Positive Learning Environment
   The relaxed, non-judgemental setting, multidisciplinary interaction, and hands-on practice elements were widely praised. Participants valued learning from each other and applying theory in real-time.

5. Professional Development and Reflection
   The training helped staff recognise their own growth and feel more competent in their roles, with several describing “lightbulb moments” and increased resilience in handling complex scenarios.

6. Broader Team and Organisational Impact
   The training not only influenced individuals but also led to more solution-focused team discussions. Several participants advocated for wider staff access, seeing its potential to transform culture.

7. Perceived Patient Benefit
   Attendees observed that patients felt more heard, empowered, and engaged. There was a strong belief that the coaching approach contributed to more meaningful and effective interactions.

8. Sense of Value and Motivation
   Being selected for the training made participants feel recognised and invested in, which had a positive effect on morale and commitment.

9. Strengthened Professional Networks
   Health coaching training fostered stronger connections with peers across departments and disciplines. These new relationships supported shared learning, collaboration, and a greater sense of professional community.

8- Recommendations for Programme Enhancement

Based on the findings of this evaluation, the following recommendations are made to enhance the impact, accessibility, and sustainability of the health coaching training:

1. Provide Early Clarity on Portfolio Requirements
   Clearly outline portfolio expectations, estimated time commitments, and assessment criteria at the outset of the course. Consider providing examples of completed portfolios and integrating early portfolio activities into training sessions to ease participant workload.

2. Increase Managerial Involvement and Organisational Buy-In
   Encourage managers and senior leaders to attend or be familiar with the training. Their engagement is crucial for embedding coaching principles into team culture and enabling participants to apply their learning confidently in practice.

3. Offer Structured Post-Training Support
   Implement regular drop-in sessions, peer forums, or coaching "check-ins" to provide guidance, maintain momentum, and allow for shared reflection. These could occur at intervals post-completion (e.g. 1 month, 3 months, 6 months).

4. Tailor Training and Portfolio to Roles
   Adapt portfolio activities and examples to better reflect the diversity of participant roles, particularly for those working with indirect care (e.g. children and families). To strengthen the understanding about enhancing skills that are outside role boundaries to be able to support service users better.

5. Protect Time for Training and Portfolio Completion
   Secure protected time within work hours for participants to complete training tasks, particularly the portfolio, to reduce reliance on out-of-hours effort and support equitable access across bands and roles.

6. Consider a Scaled Rollout Across Teams
   Explore opportunities for a tiered or modular approach to health coaching training (e.g. core principles for all staff, in-depth training for selected roles). This may normalise coaching language and principles across services.

7. Enhance Engagement and Visibility of Change Sponsors
   While Change Sponsors were informed of their responsibilities prior to the course, kept updated after each session, and invited to the graduation event, further strengthening their role could enhance impact. Consider ensuring sponsors are not only informed but actively engaged and locally embedded to

provide meaningful, ongoing support. Regular two-way communication with participants and visible involvement throughout the programme may help reinforce their role and effectiveness.

By addressing these recommendations, the programme can continue to build on its strong foundation, maximising the benefits for practitioners, patients, and the wider healthcare system.