# Life coaching as a support programme for people experiencing homelessness – a method for evaluation

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# Introduction

Coaching psychology is a scientific foundation for the work of coaches; it is a collection of theories, techniques and frameworks that are grounded in established adult/child learning or psychological theories and approaches (Graham, 2006). It is still viewed as an emerging psychological sub-discipline and it is still not completely defined and developed to the same extent as its respectable counterparts, such as counselling or clinical psychology.

Coaching initially emerged from the area of sports in 1960s, and since has undergone a high degree of popularisation; consequently, giving birth to other types of coaching such as life coaching, executive coaching, and career coaching among others (Passmore, 2004; 2007; 2010). There are various definitions of coaching; nonetheless, it is generally considered as a form of development aimed to unlock person's potential to maximize their own well-being and performance both in personal life and work setting (Knight, 2008). However, in order to construct a widely acceptable definition, the International Coaching Federation (ICF) proposed that coaching is a 'professional partnership between a qualified coach and an individual or team that supports the achievement of extraordinary results based on goals set by the individual or team'. (Passamore, 2004)

Although coaching shares some similar characteristics with teaching, mentoring, and counselling, they are fundamentally different, and it is important to note these differences. Unlike teaching and mentoring, which tends to focus on transferring the knowledge and skills by employing an expert teacher/mentor; Clutterbuck & Schneider (1998) argues that a coach is not an expert, but a facilitator who helps one to learn rather than teach. Counselling on the other hand, is a form of a psychological intervention which aims to help the individual to move on by focusing on the barriers and issues which stem from the past. Unlike psychology, which traditionally focuses on alleviating dysfunctionality and treating psychopathology within clinical population, coaching is specifically aimed to guide ordinary, non-clinical client towards their personal development and their goal attainment (Ives, 2008.) That being said, coaching involves the belief that the individual always has the answer to their own problems, but also understands that they require support in finding the answer. Consequently, coaches avoid asking directive questions, as indirective approach enhances cognitive flexibility; and thus, it elevates their lateral thinking which involves generating new ideas helping them to obtain their goal (Neenan, 2009; Theeboom, Beersma & Annelies, 2016).

## Effectiveness of Coaching

In the past few years, a number of research studies have been conducted which continuously demonstrated the value, efficacy and impact of coaching in a number of context (Cambell & Gardner, 2005; Green, Grant & Rynsaardt, 2007; Short, Kinman & Baker, 2010). For example, 80% of people who receive coaching report increased self-confidence, and over 70% reported improved work performance, relationships, well-being, and more effective communication skills among other benefits (International Coaching Federation, 2009; Institute of Coaching, 2021).

Life coaching: a result-oriented, solution-focused process which involves taking an individual on a journey of introspection that ends in taking action to move forward regarding the issue they want to address, has particularly been deemed effective in creating a positive change, enhancing mental health, life satisfaction, motivation and facilitating goal attainment (Grant, 2006).

To further support this, Ammentorp et al. (2013) conducted a recent systematic review by exploring the effect of life coaching within the health care setting. His findings suggest that life coaching may provide new ways of engaging patients by making them more accountable for their health. The findings are congruent with the coaching theoretical principles of enhancing self-awareness and personal responsibility towards goal attainment (Grant, 2006). Therefore, if utilised within the organisational setting; the positive outcomes do not only benefit the individual in theory. Current literature recognises the benefits of coaching across more than one level – individual, team, organisational and societal level (Passamore, 2010; Theeboom, Beersma & Vianen, 2014). Individuals when coached, are more likely to experience higher well-being, confidence and competence with their job which can reduce their level of stress. But also, by improving communication skills and team efficiency it enables the individual to work more easily and productively with others, hence the benefits can extend on a team level as well.

Due to their flexible nature, coaching programs can also be implemented in groups. Thus, it can be a highly cost-effective way of improving the organisational performance as it can improve staff well-being and increase their retention rates. In theory, this can have an impact on a societal level as the literature concludes that training programs such as coaching improves the quality of the labour force, which in succession is one the biggest benefactors to the national economic growth (Becker 1962; 1964).

## GROW Model

According to some scholars, the theory explained behind the effectiveness of coaching can be linked to goal setting. By supporting goal setting which involves development of an action plan, individual experience boost in their productivity and motivation between 11% and 25% (Locke and Latham, 2002). One of the models used in coaching is the GROW model: a simple method for goal setting and problem solving. Thanks to its clearness and relative simplicity the GROW model has become the fundamental framework for coaching psychologists but also for many other coaches, peer-mentors, and managers and is the most widely used coaching framework in the UK (Eldridge & Dembkowski, 2004).

The name of the model is an acronym for its 4 stages – **G**oal: which signifies the end point, where the client wants to be. The goal has to be realistic and defined in such way that is very clear to the client when they have achieved it. **R**eality alludes to the current situation where the client is now, and how far are they away from the goal. **O**bstacles/Options refers to the obstacles that are preventing the client from achieving the goal, as well as the options of resolving them. Finally, **W**ill or Way forward is denoted by the action plan that will take the client to their goal. The GROW model incorporates a Socratic based dialogue between a coach and a coachee, in which the coach uses open questions, summaries and reflections which are aimed for stimulating the self-awareness and personal responsibility of the coachee, and thus, making it more feasible for them to attain their goal (Grant, 2003; Alexander 2006).

## Coaching and homeless support

As discussed, coaching psychology and the models that underpin the use has benefits. However, it tends to be used for those in job roles or those who are able to engage through private funding. At SJOG, we identified that in our homeless support services, life coaching would offer an innovate support model. We already offer holistic support to each person we meet. By structuring conversation around a life coaching model we would be able to focus on future planning. Doing so may yield real benefits for the people supported in the services.

To investigate the effectiveness of life coaching in homeless support we developed a pilot project. Our GROW project aims to train colleagues in life coaching and following this structure support with the people who use our homeless services around the GROW model. By incorporating the behavioural-based framework of GROW, the study will be exploring the effectiveness of result-oriented solution-focused life coaching.

We hypothesised that by the end of the pilot, the integrated coaching skills of SJOG colleagues enhance mental well-being and reducing stress levels within the people we support.

## Methodology of the GROW pilot

To carry out the pilot training of SJOG colleagues was needed. We secured funding to run the pilot. The allowed us to engage with a professional coach who developed a bespoke training package for colleagues, aligned to the aims we wanted to achieve.

Alongside this we selected the use of wellbeing scales and stress level scales to understand the impact of the pilot (these are described below).

### SJOG colleague training

To implement the pilot, two SJOG colleagues who work as project workers at Olallo House in London were chosen. Olallo House offers support and accommodation to individuals who are street homeless and have no recourse to public funds. Each colleague engaged in in-depth life coaching training from an accredited life coach. A typical coaching alliance may last 4-8 sessions with a 70 minutes per session; however due to the study being a pilot as well as the constrained resources and the time, the pilot comprised of 2 face-to-face coaching training sessions. The 2 sessions comprised of a bespoke training package that used theory of best practice and a reflection on the current support strategies that our colleagues use. Since the coach's credibility seems to be a vital factor for the effectiveness of the practice (Bozer, Sarros & Santora, 2014) it was important to have an accredited coach and bespoke training package which acknowledged the context of the people we support.  In the case of the GROW pilot the training consisted of:

- 20 hours of coaching in GROW model
- 48 hours of coaching supervision

Once the training had been concluded, colleagues received 28 hours of coaching supervision comprised of:
- 2 x 2 hours sessions of online supervision to identify collective opportunities and challenges for implementing techniques
- 2 x 12 hours of 1-2-1 online coaching supervision

## Homeless people supported

The trained colleagues used their life coaching skills to support a total of 14 people living at Olallo House. The aims of the pilot were explained and participation was voluntary. We ensured that each was supported so that language was not a prohibitive barrier to participation. If any severe mental health illness was observed then individuals would not form part of the pilot and alternative support was provided.

## Measures

In order to understand the benefit of the pilot, two self-report questionnaires were used. These were selected based on their alignment to the aims of the pilot.

The first questionnaire Warwick-Edinburgh Mental Well-being Scale (Davies, Knuiman & Rosenberg, 2015) is a scale which has been validated for the measurement of mental wellbeing among people aged 13 to 74 in the UK. The scale includes hedonic (i.e., happiness, life satisfaction) and eudaimonic (i.e., positive relationships, psychological functioning) items which together measure mental well-being. WEMWBS is designed to assess mental well-being itself and not the determinants of mental well-being (i.e. resilience, problem solving, etc.) WEMWBS is scored by summing responses (i.e., 1 = none of the time to 5 = all of the time) to each of the 14 positively worded items. Minimum score is 14, whilst the maximum score is 70. Higher score indicates a higher level of mental well-being (s*ee Appendix A for the scale*).

The second questionnaire: The Perceived Stress Scale (Cohen, Kamarck, and Mermelstein, 1983) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. The scale is comprised of 10 items rated on 5-point Likert-type scale, ranging from 0 (Never) to 4 (Very often). The scores are obtained by reversing scoring the four positively stated items (items 4, 5, 7, & 8) and then summing across all scale items. The scale displays good internal reliability with the p value exceeding 0.7; the validity was demonstrated via Factorial Analysis *(See Appendix B for the scale).*

In addition to the above, each person was asked on their experienced of the life coaching. SJOG colleagues took notes on this to provide detail beyond the quantitative scores which are to be summarised through thematic analysis.

## Procedures

Once the SJOG colleagues had been allocated to the course, a participant information sheet and the consent form was given to the 14 people identified and who support at Olallo House. Once signed, the prequestionnaires were given on a two-week basis starting 1 month prior the beginning of the course. All materials were translated to be in a native language to aid comprehension. Coaching began once consent forms were complete.

The GROW coaching conversations aimed to consist of at least one meeting every week for a 2 month period. This would allow time for conversations to develop and the impact of the approach to be fully assessed. After each coaching session both WEMWBS and perceived stress scales were completed.

## Research ethics

Following the guidelines of British Psychological Society code of Ethics and Conduct (2018) participants were provided with Information Sheet specifying the purpose and procedures involved in the research. Prior to the research starting a consent form was signed.

At the end of each coaching session the people supported at Olallo were able to have a debrief. This was held with the service manager to ensure that they were happy with the consent of the discussion and discuss any problems or concerns that may have emerged.

## Analysis

The aim of the analysis is to capture statistical inference but also deeper nuances through qualitative feedback. Questionnaires will be analysed using a t-test to compare pre and post coaching. It is expect that people supported will score higher on mental well-being and lower on perceived stress level after the training has been conducted.

Each person supported was asked for feedback on the sessions. This was captured by the SJOG colleagues offering life coaching through note taking.  These notes were analysed using thematic analysis to provide a more detailed narrative around the statistical inferences made.

## Summary

In the last two decades, coaching has experienced a massive boom which resulted in the emergence of coaching psychology (Passamore, 2010). Since then, studies conducted continuously demonstrate the efficacy and benefits of its practice in several context (Cambell & Gardner, 2005; Green, Grant & Rynsaardt, 2007; Short, Kinman & Baker, 2010).

The pilot study offers a unique chance for a new type of support to be offered to people experiencing homelessness. It is hoped that this will see positive impact across the wellbeing and stress levels of the people who are supported. Based on the results, we hope to widen the offer of GROW to more of the people we support.

Over the next two months we will be collecting results with the full impact of the pilot published.

## Acknowledgements

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# Appendix a – WEMWEBS scape

**Participant ID:**

**Date: __/__/__**

**Instructions:** Below is the list of statements about feelings and thoughts. Please tick the box that best describes your experience of each over **the last week.**

| STATEMENTS | None of the time | Rarely | Some of the time | Often | All of the time |
|---|---|---|---|---|---|
| 1. I've been feeling optimistic about the future | 1 | 2 | 3 | 4 | 5 |
| 2. I've been feeling useful | 1 | 2 | 3 | 4 | 5 |
| 3. I've been feeling relaxed | 1 | 2 | 3 | 4 | 5 |
| 4. I've been feeling interested in other people | 1 | 2 | 3 | 4 | 5 |
| 5. I've had energy to spare | 1 | 2 | 3 | 4 | 5 |
| 6. I've been dealing with problems well | 1 | 2 | 3 | 4 | 5 |
| 7. I've been thinking clearly | 1 | 2 | 3 | 4 | 5 |
| 8. I've been feeling good about myself | 1 | 2 | 3 | 4 | 5 |
| 9. I've been feeling close to other people | 1 | 2 | 3 | 4 | 5 |
| 10. I've been feeling confident | 1 | 2 | 3 | 4 | 5 |
| 11. I've been able to make up my own mind about thoughts | 1 | 2 | 3 | 4 | 5 |
| 12. I've been feeling loved | 1 | 2 | 3 | 4 | 5 |
| 13. I've been interested in new things | 1 | 2 | 3 | 4 | 5 |
| 14. I've been feeling cheerful | 1 | 2 | 3 | 4 | 5 |

# Appendix b – PSS Scale

**Participant ID:**

**Date: __/__/__**

**Instructions:** Below is the list of statements about feelings and thoughts. Please tick the box that best describes your experience of each over **the last week.**

| STATEMENTS | Never | Almost Never | Sometimes | Fairly Often | Very Often |
|---|---|---|---|---|---|
| 1. In the last week, how often have you been upset because of something that happened unexpectedly? | 1 | 2 | 3 | 4 | 5 |
| 2. In the last week, how often have you felt that you were unable to control the important things in your life? | 1 | 2 | 3 | 4 | 5 |
| 3. In the last week, how often have you felt nervous and "stressed"? | 1 | 2 | 3 | 4 | 5 |
| 4. In the last week, how often have you felt confident about your ability to handle your personal problems? | 1 | 2 | 3 | 4 | 5 |
| 5. In the last week, how often have you felt that things were going your way? | 1 | 2 | 3 | 4 | 5 |
| 6. In the last week, how often have you found that you could not cope with all the things that you had to do? | 1 | 2 | 3 | 4 | 5 |
| 7. In the last week, how often have you been | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| able to control irritations in your life? | | | | | |
| 8. In the last week, how often have you felt that you were on top of things? | 1 | 2 | 3 | 4 | 5 |
| 9. In the last week, how often have you been angered because of things that were outside your control? | 1 | 2 | 3 | 4 | 5 |
| 10. In the last week, how often have you felt difficulties were piling up so high that you could not overcome them? | 1 | 2 | 3 | 4 | 5 |