

coaching and mentoring in health and social care

Coaching is now prevalent throughout the NHS. The NHS in Scotland has an approved coach register of qualified and experienced coaches who have gone through an assessment process.

These are the coaches who are expected to be able to work at a transformation level when appropriate. These coaches are automatically available if you are a participant on specific development programmes which include a coaching element. The coaching typically comprises six sessions of 1½ - 2 hours duration.

Employees who are not undertaking a programme can ask for an external coach. External coaches work mainly, but not exclusively, with more senior people such as

Chairs, Chief Executives and Non-Executive Directors. An external coach might be a good choice if you want to work with someone outside the organisation who is new to you, and for reasons of confidentiality.

Internal coaches are available within health and social care organisations, and there is sometimes access to coaches who work in some other areas of the public sector. Access to coaching may come from local Organisational Development teams or from the Workforce Scotland Coaching Collaborative. You might seek coaching with an external, or more likely, an internal, coach as a result of your performance review, perhaps linked to what has come out of 360 degree feedback.

TYPICAL COACHING ISSUES INCLUDE:

- you want to develop your potential
- you have had feedback that it would be helpful if you changed certain aspects of your behaviour
- you need help in managing stress and building your resilience
- you want to enhance your people and managerial skills
- you need to develop a more strategic perspective on being promoted
- you need help in managing difficult relationship or resolving conflict situations
- you want to build your confidence
- you are seeking a better work/life balance

THIS IS AN ILLUSTRATIVE, NOT EXHAUSTIVE, LIST.

When you ask for a coach you will typically be offered two or three coaches to choose from. You would then have the opportunity to meet them face to face, or speak to them on the phone. You can then pick the one where you feel the chemistry is right, and their way of working and experience is what you are looking for. You need to feel able to trust your coach.

Coaches have a variety of models they can draw on, depending on the issues involved. Some of these models are covered in the section “Coaching Models”.

Mentoring is being put to many uses in health and social care, such as supporting the career development of minority groups, and encouraging the development of teams that have become stuck in terms of their relationships or interventions with service users.

Mentoring has long been incorporated within nurse education. It is now used to support the development of senior executives and practitioners, and has permeated through a wider tranche of health and social care workers (Foster-Turner, 2006).

There is not much research literature on mentoring in social care. One small scale research study by McCray et al. in adult social care explored participants' learning about their management role. The service's aim was to build management practice and resilience and wellbeing during a period of transformation. Themes that emerged from the study were the adaptation of coaching methods and role modelling in the workplace. Mentoring did help participants maintain resilience and wellbeing throughout this period of change.

Wilson (2013), in discussing mentoring in the context of social services in Scotland, says that the purpose of mentoring is to help the mentee change something. This might be improving their performance, enhancing their leadership ability, developing their partnership skills, or developing their career. She believes a mentor should help mentees believe in themselves and boost their confidence. Much of this could equally be applied to coaching.