Young People's Health & Wellbeing Coaching –

1. Introduction

Young People's Health & Wellbeing Coaching is a structured, person-centred intervention designed to complement physical rehabilitation. It gives the young person a confidential space to explore the impact of injury, pain, disability or changing health on their confidence, identity, routines, education, relationships and independence.
Using evidence-informed coaching skills, behaviour-change approaches, reflective tools and personalised goal-setting, the coach supports the young person to identify what matters to them, recognise strengths, develop self-management strategies and take realistic steps towards meaningful rehabilitation and life goals.
Coaching is non-clinical and does not replace physiotherapy, psychology, CAMHS or medical treatment. With appropriate consent, the coach can work alongside the wider rehabilitation team and coordinate with relevant school, college, family or community professionals to support joined-up goals.

How Coaching can help young people.

- Creates protected space to address the person behind the injury, not only the physical impairment.
- Supports motivation and engagement where rehabilitation feels repetitive, overwhelming or uncertain.
- Helps young people rebuild confidence, autonomy and a sense of identity after major health changes.
- Provides practical self-management strategies for pain, fatigue, sleep, pacing, stress and routines.
- Connects rehabilitation goals with school, college, work, friendships, family life and activities that matter to the young person.
- Supports a young person to prepare for conversations with professionals and communicate what they need.
- Provides a structured review of progress, barriers and next steps while maintaining clear boundaries with clinical care.

2. Health & Wellbeing Coaching - The professional standards

Health & Wellbeing Coaching is a purposeful coaching relationship with clear contracting, boundaries, goals, reflection and review. NHS England's framework describes coaches as non-clinical personalised-care practitioners who use coaching skills, behaviour-change models and positive psychology to support physical and mental health and wellbeing.

TIER 4	**Advanced NHS coaching practice** NHS England defines Tier 4 as 1,000+ hours of NHS coaching experience plus evidence of competency at that level. Tier 4 practitioners are expected to bring highly in-depth knowledge and considerable responsibility.

Core features of the intervention

Feature	What this means in practice
Contracting and psychological safety	The young person understands what coaching is, confidentiality and its limits, the role of the coach, and what they want from the work.
Active and empathic listening	Trust and rapport are built within the coaching relationship through consistency, curiosity and respectful listening.
Person-led goals	The focus is on what matters to the young person, not goals imposed by the service.
Behaviour change and self-management	Sessions build knowledge, skills, confidence, autonomy and practical strategies.
Review and reflection	Progress, barriers, learning and next steps are revisited rather than coaching becoming an open-ended conversation.
Professional boundaries	Coaching complements medical, physiotherapy and psychological care and refers/escalates when needs sit outside coaching scope.

3. Young People's Health & Wellbeing Coaching

For a young person, a major injury, surgery, chronic pain or changing mobility can affect far more than physical function. It can interrupt education, friendships, hobbies, family roles, independence and future plans. Coaching provides a developmentally appropriate space to explore these changes without defining the young person by their diagnosis or rehabilitation programme.

Areas that may be explored

- Adjustment to injury, disability, surgery or a change in physical ability
- Identity: "Who am I now?" and reconnecting with strengths and interests
- Pain, fatigue, pacing, sleep and energy management
- Motivation and engagement with rehabilitation or home programmes
- Emotional literacy and emotional regulation
- Confidence, self-esteem and body confidence
- Independence, choice and age-appropriate autonomy
- Returning to school, college, training or work
- Friendships, relationships, social confidence and feeling "different" from peers
- Young-carer or changing family roles
- Planning routines around appointments, study, rest and meaningful activity
- Preparing for setbacks, uncertainty or future procedures
- Communicating needs and questions to family, school and healthcare professionals
- Reconnecting with sport, hobbies, social life and meaningful goals

How the service can be delivered

- 15-20 minute introductory conversation by phone, virtually or privately face-to-face: explanation of coaching, initial rapport, expectations, confidentiality and questions.
- Initial 60-minute coaching assessment in a private, distraction-free setting.
- Follow-up 60-minute one-to-one coaching sessions, face-to-face or virtually.
- Face-to-face sessions may take place at TPP, an agreed hospital/clinic room, school or college, or a local family/community centre where an appropriate private room is available.
- With appropriate consent and information-sharing agreements, relevant goals can be coordinated with parents/carers, case managers, school/college pastoral teams or the wider MDT.
- Frequency and number of sessions are tailored to the young person's needs and review

4. Example coaching activities and resource pack for young people

The activities below are examples rather than a fixed programme. The coach selects tools collaboratively based on age, communication style, health status and the focus of the session. They are used to support reflection and self-management, not to deliver psychotherapy.

Activity	Purpose	How it can work	Rehabilitation link
Wheel of Life / Wellbeing Wheel	Whole-person reflection	Rate areas such as health, sleep, school/college, friendships, family, confidence, independence, fun and future goals from 0-10. Choose one area the young person wants to explore first.	Creates a visual starting point and helps prevent rehabilitation from becoming only about physical symptoms.
What Matters to Me map	Values and identity	Map people, activities, roles, places and hopes that matter. Ask: "What do you want rehabilitation to help you get back to - or move towards?"	Connects clinical rehabilitation with meaningful life goals.
Strengths Shield	Strengths and resilience	Four sections: strengths I already have; challenges I have handled; people/resources I can draw on; something I am proud of.	Builds self-efficacy when injury has changed confidence or identity.
Emotion Thermometer / 0-10 scale	Emotional literacy and regulation	Identify early signs at 2/10, 5/10 and 8/10 and what helps at each stage. Develop a personal "when I notice..., I can..." plan.	Supports emotion recognition, regulation and earlier self-management.
Feelings - Thoughts - Actions map	Self-reflection	Explore a recent situation and map what happened, thoughts, feelings, body sensations, actions and what the young person might choose next time.	Helps identify links between emotions, feelings and behaviour - an area highlighted in the NHS coaching framework.

Activity	Purpose	How it can work	Rehabilitation link
Worry Tree	Managing worry	Separate worries that can be acted on from worries outside immediate control; identify an action for solvable worries and a way of refocusing for hypothetical worries.	NHS Every Mind Matters includes the Worry Tree as a young-person self-care tool. [3]
Circle of Control	Control and uncertainty	Sort concerns into “I can control”, “I can influence”, and “outside my control”; focus coaching on the first two.	Useful after accidents, surgery or uncertain recovery where many decisions sit outside the young person’s control.
Goal Ladder	Motivation and behaviour change	Start with a meaningful goal at the top, then work backwards into increasingly smaller steps. Add likely barriers and support needed.	Supports graded progress and prevents large rehabilitation goals feeling overwhelming.
Confidence Scaling	Self-efficacy	“From 0-10, how confident are you that you can do this?” Follow with “Why are you not lower?” and “What would move you up one point?”	Surfaces strengths and makes the next step concrete.
Energy / Pacing Map	Fatigue, pain and routines	Map a typical day using high/medium/low energy periods; identify essential, enjoyable and draining activities; plan rest and pacing.	Supports sustainable participation and reduces boom-and-bust patterns.
My Coping Menu	Self-management	Create a personalised menu: quick resets, people I can contact, movement, music, breathing, sensory strategies, rest, distraction, routines and professional support.	Gives the young person options when stress or symptoms rise.

Activity	Purpose	How it can work	Rehabilitation link
Weekly Routine Builder	Executive function and rehabilitation	Build a realistic week including appointments, school/college, rehabilitation exercises, sleep, meals, rest, friends and enjoyable activity.	Supports organisation, executive function and balance.
Future Me / Return-to-Life Plan	Hope and rehabilitation	Describe what "a little better" would look like in 4 weeks, 3 months and beyond. Identify one sign of progress in health, independence, learning and social life.	Keeps hope grounded in observable, flexible progress.
Conversation Planner	Communication and advocacy	Prepare for a medical, school or case-management meeting: What do I want them to know? What questions do I have? What support would help?	Builds autonomy and confidence communicating needs.
Setback Plan	Resilience	Identify likely setbacks, early warning signs, what helps, who to contact and how to restart without treating a setback as failure.	Supports rehabilitation where pain, fatigue or procedures can disrupt progress.

5. Linking coaching directly to rehabilitation priorities

Rehabilitation priority	Possible coaching focus	Example outcome / question
Engagement with rehabilitation	Motivation, routines, autonomy, barriers, confidence	"What would make the rehab plan feel more like yours?"
Pain and fatigue	Pacing, symptom-management confidence, routines, coping choices	Young person identifies an achievable activity/rest rhythm and what to do on a difficult day.
Mobility and independence	Confidence, realistic goals, asking for help without losing autonomy	"What would greater independence look like for you right now?"

Rehabilitation priority	Possible coaching focus	Example outcome / question
Return to school / college	Energy planning, confidence, reasonable support, communication	Young person prepares priorities/questions for a school or college conversation.
Return to sport / hobbies	Identity, graded goals, adapting expectations, motivation	Goal ladder connecting current rehabilitation to meaningful activity.
Emotional adjustment	Emotion literacy, self-reflection, coping menu, recognising when more specialist support is needed	Young person can identify early signs of overwhelm and selected coping/support options.
Family adjustment	Communication, independence, boundaries, changing roles	Clarify what help feels supportive versus what the young person wants to do independently.
Future uncertainty	Circle of control, flexible goals, setback planning	Focus attention on controllable next steps without promising a particular clinical outcome.
MDT communication	Preparing questions, articulating goals, shared decision-making	Young person enters appointments clearer about what they want professionals to understand.

6. Working with family, education and the wider rehabilitation team

Coaching remains one-to-one and young-person centred, but it can be coordinated with the wider system where this supports agreed goals. The purpose of liaison is continuity, not to remove the young person's ownership of the coaching relationship.

- Case manager / rehabilitation MDT: brief progress or goal updates with consent; alignment around practical rehabilitation priorities; escalation of concerns through agreed pathways.
- Parents / carers: involvement can be agreed where useful, particularly around routines, accessibility or supporting the young person's goals, while preserving appropriate space for the young person's own voice.
- School / college / training provider: with appropriate consent, coaching may help the young person prepare for conversations about attendance, workload, transitions, accessibility, pacing or reintegration. Sessions may be delivered on-site only where a suitable private room and safeguarding arrangements are in place.
- Community / family centre: can provide a neutral local setting where it is accessible and a private room is available.
- Virtual delivery: useful where travel, fatigue, mobility or appointment burden makes face-to-face attendance difficult.

7. Suggested referral pathway

1. **Referral / suitability information** Case manager or TPP practitioner provides relevant context, current rehabilitation pathway, key risks/precautions and contact details.
2. **15-20 minute introduction** Young person meets the coach by phone, video or privately face-to-face. Coaching, confidentiality, boundaries and expectations are explained; the young person can ask questions and decide whether to proceed.
3. **60-minute initial assessment** Whole-person assessment: what matters, wellbeing, rehabilitation impact, strengths, support, self-management confidence and first priorities.
4. **Personalised coaching block** Usually a short agreed block of 60-minute sessions, reviewed according to need. Activities and approaches are selected collaboratively.
5. **Review / MDT coordination** Progress is reviewed with the young person. With consent, a concise outcome/goal update can be provided to the case manager or relevant MDT members; additional referrals are considered where appropriate.