

# Moving forward together

**Peer support for people  
with problem debt**

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## Acknowledgements

The Money Advice Service and Revealing Reality would like to thank everyone who contributed to this research. This includes the expert interviewees who gave their time and shared their knowledge, the users and peer mentors of existing peer-support programmes who kindly agreed to be interviewed, and the respondents who took part in focus groups. Thanks also to everyone who helped to create this report.

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# Foreword

Engagement with debt advice is a significant challenge to reducing over-indebtedness in the UK.

Research we conducted in 2015 showed that there are considerable barriers that prevent over-indebted people from seeking advice. There is a real stigma around asking for help, with many people feeling that doing so means that they have 'failed'.

An unexpected outcome of that same research was that participants found value in the research process itself. They felt that their involvement in non-judgemental roundtable and online focus groups with their peers was enormously cathartic. At the end of the group sessions members spontaneously thanked each other and some said that the experience had provided much needed emotional support, and had strengthened their resolve to deal with their situations.

This suggested to us that there could be value in developing a peer-support scheme for over-indebted people. Peer support is where individuals who are in, or have been in, similar challenging circumstances provide each other with practical and emotional support to help them deal with and resolve situations. The best known of these are support groups such as Weight Watchers or Alcoholics Anonymous. Most commonly used in physical and mental healthcare, peer support is usually used to encourage individuals to change behaviours.

Our hypothesis was that a well-designed peer-support scheme could help over-indebted people overcome the barriers to getting advice. It could also support them to take action, and help them to change behaviours for the long term. Schemes could provide practical support (e.g. signposting to online sources, assistance with budgeting), help with issues relating to capability or opportunity, and provide emotional support. The deployment of effective Behaviour Change Techniques (BCTs) in a scheme design could also help clients with any motivational issues faced.

We therefore set out to explore the potential scale and shape of this opportunity by commissioning research. We wanted to understand the peer-support landscape and establish how it helps people to resolve their difficulties and change their behaviour. We also wanted to identify whether it would appeal to and help over-indebted people.

This report describes the findings from this research, and sets out our views on where the best opportunities lie. We have also produced a series of 'how to' guides to inform the implementation of specific peer-support models in practice.

We believe that peer support presents a real opportunity to improve engagement levels with advice and allow more over-indebted people to get help to resolve their current situation and enjoy a better future.

We are now designing pilots with our partners to explore the benefits of peer support in practice and will be using what we learn from those and from this report in our future commissioning of services.

We hope you enjoy reading this report and that it encourages you to consider developing and testing some of these opportunities in collaboration with us.

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# 1. Executive summary

## Aims and method

The key objective of this project was to understand whether peer support could help over-indebted people resolve their financial difficulties, and explore how it could increase engagement with debt advice.

This objective was examined through a literature review; interviews with users, mentors and organisers of existing schemes; and focus groups with over-indebted people, which tested nine specific propositions.

## Key findings

The research confirmed that peer support has significant appeal to over-indebted people and could be a beneficial addition to debt advice at all stages, from pre-advice engagement to post-advice support. It could offer practical help and emotional support alongside the technical advice that debt advice delivers.

People want a peer-support programme to deliver tangible benefits that make a clear difference to their lives. However, at the same time they are wary of programmes which require a high degree of commitment or effort. Practical support has the greatest initial appeal; however, evidence suggests that users of peer support feel that emotional support has equal, if not greater, impact.

The incorporation of specific behaviour change techniques can have a significant impact on the effectiveness of an intervention. Goal setting, action planning, social and material rewards and social support seems to be a strong combination of techniques.

The key challenge to successful implementation of an effective peer-support programme will be attracting participants. A clear rationale combined with a low initial level of commitment and tangible early benefits appears to be a promising combination in addressing that challenge.

## Implications and next steps

This report illustrates the importance of finding an effective way to incorporate peer support into debt advice. In order to do this, MAS will take forward the insights from this research into a set of practical experiments with delivery partners, beginning with a pilot modelled on the 'peer coaching' proposition.

MAS hopes that other organisations will collaborate in testing the propositions explored, and increase the evidence base for how to enhance debt advice through the incorporation of peer support.

## How to read this report

**Chapter 4** surveys the peer-support landscape, exploring the diversity of approaches that exist and comparing the benefits and challenges of different models.

**Chapter 5** discusses the impact that peer support can have and includes case studies illustrating the experiences of service users.

**Chapter 6** sets out the findings from the focus groups and begins to explore how peer support could help over-indebted people before, during and after crisis point.

**Chapter 7** explores the key considerations when implementing a peer support programme for over-indebted people, based on the existing evidence (chapters 4-5) and views of potential users (chapter 6).

The report contains a full set of technical appendices and is complemented by a 'how to' guide that explains how each of the propositions tested could be implemented in practice.

## 2. Objectives and methodology

The aim of this research was to explore whether implementing a peer-support programme would be beneficial to over-indebted people, and the different ways in which the Money Advice Service could deliver a peer-support programme through its funded services.

Specific research objectives were:

- **effectiveness:** to obtain evidence and information on the range of effective peer-support programmes that currently exist, both within the debt sector and elsewhere
- **behaviour change:** to understand which of these programmes, or which specific aspects or elements of these programmes, are effective at achieving their objectives and/or changing behaviour
- **applicability:** to understand which of these programmes, or which specific aspects or elements of these programmes, could be applicable in the context of debt advice
- **propositions:** to develop, test and refine propositions for a MAS-funded peer-support programme

The research investigated how peer support could benefit people at different stages of the 'debt journey'. This debt journey, or cycle, has stages which were defined for the purpose of the research as 'before crisis', 'during crisis' and 'after crisis' – crisis being the point at which an individual recognises their situation is unmanageable and that they need external help.

It should be noted that the point of 'crisis' relates to individuals' **subjective** perceptions of their need for help, rather than any **objective** assessment of debt severity. This means that individuals who are 'before crisis' could have objectively 'worse' situations (e.g. terms of size of debt, number of payments missed) than individuals who are 'during crisis', but have not realised or admitted that their situation is unmanageable.

The research project consisted of three key phases<sup>1</sup>:

Phase	Detail
Detailed literature review	<ul style="list-style-type: none"> <li>■ Desk research on the peer-support landscape</li> <li>■ Detailed review of 15 peer-support programme evaluations</li> <li>■ Eight expert interviews with individuals who have designed or delivered schemes</li> </ul>
Depth interviews with people who have engaged with a peer-support programme	<ul style="list-style-type: none"> <li>■ 12 two-hour interviews with peer mentors (those who have led or given support within peer support programmes) and programme users</li> </ul>
Focus groups with over-indebted people to test appeal of peer support and nine specific propositions (developed by MAS and Revealing Reality)	<ul style="list-style-type: none"> <li>■ Six two-hour focus groups with over-indebted people (48 respondents in total)</li> <li>■ Individuals were grouped by their position in the 'debt journey'- either 'before crisis', 'during crisis' or 'after crisis':               <ul style="list-style-type: none"> <li>● Group 1 &amp; 2: <b>Before crisis</b> – 'not close to' seeking advice</li> <li>● Group 3 &amp; 4: <b>During crisis</b> – pre-advice or 'close to' seeking debt advice; planning or considering seeking debt advice</li> <li>● Group 5 &amp; 6: <b>After crisis</b> – have received debt advice (one group had a formal debt solution or Debt Management Plan (DMP), one group had an informal solution/no solution)</li> </ul> </li> </ul>

<sup>1</sup> More details on the methodology and sample are available in Appendix 1.

## 3. Key findings

### Peer support has high appeal amongst over-indebted people

The over-indebted people interviewed reacted positively to the concept of peer support and felt it would deliver real benefits. They felt that someone who has experienced difficulties would be genuinely empathetic to their situation, and would not judge them in the way they perceived a professional might. They also felt peers' personal experience of debt would make their guidance relevant and practicable.

### Peer support improves confidence, increases engagement with services, and helps people deal with challenging situations

It has great potential to complement debt advice, with debt advice offering technical advice and advocacy, and peer support delivering emotional and practical help. The emotional support could help people feel able to make difficult decisions, take action and maintain challenging situations, while the practical support could help them apply advice within their own lives (e.g. identifying specific savings that could be made).

### Practical support is more appealing but emotional support has greater impact

Propositions which appeared to focus on practical help had the greatest appeal with the over-indebted people interviewed, who struggled to recognise and discuss their need for emotional support. However, previous users of peer support said emotional support had been the most influential element in helping them to change their behaviour, and openly recognised the role that this support had played for them.

### People value structured programmes that deliver results, but are wary of high commitment

The over-indebted people interviewed wanted a peer support programme to deliver tangible benefits that would make a clear difference to their financial situations. Structured programmes with trained or professional moderators sounded most compatible with this requirement. However, at the same time they were wary of programmes which required a high degree of commitment or effort.

### Attracting service users into programmes is notoriously challenging

Across the range of existing peer-support programmes in different areas (e.g. weight, addiction, mental health, physical illness), encouraging users to take up services has been almost universally problematic. Engaging over-indebted people with peer support is likely to be particularly challenging, as many over-indebted people seem to be in denial about the severity of their situation, and reluctant to seek help.

### Marketing and design need to address the engagement challenge

Marketing should emphasise the programme's value, whilst ensuring it does not appear too demanding. Programme design should ensure users experience tangible benefits early to gain engagement, before attempting to tackle challenging behaviours or issues. Commitment requirements should increase gradually, and it may be beneficial to allow people to trial the service before having to commit fully.

### Significant thought and effort is required to bring about behaviour change

Changing any type of ingrained habits or behaviours can be extremely challenging. It is critical that scheme designers give significant thought to the types of techniques that are more likely to bring about the changes needed. A strong combination of techniques seems to be setting clear targets to work towards, offering social and material rewards for efforts, and deploying social support or pressure.

## 4. Peer-support landscape

The existing peer-support landscape is extremely diverse, with many different types of programmes in existence. This section describes the main types of programmes that exist and how they differ from each other, drawing on findings from an extensive literature review, interviews with experts and interviews with users and mentors of peer-support programmes.

### Summary

- There are a vast number of peer-support programmes in existence, however they fall broadly into six models: emotional support groups; activity-based support groups; one-to-one coaches/mentors; befriending services; telephone support; and web-based support/applications.
- There are also key variables which shape a programme, with different options at their 'extremes'. These include:
  - **moderation and facilitation:** the degree to which a peer-support programme is moderated, managed and facilitated by professionals or an organisation – or rather by the users themselves
  - **structure:** the degree to which schemes are designed by a facilitator/organisation, or are left open for users to co-create and engage with flexibly
  - **connection:** the degree to which users are encouraged and/or able to develop connections with other users or mentors
  - **commitment:** the degree of commitment a programme demands of its users and mentors
- Each model type, and each variable 'extreme', has its own advantages and disadvantages. Each will be more effective in certain contexts, and with certain groups of people.
- The most appropriate format for a programme will ultimately depend on its aims, target users and resources available.

Peer support can be defined as the sharing of knowledge, experience or practical help between individuals in a way that is mutually beneficial.<sup>2</sup> It is based on the principle that those with similar life experiences can offer authentic empathy and validation.

The current peer-support landscape is varied and wide ranging: programmes vary significantly in format and style. However, they are unified by core features including:<sup>3</sup>

- **Making the 'abnormal' feel more normal** – finding affiliation with people in similar circumstances can make a situation feel less 'abnormal'. The range of other people also trying to manage can reduce stigma around particular situations and help people feel that they are not alone.
- **Authentic empathy and support** – acceptance, equality and lack of judgement are key features of peer support.
- **Mutual trust that allows challenge** – sharing with peers can cultivate trust which enables people to challenge one another, to better recognise 'unhealthy behaviours', and to experiment and try new behaviours in a safe environment.
- **Empowerment** – peer support can help users to believe positive change, including recovery for some, is possible and enable them to take responsibility for making change happen.

<sup>2</sup> Mead, S. (2003) 'Defining Peer Support'.

<sup>3</sup> Mead, S. & Macneil, C. (2006) 'Peer support: what makes it unique?', International Journal of Psychosocial Rehabilitation. 10 (2), 29-37.

- **Challenging standard ‘expert-to-user’ relationships** – the equal relationship of support, where both people can learn from the other, is a different dynamic to static expert-to-user relationships (where the power balance is tipped more in favour of a professional). Some programmes do have limited professional guidance as part of moderation/facilitation.
- **Helping others as self-healing** – ‘giving something back’ by sharing knowledge and experiences is often seen as a key part of ‘self-healing’ when overcoming personal challenges.

## Types of peer-support programmes

Six main models of peer support have been identified<sup>4</sup> which use a variety of techniques to encourage behaviour change. These are not mutually exclusive, with many peer-support programmes combining models in their approach.



### Emotional support groups

Emotional support groups are the most common forms of peer support currently being used. They focus on providing emotional support, offering space where individuals can share their experiences, listen to others’ stories and receive validation and reassurance.

#### Example:

##### Mum2Mum Scheme

(Breastfeeding Peer Support in Wiltshire)<sup>5</sup>

**Overview:** Weekly breastfeeding groups for mothers to attend at local Children’s Centres, facilitated by trained peer co-ordinators who are mothers themselves. Part of a strategy to increase and promote breastfeeding and funded by the Department of Health.

**What the programme involves:** Each week mothers can ‘drop in’ to speak with peer mentors and to get help with specific problems related to breast feeding as well as more general parenting advice. Volunteers (mums themselves) allow users to take a break from their children and have a cup of tea with other mums. Normalises breastfeeding (stigmatised by some) and provides social support.

#### ☑ Strengths

- Support can be delivered to several individuals simultaneously, which is cost and resource efficient
- Likely to reduce anxiety and isolation for those who do engage with the service

#### ⊗ Weaknesses

- Practical organisation requires some time and money investment e.g. for sourcing and hiring venues, finding suitable times for attendees
- Doesn’t always feel actionable and progress is difficult to recognise
- Scalability is limited and challenging – sustainability of a group may depend on core volunteers or mentors



<sup>4</sup> NESTA (2013) ‘People helping people: peer support that changes lives, People Powered Health’, NESTA.

<sup>5</sup> Dowling, S. & Evans, D. (2013) ‘Breastfeeding peer support in Wiltshire: An Evaluation’, University of the West of England.



## Activity based support groups

In a group setting, participants are able to learn new skills and share practical experiences through completing specific set activities. These groups are also very common in the existing peer-support landscape.

### Example:

#### Self-help for People with Dementia<sup>6</sup> (Mental Health Foundation)

**Overview:** Peer-support groups for people with dementia living in extra-care housing, providing a breadth of activities

**What the programme involves:** Each week there is a different focus or activity designed to help people support themselves and others through living with dementia – whilst having fun and socialising. The sessions were co-designed and participants gave suggestions as to what the sessions would cover. Activities include: creative writing, learning techniques to remember names, healthy living to keep minds active, preparing to go into hospital, stress and relaxation, and using technology to help them manage their condition (e.g. using a diary, phone alerts).

#### ✔ Strengths

- Support delivered to several individuals simultaneously, which is cost and resource efficient
- Proven to improve user outcomes and behaviours<sup>7</sup>
- Targeted and focused activity is productive and practical

#### ⊗ Weaknesses

- Sizeable up-front investment can be required to design the programme – including activities, any workbooks/ personal logs etc
- Potentially significant training for peer leader may be required
- Scalability is limited and challenging – success is dependent on mentors, core volunteers, leaders



6 Mental Health Foundation Evaluation (2014) 'Report: Peer-support groups to facilitate self-help coping strategies for people with dementia in extra care housing'.

7 NESTA (2013) 'People helping people: peer support that changes lives, People Powered Health', NESTA.



## One-to-one coaches/mentors

Coaching offers support on a one-to-one basis, with coaches/mentors listening to users, discussing concerns, and offering advice and solutions. It is delivered in person (face to face), over the telephone or online. The degree of structure during contact and how time together is spent varies.

Coaches/mentors may be paid or unpaid, but most have received significant training. They have typically been through similar experiences to the scheme users, but have improved their own situation.

### Example:

#### Athena Project (Run by Hexagon Housing)<sup>8</sup>

**Overview:** The scheme aims to support people who are moving from high-support accommodation into independent living. The majority of users have suffered with mental health issues. Service users are referred on to the scheme and are allocated a paid peer mentor with whom they can do day-to-day activities.

**What the programme involves:** Face-to-face, one-to-one support given. Peer mentors can accompany users doing day to day activities (unlike nurses or clinicians) such as going to the shops. Peer mentors have overcome mental health problems themselves – the scheme aims to offer them a first step back in to the wider community.

#### ✔ Strengths

- A well-recognised type of support, which is available across other areas of life e.g. personal trainers, life coaches
- Personalised support and targets help to improve outcomes for individuals and change behaviours
- Coaches can act as role models and provide inspiration for scheme users who are trying to make positive change

#### ⊕ Weaknesses

- Significant investment in set-up of pairings, management of coaches/users and training required
- Only able to reach smaller numbers at one time
- Potentially need to pay the coaches



<sup>8</sup> Reiddy, H., & Webber, M. (2013) 'Evaluation of the Peer-support scheme in Southwark'. University of York, King's College London.



## Befriending services

Befriending (or buddying) sees the development of informal but intentional relationships between people around shared interests or experiences. It is often based on face-to-face interactions, but can involve web-based tools or telephone conversations. Pairs are often in a similar situation, experiencing similar issues at the same time (in contrast to 'coaching' where the coach has usually already overcome their difficulties).

### Example:

#### Manchester Mind<sup>9</sup>

**Overview:** Befriending programme for 15- to 25-year-olds living in the Manchester area, aimed at young people with mental health difficulties who need support.

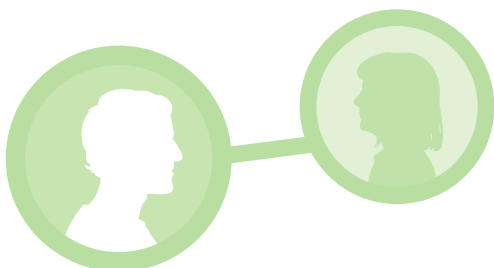
**What the programme involves:** Users are matched with a 'befriender' who has experience of dealing with mental health difficulties. The 'befriender' helps them find new activities to try, and can attend initial sessions with them to provide moral support.

#### ✔ Strengths

- Cost-efficient to set up and manage, as once matched 'friends' can be self-organising, with limited need for organisers to design materials to guide discussion
- Can help to reduce anxiety and isolation for both parties

#### ✘ Weaknesses

- Focus on emotional support, rather than practical activity which can be monitored, makes it harder to track the impact of the service and to achieve and/or demonstrate outcomes
- Challenging to monitor ongoing relationships and to ensure advice shared is accurate and constructive
- Difficult to deliver at scale/reach large numbers simultaneously



<sup>9</sup> [www.manchestermind.org/Mentoring\\_and\\_Befriending.php](http://www.manchestermind.org/Mentoring_and_Befriending.php)



## Telephone support

This type of peer support is provided through phone calls that are either the sole form of an intervention or used to complement other modes of intervention. Contact by phone may be 'one off' or on a more regular basis. This type of peer support may be delivered by unpaid peers, paid peers or professionals.

### Example:

#### The Pituitary Foundation

**Overview:** Telephone support line for people suffering with pituitary gland problems, or their partners or loved ones.

**What the programme involves:** Phone line operators are all trained voluntary peer mentors who are managing pituitary conditions. People (usually the newly diagnosed) call a helpline, and then get 'matched' with a peer with similar experiences. Peers offer practical tips, share their own experiences, provide encouragement and support people in making informed decisions. Follow-up phone calls can be arranged.

#### ☑ Strengths

- Easy and convenient to access, even for those 'on the go', and can be set up so accessible 'out of hours'
- Clear to explain and promote to potential users due to familiar format
- Allows for ongoing support – both emotional and practical

#### ⊗ Weaknesses

- Difficult to monitor the quality of calls and impact upon users
- Line opening times may need to be outside of working hours
- Upfront training of phone operators, or 'mentors', is required to ensure they can effectively handle calls





## Web-based support/applications

Web-based support has grown in size and range in recent years and includes online platforms/forums, apps and email contact. Platforms usually require moderation which may be undertaken by unpaid peers, paid peers or professionals.

### Example:

#### Koko<sup>10</sup>

**Overview:** Mobile app providing support to people with mental health/stress issues of any kind. Encourages users to 'rethink and reframe' problems.

**What the programme involves:** Koko uses an innovative form of crowdsourced cognitive therapy developed at the MIT Media Lab. Once a profile is created, the user can post a problem they have and users can post responses for 'rethinking' this (responses can be up-voted or down-voted). Users are encouraged to think about their problems from a more constructive angle.

#### ☑ Strengths

- Very convenient for users and can be accessed 'on the go'. Can help users who have issues accessing face-to-face contact
- Can be scaled up by organisations to reach a wide range of people simultaneously
- Empowers users to develop knowledge around the subject

#### ⊕ Weaknesses

- Platforms need significant moderation, which may involve direct advice giving or simply making sure 'house rules' are followed
- Low initial commitment required can result in users failing to engage fully which can reduce impact



<sup>10</sup> Faulkner, A. et al. (2013) 'Mental health peer support in England: Piecing together the jigsaw', MIND.

## Key variables of programmes

Different peer-support models have key variables that impact their focus, format and style. Four pivotal variables were identified from analysis of existing peer-support programmes. These variables shape the dynamic of a programme and the way in which people interact.

### Moderation & facilitation

Support programmes can be delivered by the following types of facilitator:

- **professionals:** these facilitators are paid, highly trained and skilled, able to offer guidance/advice.
- **peer mentors:** have experience of, or are currently going through, a similar issue/situation as scheme users. Either paid or voluntary, trained or untrained, peer mentors may receive support from a professional or peer supporter network.
- **'non-professionals':** similar to peer mentors in that they are not professionals, but without similar experiences to those taking part in the programme.

There is variation in the level of input users have in the moderation and direction of individual sessions, with some schemes being completely led by users, whilst others are moderated entirely by facilitators.

Led by users

Led by facilitators

e.g. Essex Mental Health Peer Support Programme: one to one, face to face

#### Consideration

How can the right balance be struck between allowing users to shape the service while also ensuring professionals provide an informed perspective?

### Structure

The structure of a programme describes the degree to which schemes are designed by a facilitator/organisation, or are left open for users to co-create and engage with flexibly. Components which could be designed include user activities (during contact time, and outside of contact time), topics to discuss/cover, length of programme, methods for logging progress.

At one end of the spectrum, clear goals and activities are designed and set for users. Benefits for the managing organisation include increased confidence that the programme is beneficial, and an ability to measure the effectiveness of different components more easily.

At the other end, the programme is left open for the users to decide how to engage with the service and what activities it might involve. This can benefit users because they feel more ownership over the service and empowered to participate.

Flexible & emergent

Structured & planned

e.g. Weight Watchers: semi-structured group sessions, and self-monitoring tools

#### Considerations

What is the appropriate balance between structure and flexibility, for a scheme aimed at over-indebted people?

How can this balance be achieved?

What aspects of the scheme should be designed, and how can they be designed in order to help users improve their financial situation?

## Connection

The degree to which users are encouraged and/or able to develop connections with other users or mentors plays a role in outcomes for users. At one end of the scale users can remain anonymous and have only fleeting interactions. At the other end, users can develop close and meaningful relationships with other users/peers, which can play an important role in encouraging positive behaviour change. These close relationships can be formed even when users are anonymous.

Impersonal

Close connections

e.g. Breastfeeding Network: Group contact but 'drop in' service

### Considerations

How can people who want to create close relationships be accommodated – as well as those who prefer less intimate connections?

Can close connections with other users be harnessed to drive behaviour change?

## Commitment

There is variation in the level of commitment demanded of users and mentors who engage with a peer-support programme. Programmes sit on a scale between 'high commitment' and 'low commitment' – spanning commitment of time, commitment of emotional energy, and commitment to changing behaviour.

Some programmes require long term, sustained contact (e.g. support groups like Alcoholics Anonymous) while other programmes can be more 'light touch' and allow users to dip in and out as much as, and when, they like (e.g. online forum Mumsnet).

Low commitment

High commitment

e.g. Alcoholics Anonymous: abstinence and commitment to the 12 steps

### Considerations

What is the appropriate level of commitment for a peer-support scheme for over-indebted people?

How can it be ensured that potential users are not put off by the commitment required?

## 5. Impact of peer support

There is ample evidence which suggests that peer support can effectively help users to make positive changes to their lives. This chapter discusses some of the benefits that peer support can have, drawing from the literature review and depth interviews with individual scheme users. It also describes how change can be brought about by the deployment of Behaviour Change Techniques (BCTs).<sup>11</sup>

### Summary

Peer support has been proven to be effective in many settings, although there is most evidence for its success in relation to healthcare. Studies suggest peer support can help people feel less isolated, more knowledgeable, confident and happy.

Whilst the aims of programmes vary in ambition and scale, most can be grouped by their approach to delivering outcomes for users, with approaches tending to either be 'support orientated' or 'goal orientated'.

Behaviour change is an important objective for many peer-support programme, particularly 'goal orientated' programmes.

A variety of behavioural change techniques (BCTs) are used to help users achieve positive outcomes. These include goal setting, self-monitoring and feedback on behaviour.

### Aims of programmes

The aims of peer-support programmes vary in ambition and scale. Most can be grouped by their general approach to delivering outcomes for users, with approaches tending to fall into two categories:

- **The 'support-orientated' approach:** providing ongoing support through relationship building and connections with others. This approach is often closely aligned with attempting to form and maintain new habits. Examples include Breastfeeding peer support in Wiltshire,<sup>12</sup> Elefriends (by Mind),<sup>13</sup> and student peer support at the University of Edinburgh.<sup>14</sup>
- **The 'goal-orientated' approach:** more overtly attempting to change behaviours around a particular challenge or topic, with a clear objective in mind. This approach is often closely aligned with attempting to change risky/detrimental behaviours. Examples include Narcotics Anonymous, Slimming World.

<sup>11</sup> Johnson, M., Michie, S. (2013) 'Encyclopaedia of Behavioural Medicine', "Behaviour Change Techniques" pp. 182–187.

<sup>12</sup> Dowling, S. & Evans, D. (2013) 'Breastfeeding peer support in Wiltshire: An Evaluation', University of West England

<sup>13</sup> [www.elefriends.org.uk](http://www.elefriends.org.uk)

<sup>14</sup> Scott, K (2012) 'Enhancing Student Support: Peer Support Report', Edinburgh University Students Association.

### Measuring effectiveness



There is no one clear definition of peer support and the peer supporter role. This poses a challenge for exploring the effectiveness of this type of support – compounded further by the variety of different models which currently exist. The World Health Organisation (WHO) describes a lack of consensus about the specific definition and role of the peer supporter,<sup>15</sup> going on to suggest that the “lack of specificity in terminology has led to some degree of confusion about the effectiveness of peer support interventions”.<sup>16</sup>

However, there is evidence to suggest that peer support does help people to cope with challenging circumstances. In describing what makes peer support unique, Mead and MacNeil (2006) outline how peer support can help people feel less isolated, as well as more knowledgeable, confident and happy.<sup>17</sup> They also suggest that encouraging people to take care of themselves could lead to longer-term benefits and savings in public money as individuals become more self-sufficient and achieve greater understanding of how to change their behaviour/manage their condition.<sup>18</sup>

Evaluations across different sectors indicate that peer-based interventions can improve engagement with healthcare services, provide support, improve self-efficacy and self-confidence, facilitate involvement in self-care activities, and increase cost effectiveness.<sup>19</sup>

There is a particularly strong evidence base for the efficacy of peer-based interventions in improving healthcare and mental health. These studies have examined a variety of illnesses, conditions, populations and interventions to determine what can be done at the community level to facilitate positive healthcare outcomes. Outcomes measured in these studies have included improved quality of life, improved self-efficacy, increased self-care and symptom management, and reduction in harmful behaviours.<sup>20</sup>

Regarding mental health support, for example, a trial in the United States among war veterans indicated that engagement with a recovery-orientated peer-led group significantly alleviated depression, and improved functioning and overall mental health. It also showed that better group attendance was associated with more

<sup>15</sup> Peer-support programmes in Diabetes, ‘Report of a WHO Consultation’, World Health Organisation, November 2007.

<sup>16</sup> Ibid.

<sup>17</sup> Mead, S. & MacNeil, C., (2006) ‘Peer support: what makes it unique?’, *International Journal of Psychosocial Rehabilitation*. 10 (2), 29–37.

<sup>18</sup> Ibid.

<sup>19</sup> Doull, M., O’Connor, AM., Wells, GA., Tugwell, P., & Welch, V. (2004) ‘Peer-based interventions for reducing morbidity and mortality in HIV-infected women (protocol)’. *Cochrane Database System Review*.

<sup>20</sup> Weibel, A.R., (2010) ‘Systematic Review of the Effectiveness of Peer-Based Interventions on Health-Related Behaviours in Adults: *American Journal of Public Health*’. 2010 February; 100(2): 247–253.

improvement.<sup>21</sup> Similar evaluations provide evidence for peer support helping people to manage their mental health.<sup>22 23</sup>

In other (non-healthcare) settings, reviews of the effectiveness of peer support are limited. However, what evaluation does exist suggests peer support can be most effective by employing specific behaviour change techniques, such as social comparison, social support, and setting goals and planning.<sup>24</sup> A discussion on using behaviour change techniques follows.

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## How can peer support have impact?

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Achieving successful outcomes for users of support services requires an understanding of the different ways in which positive behaviour change can be encouraged and enabled.

In recent years, a large number of Behaviour Change Techniques (BCTs) have been codified by academics and organisations aiming to change behaviours. Many of these are used in existing peer-support schemes as mechanisms for change.

A Behaviour Change Technique (BCT) is defined by UCL as a systematic procedure included as an active component of an intervention designed to change behaviour.<sup>25</sup> BCTs are defined by being: observable, replicable, irreducible, a component of an intervention designed to change behaviour and a postulated active ingredient within the intervention.<sup>26</sup>

Peer-support programmes vary by the scale of ambition for behaviour change and by the BCTs they employ to achieve outcomes. These techniques differ in the degree to which users/participants are aware of them. Some techniques are embedded in the design of the programme, while others are active tools to be used (e.g. to track progress).<sup>27</sup>

Behaviour change is attempted by employing different techniques. Descriptions of a selection of key BCTs outlined below are based on University College London's BCT taxonomy,<sup>28</sup> which was developed to find a common language for behaviour change interventions.

The BCTs below are examples commonly used in existing peer-support programmes, as identified in Phase 1 & 2 of the research. Further examples from each of the broader BCT categories defined by UCL are also outlined below. These were found to be less commonly used by peer-support programmes examined in this research, but could be considered as ways of changing behaviour in any new service designed. [see Appendix 3 for further definitions and full taxonomy of 93 BCTs].

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21 Eisen, SV., Schultz, MR., Mueller, LN., Degenhart, C., (2012) 'Outcome of a randomized study of a mental health peer education and support group in the VA'. *Psychiatry Services*. 2012 Dec; 63(12): 1243–6.

22 Lucksted, A., Medoff, D., Burland, J., Stewart, B., Fang, L.J., Brown, C., Jones, A., Lehman, A., & Dixon, LB., (2013) 'Sustained outcomes of a peer-taught family education program on mental illness'. *Acta Psychiatrica Scandinavica*. 2013 Apr; 127(4): 279–86.

23 Min, SY., Whitecraft, J., Rothbard, AB., Salzer, MS., (2007) 'Peer support for persons with co-occurring disorders and community tenure: a survival analysis'. *Psychiatry Rehabilitation Journal*. 2007 Winter; 30(3): 207–13.

24 NESTA and National Voices 'Peer support: what is it and does it work? Summarising evidence from over 1000 studies'.

25 Johnson, M., Michie, S. (2013) 'Encyclopaedia of Behavioural Medicine', "Behaviour Change Techniques" pp. 182–187.

26 Michie, S., Ashford, S., Sniehotta, F.F., Dombrowski, S.U., Bishop, A., & French, D.P., (2011) 'A refined taxonomy of behaviour change techniques to help people change their physical activity and healthy eating behaviours: The CALO-RE Taxonomy', *Psychology and Health*, vol. 26 (11): 1479–1498.

27 Abraham, C., Michie, S. (2008) 'A Taxonomy of Behaviour Change Techniques Used in Interventions, *Health Psychology*' Vol. 27, No. 3, 379–387.

28 Michie, S. et al. (2013). 'The Behaviour Change Technique Taxonomy (v1) of 93 hierarchically-clustered techniques: building an international consensus for the reporting of behaviour change interventions', *Annals of Behavioural Medicine*, 46, 1, 81–95.

BCT category	BCT used in peer support	Example peer support using this BCT	Further BCTs
Goals and planning	<ul style="list-style-type: none"> <li>■ <b>Goal setting (outcome or behaviour):</b> Set or agree a goal defined in terms of behaviour or outcome to be achieved</li> </ul>	<ul style="list-style-type: none"> <li>■ Weight Watchers</li> </ul>	<ul style="list-style-type: none"> <li>■ Problem solving</li> <li>■ Action planning</li> <li>■ Behavioural contract</li> </ul>
Feedback and monitoring	<ul style="list-style-type: none"> <li>■ <b>Feedback on behaviour:</b> Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g. form, frequency, duration, intensity)</li> </ul>	<ul style="list-style-type: none"> <li>■ Mumsnet</li> </ul>	<ul style="list-style-type: none"> <li>■ Monitoring of behaviour without feedback</li> <li>■ Self-monitoring of behaviour</li> </ul>
Social support	<ul style="list-style-type: none"> <li>■ <b>Social support (practical &amp; emotional):</b> Advise on, arrange, or provide emotional support or practical help (e.g. from friends, relatives, colleagues, 'buddies' or staff) for performance of the behaviour</li> </ul>	<ul style="list-style-type: none"> <li>■ Alcoholics Anonymous</li> </ul>	<ul style="list-style-type: none"> <li>■ Emotional social support</li> </ul>
Regulation	<ul style="list-style-type: none"> <li>■ <b>Reduce negative emotions:</b> Advise on ways of reducing negative emotions to facilitate performance of the behaviour</li> </ul>	<ul style="list-style-type: none"> <li>■ Elefriends (by Mind)</li> </ul>	<ul style="list-style-type: none"> <li>■ Conserving mental resources</li> </ul>
Shaping knowledge	<ul style="list-style-type: none"> <li>■ <b>Instruction on how to perform a behaviour:</b> Advise on how to perform the behaviour</li> </ul>	<ul style="list-style-type: none"> <li>■ Slimming World</li> </ul>	<ul style="list-style-type: none"> <li>■ Re-attribution</li> </ul>
Natural consequences	<ul style="list-style-type: none"> <li>■ <b>Information about consequences (emotional, environmental, social, health):</b> Provide information (e.g. written, verbal, visual) about consequences of performing the behaviour</li> </ul>	<ul style="list-style-type: none"> <li>■ Mum2Mum breastfeeding scheme</li> </ul>	<ul style="list-style-type: none"> <li>■ Salience of consequences</li> <li>■ Anticipated regret</li> </ul>
Comparison of behaviour	<ul style="list-style-type: none"> <li>■ <b>Social comparison:</b> Draw attention to others' performance to allow comparison with the person's own performance</li> </ul>	<ul style="list-style-type: none"> <li>■ MoneySavingExpert</li> </ul>	<ul style="list-style-type: none"> <li>■ Demonstration of the behaviour</li> <li>■ Information about others approval</li> </ul>
Repetition and substitution	<ul style="list-style-type: none"> <li>■ <b>Behaviour substitution:</b> Prompt substitution of the unwanted behaviour with a neutral one</li> </ul>	<ul style="list-style-type: none"> <li>■ Self Help for people with Dementia</li> </ul>	<ul style="list-style-type: none"> <li>■ Rehearsal</li> <li>■ Habit formation, reversal</li> <li>■ Graded tasks</li> </ul>
Reward and threat	<ul style="list-style-type: none"> <li>■ <b>Reward:</b> Arrange for the delivery of money, vouchers or other valued objects if and only if there has been effort and/or progress in performing the behaviour</li> </ul>	<ul style="list-style-type: none"> <li>■ Slimming World</li> </ul>	<ul style="list-style-type: none"> <li>■ Incentive (material, social)</li> <li>■ Self-reward</li> </ul>

Self-belief	<ul style="list-style-type: none"> <li>■ <b>Verbal persuasion about capability:</b> Tell the person they can successfully perform the wanted behaviour, arguing against self-doubts</li> </ul>	<ul style="list-style-type: none"> <li>■ Debtors Anonymous</li> </ul>	<ul style="list-style-type: none"> <li>■ Mental rehearsal of successful performance</li> <li>■ Focus on past success</li> </ul>
Scheduled consequences	<ul style="list-style-type: none"> <li>■ <b>Rewarding completion:</b> Build up behaviour by arranging reward following final component of behaviour</li> </ul>	<ul style="list-style-type: none"> <li>■ Weight Watchers</li> </ul>	<ul style="list-style-type: none"> <li>■ Punishment / remove punishment</li> <li>■ Remove reward</li> </ul>

### Considerations

What financial behaviours should a peer-support scheme for over-indebted people aim to change?

Which BCTs could help change these behaviours? Which BCTs feel the most appropriate to use in this context?

Should users be aware of BCTs being used? If yes, how can users be made aware without reducing the BCTs' effectiveness? If no, how can BCTs be deployed without users being aware of them?

## Effectiveness and experiences of different programmes

As part of Phase 2 of the research (in-depth interviews), researchers captured the experiences of people already involved in peer support (as current users, former users and/or peer mentors), which led to greater insight into the value of this kind of support and how BCTs 'work' on users. Below are examples of different peer-support programmes with details of how they are effective in encouraging behaviour change.

### Aim of scheme:

- The programme aims to help users lose weight, improve their diet and increase exercise.

### Format

- Support is provided through face-to-face groups and through online resources on a central portal (such as information sheets and trackers).
- Group sessions centre around a weekly weigh-in, and sharing of struggles/successes from that week. One member wins 'loser of the week' – the person who has made the most progress. A strong sense of community can grow amongst group members.
- Groups are led by local moderators, or 'consultants' who have previously lost weight through Slimming World. Consultants receive training and are paid.

### Core variables:

#### Moderation & facilitation

Led by users

Led by facilitators

#### Structure

Flexible & emergent

Structured & planned

#### Connection

Impersonal

Close connections

#### Commitment

Low

High

### Key BCTs used:

- **Social support (emotional):** users share their experiences with the group, provide encouragement to continue with their efforts, and provide empathy when things don't go to plan.
- **Behavioural contract:** users outline how much weight they wish, and commit, to lose.
- **Reward:** awards such as 'loser of the week', and 'loser of the year' reward efforts, and inspire others to continue with their efforts.
- **Instruction on how to perform new behaviours:** signed up members are given healthy recipes to try.
- **Self-monitoring of outcomes of behaviour:** users are weighed each week they attend group sessions.

## Case study: Meet John

- Has been attending Slimming World weekly meetings for the last six months after his doctor warned him his weight was exacerbating other health problems.
- Tried going a couple of years ago but stopped because he disliked the leader, and became unmotivated. He thinks his new group leader is great as she 'stops people rambling on' and gives quieter members an opportunity to speak.
- Particularly enjoys the social aspect, and says it does not bother him that he is one of the only male members despite initial concerns.
- Having previously accessed Alcoholics Anonymous, he believes Slimming World to have a better sense of structure. He finds it particularly encouraging when he finds out at group weigh-in that he has lost weight.
- John has lost half a stone by following the plan and attending sessions, and is motivated to lose more.



"When you win 'loser of the week' – it's weird – but it does make you feel good"

### Aim of scheme:

- Programme aimed at “helping people recover from compulsive debting and under-earning.”<sup>29</sup>

### Format:

- Structured programme (12 defined steps to healthier financial behaviours) with a religious context. Recovery from ‘compulsive debting’ is defined as when new, unsecured debt is not incurred for at least 90 days.
- Involves face-to-face group sessions where users share their debt and financial problems, and take turns to share progress/setbacks experienced that week. Sessions are fairly flexible but are usually based around sharing and listening as a group.
- Users are encouraged to maintain records of their daily income and expenses, of savings, and of payment of any outstanding debts.
- Users are allocated sponsors, a recovering debtor who can advise on the 12 steps.
- A user’s financial situation is reviewed by a Pressure Relief Group, including two other recovering debtors who have not incurred unsecured debt for at least 90 days and who usually have more experience in the programme. The group formulate a spending plan and an action plan.

### Core variables:

#### Moderation & facilitation

Led by users

Led by facilitators

#### Structure

Flexible & emergent

Structured & planned

#### Connection

Impersonal

Close connections

#### Commitment

Low

High

### Key BCTs used:

- **Goal setting and action planning:** users create financial ‘action plans’ with their allocated sponsors, outside of the group setting.
- **Social support (practical and emotional):** in group sessions users can advise others on how to improve their ‘performance’, and provide encouragement to help them stick to their action plan.
- **Behavioural contract:** users are asked to affirm their commitment to reducing debt, and to remain ‘abstinent’ for 90 days.

<sup>29</sup> Debtors Anonymous UK. (2016). ‘Debtors Anonymous UK’. [online] Available at: [debtorsanonymous.org.uk/](http://debtorsanonymous.org.uk/) [Accessed 5 Dec. 2016].

## Case study: Meet Martha

- Martha started attending Alcoholics Anonymous 11 years ago, and has been going to Debtors Anonymous for over a year.
- A compulsive shopper, she is nervous, but positive, about the 90 days of abstinence in which no unnecessary spending is allowed. She's been introduced to apps, which help her keep track of her income and expenditure.
- Sends emails to her sponsor (who she chose herself) twice a week, and they meet regularly to chat and discuss her progress in managing debts.
- Loves the structure of the programme: learning the 'traditions', taking the 'steps', having a 'sponsor'. They offer a meaningful framework for her to understand her journey to healthier behaviours.
- Feels the '12-step' groups have changed her life and no longer feels alone in her struggles.



"The steps are a way of life. Some people don't like the religious aspect but for me it was key."

### Aim of scheme:

- MoneySavingExpert (MSE) aims to provide impartial information and advice on financial issues.
- Its forums aim to provide a space for the sharing of financial concerns, queries and advice.

### Format:

- There are different forums grouped by topic, and within these there are different discussion 'threads', or 'sub-boards'.
- Users can log in and post their own comments and questions, or can comment on other users' posts. Alternatively, they do not have to log in and can instead just read other people's posts.
- The forum can be accessed any time of day from any device with internet access.
- Forums are moderated by MoneySavingExpert, and accounts can be blocked. Comments can also be liked and rated.
- 'Debt-free Wannabe' is a forum devoted specifically to management of debts and many of the threads discuss debt advice, and debt solutions. Users can post queries and ask for support and help from other users.

### Core variables:

#### Moderation & facilitation

Led by users

Led by facilitators

#### Structure

Flexible & emergent

Structured & planned

#### Connection

Impersonal

Close connections

#### Commitment

Low

High

### Key BCTs used:

- **Instruction on how to perform new behaviours:** the forum allows users to learn about new ways of doing things in regards to their finances, and how they might put these into practice.
- **Feedback on behaviour:** users can directly ask the forum for feedback on their situation/issue, or can read similar posts to come to conclusions about their choices.
- **Reduce negative emotions:** users can advise others on ways to reduce negative emotions and to encourage them in new behaviours. Particularly relevant on the Debt Free Wannabe forum, where some users can be in desperation.

## Case study: Meet Jared

- Originally from New Zealand and has been active on forums since moving to the UK.
- Very internet and finance savvy, he has been using MSE for eight years. He is an active poster and responder – using the site three+ times a week.
- Has used Debt Free Wannabe for specific practical problems – which he described as resolved as a result of the advice he received on there.
- Thinks Money Saving Expert's credibility relies on its popularity – as there are so many forum users, eventually someone gives him the advice he needs.
- Having resolved his own issues, he now likes being able to give back and give practical advice as well as empathy. He responds to posts on budgeting, self-employment and debt advice.



"There are desperate people on there, and I like being able to give them sound advice when they really need it."

## 6. Peer support and the over-indebted population

In order to understand whether a peer-support programme could effectively help over-indebted people, it is important to first consider the types of needs they have and the types of help they want. This chapter discusses the findings of six focus groups in which over-indebted people discussed their financial needs and wants, and in which the concept of peer support was explored as a potential solution.

### Summary

The concept of peer support had high appeal with over-indebted people. The groups felt that peer mentors would offer genuine empathy, and would provide inspiration through success stories.

Perceptions of peer support were more favourable than perceptions of debt advice, which was seen by many as a last resort, with many having concerns that professionals would be judgemental or would have an agenda.

There was strong appreciation for the value of a peer having similar experiences. However, there was some anxiety about the accuracy of financial support that peer mentors would be able to give, and some worried about sharing information 'with strangers'.

Over-indebted respondents liked concepts that were structured, would deliver practical benefits, and where peer mentors had received training. They recognised the value of close connection with peers although some were anxious about initial introductions.

It was felt that peer support could particularly help over-indebted people with budgeting (pre-crisis), navigating debt advice options (during crisis), and maintaining solutions and lifestyle changes (after crisis).

The most popular propositions were Peer Coaching, the Online Forum and the Volunteer Helpline, but there were differences in preference depending on where people were in the 'debt journey' – with options seen as requiring lower up-front commitment being more popular 'before crisis'.

### Needs and experiences of over-indebted people

#### Help needs

Across the sample many individuals faced similar financial challenges. Commonly cited challenges included:

- **Being on a tight budget** – making income last the month, overspending (e.g. impulse buying and caving to 'social pressure'), dealing with fees and charges, planning for or dealing with unexpected bills / expenditure, prioritising outgoings and managing bills and repayments.
- **Dealing with existing debts** – reducing debt (including credit cards, store cards, overdrafts, payday loans etc.), repaying arrears (including unpaid bills, rent and council tax), ongoing repayments of old debt.
- **Credit score** – understanding or rebuilding credit score.
- **Dealing with providers and creditors** – dealing with creditors and other providers chasing repayment, handling debt collection companies.



"When it comes to bank charges I'm always taken by surprise"

**Before Crisis**



"I get paid on the 15th of the month and my bills come out when I don't have the money"

**Before Crisis**



"The gas bill, we have to pay every 3 months. And it was £400 and I had to borrow money from my friend because I wasn't expecting it."

**Before Crisis**



"I'm intrigued by how to improve my credit score – I went to an independent financial consultant and they were explaining to me how it works but I'm sure not sure I understood"

**During Crisis**

The kind of money management help desired by over-indebted individuals correlated with their positions on the 'debt journey'. Those who were 'before crisis' mostly wanted help with budgeting - making their money last the month and therefore not having to borrow. They also wanted reassurance that they could change their situation if they set themselves to it.

For the groups that were close to seeking advice, help to navigate different advice options was seen as potentially most useful. Having reached the point of seriously contemplating accessing debt advice, some individuals said they felt overwhelmed by choices, unsure which was best for them.

The group that had accessed debt advice and been put on to a formal debt solution wanted support maintaining their solutions and associated lifestyle changes. Similarly, those who had received advice but had an informal solution or no solution, wanted to maintain the better habits/behaviours which they had developed. Neither of these groups wanted to take out further credit, and were therefore living on tight incomes.

### **The need to change behaviours**

A large number of people in the focus groups – particularly those who were not close to seeking advice – seemed to be 'burying their heads in the sand' about their financial situations, and hiding from the financial challenges facing them. They were reluctant to seek any help and many felt that they had the capacity to 'sort their situation out' themselves. Overcoming this reluctance to seek help is important if over-indebted people are to successfully address their financial challenges.



"For me I think I would just go and do my own research, rather than asking for any advice. You can get it all online if you look hard enough"

**Before Crisis**

A number of the financial challenges experienced could potentially be overcome, or alleviated, by changing financial behaviours. Some specific behaviours that could be helpful for some over-indebted people to change include:

- opening and dealing with bills promptly
- ensuring that regular bills are paid (e.g. by setting up direct debits)
- paying priority bills first
- planning for unexpected bills
- sticking to a tight budget
- refraining from impulse spending.

### Perceptions and experiences of debt advice

Across all the groups, respondents had limited awareness of the full range of debt advice available to them, beyond providers that are better known (e.g. PayPlan and StepChange). Unsurprisingly, the groups that had received debt advice knew of more services than others. However, some of these respondents only knew of the debt advice provider they had accessed (with respondents accessing a variety of organisations including StepChange, Clear Start, PayPlan and Citizens Advice), whilst other people knew of more providers.

Overall, those who had not accessed debt advice knew little of what this might involve and how it might differ from other financial advice. Those furthest away from seeking advice were slightly intimidated by the idea of debt advice, and perceived that it was for people in 'dire straits' – a last resort which they hadn't yet reached. Many hoped to continue to solve problems by themselves, mostly through online research, before contemplating debt advice.



**"Even the sound of debt, debt management and debt advice sound horrifying. They are scary words, like they need you to do loads"**

#### **Before Crisis**

As would be expected, respondents closer to seeking advice were curious about debt advice and showed some awareness of how approaching a debt advice company could help their situation – e.g. consolidating debts, being put on to a solution.



**"A debt management plan would make sense. I didn't feel like my bank was really trying to help me so it would be good to figure out how to repay. My wife has been doing some research, so it would be helpful to know about a DMP to consolidate it all and pay it back."**

#### **During Crisis**

Some of those who would consider seeking debt advice felt that they would need to do some preparatory research before seeing a professional – to ensure they would be able to keep pace with the conversation, and so they could be confident that the advice given was accurate and relevant to their situation.

There was some understanding that some debt advice can be free whilst other companies charge. Respondents were generally sceptical about most debt advice providers, worrying that debt advice might not be impartial. Rather than advising on the best options, respondents feared professionals would 'have an agenda' to push products or solutions that benefited them or their employer.



**"You need to steer clear of those bodies that charge"**

#### **During Crisis**

Very few respondents understood that debt advice was a specific type of financial advice, instead tending to categorise it as broader financial advice.

However, those who had accessed debt advice generally spoke of positive experiences, with the large majority feeling that they had been treated with respect by their advisers. Most were pleased to have some relief from the burden of their financial challenges, and felt they were finally 'sorting' their situation, and preventing themselves from getting further in to debt.



**"Step Change were very compassionate and helpful, and understanding of my circumstances"**

#### **After Crisis (no solution)**



"When I got my DMP the biggest weight was lifted. The monthly payment is miles less than what I had going out before"

**After Crisis (had solution)**



"The IVA helped with my depression – you are in more control, and know how much you have to spend"

**After Crisis (had solution)**

### Considerations

Could peer support increase understanding of/engagement with debt advice?

How can it complement what is being offered by debt advice providers?

## Reactions to the concept of peer support

### Perceived benefits



The concept of peer support was positively received by over-indebted people across all the groups. Whereas debt advice was found to be unappealing for a large proportion of the over-indebted sample (who had yet to access it), there was definite enthusiasm for the concept of peer support. The key benefits were perceived to be:

- peer mentors would have greater empathy and understanding than professionals
- lack of judgement from peer mentors and other users
- peer mentors have no incentive or ulterior agenda
- peer mentors can provide inspiration for getting out of financial difficulty, and show 'there is light at the end of the tunnel'



"It would be more therapeutic than you realise, if you are quite isolated or you think you're on your own. It's quite liberating to know that people are in a similar situation"

**During Crisis**



"I'd want to speak to someone who's been through it but now has good credit and got clear"

**After Crisis**



"I think it [peer support] could be something I'd be interested in. I think there would be less judgement about my situation, than if I went to an adviser"

**Before Crisis**

## Anxieties about peer support

Some respondents voiced anxieties about peer support; though most of these could be readily mitigated by small measures.

Some were concerned that peer mentors would offer less trustworthy advice than that given by professionals. This could be mitigated by providing peer mentors with thorough training and creating or utilising a strong trusted brand.

Others worried about speaking about their financial affairs with 'strangers' – both with other users/participants and with peer mentors. They felt concern about their privacy and whether anyone would share their story. This could be mitigated by making it clear to users that peers and peer mentors have shared experiences and will be empathetic. It could also be addressed by allowing users to remain anonymous (though this could not always be guaranteed with local face-to-face support).



**"I don't like to do the whole face-to-face thing ... I kinda avoid it. It's a bit of an embarrassing situation so I try to keep it in the family, feel more comfortable talking to family than a stranger"**

### After Crisis

Over-indebted respondents also didn't feel they needed (or didn't want to admit to needing) emotional support. Despite this, existing examples of peer support indicate that users really value emotional support. This attitude could be mitigated through a greater focus on practical tools and support, particularly during early engagement. Emotional aspects of support can then be 'dialled up' as users engage further

### Considerations

How can the benefits of peer support be communicated to potential users?

How can anxieties around peer support be mitigated against?

## Reaction to peer-support propositions

### Proposition development

The process of developing propositions for testing with focus groups involved returning to elements of pre-existing peer-support programmes, alongside the key variables that make up different programmes: moderation & facilitation; structure; connection and commitment. The Money Advice Service wanted to test propositions with different combinations of these key variables, across different delivery channels (face-to-face, online, phone), and employing different behavioural change techniques.

The Volunteer Helpline proposition, for example, took inspiration from the Pituitary Foundation's telephone programme and the BCTs they employ (e.g. social comparison, comparison of outcomes). Likewise, the Buddy Scheme took inspiration from Christians Against Poverty's befriending service (BCTs employed include instruction on how to perform the behaviour), and the Support Group was inspired by, among others, Alcoholics Anonymous and Slimming World (BCTs including goal setting and review of goals, and feedback on behaviour)

The propositions also drew from the six main models of peer support to ensure that the options presented to the focus groups were wide ranging and would be provided through different channels (in a group setting, one-to-one, remote).

The research team withheld preconceptions about what might be successful amongst over-indebted people, instead opening the discussion to include less 'conventional' peer-support models.

Generally, propositions with a greater practical focus were more popular, and those with an explicit focus on emotional support were very unpopular. This mirrored the views of respondents already engaged in existing peer-support programmes (outside of the context of debt), who also spoke of their initial reluctance to engage with emotional support. However, they described how valuable emotional support turned out to be once they engaged with it.

Across the different groups, the most appealing propositions were those that seemed to offer a 'quick fix' with low commitment. A significant proportion of all respondents were reluctant to admit their own bad habits, even the group who had sought debt advice previously.

Some respondents were put off by high-commitment solutions which required investing time and effort. However, 'high intensity' solutions were popular if they were deemed to have practical benefit to potential users. For example, coaching was popular, even though it would involve quite a big commitment from users, as it was felt that involvement would bring tangible results.

This aversion to high-commitment solutions has implications for how support for over-indebted people should be designed and marketed, including a peer support pilot.



**"It shouldn't be too time-consuming; it needs to be easy for working people"  
In respect of online classes, After Crisis**

Other preferences in relation to other key variables across all groups included:

- **Moderation & facilitation** – The respondents liked models that were facilitated by a trained peer. There was a real appreciation for the value of a peer having similar experiences, and a mistrust of professionals. However, it was felt that a peer supporter should be fully informed about financial issues through training. Additionally, the majority liked the perceived intensiveness of help delivered on a one-to-one basis, feeling that focused help would be more impactful, keep them motivated, and lead to better outcomes.



**"Each individual is different, that's the good thing about a one-to-one."  
During Crisis**

- **Structure** – In general, the respondents liked the propositions that had more structure, rather than those which were user-led. They wanted practical help to be the focus, feeling that anything designed to provide emotional support only would be a 'waste of time'.



**"I would prefer if it was a structured course, if there were modules and I have to finish them."  
In respect of online classes, During Crisis**

- **Connection** – In general, the respondents recognised the impact of close personal connection, and how this might encourage them to continue with a programme. However, they were anxious about initial introductions with new people when first engaging with a peer-support programme. There was also support for anonymity, with some having concerns about discussing financial difficulty. Models which were remote – e.g. online, telephone – were appealing in this regard.



**"If there were a familiar face at sessions each week, it'd probably encourage me to keep coming back. It's a motivator when things, life, can get in the way"  
Before Crisis**

Although general preferences were reflected across the groups, there were slight differences between groups at different stages of the 'debt journey':

- **Before Crisis** – Those furthest away from seeking advice generally liked low-commitment options – support they could access when and where they liked, and engage with as much as they wanted.

- **During Crisis** – Those close to seeking advice were less fearful of higher-commitment support options, and wanted inspiration or ‘light at the end of the tunnel’ – e.g. by attending a support group with people further along in their ‘debt journey’.
- **After Crisis** – The groups that had accessed debt advice had a greater appreciation for emotional support elements alongside practical support, and valued close personal connections with other users/mentors.

## Popularity of the different propositions

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The nine peer-support propositions tested with 6 groups of over-indebted people were:

- **Support group** – meetings of groups of people in similar financial circumstances, to discuss money challenges and find solutions to problems together.
- **Peer coaching** – a structured programme with a trained peer ‘coach’ (who has also experienced financial difficulty) to set and work towards clear financial goals.
- **Buddy scheme** – pairings of people in similar financial circumstances for ongoing advice and support with financial questions and challenges.
- **Advice at local groups/events** – tailored presentations about money management, delivered to pre-existing groups (e.g. for parents, job seekers, etc.) by people who have experienced debt.
- **Volunteer helpline** – a telephone helpline where people can get guidance, tips and links to professional services from trained volunteers who have experienced debt.
- **Online forum** – an online forum about money management/ financial difficulty, where users can ask (and answer) questions, or discuss challenges with others in similar situations.
- **Online classes** – an online programme of classes about money management/ financial difficulty, taught in groups with a forum to speak to other users about course content.
- **Financial tracking app** – a website or app to track income and spending, with leaderboards to track progress against family/friends, and chat functions to share goals and tips with other users.
- **Financial therapy app** – an app where you can receive, and give, support about the range of emotions and worries people have in relation to experiencing financial difficulty and debt.

The table below summarises the popularity of different propositions with the over-indebted people in the sample.

Peer coaching, the volunteer helpline and the online forum emerged as the most popular ideas.

Proposition	Popularity	Reasons why liked/disliked	Favoured by which groups?		
			Before crisis	During crisis	After crisis
Peer coaching	High	<ul style="list-style-type: none"> <li>Groups liked that it offered personalised support focused on clear goals</li> <li>They also saw the benefit of encouragement from a 'critical friend'</li> </ul>	✓	✓	✓
Volunteer helpline	High	<ul style="list-style-type: none"> <li>Seen as easily accessible and potentially anonymous</li> <li>Many could see themselves actually using it – especially in moments of panic</li> </ul>	✓	✓	✓
Online forum	High	<ul style="list-style-type: none"> <li>Liked having access to advice and information from many posters/commenters at once</li> <li>The low commitment required and flexibility were appealing</li> </ul>	✓	✓	✓
Support group	Medium	<ul style="list-style-type: none"> <li>Has the potential for users to form strong bonds with others</li> <li>Some were unsure about how useful the advice they would receive would be</li> </ul>	✗	✓	✓
Online classes	Medium	<ul style="list-style-type: none"> <li>Some liked the self-directed learning aspect (the peer support element was not the main appeal)</li> <li>Others disliked the need for self-motivation, and perception of high commitment</li> </ul>	✓	✗	✓
Financial tracking app	Medium	<ul style="list-style-type: none"> <li>Felt to be a convenient way of monitoring expenditure</li> <li>Many felt they would not use the peer support element</li> <li>Some found the competitiveness disengaging</li> </ul>	✓	✗	✓
Advice at local groups/events	Low	<ul style="list-style-type: none"> <li>One group liked that an adviser would come to events they were already attending – so saw it as convenient</li> <li>There was concern about sharing financial information in a local setting, and anonymity</li> </ul>	✓	✗	✗
Financial therapy app	Low	<ul style="list-style-type: none"> <li>Respondents struggled to grasp the concept of the app</li> <li>It was described as an unwelcome opportunity for people to dwell on their problems</li> </ul>	✗	✗	✗
Buddy scheme	Low	<ul style="list-style-type: none"> <li>For some it felt like having a friend 'forced' upon them</li> <li>Many thought that it might actually make their situation worse - if they were to receive bad advice for example</li> <li>Others found the word 'befriending' particularly unappealing, feeling that it had connotations of 'forced friends' or spending time with someone you didn't like</li> </ul>	✗	✗	✗

Further details on each of these propositions, including ideas for implementation, are explored in the 'how to' guide available alongside this report.

## 7. Designing a peer-support programme for over-indebted people

The design, marketing and delivery of a peer-support programme for over-indebted people will be of vital importance if it is to help them make positive changes to their situation. This chapter discusses the types of support such a peer-support scheme could offer, how it could attract potential users, and practical aspects that would need to be considered to ensure the scheme is effective and scalable.

### Summary

Most focus group participants agreed that there is an opportunity for peer support to complement debt advice throughout the debt journey. While professionals offer extensive information, guidance and tools, most respondents felt that peer mentors would be more empathetic to their situation and could offer practical tips.

One of the greatest concerns that respondents had about peer support was the time and energy that would be required, and how clearly they would see the benefit.

Concerns about commitment could be overcome by positioning the service to potential users in the right way. Communicating the specific rewards, and making the first steps to engagement as easy as possible, will be important. Low-commitment entry points such as taster days or free first sessions (as is done across peer support and a wider range of professional/private-sector services) could maximise initial engagement.

Ensuring users experience some immediate gratification, or 'easy wins', early on in their engagement will be important. The engagement stimulated by these 'easy wins' could be harnessed to encourage users to take part in the programme over a longer time period, in order to tackle deeper seated issues.

Specific components of peer support have emerged as particularly effective in helping to develop and maintain new financial behaviours and should be used wherever possible. These are: face-to-face interactions; peer mentors who have made progress; achievable goals; and a combination of behaviour change techniques.

### Complementing debt advice

Most respondents agreed that there is an opportunity for peer support to complement debt advice throughout the debt journey. While professionals offer extensive information, guidance and tools, most respondents felt that peer mentors would be more empathetic to their situation, and would not judge the 'mistakes' they may have made with money.

There are several ways in which peer support could complement debt advice:

- The practical components of behaviour change, such as goal setting, feedback on behaviour and review of behaviour/goals, could have a greater impact if facilitated by peer mentors with real-life experience of making similar changes.
- Peer mentors could provide greater inspiration than professional advisers – as they exemplify that it is possible to reduce debt and live through the challenges of a tight income.
- The fact that peer mentors have made similar 'mistakes' could encourage over-indebted people to be more forthcoming with them than they are with debt advisers. This could help users to open up about the extent of their financial difficulties and to take the necessary steps to improve it.

The table below outlines how the two types of support could meet the needs of over-indebted people at different stages of the debt journey:

Needs debt advice and peer support could fulfil			
	Before crisis	During crisis	After crisis
Debt advice	<ul style="list-style-type: none"> <li>■ Engage in outreach work to encourage people to seek advice before they reach crisis point</li> <li>■ Provide online information about how to avoid and deal with debt problems, including signposts to organisations or sources that help with money management</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>Provide debt advice:</b> Advise on the most suitable solution and negotiate with creditors</li> <li>■ Ensure clients know to return to debt advice if their situation changes and they need help again</li> </ul>	<ul style="list-style-type: none"> <li>■ Ensure that clients have been able to follow up on necessary actions following advice, including taking out a debt solution</li> <li>■ Refer to peer support or other sources of practical or emotional support</li> <li>■ Provide online information about how to avoid recurrence of debt problems</li> </ul>

## Peer support

### Practical

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>■ Introduce users to tools and apps to help with budgeting and spending</li> <li>■ Provide practical tips and tricks to save money e.g. coupons and calculators</li> </ul> | <ul style="list-style-type: none"> <li>■ Encourage users to seek debt advice where appropriate</li> <li>■ Improve knowledge about different advice options, and help to choose the most suitable</li> </ul> | <ul style="list-style-type: none"> <li>■ Give encouragement and help to take action following advice</li> <li>■ Help to reduce expenditure where possible</li> <li>■ Help to create and adhere to budget</li> </ul> |
|---|---|---|

### Emotional

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>■ Help people to face the reality of their financial situation – to get their ‘heads out of the sand’</li> <li>■ Give a sense of perspective from someone who has been through something similar</li> </ul> | <ul style="list-style-type: none"> <li>■ Support people to come to terms with needing professional intervention</li> <li>■ Ready users to be able to tell family/friends about financial problems</li> <li>■ Prepare users for future lifestyle changes</li> </ul> | <ul style="list-style-type: none"> <li>■ Help users to come to terms with lifestyle changes and any regrets in previous choices</li> </ul> |
|--|--|--|

## Changing behaviour

From all three sets of data (literature review, interviews and proposition testing focus groups), there were some key components of peer support that emerged as particularly effective in helping to develop and maintain new financial behaviours:

- **Face-to-face interactions** – this kind of interaction is powerful and encourages behaviour change due to the social behaviour change techniques activated. Face-to-face services can also encourage users to develop self-sustaining support networks, which can enable them to transition away from the main group – freeing up resource for other people.
- **Peer mentors who have made progress** – mentors who have changed some of their own behaviours and moved towards financial recovery are in a position to provide genuine inspiration for change.

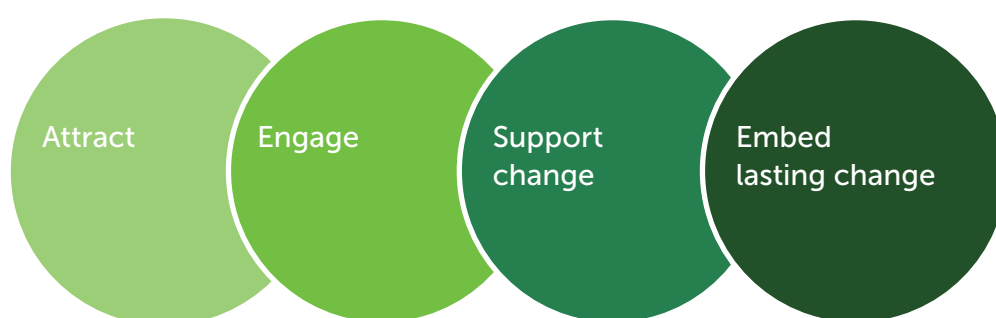
- **Setting achievable goals** – offering opportunities to set targets and receive ongoing encouragement and help with reaching these was felt to be particularly motivating. Activities should balance practical tools and information with emotional support and encouragement.
- **Combination of behaviour change techniques** – employing a targeted set of BCTs can help users to develop and maintain new behaviours.  
  
The most impactful behaviour change techniques should be incorporated into peer support for over-indebted people to help users achieve positive outcomes. Study of existing peer-support programmes show that with regard to peer support, certain BCTs are particularly effective in bringing about behaviour change:
- **Goal setting and action planning** – setting clear goals, and defining smaller actions that will help achieve bigger goals, is very motivating for users. Creating a sense of a 'journey', with defined steps, ensures goals feel achievable and gives users the confidence to continue with their efforts as they move along steps.
- **Offering social and material rewards** – arranging material or social rewards (e.g. saver of the month, giving congratulations) for effort or progress is highly motivating, and encourages users to continue towards their goals.
- **Social support** – when people are interested in making a change, they respond well to the feeling that others care about their progress. Feeling a sense of accountability to others in regards to personal change can be a factor in a person continuing to exercise will to change.

### Increasing uptake by increasing appeal

There is an upfront challenge in engaging over-indebted people with peer support. As discussed earlier in this report, there is an unwillingness amongst many over-indebted individuals to face up to the magnitude of their financial difficulties and to find out about, and access, appropriate help. Many are 'burying their head in the sand', hoping their situation will improve without intervention or that they will be able to improve it without help.

As such, attracting potential users and ensuring they recognise the potential benefits of engagement to them early on will be vital to any programme's success. The enthusiastic response to peer support suggests that there is an appetite for this kind of support, but attracting potential users with low commitment options and giving them a 'hook' to encourage them to engage is of upmost importance, as is the branding and positioning of any programme.

Bringing people into the programme and transitioning them through the support experience could follow the following four steps:



## 1. Attract – making engagement easy

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Initial engagement with over-indebted people who may not be completely open to support and advice, despite their circumstances, is hugely important. Any marketing approach should carefully consider the tone of key messages – it should speak to people's immediate needs, and be considerate of the fact that the target audience may be dealing with challenging personal circumstances. Cues could be taken from other advice organisations recognised as appealing e.g. Citizens Advice was familiar to the vast majority of over-indebted individuals during Phase 3 of the research, and was cited as being easily accessible. Care should also be taken to consider the most effective referral pathway if a service provider is to work well with other organisations.

One of the greatest concerns that respondents had about the propositions was the time and energy that would be required of them, and how quickly and clearly they would see the benefit. In the context of busy lifestyles and a desire for instantaneous results, most were anxious about the high commitment propositions. This was particularly true for those before crisis.



**“That sounds time consuming. That’s probably not for me”  
Before Crisis, in respect of online classes**

However, the experiences of respondents using existing programmes shows that as people start to see impact, there is an increase in their willingness to invest time, and they become more determined to achieve greater results.

The marketing of a peer-support programme should therefore emphasise the value to the potential audience, while not feeling too burdensome to engage with. Communicating specific rewards and making the first steps to engagement as easy as possible will be important. Low-commitment entry points such as taster days or free first sessions (as is done across peer support and a wider range of professional/private-sector services) could maximise initial engagement.

## 2. Engage – immediate gratification and practical advice

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If users can see some immediate benefits of engaging with peer support – and investing time and energy in changing behaviour – they are more likely to engage with the programme over a longer time period. Ensuring users experience ‘easy wins’ that encourage them to want to change early on can motivate and encourage them to tackle bigger problems and deeper-rooted issues.

This may be achieved by employing behaviour change techniques that ‘hook’ users in. Measuring and/or displaying progress could be particularly effective, for example, setting short-term and easily achievable goals upfront, whilst documenting progress in a log or with points. These goals could be tailored to individuals – set to address a particular personal need or issue.

Other activities that could deliver immediate or short-term rewards are:

- helping users make simple cuts to expenditure (e.g. using discounts/vouchers)
- providing templates or guides to help communicate with creditors
- keeping a record of expenditure for a short, fixed period, so users can see where their money is going
- empowering users to understand their credit score and how to rebuild it.

### 3. Support change – increasing emotional support and tackling more difficult issues

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As a user continues to engage with a programme, they may require support to tackle more deep-seated issues and challenges. They may require emotional support to find strength to do this. It has been shown that emotional support can be unappealing initially, but is cited by existing peer-support users as one of the biggest benefits of this kind of support. Therefore, emotional support aspects could be increased once a person begins using services more regularly.

The majority of over-indebted respondents struggled to recognise or openly admit they wanted or needed emotional support. This was despite the fact that stress, worry and anxiety was widely discussed during focus groups.



“Being on your own, you’re responsible for everything. It can get stressful.”  
**After Crisis**



“I got sick recently and I missed a few payments on my credit card and it’s the most horrendous feeling not being able to pay money back. But I managed to do it. I’m still hanging on in there.”  
**Before Crisis**

When asked about support that could help with the emotional strains of managing debt, it was often felt to be a waste of time, or lower priority than practical steps. A minority were interested in more emotional support, recognising the benefits – particularly among the group who had a debt solution.



“Just cheer up, it isn’t the end of the world. This app can’t really help you and your situation. It needs more practical stuff”  
**In relation to emotional support app – During Crisis**



“Getting all these letters can be overwhelming –it can get you down. Having some emotional support would be good”  
**After Crisis**

Despite this reluctance, other data suggest it is worthwhile. Respondents already engaged in existing peer-support programmes described the benefits of connecting with others in a similar situation. This included relief at discussing challenges out loud, sharing the burden with others and having recognition of the emotional experiences people felt were ‘stupid’. Emotional support may help some people to be more motivated and focused in order to later engage in more challenging behaviour change.

Some of the more difficult issues which users could be helped to tackle include:

- confidence to engage with finances and not ‘bury head in sand’ (e.g. opening bills)
- confidence to negotiate with creditors in a calm, confident manner
- dealing with social pressure to overspend.

### 4. Embed lasting change – lifestyle changes and ongoing monitoring

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After some ongoing engagement with a peer-support programme, users should be encouraged to make changes to their behaviour which will impact their financial situation over the long term.

This could include:

- making larger, more difficult cuts to expenditure
- setting a budget and monitoring adherence to it
- saving or budgeting for unexpected events or expenditure
- reducing use of credit.

Practical elements of peer support (goal setting, commitment devices, ongoing tracking and structured tools) could help users to change and then maintain these behaviours, whilst emotional support could help them keep moving forward despite potential knocks.

### Considerations when designing a peer-support programme

Through desk research and interviews examining existing peer-support schemes in Phase 1 of the research, it emerged that there are many key issues to consider when designing and delivering peer support, some of which can cause challenges for a new scheme if not given sufficient thought and attention.

One consideration of particular importance is the recruitment and training of peer mentors. Creating an effective mechanism for the recruitment of suitable mentors – those who are able and enthusiastic – is essential. Likewise, ensuring there is sufficient and appropriate training, which is kept up-to-date, and which will support and encourage mentors to feel confident in their ability to effectively support others is important. Additionally, decisions about whether to offer the incentive of payment to peer mentors should be made.

Peer mentors interviewed in Phase 2 of the research described a number of motivations for getting involved, including wanting to 'give back' to a scheme they had been a user of, getting satisfaction from helping people in a similar position, having something to add to a CV, as well as wanting to receive training and learn new skills. New peer-support programmes could highlight similar motivations and benefits when attempting to recruit peer mentors.

Other key considerations include:

- **Contact with users** – deciding upon the frequency, and length, of contact with users.
- **Audience** – reaching out to the right audiences, through the right channels is important.
- **Retaining users** – taking steps to retain users and ensure they want to return time and again.
- **Moderation** – finding the right balance of professional moderation and user ownership – particularly online where it can be easier for issues or disputes to escalate quickly.
- **Working with other organisations** – generating interest and buy in from other organisations to create good working relationships, and an effective referral pathway. This can extend to having relationships with a variety of organisations so that an overly narrow 'referral loop' – whereby one organisation repeatedly refers the same types of people in – can be avoided.
- **Sustainability** – ensuring any programme is sustainable in the long-term and has capacity to exist beyond an initial pilot. Includes consideration of budgets and potential wages for peer mentors, as well as the risk of services becoming overly dependent on one person or a small group of individuals.
- **Measuring impact** – ensuring that there are clear and meaningful frameworks and processes for measuring impact, even at a personal level. This can be difficult given that users may be accessing other types of support simultaneously, and given that individuals can react to aspects of a programme in different ways (making it hard to be certain which elements of a programme are having an impact).
- **Logistics** – overcoming logistical challenges, such as finding appropriate venues, which can be more problematic than expected.

## 8. Conclusion

This research suggests that peer support could be hugely beneficial to over-indebted people when accessed alongside debt advice and other support services. It could help people dealing with debt to resolve their immediate difficulties, change their financial behaviours and maintain these behaviours for the long term.

It has been demonstrated that peer support can empower people to take on responsibility for improving their own situation. Support from a peer can feel more authentic than other forms of support (especially when someone has volunteered their time), and users value the empathy they receive from peers. Embedding behaviour change techniques in peer support results in positive outcomes for users that are long-lasting.

Phase 1 and 2 of this research demonstrated that using these techniques in peer support can result in success in a variety of fields such as healthcare, weight loss, addiction and parenting. As such it can be expected that they would be similarly beneficial for people dealing with debt problems.

It is important to consider that the aspects of support which can bring about real change are not always appealing to users and potential users. Over-indebted people seem to 'buy in' to support which explicitly offers practical help, and deprioritise or fail to admit the emotional support they may need. Despite users failing to recognise emotional needs, emotional support remains an important secondary benefit.

At the same time, users and potential users find options which seem to demand high commitment off-putting, even though they expect and desire positive outcomes for themselves. This means that peer support must be designed and delivered in a way that potential users see the value of a programme before they invest time and energy, and so that commitment is rewarded. Demonstration of value could be achieved through easily accessible, low-commitment entry points such as taster days or free first sessions (as is done across peer support and a wider range of professional/private-sector services). Motivated peer mentors could also be used as assets when marketing a service.

During this research a range of peer-support propositions were outlined and tested with over-indebted people. These were developed out of recognised models of peer support and other 'real world' programmes.

From these propositions, 'peer coaching' has emerged as an idea with high potential for development. It is highly appealing amongst over-indebted people, being easily comparable with coaching in other settings (e.g. fitness coaching, life coaching), and feeling familiar and acceptable. Even though it could be described as high commitment, it appeals because users can set clear goals and work towards them with close guidance from someone who is 'on your side'.

This research has shown that peer support could complement debt advice well. Creating links between the two types of support could create an effective two-way referral pathway to help overcome the challenge of recruiting users into the peer support service – presenting people who have had some level of debt advice with the option of additional peer support. Equally, with the peer support concept resonating well with over-indebted people, it is possible that the referral pathway could also work the other way around.

Though there are challenges and considerations to overcome when designing and implementing a peer-support scheme, this research indicates that a peer-support programme for over-indebted people could be hugely impactful if designed and rolled out in the right way. It suggests that peer support amongst this population could provide practical support, emotional relief and bring about real, lasting changes to financial behaviours.

## 9. Implications and next steps

This research shows that a variety of peer-support models are appealing to people with problem debt and have the potential both to increase engagement with advice and enhance its effectiveness. It also shows that peer support as a broad concept has wide appeal.

For MAS, this implies a need to find an effective way to incorporate peer support into the services we commission. In order to do this, we will take forward the insights from this research into a set of practical experiments with our delivery partners, beginning with a peer-coaching pilot.

This first pilot will focus on how clients of our services can be supported to take action to resolve their debt problems, after they have received advice, by people who have successfully worked through their own debt problems. It will be modelled on the 'peer coaching' proposition, which was very popular with the over-indebted people in the research. We feel this proposition's focus on goal-setting and action planning will make it effective in helping clients reach desired outcomes.

The hypothesis we will test is that support from peers can help clients overcome any immediate barriers they face to taking action following debt advice, and also help people change behaviours in order to resolve their debt problems in the longer-term. If successful, this should reduce clients' need to return to debt advice – though it is important to ensure coaches understand when they should refer clients back to debt advice for greater assistance.

We will evaluate the pilot in order to understand what works and share the findings so that others can learn from our work. We know that engagement with additional services beyond crisis advice can be a challenge and this will be a particular focus of our evaluation. Our hope is that other organisations embarking on their own pilots will share and collaborate with us to increase the evidence base for how best to enhance debt advice services through the incorporation of peer support.

We will conduct further pilots and use what we learn to inform our commissioning of debt advice services in the future. This research has shown us that it is not a question of whether peer support has a role in the debt advice process but how. As we move into piloting the different approaches discussed in this report we will get closer to a clear answer to that question.

# Appendix 1:

## Methodological detail & sample specification

### Methodological detail

#### Scoping

The researchers set out to understand the peer support landscape through an extensive review of existing literature and interviews with experts in peer support.

The literature review examined existing knowledge on peer support. This included literature about the concept of peer support in general and the key variables of peer support, as well as evaluations of specific peer-support programmes that exist, or have previously existed. The review examined 14 existing peer-support schemes. Literature and themes from the literature review are cited throughout this report.

Eight experts took part in 30-minute telephone interviews. These individuals were targeted based on their experience in the set-up, design or delivery of an existing peer-support programme. Researchers sought to engage with individuals involved with different 'styles' of programme, using a variety of behaviour change techniques. Experts included:

- Senior Research Officer, Mental Health Foundation
- Project Co-ordinator, Athena Project, Hexagon Housing
- Peer Learning and Support Manager, Department of Peer Learning and Support, Edinburgh University Students' Association (EUSA)
- Digital Community Officer, MIND (Elefriends)
- Debt Advice Manager, Christians Against Poverty
- Long-term member of Debtors Anonymous
- Peer supporter, Breastfeeding Network
- Telephone peer supporter, Pituitary Foundation

#### Exploring user experience

Depth interviews were conducted to understand the experiences of users and peer mentors involved in existing peer-support schemes. Eight interviews were conducted with participants, and four interviews conducted with individuals involved with providing peer support.

The research sought to understand the appeal and impact of attending and using peer support, identify what factors had the greatest impact on behaviour change, and explore any operational challenges in attending or managing peer support sessions.

Interviewees were involved with the following programmes:

- Slimming World
- Weight Watchers
- Money Saving Expert – Debt Free Wannabe forum
- Christians Against Poverty – Debt support and Release Group
- Essex Mental Health peer-support programme
- Elefriends, run by MIND
- Mumsnet
- Breastfeeding Network

## Proposition testing

Focus groups were conducted with over-indebted people to explore their financial needs and to obtain their views on peer support. Individuals were grouped by their attitude to seeking debt advice. Two groups had accessed debt advice and four groups had not accessed debt advice.

Groups included a mix of people with cumulative debt (whose debt primarily resulted from income lower than outgoings), and people with experience of 'income shock' (whose debt primarily resulted from a change in financial circumstances).

The table below outlines the specification for the six focus groups:

Advice seeking segment	Individual group specification
<b>Group 1 &amp; 2: Before crisis</b>  Not accessed or considered formal debt advice	<b>Group 1: Cumulative debt</b> – younger (20–40), Manchester  <b>Group 2: Income shock</b> – older (41–65), London
<b>Group 3 &amp; 4: During crisis</b>  Planning or considering seeking debt advice	<b>Group 3: Cumulative debt</b> – older (41–65), Birmingham  <b>Group 4: Income shock</b> – younger (20–40), London
<b>Group 5 &amp; 6: After crisis</b>  Have accessed formal advice within the last year, a mixture of free and paid advice (min 50% free)	<b>Group 5: Took out an IVA, DRO, DMP or were made bankrupt</b> – older (41–65), Manchester, mix of cumulative debt and income shock  <b>Group 6: Received another type of help</b> – younger (20–40), Birmingham, mix of cumulative debt and income shock

The question determining propensity to seek advice was:

A debt advice charity or company gives detailed advice and support on resolving debt problems. This support could include putting together a budget or payment plan, or contacting the people you owe money to on your behalf.

With this in mind, which of the following best applies to you?

- I consulted a debt advice charity or company more than one year ago (before April 2015) -  
**screen out**
- I have consulted a debt advice charity or company in the last 12 months -  
**screen to groups 5 & 6**
- I have never consulted a debt advice charity or company but I plan to consult one within the next six months -  
**screen to groups 3 & 4**
- I have never consulted consult a debt advice charity or company but I am thinking about consulting one in the future (i.e. in more than six months' time) -  
**screen to groups 3&4**
- I don't have any plans to consult a debt advice charity or company, but might do so if the need arises -  
**screen to groups 1 & 2**
- I cannot see myself ever consulting a debt advice charity or company -  
**screen to groups 1 & 2**
- Not sure –  
**screen to groups 1 & 2**

The demographic specification was:

- **Gender** – 50:50 male:female.
- **Socio-economic group/ household income** – spread across the groups.
- **Ethnicity** – spread across the groups
- **Age** – to cover a broad range of ages within groups.
- **Household set-up** – included respondents who living alone and respondents living with family or friends within each group.
- **Access to formal advice** – Groups 1–4 had not accessed any formal debt advice within the past five years. Groups 5 & 6 had accessed formal debt advice in the past 12 months.
- **Financial sophistication** – included a broad range of perceived financial capability and sophistication across the groups.
- **Debt levels** – every group included a range of debt levels

# Appendix 2:

## Bibliography of literature reviewed

- **Abraham, C. (2008)** 'A Taxonomy of Behaviour Change Techniques used in Interventions', *Health Psychology*, vol. 27 (3) 379-387
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- **Gibb, J., & White, C. (2013)** 'Early Years Peer to Peer-support programme: Evaluation of effectiveness and impact', National Children's Bureau
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- **Prochaska, J. O. & Di Clemente, C. C., (1982).** 'Transtheoretical therapy: Toward a more integrative model of change'. *Psychotherapy: Theory, Research and Practice*, 19(3)
- **Reiddy, H. & Webber, M. (2013)** 'Evaluation of the Peer-support scheme in Southwark. University of York', King's College London
- **Scott, K. (2012)** 'Enhancing Student Support: Peer Support Report', Edinburgh University Students Association

## Appendix 3:

### Full taxonomy of Behaviour Change Techniques (BCTs)

As outlined by UCL's Centre for Behaviour Change. When creating this taxonomy, the centre aimed to find a shared language for describing the content, especially the active ingredients, of behaviour change interventions.<sup>30</sup>

No	Label	Definition	Examples
1.	Goals and planning		
1.1	Goal setting (behaviour)	Set or agree on a goal defined in terms of the behaviour to be achieved	Agree on a daily walking goal (e.g. 3 miles) with the person and reach agreement about the goal
1.2	Problem solving	Analyse, or prompt the person to analyse, factors influencing the behaviour and generate or select strategies that include overcoming barriers and/or increasing facilitators (includes 'Relapse Prevention' and 'Coping Planning')	Identify specific triggers (e.g. being in a pub, feeling anxious) that generate the urge/ want/need to drink and develop strategies for avoiding environmental triggers or for managing negative emotions, such as anxiety, that motivate drinking
1.3	Goal setting (outcome)	Set or agree on a goal defined in terms of a positive outcome of wanted behaviour	Set a weight-loss goal (e.g. 0.5 kilogram over one week) as an outcome of changed eating patterns
1.4	Action planning	Prompt detailed planning of performance of the behaviour (must include at least one of context, frequency, duration and intensity). Context may be environmental (physical or social) or internal (physical, emotional or cognitive) (includes 'Implementation Intentions')	Encourage a plan to carry condoms when going out socially at weekends  Prompt planning the performance of a particular physical activity (e.g. running) at a particular time (e.g. before work) on certain days of the week
1.5	Review behaviour goal(s)	Review behaviour goal(s) jointly with the person and consider modifying goal(s) or behaviour change strategy in light of achievement. This may lead to re-setting the same goal, a small change in that goal or setting a new goal instead of (or in addition to) the first, or no change	Examine how well a person's performance corresponds to agreed goals e.g. whether they consumed less than one unit of alcohol per day, and consider modifying future behavioural goals accordingly e.g. by increasing or decreasing alcohol target or changing type of alcohol consumed
1.6	Discrepancy between current behaviour and goal	Draw attention to discrepancies between a person's current behaviour (in terms of the form, frequency, duration, or intensity of that behaviour) and the person's previously set outcome goals, behavioural goals or action plans (goes beyond self-monitoring of behaviour)	Point out that the recorded exercise fell short of the goal set
1.7	Review outcome goal(s)	Review outcome goal(s) jointly with the person and consider modifying goal(s) in light of achievement. This may lead to re-setting the same goal, a small change in that goal or setting a new goal instead of, or in addition to the first	Examine how much weight has been lost and consider modifying outcome goal(s) accordingly e.g., by increasing or decreasing subsequent weight loss targets

<sup>30</sup> Michie, S. et al. (2013). 'The Behaviour Change Technique Taxonomy (v1) of 93 hierarchically-clustered techniques: building an international consensus for the reporting of behaviour change interventions', *Annals of Behavioural Medicine*, 46, 1, 81–95.

No	Label	Definition	Examples
1.8	Behavioural contract	Create a written specification of the behaviour to be performed, agreed on by the person, and witnessed by another	Sign a contract with the person e.g. specifying that they will not drink alcohol for one week
1.9	Commitment	Ask the person to affirm or reaffirm statements indicating commitment to change the behaviour	Ask the person to use an "I will" statement to affirm or reaffirm a strong commitment (i.e. using the words "strongly", "committed" or "high priority") to start, continue or restart the attempt to take medication as prescribed
2. Feedback and monitoring			
2.1	Monitoring of behaviour by others without feedback	Observe or record behaviour with the person's knowledge as part of a behaviour change strategy	Watch hand-washing behaviours among healthcare staff and make notes on context, frequency and technique used
2.2	Feedback on behaviour	Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g. form, frequency, duration, intensity)	Inform the person of how many steps they walked each day (as recorded on a pedometer) or how many calories they ate each day (based on a food consumption questionnaire).
2.3	Self-monitoring of behaviour	Establish a method for the person to monitor and record their behaviour(s) as part of a behaviour change strategy	Ask the person to record daily, in a diary, whether they have brushed their teeth for at least two minutes before going to bed  Give patient a pedometer and a form for recording daily total number of steps
2.4	Self-monitoring of outcome(s) of behaviour	Establish a method for the person to monitor and record the outcome(s) of their behaviour as part of a behaviour change strategy	Ask the person to weigh themselves at the end of each day, over a two-week period, and record their daily weight on a graph to increase exercise behaviours
2.5	Monitoring outcome(s) of behaviour by others without feedback	Observe or record outcomes of behaviour with the person's knowledge as part of a behaviour change strategy	Record blood pressure, blood glucose, weight loss, or physical fitness
2.6	Biofeedback	Provide feedback about the body (e.g. physiological or biochemical state) using an external monitoring device as part of a behaviour change strategy	Inform the person of their blood pressure reading to improve adoption of health behaviours
2.7	Feedback on outcome(s) of behaviour	Monitor and provide feedback on the outcome of performance of the behaviour	Inform the person of how much weight they have lost following the implementation of a new exercise regime

No	Label	Definition	Examples
<b>3. Social support</b>			
3.1	Social support (unspecified)	Advise on, arrange or provide social support (e.g. from friends, relatives, colleagues, 'buddies' or staff) or non-contingent praise or reward for performance of the behaviour. It includes encouragement and counselling, but only when it is directed at the behaviour	Advise the person to call a 'buddy' when they experience an urge to smoke  Arrange for a housemate to encourage continuation with the behaviour change programme  Give information about a self-help group that offers support for the behaviour
3.2	Social support (practical)	Advise on, arrange, or provide practical help (e.g. from friends, relatives, colleagues, 'buddies' or staff) for performance of the behaviour	Ask the partner of the patient to put their tablet on the breakfast tray so that the patient remembers to take it
3.3	Social support (emotional)	Advise on, arrange, or provide emotional social support (e.g. from friends, relatives, colleagues, 'buddies' or staff) for performance of the behaviour	Ask the patient to take a partner or friend with them to their colonoscopy appointment
<b>4. Shaping knowledge</b>			
4.1	Instruction on how to perform a behaviour	Advise or agree on how to perform the behaviour (includes 'Skills training')	Advise the person how to put a condom on a model of a penis correctly
4.2	Information about antecedents	Provide information about antecedents (e.g. social and environmental situations and events, emotions, cognitions) that reliably predict performance of the behaviour	Advise to keep a record of snacking and of situations or events occurring prior to snacking
4.3	Re-attribution	Elicit perceived causes of behaviour and suggest alternative explanations (e.g. external or internal and stable or unstable)	If the person attributes their over-eating to the frequent presence of delicious food, suggest that the 'real' cause may be the person's inattention to bodily signals of hunger and satiety
4.4	Behavioural experiments	Advise on how to identify and test hypotheses about the behaviour, its causes and consequences, by collecting and interpreting data	Ask a family physician to give evidence-based advice rather than prescribe antibiotics and to note whether the patients are grateful or annoyed
<b>5. Natural consequences</b>			
5.1	Information about health consequences	Provide information (e.g. written, verbal, visual) about health consequences of performing the behaviour	Explain that not finishing a course of antibiotics can increase susceptibility to future infection  Present the likelihood of contracting a sexually transmitted infection following unprotected sexual behaviour
5.2	Salience of consequences	Use methods specifically designed to emphasise the consequences of performing the behaviour with the aim of making them more memorable (goes beyond informing about consequences)	Produce cigarette packets showing pictures of health consequences, e.g. diseased lungs, to highlight the dangers of continuing to smoke

No	Label	Definition	Examples
5.3	Information about social and environmental consequences	Provide information (e.g. written, verbal, visual) about social and environmental consequences of performing the behaviour	Tell family physician about financial remuneration for conducting health screening  Inform a smoker that the majority of people disapprove of smoking in public places
5.4	Monitoring of emotional consequences	Prompt assessment of feelings after attempts at performing the behaviour	Agree that the person will record how they feel after taking their daily walk
5.5	Anticipated regret	Induce or raise awareness of expectations of future regret about performance of the unwanted behaviour	Ask the person to assess the degree of regret they will feel if they do not quit smoking
5.6	Information about emotional consequences	Provide information (e.g. written, verbal, visual) about emotional consequences of performing the behaviour	Explain that quitting smoking increases happiness and life satisfaction
6. Comparison of behaviour			
6.1	Demonstration of the behaviour	Provide an observable sample of the performance of the behaviour, directly in person or indirectly e.g. via film, pictures, for the person to aspire to or imitate (includes 'Modelling')	Demonstrate to nurses how to raise the issue of excessive drinking with patients via a role-play exercise
6.2	Social comparison	Draw attention to others' performance to allow comparison with the person's own performance Note: being in a group setting does not necessarily mean that social comparison is actually taking place	Show the doctor the proportion of patients who were prescribed antibiotics for a common cold by other doctors and compare with their own data
6.3	Information about others' approval	Provide information about what other people think about the behaviour. The information clarifies whether others will like, approve or disapprove of what the person is doing or will do	Tell the staff at the hospital ward that staff at all other wards approve of washing their hands according to the guidelines
7. Associations			
7.1	Prompts/cues	Introduce or define environmental or social stimulus with the purpose of prompting or cueing the behaviour. The prompt or cue would normally occur at the time or place of performance	Put a sticker on the bathroom mirror to remind people to brush their teeth
7.2	Cue signalling reward	Identify an environmental stimulus that reliably predicts that reward will follow the behaviour (includes 'Discriminative cue')	Advise that a fee will be paid to dentists for a particular dental treatment of 6- to 8-year-old (but not older) children to encourage delivery of that treatment (the 6- to 8-year-old children are the environmental stimulus)
7.3	Reduce prompts/cues	Withdraw gradually prompts to perform the behaviour (includes 'Fading')	Reduce gradually the number of reminders used to take medication
7.4	Remove access to the reward	Advise or arrange for the person to be separated from situations in which unwanted behaviour can be rewarded in order to reduce the behaviour (includes 'Time out')	Arrange for cupboard containing high-calorie snacks to be locked for a specified period to reduce the consumption of sugary foods in between meals

No	Label	Definition	Examples
7.5	Remove aversive stimulus	Advise or arrange for the removal of an aversive stimulus to facilitate behaviour change (includes 'Escape learning')	Arrange for a gym-buddy to stop nagging the person to do more exercise in order to increase the desired exercise behaviour
7.6	Satiation	Advise or arrange repeated exposure to a stimulus that reduces or extinguishes a drive for the unwanted behaviour	Arrange for the person to eat large quantities of chocolate, in order to reduce the person's appetite for sweet foods
7.7	Exposure	Provide systematic confrontation with a feared stimulus to reduce the response to a later encounter	Agree a schedule by which the person who is frightened of surgery will visit the hospital where they are scheduled to have surgery
7.8	Associative learning	Present a neutral stimulus jointly with a stimulus that already elicits the behaviour repeatedly until the neutral stimulus elicits that behaviour (includes 'Classical/ Pavlovian Conditioning')	Repeatedly present fatty foods with a disliked sauce to discourage the consumption of fatty foods
8. Repetition and substitution			
8.1	Behavioural practice/ rehearsal	Prompt practice or rehearsal of the performance of the behaviour one or more times in a context or at a time when the performance may not be necessary, in order to increase habit and skill	Prompt asthma patients to practice measuring their peak flow in the nurse's consulting room
8.2	Behaviour substitution	Prompt substitution of the unwanted behaviour with a wanted or neutral behaviour	Suggest that the person goes for a walk rather than watches television
8.3	Habit formation	Prompt rehearsal and repetition of the behaviour in the same context repeatedly so that the context elicits the behaviour	Prompt patients to take their statin tablet before brushing their teeth every evening
8.4	Habit reversal	Prompt rehearsal and repetition of an alternative behaviour to replace an unwanted habitual behaviour	Ask the person to walk upstairs at work where they previously always took the lift
8.5	Overcorrection	Ask to repeat the wanted behaviour in an exaggerated way following an unwanted behaviour	Ask to eat only fruit and vegetables the day after a poor diet
8.6	Generalisation of a target behaviour	Advise to perform the wanted behaviour, which is already performed in a particular situation, in another situation	Advise to repeat toning exercises learned in the gym when at home
8.7	Graded tasks	Set easy-to-perform tasks, making them increasingly difficult, but achievable, until behaviour is performed	Ask the person to walk for 100 yards a day for the first week, then half a mile a day after they have successfully achieved 100 yards, then two miles a day after they have successfully achieved one mile

No	Label	Definition	Examples
9. Comparison of outcomes			
9.1	Credible source	Present verbal or visual communication from a credible source in favour of or against the behaviour	Present a speech given by a high status professional to emphasise the importance of not exposing patients to unnecessary radiation by ordering x-rays for back pain
9.2	Pros and cons	Advise the person to identify and compare reasons for wanting (pros) and not wanting to (cons) change the behaviour (includes 'Decisional balance')	Advise the person to list and compare the advantages and disadvantages of prescribing antibiotics for upper respiratory tract infections
9.3	Comparative imagining of future outcomes	Prompt or advise the imagining and comparing of future outcomes of changed versus unchanged behaviour	Prompt the person to imagine and compare likely or possible outcomes following attending versus not attending a screening appointment
10. Reward and threat			
10.1	Material incentive (behaviour)	Inform that money, vouchers or other valued objects will be delivered if and only if there has been effort and/or progress in performing the behaviour (includes 'Positive reinforcement')	Inform that a financial payment will be made each month in pregnancy that the woman has not smoked
10.2	Material reward (behaviour)	Arrange for the delivery of money, vouchers or other valued objects if and only if there has been effort and/or progress in performing the behaviour (includes 'Positive reinforcement')	Arrange for the person to receive money that would have been spent on cigarettes if and only if the smoker has not smoked for one month
10.3	Non-specific reward	Arrange delivery of a reward if and only if there has been effort and/or progress in performing the behaviour (includes 'Positive reinforcement')	Identify something (e.g. an activity such as a visit to the cinema) that the person values and arrange for this to be delivered if and only if they attend for health screening
10.4	Social reward	Arrange verbal or non-verbal reward if and only if there has been effort and/or progress in performing the behaviour (includes 'Positive reinforcement')	Congratulate the person for each day they eat a reduced-fat diet
10.5	Social incentive	Inform that a verbal or non-verbal reward will be delivered if and only if there has been effort and/or progress in performing the behaviour (includes 'Positive reinforcement')	Inform that they will be congratulated for each day they eat a reduced-fat diet
10.6	Non-specific incentive	Inform that a reward will be delivered if and only if there has been effort and/or progress in performing the behaviour (includes 'Positive reinforcement')	Identify an activity that the person values and inform them that this will happen if and only if they attend for health screening

No	Label	Definition	Examples
10.7	Self-incentive	Plan to reward self in future if and only if there has been effort and/or progress in performing the behaviour	Encourage to provide self with material (e.g., new clothes) or other valued objects if and only if they have adhered to a healthy diet
10.8	Incentive (outcome)	Inform that a reward will be delivered if and only if there has been effort and/or progress in achieving the behavioural outcome (includes 'Positive reinforcement')	Inform the person that they will receive money if and only if a certain amount of weight is lost
10.9	Self-reward	Prompt self-praise or self-reward if and only if there has been effort and/or progress in performing the behaviour	Encourage to reward self with material (e.g. new clothes) or other valued objects if and only if they have adhered to a healthy diet
10.10	Reward (outcome)	Arrange for the delivery of a reward if and only if there has been effort and/or progress in achieving the behavioural outcome (includes 'Positive reinforcement')	Arrange for the person to receive money if and only if a certain amount of weight is lost
10.11	Future punishment	Inform that future punishment or removal of reward will be a consequence of performance of an unwanted behaviour (may include fear arousal) (includes 'Threat')	Inform that continuing to consume 30 units of alcohol per day is likely to result in loss of employment if the person continues
11. Regulation			
11.1	Pharmacological support	Provide, or encourage the use of or adherence to, drugs to facilitate behaviour change	Suggest the patient asks the family physician for nicotine-replacement therapy to facilitate smoking cessation
11.2	Reduce negative emotions	Advise on ways of reducing negative emotions to facilitate performance of the behaviour (includes 'Stress Management')	Advise on the use of stress management skills, e.g. to reduce anxiety about joining Alcoholics Anonymous
11.3	Conserving mental resources	Advise on ways of minimising demands on mental resources to facilitate behaviour change	Advise to carry food calorie content information to reduce the burden on memory in making food choices
11.4	Paradoxical instructions	Advise to engage in some form of the unwanted behaviour with the aim of reducing motivation to engage in that behaviour	Advise a smoker to smoke twice as many cigarettes a day as they usually do  Tell the person to stay awake as long as possible in order to reduce insomnia
12. Antecedents			
12.1	Restructuring the physical environment	Change, or advise to change, the physical environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour (other than prompts/cues, rewards and punishments)	Advise to keep biscuits and snacks in a cupboard that is inconvenient to get to  Arrange to move vending machine out of the school
12.2	Restructuring the social environment	Change, or advise to change the social environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour (other than prompts/cues, rewards and punishments)	Advise to minimise time spent with friends who drink heavily to reduce alcohol consumption

No	Label	Definition	Examples
12.3	Avoidance/ reducing exposure to cues for the behaviour	Advise on how to avoid exposure to specific social and contextual/physical cues for the behaviour, including changing daily or weekly routines	Suggest to a person who wants to quit smoking that their social life focus on activities other than pubs and bars which have been associated with smoking
12.4	Distraction	Advise or arrange to use an alternative focus for attention to avoid triggers for unwanted behaviour	Suggest to a person who is trying to avoid between-meal snacking to focus on a topic they enjoy (e.g. holiday plans) instead of focusing on food
12.5	Adding objects to the environment	Add objects to the environment in order to facilitate performance of the behaviour	Provide free condoms to facilitate safe sex Provide attractive toothbrush to improve tooth brushing technique
12.6	Body changes	Alter body structure, functioning or support directly to facilitate behaviour change	Prompt strength training, relaxation training or provide assistive aids (e.g. a hearing aid)
13. Identity			
13.1	Identification of self as role model	Inform that one's own behaviour may be an example to others	Inform the person that if they eat healthily, that may be a good example for their children
13.2	Framing/ reframing	Suggest the deliberate adoption of a perspective or new perspective on behaviour (e.g. its purpose) in order to change cognitions or emotions about performing the behaviour (includes 'Cognitive structuring')	Suggest that the person might think of the tasks as reducing sedentary behaviour (rather than increasing activity)
13.3	Incompatible beliefs	Draw attention to discrepancies between current or past behaviour and self-image, in order to create discomfort (includes 'Cognitive dissonance')	Draw attention to a doctor's liberal use of blood transfusion and their self-identification as a proponent of evidence-based medical practice
13.4	Valued self-identity	Advise the person to write or complete rating scales about a cherished value or personal strength as a means of affirming the person's identity as part of a behaviour change strategy (includes 'Self-affirmation')	Advise the person to write about their personal strengths before they receive a message advocating the behaviour change
13.5	Identity associated with changed behaviour	Advise the person to construct a new self-identity as someone who 'used to engage with the unwanted behaviour'	Ask the person to articulate their new identity as an 'ex-smoker'
14. Scheduled consequences			
14.1	Behaviour cost	Arrange for withdrawal of something valued if and only if an unwanted behaviour is performed (includes 'Response cost'). Note if withdrawal of contingent reward code	Subtract money from a prepaid refundable deposit when a cigarette is smoked
14.2	Punishment	Arrange for aversive consequence contingent on the performance of the unwanted behaviour	Arrange for the person to wear unattractive clothes following consumption of fatty foods
14.3	Remove reward	Arrange for discontinuation of contingent reward following performance of the unwanted behaviour (includes 'Extinction')	Arrange for the other people in the household to ignore the person every time they eat chocolate (rather than attending to them by criticising or persuading)

No	Label	Definition	Examples
14.4	Reward approximation	Arrange for reward following any approximation to the target behaviour, gradually rewarding only performance closer to the wanted behaviour (includes 'Shaping') Note: also code one of 59–63	Arrange reward for any reduction in daily calories, gradually requiring the daily calorie count to become closer to the planned calorie intake
14.5	Rewarding completion	Build up behaviour by arranging reward following final component of the behaviour; gradually add the components of the behaviour that occur earlier in the behavioural sequence (includes 'Backward chaining') Note: also code one of 10.2, Material reward (behaviour); 10.3, Non-specific reward; 10.4, Social reward, 10.9, Self-reward; 10.10, Reward (outcome)	Reward eating a supplied low-calorie meal; then make reward contingent on cooking and eating the meal; then make reward contingent on purchasing, cooking and eating the meal
14.6	Situation-specific reward	Arrange for reward following the behaviour in one situation but not in another (includes 'Discrimination training')	Arrange reward for eating at mealtimes but not between meals
14.7	Reward incompatible behaviour	Arrange reward for responding in a manner that is incompatible with a previous response to that situation (includes 'Counter-conditioning')	Arrange reward for ordering a soft drink at the bar rather than an alcoholic beverage
14.8	Reward alternative behaviour	Arrange reward for performance of an alternative to the unwanted behaviour (includes 'Differential reinforcement')	Reward for consumption of low-fat foods but not consumption of high-fat foods
14.9	Reduce reward frequency	Arrange for rewards to be made contingent on increasing duration or frequency of the behaviour (includes 'Thinning')	Arrange reward for each day without smoking, then each week, then each month, then every two months and so on
14.10	Remove punishment	Arrange for removal of an unpleasant consequence contingent on performance of the wanted behaviour (includes 'Negative reinforcement')	Arrange for someone else to do housecleaning only if the person has adhered to the medication regimen for a week
15. Self-belief			
15.1	Verbal persuasion about capability	Tell the person that they can successfully perform the wanted behaviour, arguing against self-doubts and asserting that they can and will succeed	Tell the person that they can successfully increase their physical activity, despite their recent heart attack.
15.2	Mental rehearsal of successful performance	Advise to practise imagining performing the behaviour successfully in relevant contexts	Advise to imagine eating and enjoying a salad in a work canteen
15.3	Focus on past success	Advise to think about or list previous successes in performing the behaviour (or parts of it)	Advise to describe or list the occasions on which the person had ordered a non-alcoholic drink in a bar
15.4	Self-talk	Prompt positive self-talk (aloud or silently) before and during the behaviour	Prompt the person to tell themselves that a walk will be energising

No	Label	Definition	Examples
16.	Covert learning		
16.1	Imaginary punishment	Advise to imagine performing the unwanted behaviour in a real-life situation followed by imagining an unpleasant consequence (includes 'Covert sensitisation')	Advise to imagine overeating and then vomiting
16.2	Imaginary reward	Advise to imagine performing the wanted behaviour in a real-life situation followed by imagining a pleasant consequence (includes 'Covert conditioning')	Advise the health professional to imagine giving dietary advice followed by the patient losing weight and no longer being diabetic
16.3	Vicarious consequences	Prompt observation of the consequences (including rewards and punishments) for others when they perform the behaviour	Draw attention to the positive comments other staff get when they disinfect their hands regularly

## This image shows a full page of blank handwriting practice paper. It features a series of evenly spaced, horizontal green lines that run across the entire width of the page. The background is a solid off-white or light gray color. There are no margins, text, or other markings present on the sheet.



