Good and bad help

## How purpose and confidence transform lives

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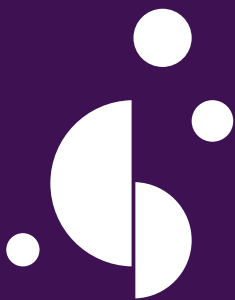
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Foreword

We are at a critical point in all of our social programmes. It is no exaggeration to say that we face a perfect storm. We know that trust and confidence in the deliverers of services are low and falling. We know that both demographic pressures and fiscal constraint affect how much we can spend. And we know that dissatisfaction with public and social programmes is felt as much by the people who use them, as by those who work so hard to provide them.

This report suggests a new way – it highlights the incredibly exciting work going on across the country to build the confidence and ability of individuals and to enable them to make the change necessary to live healthier, happier and more fulfilled lives. This is no quick fix. It involves profound changes in power relations, and a conscious and well evidenced understanding of personal motivation – but the prize is great. The opportunity for people to shape their own life experience, in the way in which they wish, with the support and encouragement of those whose purpose is to serve. If we can genuinely understand the difference between good help and bad help, we stand a chance of ensuring that social programmes are mutually supportive, and effective.

Julia Unwin, CBE, Chair of Advisory Panel

Introduction

Ryan was on and off the streets for 12 years. *"I've been out here too many times. A year in each place"* he explains, *"It's not a life, you know what I mean?"*. He was dealing with addiction after time spent in prison, and felt misunderstood by the people trying to help him. He explains how people *"always tried to rush me. Telling me what I've got to do. Telling me I've got to do it. I like to work it out for myself."*

It wasn't until Ryan met Aisha from Mayday Trust that he really felt understood and like he was being treated as an adult. Aisha didn't ask Ryan what his 'problems' were. Instead, she asked what he wanted to work on, placing the power and control with him. Over time, Ryan got to know Aisha and felt he could trust her.

"[Aisha] was the first person in a long time who stopped and listened," Ryan explains, *"…and that's why I stuck with it. She never put pressure on me, she just talked to me like a person."* With Aisha's help, Ryan started to work on things that mattered to him, such as maintaining and selling bikes. This gave him a sense of purpose. *"I like to do a service, it makes me feel good as well. It's my way of putting back into society"*.

Only Ryan could decide what changes he wanted to make in his life. Aisha supported him to identify his sense of purpose and develop the confidence he needed to act. This kind of support is core to the work of many community and voluntary organisations and is also backed up by decades of research. This help is not a substitute for addressing structural inequalities or discrimination. But these organisations recognise that the right help at the right time can make it possible for people to change their lives for the better, even in very difficult circumstances.

We call this approach 'good help' because it equips people to take positive action to improve their lives, whether this is to find work, improve their health or to get the most out of education. 'Good help' increases people's confidence, sense of purpose and hope. It involves listening carefully to what matters to people, what's going on in their lives, their skills and motivations, and it strengthens their sense of what is possible. 'Good help' enables people to take actionable steps that lead to long-term improvements in their lives.

By contrast, many mainstream public services and social programmes continue to offer 'bad help' that tries to fix things for people in the short term or encourages them to take action that fits with the service's priorities and not their own. 'Bad help' leaves people without clarity about the changes they want to make or the knowledge, confidence or support to get there. It often only addresses a single (and often most visible) aspect of people's lives, without taking account of what else is going on.

'Bad help' can be ineffective in a number of ways. Firstly, 'bad help' can simply fail to identify the most effective solution - for example, prescribing antidepressants without asking about underlying issues. Secondly, 'bad help' fails to share power and responsibility with people which means that despite long-standing critiques of paternalism people feel 'done to'. This reinforces inaction and dependency. Thirdly, 'bad help' recommends a solution (such as quitting smoking) without adequate follow-up, so people are left without the confidence and practical support to actually make the change happen.

This means existing problems persist and even escalate, while new problems can occur which could have been prevented. So 'bad help' not only fails people, it is also financially imprudent and increasingly unsustainable given pressures on public finances.

As you will see, this is not an argument for the withdrawal of state support. It is, in fact, a call for our mainstream services and social programmes to work differently: to support people to feel hopeful, to identify their own goals, to build the confidence they need to take action and support them to do so. Providing 'good help' is not simple nor is it the only solution needed to address complex social challenges - but it is effective and deserves to be taken up beyond a few relatively small-scale programmes. It is vital that we build on the long established practices of 'good help' to bring this into mainstream practice at scale.

The aims of this publication

This publication is about the difference between 'good' and 'bad' help – the difference between help that supports people to feel hopeful, identify their own goals and confidently take action ('good help'), and help that undermines people's confidence, creates dependency and inaction ('bad help').

We aim to make a practical contribution. We have drawn on a well-established evidence base and worked with practitioners to understand how 'good help' is applied in practice. It does not attempt to consolidate the wealth of research that exists in behaviour change, social psychology and other fields, such as community participation and service design. Instead, it draws upon a small number of established theories[1,2] and combines them with evidence from dozens of existing programmes (see Annex 1). The research process is described in Annex 2 and the many people who contributed to the publication are listed in Annex 3.

We focus on two key drivers of action: sense of purpose and confidence to act, as these are key to the success of many of the projects outlined in this publication, and are often absent in more traditional and mainstream services.

An invitation to work together

We want to bring together a community of people who are committed to a 'good help' agenda – people with first-hand experience of 'good' or 'bad help', as well as practitioners, researchers, policymakers, service providers and others – who want to inspire and to be inspired. We hope that, together, we can develop our collective understanding of 'good help', what it looks like, and how it can be nurtured and spread across our mainstream public services and social programmes.

If you are interested in helping to build this community, please get in touch. You can find more information at www.nesta.org.uk/project/good-help

Structure of the publication

In this publication, we hope to create a shared understanding of 'good help'. In particular, we aim to highlight why 'good help' is important and where 'bad help' isn't working - and what can be done about it. We do this in the following ways:

Chapter One: When help is unhelpful

In Chapter One, we demonstrate how 'help' can become unhelpful and explore how many social programmes unintentionally undermine people's ability to help themselves. We introduce elements of the research base that underpin 'good help' and look at why this hasn't been translated into policy and practice.

Chapter Two: What we need to take action

In Chapter Two, we introduce 'the cycle of action', which details the relationship between life circumstances, sense of purpose and confidence, and then looks at its effects on action.

Chapter Three: The art and science of 'good help'

In Chapter Three, we explore the process of designing social programmes by introducing seven characteristics that underpin today's 'good help' initiatives. The characteristics are: power sharing; enabling conversations; tailoring; scaffolding; role modelling and peer support; opportunity making; and transparency.

Chapter Four: Enablers of 'good help'

In Chapter Four, we consider some of the wider factors that enable 'good help' and increase its impact, such as: supporting staff and sharing leadership; thinking in systems, not services; helpful technology; the role of individual and collective action; and investing for the future.

Finally, the publication's conclusion outlines some next steps to identify and support those already practicing 'good help' and fill the gaps where this is needed most. Instead of recommendations to government or policymakers, we invite readers to identify where 'good help' can make the greatest impact and to consider what each of us - funders, delivery organisations, researchers or practitioners - can do to make this to happen.

When help is unhelpful

On 19 July 2017, Secretary of State for Justice David Lidington MP published a hard-hitting open letter on prisoner rehabilitation.[3] He argued that, despite recent reforms, the probation service is failing to help people build more positive lives and to stop reoffending.[4] The HM Inspectorate of Prisons reached an equally damning conclusion that new rehabilitation arrangements are *"making little difference to [prisoners'] prospects on release"* and that the *"[new] contracts incentivise the completion of resettlement plans, not the improvement of prisoners' situations".*[5]

Not only are people leaving prison without the basics needed to start a new life, including a home and bank account; they often leave without a sense of hope for an alternative future or support to achieve it. The evidence shows that ex-offenders need support to break out of the negative cycles that can lead to reoffending[5] and encouragement to work towards goals that are meaningful and motivating.

In this chapter, we explain what happens when 'good help' is absent, and explore the way that many public services and social programmes are missing opportunities to enable people to break out of negative cycles. We introduce the research base that underpins good help and look at why this hasn't been translated into policy and practice.

Too many services and social programmes are failing to provide good help

Last year, the House of Commons Work and Pensions Committee expressed "grave concerns" over work coaches in JobCentre Plus.[6] They suggested that coaches were seen as *"policemen… potentially undermining claimant trust and confidence"*. This was the focus of the award winning Ken Loach film *I, Daniel Blake*, which caused controversy by depicting insensitive and impersonal transactional approaches in a JobCentre Plus. Driven by the pressure to fill vacancies and reduce benefits (rather than to help job seekers develop a clear sense of what they want and need from work), work coaches have also described feeling stretched and unable to offer people 'good help'.[7]

Funding pressures are exacerbating this problem. When professionals have less time to spend with people using services, conversations become more transactional and reactive. In children's social work, increased workloads have made it impossible for some staff to *"offer even the basic support that families need to stand on their own two feet"* (community family worker).

The issue, however, is not only about funding. Across public services, we see many policies aimed at providing support, preventing problems and avoiding unnecessary demand, but these aims are drowned out in the reactive realities of programme delivery.[8] As an example, the *NHS Five Year Forward View*[9] argued for a *"radical upgrade in prevention and public health"*, but the healthcare system continues to be driven by downstream, reactive demand.

There have been many attempts in recent decades to change public policy and shift practice towards 'good help'. The empowerment agenda of the early 2000s and later ambitions to create a 'Big Society'[10, 11] both embodied a desire to move from supporting passive recipients to encouraging more people to take control of their lives. However, both have been criticised for failing to build on the evidence of how to do this and falling back on political instincts to either remove or rely on existing models of state support.[12]

It is unlikely that this failure to deliver 'good help' is deliberate. Many organisations have an ambition to work differently, but translating it into practice isn't always easy. As Kate Stanley, from the NSPCC told us, significant effort is required to do things differently: *"We have worked really hard to embed skills like active listening and attunement to children's real needs, seeking never to go in with an assumption that we know what's needed."*

Doing things differently requires a considerable shift in culture for the many services and social programmes that are still attempting to 'fix' people, focusing on what 'the professionals' know and can do, rather than on what people know and can do. This kind of practice is contrary to the evidence of what's needed to create a culture of working in partnership with citizens, co-producing services and outcomes in ways that enable people to take more control of their lives. It is also contrary to the way that many professionals want to work. But, without this change in culture, often the only option is for staff to work outside the system. For example, Job Centre staff using their lunch hour to help people write job applications.

It is time we used evidence and learning to make 'good help' a central focus of our public services and social programmes. We can start by looking at some of the key ideas that have shaped our understanding of 'good help', and how these have been developed by services and social programmes helping people take action.
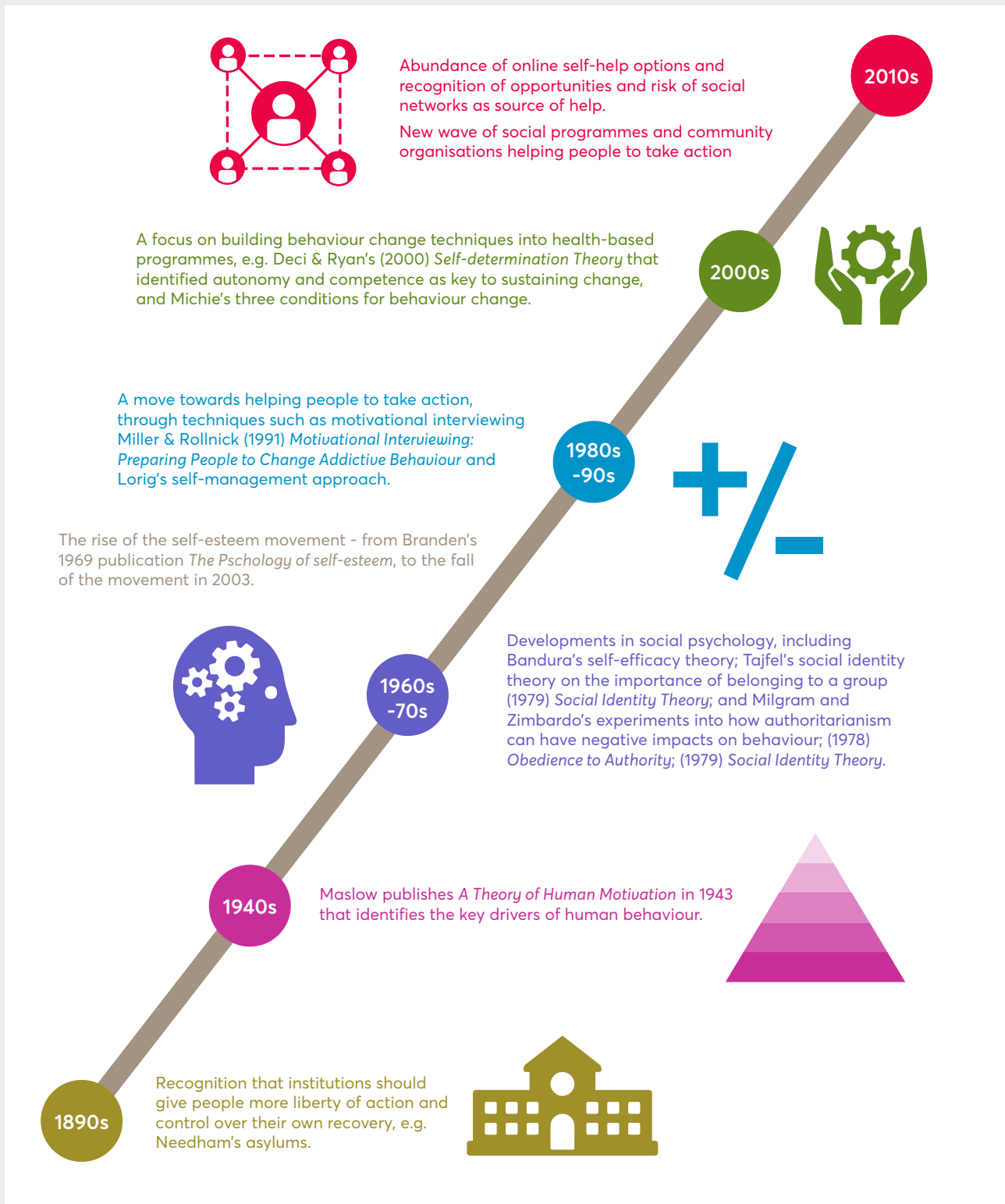
Key ideas that have shaped good help

The best practice in today's social programmes draws inspiration and insight from social psychology, sociology, behavioural economics and beyond. While there isn't space in this publication to give a complete history of theory and practice, we highlight some of the key ideas that demonstrate why motivation and confidence are particularly important (see Figure 1).

As long ago as 1890, Frederick Needham, the president of the British Medical Association's Psychological Section, proposed a new architecture of asylum accommodation that would provide greater *"liberty of action, extended exercise, and occupation, thus generating self-confidence and becoming, not only excellent tests of the sanity of the patient, but operating powerfully in promoting recovery"*.[13] The support offered to people with mental health needs has improved significantly since Needham's ideas, but his focus on helping people to build confidence and take action illustrates that such ideas are not new.

A number of the 'key ideas' detailed in Figure 1 build on the intellectual foundations of mid 20th century psychology. Maslow's hierarchy of needs[14] recognised that people have multiple drivers of motivation, from basic needs such as food, warmth and safety, to more complex psychological needs, including belonging and accomplishment. Identifying these motivational factors helps to understand difficult behavioural patterns and how to change them.

Figure 1: Key ideas that have influenced 'good help'

2010s
Abundance of online self-help options and recognition of opportunities and risk of social networks as source of help.

New wave of social programmes and community organisations helping people to take action

2000s
A focus on building behaviour change techniques into health-based programmes, e.g. Deci & Ryan's (2000) *Self-determination Theory* that identified autonomy and competence as key to sustaining change, and Michie's three conditions for behaviour change.

1980s -90s
A move towards helping people to take action, through techniques such as motivational interviewing Miller & Rollnick (1991) *Motivational Interviewing: Preparing People to Change Addictive Behaviour* and Lorig's self-management approach.

The rise of the self-esteem movement - from Branden's 1969 publication *The Pschology of self-esteem*, to the fall of the movement in 2003.

1960s -70s
Developments in social psychology, including Bandura's self-efficacy theory; Tajfel's social identity theory on the importance of belonging to a group (1979) *Social Identity Theory*; and Milgram and Zimbardo's experiments into how authoritarianism can have negative impacts on behaviour; (1978) *Obedience to Authority*; (1979) *Social Identity Theory*.

1940s
Maslow publishes *A Theory of Human Motivation* in 1943 that identifies the key drivers of human behaviour.

1890s
Recognition that institutions should give people more liberty of action and control over their own recovery, e.g. Needham's asylums.

In 1977, Albert Bandura published his seminal paper *Self-efficacy: Toward a Unifying Theory of Behavioural Change*.[15] The central hypothesis – that in order to pursue any goal we must have some confidence that we can achieve that goal – is widely accepted.[16] His theory gave birth to a major field of research on the role of self-efficacy – or what we refer to as 'confidence to act' – in areas as wide-ranging as parenting[17] and substance abuse.[18] Bandura's theory remains a fundamental principle of social psychology[19] and we explore programmes that have put his principles into practice in chapter two.

Seven years later, Kate Lorig (Director of the Stanford Patient Education Research Center and friend and colleague of Bandura) published the findings of her first study into arthritic pain management.[20] The unexpected finding of this research was that the level of confidence (or self-efficacy) people had in managing their condition was the factor associated with reductions in pain. Building on these findings, Lorig went on to develop and test a self-management approach[21] that is now used widely in the NHS[22] and around the world.[23]

The work of Nathaniel Branden on self-esteem offers a more cautionary lesson. He sought to explain the internal factors that influence our confidence. His book, *The Psychology of Self-Esteem* (1969),[24] inspired a movement which had a tangible influence on social programmes across Europe and North America during the 1970s and 80s. There were high hopes that focusing on self-esteem could help tackle everything from crime to teenage pregnancy. However, major research projects began to show inconsistent results,[25] and Branden himself has since stressed the importance of a more nuanced approach that takes greater account of life context.[26]

In the 1980s and 90s, attention turned towards understanding the role of intrinsic motivation (i.e. rewards that are internal, such as a sense of satisfaction) and extrinsic motivation (i.e. rewards that are external, such as money)[27] in helping people to feel ready for change.[28] William Richard Miller and Stephen Rollnick developed 'motivational interviewing', which promotes the use of enabling language to activate a person's intrinsic motivation. The approach, which is widely used today, does not involve persuading someone to change, but draws attention to the gap that exists between what the person is doing now and what they want to be doing in the future.

Today, many service designers look for inspiration from behaviour specialists such as Susan Michie (Director of the Centre for Behaviour Change, University College London). Michie's 'COM-B model'[1] encompasses three interacting conditions for behaviour change:

- **Capability** (the transfer of psychological and physical skills and knowledge);
- **Opportunity** (physical and social factors external to the individual, which we refer to as 'life circumstances'); and
- **Motivation** (processes that energise and direct behaviour, including purpose and confidence).

So, given that these key ideas date back to the late 19th century, why is the practice of using 'good help' so patchy and marginal in most mainstream publicly-funded services and social programmes? One factor is that although there is an evidence base of what works, many of the most important studies are 40 years old and described in terms that do not resonate today. We have found no comprehensive frameworks that provide guidance on how to put 'good help' into practice across sectors.

It is clearly time to look again at the way we have been helping people, and to use the evidence of what works as a foundation to reform mainstream services and social programmes. We can start by looking at today's best practice, which demonstrates what is possible when practitioners work with people to identify their own goals and support them to take action.

Today's wave of 'good help' programmes

There are currently a significant and growing number of social programmes and community organisations that are transforming people's lives by offering 'good help'. A list of some of these is set out in Annex 1, and many are described in more detail in chapters two and three.

Many successful projects deliberately operate outside the major support systems. For example, Grapevine, a charity that works alongside people with special educational needs and disabilities (SEND) to help them achieve things they want, such as *"friendships, work or ordinary lives"*. Their Chief Executive, Clare Wightman, explains how *"we resolutely avoid needs-based profiling and often many parts of the mainstream care system, as we find they undermine people's ability to build the purpose and confidence they need"*. Mayday Trust, a charity supporting people who are homeless, radically changed their approach when they asked people about their experiences of using their service. They found that the traditional support being offered was *"institutionalising and dehumanising people"*.[29] They asked homeless people why it wasn't working and discovered how difficult it could be for people to be constantly asked what is wrong with them by professionals who thought they knew best. Now, instead of trying to fix problems and establish need, their Personal Transitions Service passes power back to the individual to take the lead in getting the right support at the right time.

Today's new wave of 'good help' projects shows us how to create relationships between services and people that nourish and enable both parties. These projects also shine a light on how too many services and social programmes trap people in cycles of dependence and inaction. We now explore ways to help people break out of these unhelpful cycles.

Chapter Two

What we need to take action

Jane was a senior lawyer in a large company, but despite her success and a home and children she was proud of, she was miserable. Jane explains how drinking would make her argumentative and emotional. It affected her relationships at work and made her children withdraw from her. At the time, Jane was drinking five nights a week. *"I would buy a bottle of wine on the way home,"* she explains. *"Sometimes I went and bought a second bottle. I knew I needed to cut down, but never contemplated giving up. I never even did a 'dry January', as I didn't think I could do it. I knew I needed help, but the help on offer didn't seem quite right for me."*

When Jane found out about the online mindful drinking community, Club Soda, she decided to get in touch with them *"After my first Club Soda lunch, I thought 'these people are just like me. If they have chosen an alcohol-free life, maybe I could.' But it wasn't until a terrible Friday night binge that I gave up drinking, initially for a month, then three months, then just carried on. Currently I can't see any reason to drink."*

Jane thinks there are three factors that helped her succeed: *"Firstly, I met lovely people who showed me that it was possible and a really good idea to moderate my drinking. Secondly, I watched every one of Club Soda's webinars and, in the early days, read and posted daily on their Facebook group. This helped me work out what I needed to do, and to feel part of a community. And finally, I learnt that the feelings to have a drink are just a discomfort that I could ride out."*

The 'good help' Jane received is backed up by research into what works. Club Soda don't dictate how much people should drink, but help people achieve their own drinking goals, helped through a supportive community.

In this chapter, we introduce the 'cycle of action', which shows the key factors that enable people, like Jane, to take action to improve their lives. We have developed this cycle by talking to dozens of practitioners about what works. It also draws upon, and is intended to complement, a small number of established theories and models.[1, 2]

The cycle of action

This publication highlights three critical factors that enable people to take action:

- **Sense of purpose**

  We are more likely to take action and sustain change if we have a clear sense of what we want to achieve and why it is important to us.

- **Confidence to act**

 In order to take action, we must believe we have the capability to achieve our goals.

- **Life circumstances**

  Our ability to act is powerfully shaped by the opportunities and barriers that arise in our lives. This includes the environment in which we work and live, how much money we have, the people around us, societal laws and the wider economy.

  Our actions can influence our life circumstances, making us both producers and products of our life circumstances.[30]

These three factors combine to form the 'cycle of action' (see Figure 2), which helps us to understand the support people may need to create and achieve their own goals.

Figure 2: Cycle of Action
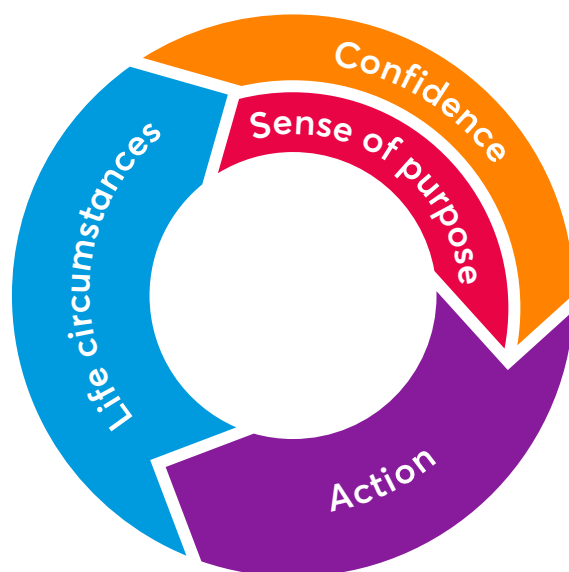
Capabilities

Our capabilities, such as knowledge and skills, also have a major influence on what we do and how we do it. For this reason, some motivational theories and practices focus specifically on them. We have chosen not to focus on capabilities explicitly in this publication because they are dealt with effectively elsewhere[1] and are implicit in each aspect of our cycle.

The cycle of action can be experienced as positive or negative depending, in part, on whether or not someone is getting the help they need. It is the ongoing journey around this cycle that influences whether people are able to develop their sense of purpose, build their confidence to take action, and in time, change their life circumstances. Figure 3, below, provides a simplified illustration of how 'good help' can support a virtuous cycle, and how 'bad help' can erode confidence to take action. It uses the example of a father who wants to lose weight so that he can be more active with his children. Of course, in practice our lives are much more nuanced and dynamic than this, and we will have experiences that move in both positive and negative directions.

Figure 3: Positive and negative cycles of action
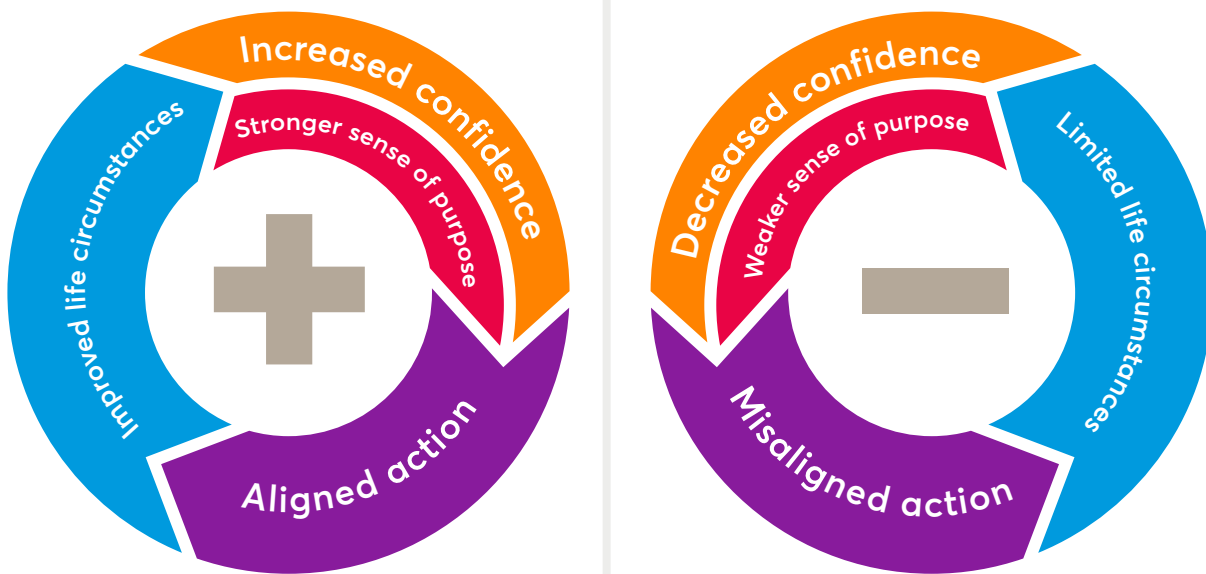
I had been overweight since childhood, but when I became a father [life circumstance], I wanted to get fitter so that I could be more active with my children [sense of purpose].

Good help

My friend encouraged me to attend a local weight loss programme with him, where I met supportive people like me who had lost a lot of weight [confidence]. They explained what had worked for them and recommended I start by setting a simple goal, so I removed snacks from my cupboards and went on two short walks a week [action]. This soon made a difference and I was able to start playing in the park with my children [life circumstances]. With support from the group, I stuck at it, and started to feel more like the energetic father I wanted to be [purpose]. Now, when I don't feel motivated to carry on, the programme leader helps me to readjust my goals [action], so that I can work on getting fitter step by step.

Bad help

I didn't know where to get help, but my friend suggested I look online for advice about diets. I wasn't sure what to do [confidence], but I found something that said I should cut out all carbohydrates from my diet. I just about managed it for three days [action], but gave up after that – it was way too hard. I went back to my old habits of eating badly [action] and felt bad for failing [confidence]. I couldn't take my children to the places they wanted to go [life circumstances] and felt that I had let them down [purpose], which made me feel depressed. My unhealthy eating habits got worse [action], and now I am not sure whether there is any point in trying to get fitter [confidence].

Sense of purpose

Ask most teachers, social workers or health visitors how to motivate someone to take action and they will tell you it's about understanding what's important to the individual in question. This is why the first factor in the cycle of action is 'sense of purpose'. People might not be initially motivated to reduce their blood pressure or lose weight, but there is likely to be something else they are highly motivated to achieve, such as being able to look after their grandchildren, living independently or climbing a hill. The key is aligning the programmes' purpose with the person's purpose (whether that be improving health outcomes, employment or school grades), and helping them to see the connections between the two.

The importance of purpose has been a principle of motivational theories and practice since the 1960s.[31] It is also well established that the ability of services and social programmes to align their purpose with individuals' purposes can be key to their success.[32] When aligned, the impact can increase dramatically because both parties are engaged and motivated to work together to take action.[33, 34] If there is no alignment, individuals and programmes can start working against each other. Figure 4, below, provides a simplified illustration of the process working effectively to increase impact.

Figure 4: Alignment of Purpose

Person's purpose

Programme purpose

Impact
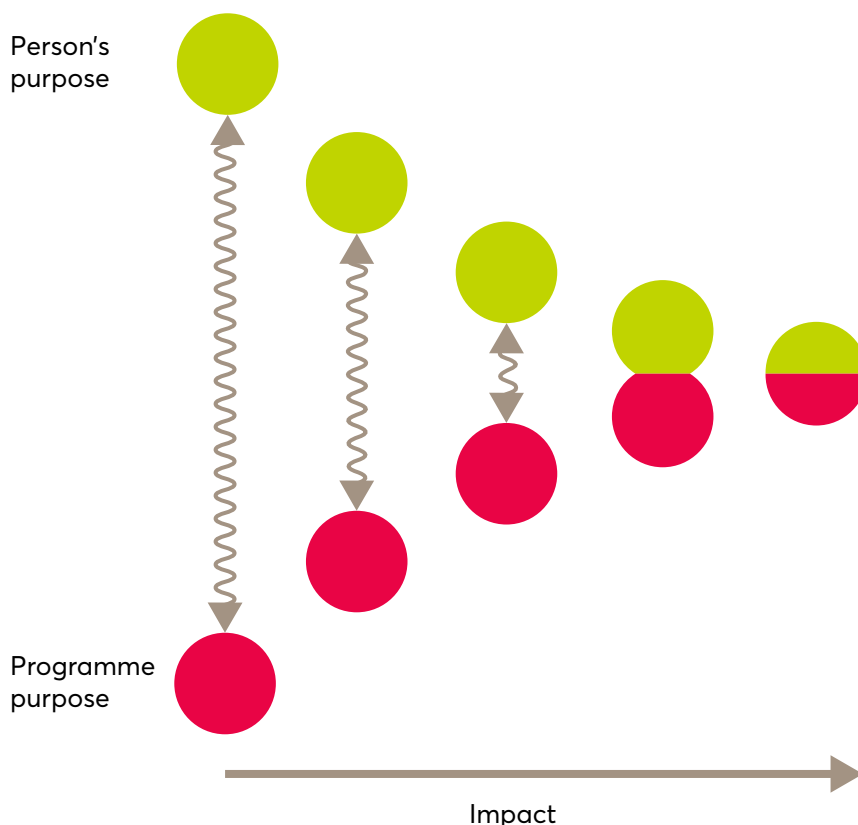
Although this issue of alignment might seem obvious, it goes to the heart of the difference between 'good' and 'bad' help. The current prison rehabilitation system's failure to reduce reoffending (described in chapter one) is a good example of this. With little or no provision for helping ex-offenders re-enter society with a clear purpose for this new phase in their lives, reoffending can seem like the easiest, or even the only, option.

But what about when people want to do things that might be interpreted as 'bad' or not in their best interests? For example, ignoring professional advice about healthcare treatments, or sleeping rough when a hostel place is available.[35] This is central to the subtle art of 'good help'. Fundamentally, supporting people to lead independent, confident lives must also involve supporting them to make considered choices, based on the best available information and their own priorities and values. As long as they have the capacity to do this, and their behaviours aren't illegal or harmful to themselves or others, their choices must be respected. Respecting an individual's informed decision builds trust in the relationship and a sense of responsibility on the part of the individual.

Confidence to act

The next factor in the 'cycle of action' is confidence. For people to take action they must have confidence[36] that they can achieve their goals. We define goals as the steps towards achieving purpose, for example walking 1,000 steps a day as a goal towards being fitter.

Albert Bandura identified four sources of confidence, which we summarise as:

1. **Achieving**: personally experiencing some success related to the goal in question.

2. **Witnessing**: seeing or hearing about others, especially 'people like you', achieving a similar goal.

3. **Encouragement**: being supported by people to believe you can achieve your goal.

4. **Positive association**: experiencing a positive emotional or physiological state when seeking to achieve your goal.

Many of the 'good help' projects we describe build confidence through each of Bandura's sources of confidence, and individuals will find different sources more or less helpful at different times and in different contexts. What appears to matter most is creating the support that helps people build confidence over time.

Bandura's sources of confidence are explained further below.

Sources of Confidence

Achieving goals is, according to Bandura, the most influential source of confidence, because it provides *"the most authentic evidence of whether one can muster whatever it takes to succeed".*[37] It is therefore important that goals are achievable. For example, if someone gives up smoking for one week, they may then feel more confident to try and give it up for three weeks. This is why most apprenticeships provide just enough support, so that people succeed but still feel that they have achieved this themselves.[38]

Example: **Barnwood Trust helps disabled people and people with mental health problems lead fuller lives. Their 'You're Welcome' project does this by connecting people with their local community and helping them expand their sense of what is possible. Once they have achieved their initial goals, they often set their ambitions even higher and accomplish more than they originally intended. One man they worked with wanted to become a DJ. He was offered a slot on local radio which was a success. This helped to build his confidence and soon he was working a regular session.**

The people we are surrounded by – our friends, family, colleagues and online connections - are a powerful influence in our lives,[39, 40, 41] and the more similar they seem to us, the more influence they have on what we believe is possible for ourselves.[42] Their influence can be positive and encourage desirable behaviours,[43] such as offering help to others or engaging in school,[44] or negative and encourage undesirable behaviours, such as substance misuse. Social movements[45] also illustrate the power of being part of a group, and how these groups expand our sense of what is possible, as well as offering encouragement and positivity.

Example: **The Royal National Institute of Blind People (RNIB) offers telephone support for groups of people adjusting to sight loss, run by trained facilitators who have themselves been affected by sight loss. People joining the calls get to know one another by sharing their personal experiences, tips and resources. Seventy-two per cent of those attending reported feeling more positive about the future, and 75 per cent felt more able to seek support for themselves.[46]**

Encouragement may not be as powerful as 'achieving' and 'witnessing' for creating confidence, but it is important in the face of challenging situations or self-doubt, especially if it comes from a respected source. Some kinds of encouragement work better than others. It can be most helpful when the encouragement emphasises strengths and previous gains.[47] However, unrealistic optimism should be avoided, as this could discredit those offering help. Repeatedly telling someone that achievements are only a product of effort can also undermine their belief in their innate abilities.[48]

Example: **Brightside uses online mentoring to help young people navigate their academic and career options after leaving school. The mentors have lived experience of navigating the job market, so can provide practical, well-informed encouragement. One mentee, Muhammed, who aspired to be a nurse said** *"I really wasn't confident but my mentor's messages really motivated me, especially when she told me that it was my career and it was up to me what I did. "*

Confidence to act is affected – often profoundly – by the associated feelings we have when we contemplate doing something. For example, many people feel anxious before a presentation, and may do all that they can to avoid it. Meanwhile, others may know from experience that, although anxiety doesn't feel good, it will not affect their performance, and might even help. What matters is the meaning that people attribute to these different feelings. Do we associate the tightness in our stomach before we speak in public with success or failure? Have we learnt over time to connect certain activities with praise or criticism? Bandura explains that people are more likely to take action if they have positive emotional associations with the intended action. This emphasises the importance of managing stress levels and fostering positive emotional states.[49]

Example: **Access Bikes builds the confidence of young people by enabling them to successfully repair and sell bikes. When participants struggle they are not labelled as wrong or incompetent, but supported to develop new positive associations with the activity. As described by one participant,** *"If something happens, you break something or do it badly, nobody gets cross; they just help you to fix it. There's never any bad feelings … It's giving people like me, who have anxiety, a sense of purpose; instead of being at home getting depressed".*

Life circumstances

Life circumstances are a critical determinant of people's ability to take action.[50, 51, 52, 53] We define life circumstances as everything that happens around a person. This includes the environments in which a person works and lives, how much money they have, the people around them, societal laws and the wider economy.

The UK currently has record levels of in-work poverty, which is a barrier for people wanting to take action towards their goals.[54] Around a million workers claim benefits each year[55] because their income is so low.[56] The jobs tend to have short-term prospects and few, if any, benefits such as a pension or maternity cover.[57, 58] This can create a cycle where workers move between work and worklessness (known to some as the 'lobster pot'), in which it is hard for people to find the time, energy or money to build their confidence or skills to break out of this cycle. This illustrates how life circumstances can erode someone's ability to take action, which can contribute to a negative cycle of limiting life circumstances.

'Good help' is not a substitute for addressing in-work poverty, structural inequalities or discrimination, but it has an important role to play in supporting people to manage the elements that are within their control. Ryan and Jane's stories, mentioned earlier, are just two examples of how, with the right support, it is possible to have hope for a different future and to take steps that can, over time, lead to transformational changes in our life circumstances.

There are many things that influence our life circumstances.[59] Here, we describe three factors that have emerged through our research:

- **Opportunities and barriers to taking action**

  Opportunities and barriers in our life circumstances can come in many forms including the availability of jobs, services and education. People's personal experiences (such as encountering discrimination) or responsibilities (such as being a carer) can also act as a barrier to seeking help. 'Good help' can support people to open up more opportunities or overcome certain barriers in an achievable way.

- **Relationships**

  Individual relationships have a huge impact on what people feel able to achieve. The following questions may help us understand their impact: What kind of lives do your family and friends lead? What choices do they make? What beliefs do they hold? What support can they provide regarding health, or finding work? 'Good help' can support people to strengthen relationships or connect with others who have similar goals and ambitions.

- **Information and knowledge**

  People have access to varying amounts of information, for example regarding work availability or medical treatments. Simple interventions can help to address gaps in knowledge, particularly if information is presented in a way that feels relevant and comes from a trusted source. Some life circumstances can stop people being able to act on information. For example, people may know what to eat to be healthier, but cost may be prohibitive. 'Good help' offers people information in a way that is easy to access and that can lead to achievable action.

Touchpoints

Whether we take action often depends on whether 'good help' is available. Managing health, finding work, learning and rehabilitation are all journeys mediated by various touchpoints between people and those offering help. Touchpoints include meetings with professionals or peers, as well as online connections. It is at these touchpoints that programmes should aim to help people connect with their purpose, build confidence and take the actions necessary to achieve their goals.

Figure 5 provides a simplified illustration of how Jane reduced her dependence on alcohol (as detailed previously) with the help she received at various touchpoints in her journey.

Figure 5: Jane's journey towards her goal
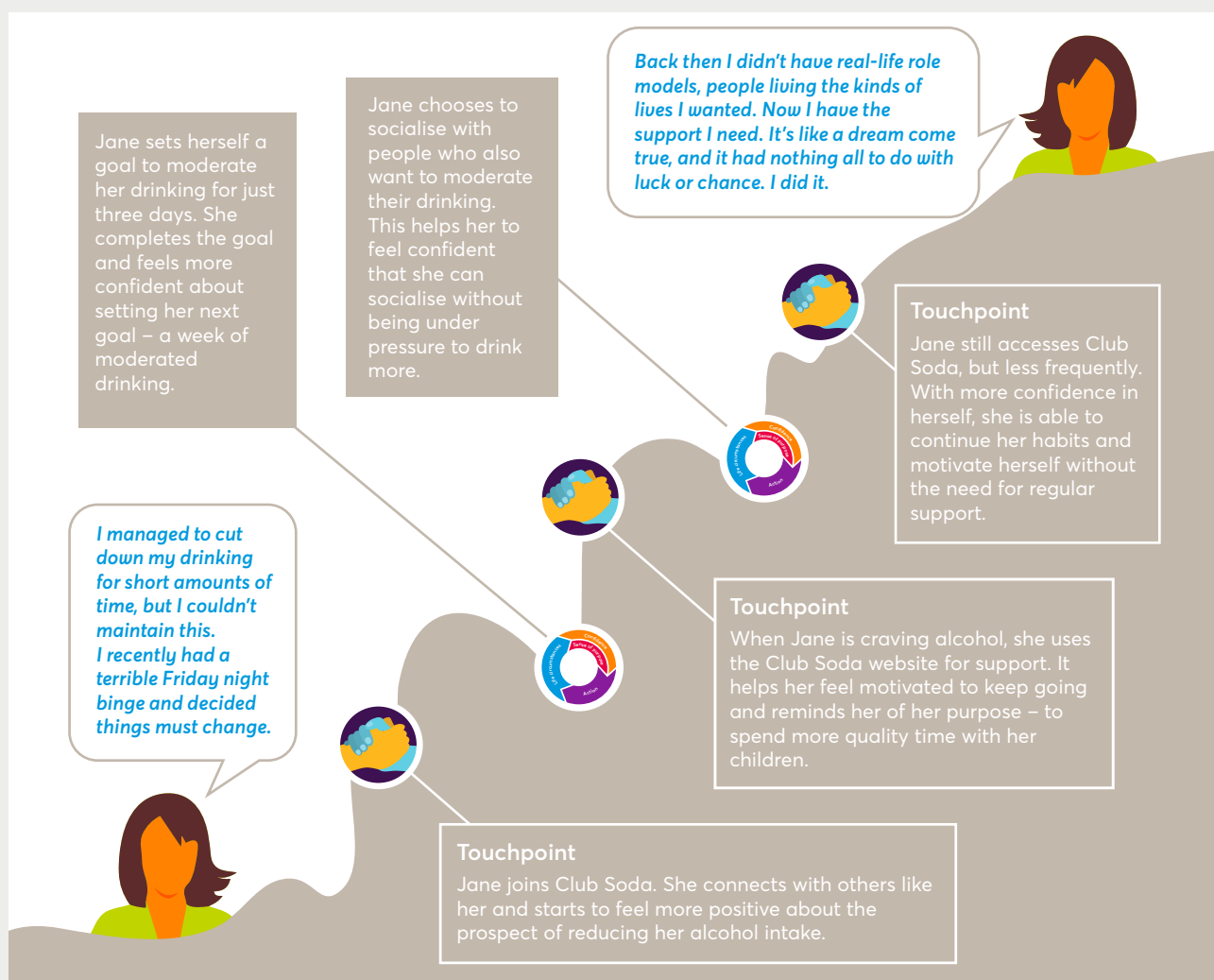
Providing help that enables people to take action is not simple. Nor is it the only solution needed to address complex social challenges. 'Good help' is just one way to improve people's experience of mainstream services and social programmes and to support them to set new goals and take steps towards them.

The next chapter explores some of the ways that public services and social programmes can be designed to make sure they offer 'good help'.

The art and science of 'good help'

Doug loves being a GP, but he felt disheartened when he realised his advice on lifestyle and behaviour changes wasn't enough to help his patients. Doug told us, *"Although I'd been trained to make diagnoses, offer advice and prescribe medications, these weren't the only things my patients needed. They needed to be supported to take action. This wasn't something I felt adequately skilled to do."*

Doug knew he needed to do something different and so went on a coaching course. *"Initially I wasn't convinced it would help, but I needed to try something new."* He started asking patients what they wanted to get out of consultations, what was important to them, and making sure they always left with some actions they could take in their own time. Quite soon he could see the difference – not only in clinical outcomes, but also in patient satisfaction.

"What has been most striking is the transformation of the doctor-patient relationship and how that helps me do my job better," says Doug. *"In a ten-minute consultation it's only natural to want to jump to solutions, but if we haven't found out the underlying reasons for people wanting help, our solutions probably won't work."*

Doug, like many other 'good help' practitioners, supports people using a flexible and relational approach that connects people with their own motivations for change. This chapter describes seven characteristics of 'good help'. Our intention is not to rigidly define how to deliver 'good help' but to share insights from some of the best programmes working in this way. These programmes are changing lives by blending evidence-based techniques and a focus on impact with a sensitive and responsive approach to relationship building. This is why we have called this section 'The art and science of 'good help'.

Characteristics of good help

As we have carried out our research we have identified seven common characteristics of 'good help':

1. Power sharing	5. Role modelling and peer support
2. Enabling conversations	6. Opportunity making
3. Tailoring	7. Transparency
4. Scaffolding	

1. Power sharing	Recognising and building upon the influence and control that each person brings
What	'Good help' recognises that people are the key agents for change in their own lives - for example, if a person is diagnosed with diabetes, it is their decision whether they change their diet. 'Good help' also recognises that the relationships between professionals and people are about supporting a good outcome, allowing power to circulate between both parties, rather than 'directing' people to do things. Both parties recognise that they have influence and control over the situation. For 'good help' to be effective, an adult-to-adult relationship needs to be established. This enables each person to bring his or her own knowledge and ideas to the table, and for these to be considered equally. This idea of adult-to-adult relationships was created by Eric Berne as part of his Transactional Analysis[60] theory and involves keeping the locus of control with the person being supported where possible.
How	Five key conditions that support power sharing include: • **Language**: words that suggest someone has a power deficit – such as 'empower', 'claimant' and 'users' – are unhelpful as they suggest a one-directional, top-down power transaction in which something is being done 'to' or given 'to' a person. • **Expertise**: it is important to combine the expertise that each party brings in order to make good choices and sustain change. The people being supported bring a detailed understanding of their lives and preferences, while the professionals bring knowledge and experience of working with others in this way. • **Decision-making**: should be open and transparent, with the full involvement of the person being supported. In the context of public services, such as personal budgets in health, this may involve a third party, such as a community-based advocate who helps people make choices and decisions. • **Responsibility for action**: acknowledging the different ways that each party can take responsibility will help to initiate and sustain action. For example, with diabetes, people can choose what they eat and monitor their insulin levels, while health professionals can provide treatment advice and tests. • **Trust**: trust enables people to be honest about how they are feeling, including what is important to them and their fears and concerns. It is essential for aligning a programme's purpose with that of the people it's supporting. Trust is often a prerequisite for people accepting help in the first place. But it takes time to grow and can be easily eroded if power sharing is not authentic.
Example	Mark Johnson, an ex-offender, saw serious problems with the criminal justice system's approach to rehabilitation. He set up the organisation User Voice to challenge the 'us versus them' culture between society and ex-offenders. User Voice equalises power by bringing criminal justice staff, prisoners and ex-offenders together to improve services. Through these more equal collaborations, prisoners and ex-offenders develop new relationships, skills and ideas of what is possible for them. All the staff of User Voice are ex-offenders, which reduces the divide between those who deliver services and those who receive services.

2. Enabling conversations	Conversations that enable people to feel safe, hopeful and ready to take action for themselves
What	'Enabling conversations' are structured to help people to think through what's important to them and to come up with their own solutions. These conversations also build trust, ownership and motivation for action. They create the conditions for people to feel listened to, safe to share personal experiences, and ready to decide if and how to act.[61, 62] These conversations use Bandura's third and fourth sources of confidence: encouragement and positive association. The language and approach of 'enabling conversations' should also flow through to written or online communications.
How	Examples of how to have conversations that are 'enabling' include: • **Questioning**: practitioners can help people think through their own motivations and resources, by asking questions about the things that they value, their strengths, their confidence to act and the barriers to change. When tempted to provide a solution, consider asking a question instead, so that the individual can develop and take ownership of the solution. • **Constructive challenge**: use constructive language that stretches people's thinking about what is possible. Help them to reflect on the gap between where they are at now and where they want to be (see motivational interviewing example, below). This ensures discussions reflect power sharing and avoids 'telling people off' or highlighting a 'lack of progress' ('parent child' mode).[60] • **Using people's own words**: when reflecting back to someone what you have heard, use language they have used themselves whenever possible. This shows you are actively listening to their unique experiences and avoids jargon or generic language which feels impersonal and creates a barrier between you. • **Action**: where possible, finish each interaction by asking people to take away a 'next step' they feel confident to take. • **Safe to fail**: Help people to feel safe to try new behaviours and prepare for possible failure. Frame failure as an opportunity for learning.
Example	Perhaps the best-known technique for enabling language is motivational interviewing (MI) which was originally developed to help people with addiction problems.[63] Through careful questioning, MI evokes a person's intrinsic motivation for change and uncovers barriers that are preventing action. Understanding the barriers that exist helps a person and a practitioner to work on solutions together for overcoming these barriers: for example, exploring the tension between wanting to lose weight and enjoying unhealthy food. MI keeps the locus of control firmly with the person being supported so that they uncover their own reasons for change and take responsibility for doing so.

3. Tailoring	Helping people define their own purpose and plans, and responding to their individual needs
What	For help to be transformational, it needs to address the particular circumstances that people themselves are facing – in other words, it needs to be personalised. This can be achieved by helping people to define their own purpose and goals and developing a plan for working towards them. This might sound obvious, but many programmes offer a standardised approach that can feel impersonal and mechanistic, and which fails to catalyse real and sustained changes in people's lives.
How	The core skill in 'tailoring' is adapting the help offered to different people, at different times, to their individual and changing needs. This is done by: • **Aligning purpose**: The expressed purpose of the programme and the people it is supporting may not be fully aligned to begin with. A programme could have a specific target that it is working towards. For example, a mathematics teacher is likely to want to improve marks, whereas a student aspiring to become a gardener may not see why maths is relevant to their goal. In this example, we would need to find out what's important to the student and explore how maths could be relevant. • **Setting goals**: Once someone has identified and shared what is important to them (their purpose), the next step is for them to decide what they want to do about it. This usually involves setting achievable goals or helping them to identify a starting point. Goals should clearly link to the purpose of the person being supported. For example, Betty wanted to feel less lonely and more connected to others, so she set herself an ambitious goal to reinstate a community minibus that had previously taken local people shopping once a week. This became a valued resource, which helped Betty and her friends maintain connection and develop new friendships.[64] • **Reviewing goals**: Over time, as life circumstances change, goals are likely to need to be adjusted to be more ambitious or more realistic. Creating a space for those being supported to reflect and adapt their goals is critical to avoid slipping into a negative cycle of inaction. • **Individualised measurement**: Encourage people to select their own measures of success in addition to their goals. Practitioners could provide a range of outcomes for the person to choose from. For example, measures of happiness, confidence and quality of life.
Example	NEET in Crewe works with young people who are not in education, employment or training, to improve their physical, emotional and mental health. They help young people to tailor their own support plan to fit with their preferences and goals. Some options include: counselling, educational programmes (e.g. legal highs, sexual health, self care and cookery), sports, gardening and music.

4. Scaffolding	**Offering practical and emotional support that helps people take action, then stepping back as they build confidence to continue taking action alone**
What	Scaffolding is the support that practitioners put in place to ensure that change is sustained over time. The intention is to build confidence and independence, by helping people to take positive action, firstly in collaboration and then by themselves. This relates to Bandura's first source of confidence: achieving. Of course, help may need to be ongoing when supporting people with long-term challenges, such as chronic health conditions, but this help should be structured in ways that create opportunities for people to take action themselves wherever possible and desirable. Scaffolding theory was first introduced by Jerome Bruner[65] and developed by Lev Vygotsky[66] in the 1970s. It still underpins many fields of learning today.[67]
How	Scaffolding involves: • **Understanding**: the level of support needed for each person. Some people may want more emotional support and others may want more practical help. Measuring confidence levels can help gauge the level of support needed (see below). • **Supporting not doing**: Practitioners should show that they are willing to work alongside the people they are supporting, but that they cannot do things for them. Working on things that feel achievable will help to minimise the experience of negative emotions such as fear or disappointment. • **Frequency of touchpoints**: creating as many points of contact as people feel they need to feel confident to take action. • **Stepping back**: As the individual starts to build confidence to take action, practitioners can help them to reflect on their successes and discuss how they plan to take a step back, while still being available to offer support. This may translate into fewer touchpoints between the person and the practitioner. • **Sustaining change**: before a programme comes to an end, it can be helpful to find ways for someone – for example a family member, carer, friend, colleague or other practitioner – to continue to provide scaffolding to support the person being helped to sustain action in their everyday lives. The 'confidence to act' scale is a well-established[68] tool that helps people rate their confidence in performing a particular action on a scale of 0-100. If people rate their confidence as less than 70 it might be helpful to revisit their goal or explore further the reasons for low confidence.
Example	Groundswell is a charity that helps homeless people to make better use of health services and to play a full role in the community. One way they offer support is by connecting homeless people with a peer advocate who helps them to address their health needs through new structures and habits. This includes practical support, such as arranging appointments and accompanying people to the GP or hospital. The support tends to be most intense at the start of the relationship and reduces over time as the person builds confidence to manage their health themselves.

5. Role models and peer support	Helping people develop relationships that inspire and sustain action over time
What	'Good help' approaches rarely engage with people as isolated individuals. Instead, they attempt to understand the wider context in which people live, including their immediate relationships and wider networks. Sometimes relationships may be absent or negative, which may be part of the challenge people face. 'Good help' seeks to deepen and enrich people's relationships, networks and communities, as vital enablers of action. Positive relationships expand our sense of what is possible, help us do things we wouldn't attempt alone and encourage us when things get tough. Often the most powerful relationships are with people we consider similar to ourselves. Opportunities for peer support or access to role models can create lifelong friendships and connections that can sustain confidence and motivation to act.
How	Projects usually help to make these social connections through: • **Peer mentors or support staff**: people with lived experience who share similar backgrounds and experiences to the people they are supporting. This can help to build trusting relationships and inspire people to realise what is possible. This relates to Bandura's second source of confidence 'witnessing'. • **Support networks**: groups of peers with similar goals or experiences (for example, dealing with addiction, or finding a job), who can support one another emotionally and practically. These connections can lead to powerful social networks that support people to feel less isolated and more motivated and hopeful. • **Community networks**: connecting people who live in the same place provides local friendships that can support people to take positive steps forward. Local networks are more likely to be sustainable and not dependent on a programme. These relationships can exist online, over the phone and face-to-face, and many projects offer multiple ways to connect.
Example	Body and Soul is a charity that delivers transformational programmes for people of all ages who have experienced childhood adversity, including those affected by family disruption, suicidal behaviour and HIV. One of the programmes delivered by Body and Soul - Beyond Boundaries - uses volunteer peer coaches to support teenagers and adults living with or affected by HIV. Peer coaches have in-depth knowledge and understanding of what it is like to live with HIV having been directly or indirectly affected by it themselves. They provide remote peer support (e.g. by phone, text or video call), and those who have been supported report an increase in their confidence to communicate openly with health professionals, friends and partners.[69]

6. Opportunity making	Increasing opportunities and decreasing barriers for people to take action
What	Sometimes new opportunities need to be created for people to be able to achieve their goals, or barriers need to be removed. These are often outside of people's control and require help from an external source.
How	Examples of how opportunities are increased include: • **Brokering relationships**: for example, with local enterprises or businesses, so that people can start or resume hobbies, voluntary or paid work or other activities. • **Budgets**: these could be personal budgets, for example, to pay for transport, or buy clothes or equipment necessary for certain activities. These could also be community budgets to create new opportunities for local groups or neighbourhoods. • **Offering new services**: for example, classes in health and fitness that otherwise would not exist in an area. • **Creating work opportunities**: many 'good help' organisations train and support people to become volunteers and employees within their own organisations. They then support other people to make their own journeys of growth or recovery as a peer volunteer or staff member. • **Removing barriers**: this involves asking people what is getting in the way of them taking action, and finding ways to help them address this. Examples of this could be helping someone to develop their CV or to access online resources. It could also involve organising or helping to fund their caring responsibilities, or helping them to make practical changes to live safely and independently at home.
Example	Envision works with schools to improve the social mobility of disadvantaged pupils by helping young people develop skills for adulthood. It supports young people to work in teams to tackle social problems faced by their peers or local communities. This might include a focus on gang crime or teenage mental health. At the heart of the organisation is opportunity creation - young people steer the agenda, develop new skills and take action that makes a difference to their community through a structured programme of support.

7. Transparency	Sharing information and data between people and practitioners
What	This is about ensuring that people have access to all the available information. Professionals (and their organisations) often have access to information about people – including their health records - that is not routinely shared with people themselves. Equally, citizen-generated data, for example, from wearable devices that track health conditions, could also be used more effectively as part of decision-making. Having open and shared data is an important part of building an adult-adult relationship and supporting people to make informed decisions.
How	There are three principles that underpin transparency: • **Availability**: ensuring that relevant data is made available to people. • **Accessibility**: ensuring that data is available in a form that can be easily understood. • **Timeliness**: ensuring that data is made available in a timely manner, so it can be properly considered before any decisions are made. There are also challenges that need careful consideration. Data collection can reinforce a sense of having something 'done to you' by a service, as people are asked – often repeatedly – to share their personal information and re-live what may have been difficult experiences. In order for data sharing to build our confidence to act it needs to be captured, shared and retained in a way that maintains the power balance and keeps the control with the individual. Data protection legislation (or its interpretation) can also make it hard for people to share information in the way outlined above. It creates important and often necessary protections, but can also limit collaboration. The new General Data Protection Regulation (GDPR), expected in 2018, will hopefully overcome some of these issues. Increasingly, organisations are seeking data sharing agreements that allow them to productively share information.[70] These agreements can be hard to arrange, but show that it is possible to work within the law and still share data appropriately.
Example	Year of Care helps NHS teams working with people living with long-term health conditions. They make sure that all necessary tests are undertaken in advance of appointments and results are shared in easy to understand formats. This provides the starting point for a new type of consultation with a specifically trained GP or Nurse Practitioner, where they jointly develop priorities, goals and actions. People report feeling more informed and better able to manage their health in their own way.[71]

Good help checklist

If you are involved in the design or delivery of public services or social programmes, you might want to use this simple checklist to get a sense of whether the help you are offering is 'good help'.

Are you:

1. Recognising and building upon the influence and control that each person brings (**power sharing**)?

2. Having conversations that enable people to feel safe and ready to take action for themselves (**enabling language**)?

3. Helping people define their own purpose and plans, and responding to their individual needs (**tailoring**)?

4. Offering practical and emotional support that helps people take and sustain action, then stepping back as they build confidence to take action alone (**scaffolding**)?

5. Helping people connect with and take action with other people they identify with (**role models and peer support**)?

6. Expanding opportunities for people to take action (**opportunity making**)?

7. Sharing information between practitioners and the people being supported (**transparency**)?

The majority of the examples we have looked at have been from the voluntary and community sectors. Many of these organisations have established themselves outside mainstream public service systems, and almost always by co-designing what they do with the people they are working with. However, these characteristics need not, and should not, be exclusive to these programmes. With the right support they can be nurtured and spread throughout mainstream services and social programmes.

Chapter Four

Enablers of 'good help'

In this final chapter, we highlight five wider considerations that stand out as enabling many of the best practice examples included in this publication.

1. Supporting staff and sharing leadership

It is hard for practitioners to build the purpose and confidence of the people they support if they do not have it themselves. Some 'good help' organisations support their staff to excel by ensuring they have the right balance between autonomy and accountability. Many key public sector workers such as teachers, doctors and social workers operate in highly restrictive, target-driven working environments. This both limits their flexibility to adapt their services to the person they are supporting and can undermine their own confidence to act.

There is increasing interest[72, 73] in how social programmes can improve outcomes (and save money) by supporting frontline staff to have high levels of autonomy to make decisions with the people they support. Some organisations have taken this further by using formally distributed leadership structures,[74] in which, for example, frontline staff incorporate management functions into their work and take on much greater levels of responsibility than similar roles in traditional delivery organisations (a few examples include Buurtzorg, the Chief Information Office in Washington D.C., and Highland Home Carers). Many of these examples have very similar operating practices that enable staff to design and deliver programmes that exhibit the seven characteristics of 'good help'.

2. Thinking in systems, not services

'Good help' requires putting people first, which means understanding how people interact with a range of support systems, not just discrete services. To do this, it is important that practitioners and commissioners from across services connect and create a shared sense of purpose and alignment. This is a core capability of Community Catalysts, an organisation that redesigns existing community structures to help people get the support they need. They do this at three levels: helping commissioners understand what needs to change and how to achieve this; strengthening community activities by working with local partners; and helping individuals to define what they need and find the resources they need to get started.

Nesta and the Rapid Results Institute have developed a 100-day approach to change that puts system working at its core. People Powered Results brings together a team of people from across the local health and care system – including the voluntary and community sector, and people with lived experience – to connect and create shared purpose around key goals, such as reducing unnecessary hospital admissions for people who have frailty. These connections build shared motivation across individual institutions and help to reduce a fragmented experience of care for people. The team are given autonomy to create their own solutions, in turn building greater confidence and purpose in their work. These networks, which cut across the health and care economy, enable the whole system to act as more than the sum of its parts.

3. Helpful technology

Digital technologies are making it easier to offer 'good help' and are beginning to create demand for it. User-generated content and peer-to-peer networks (such as Facebook and Twitter) have changed our relationship to help and our expectations of what services should offer. This has begun to drive demand for the personalisation that typifies 'good help'. In turn digital technologies can respond to users' needs, and offer help that feels personal and relevant. Below, we list five aspects of technology that are especially relevant:

- **Connection**: Digital technology can connect people in a way that helps them to help one another. For example, HealthUnlocked[75] connects people who have a broad range of conditions to enable them to exchange expertise and support. In this model, people are both the recipients and providers of help.

- **Digital scaffolding**: BECCA,[76] the Breast Cancer Care App, delivers tips and advice to help women adapt to life after treatment for primary breast cancer. Apps like BECCA provide a simple structure for its users to move forward and create a new life path.

- **Personalised advice and simple coaching**: Digital technology is also increasingly capable of giving simple coaching. AI Chatbot apps such as Wysa[77] can offer support immediately and confidentially for those experiencing anxiety and depression, based on Cognitive Behavioural Therapy (CBT) principles. While person-to-person contact is very valuable, it can also sometimes be helpful to interact online, for example, without fear of judgement.

- **Tracking and behavioural support**: Using monitoring devices to track symptoms can help people to have a more objective understanding of their health. Setting and reaching goals can also be motivating as progress is very visible to people. Many digital technologies, such as uMotif, a health data-capture platform,[78] also have built-in cognitive and behavioural strategies that tap into their users' sense of purpose and confidence, for example through reinforcing messages and visual feedback on progress. Research has shown that the more strategies an app has built in, the bigger its impact.[79]

- **Behaviour design**: There is growing evidence[80, 81] that digital technology can be designed in ways that can influence our beliefs and behaviours. This is known as 'behaviour design'.[82] Its techniques are increasingly being used in the private sector, to encourage everything from fan loyalty to a TV series[83] to promoting product sales such as Amazon Echo.[84] This has particular relevance to 'good help' as behaviour design is very often about creating the digital triggers, hooks and communities that initiate or maintain certain actions.

4. Individual and collective action

It is critical to see individual and collective actions as inextricably linked. We have already mentioned Bandura's second source of confidence – witnessing, and the importance of role models and peer networks as enablers (or inhibitors) of action (one of the seven characteristics in chapter three). Bandura also argues that for communities to take action at a local level, group-led efforts need to be fostered in ways that build 'collective efficacy' - or what we might describe as the confidence of the collective to take action.[85]

This is supported by the report, *Leading Large Scale Change*,[86] in which Helen Bevan and Kathryn Perera explain how most healthcare improvement activities focus on agency at an individual level through approaches like patient activation, shared decision-making and self-care. They argue that "These are critical for the future, but insufficient on their own. In the absence of a wider mobilising and organising strategy, they can be about singular, isolated patients taking action for their own health. Social movement principles tell us that we should also focus on collective agency."

Not only is this conclusion supported by the social psychology and behaviour experts listed in chapter one of this publication but also by decades of community development practice which has shown how community culture can support or erode people's ability to take action and how communities can be supported to develop shared purpose and build confidence to act. Many towns, villages and cities across the UK have organising groups to address local issues. For example, the Mancunian art project #LiveWellMakeArt, which explores how art can promote healthier lives, building the confidence of their members to take personal as well as collective action.

Social movements also have a unique power to connect and mobilise people across geographical boundaries. Take, for example, Reclaim the Night[87] who campaign for women to live free from the fear and realities of male violence, or global social movements for health, such as HIV and AIDS or Global Mental Health.[88] They support the rapid dissemination of knowledge and ideas and create an energy for action that builds on people's determination and courage to stand up and speak out for the issues that matter to them and their loved ones.[89]

The vital synergy between collective and individual action may seem obvious, but too often is absent in how we design services and social programmes that require people to act.

5. Investing for the future

There is growing evidence that 'good help' is more cost-effective than 'bad help'. The most striking financial benefits of 'good help' (based on existing evidence) appear to be from reducing the need for reactive 'fix it for them' costs associated with 'bad help', for example, by reducing A&E (accident and emergency) attendances, avoiding expensive healthcare, such as heart surgery; and reducing numbers of arrests and imprisonment.

A 2015 study[90] by LankellyChase estimated that individuals with multiple and complex needs, such as being homeless or having problematic substance or alcohol misuse, incur an average £250,000 of service use costs, with some individuals incurring almost £1 million over their lifetime. It can be difficult to quantify cost savings across whole cohorts of people, but as the Liverpool Waves of Hope project[91] shows, there are potential savings to be made from preventing high cost activities. They found a reduction in both A&E attendances and arrests in over 90 per cent of people who were supported by their programme. Groundswell's *Saving Lives, Saving Money* evaluation,[92] also reported potential efficiency savings from the impact of their homeless health peer advocacy programme, on better utilisation of health and care services (they found a 68 per cent reduction in missed outpatient appointments; and a 42 per cent reduction in unplanned care activity, saving £2.43 for every £1 spent).

Other organisations, such as AgeUK and Mayday Trust, report similar potential savings. For AgeUK's integrated care programme,[93] savings came from avoiding costly residential care and admissions to hospital; and for Mayday Trust, savings came from reducing reoffending rates and reducing the number of people returning to the streets.

Community Catalysts also report significant cost savings through their Somerset Micro-enterprise Project. The project enables older people to live at home and stay connected to their community for longer, through support such as home help, trips out, transport and personal care services. The organisation calculated an annual saving of £525,619 for Somerset Council in 2017.

'Good help' is an area where we need better evidence for cost-effectiveness, but there appears to be growing consensus – from frontline practitioners to Ministers such as David Lidington – that the financial benefits of 'good help' outweigh the costs.

Conclusion

The simple truth is that we cannot afford to keep on providing bad help. Too much is at stake. Too many people are unnecessarily trapped in negative cycles and lost opportunities perpetuated by 'bad help'. These negative cycles repeat themselves, over generations, across communities and, in this way, they multiply over time. These negative cycles have acute and obvious consequences, such as homelessness or addiction, but also chronic and subtle effects which erode confidence and mental health, making activities, such as parenting and healthy eating, much harder, and sometimes impossible. People feel hopeless, overwhelmed and let down.

In addition to the tremendous personal and social costs involved, there are the significant financial costs of 'bad help'. Services that react to problems that have escalated, but could have been prevented, are expensive and seldom address the problems in ways that prevent them from happening again. For every person trapped by 'bad help', who believes that they cannot find work or maintain a healthier lifestyle, there are also avoidable ongoing costs. When bad help affects millions of people, as we believe it does, the financial costs are huge.

'Good help' provides a practical contribution to breaking out of these cycles. It won't be the only solution, but we cannot ignore it any longer. Frontline professionals see first-hand the damage of 'bad help' and understand the power of 'good help'. They see how working with people's motivations transforms lives, and how this can spread hope and a sense of possibility through families and across communities. We urgently need to make 'good help' a priority in how we design and deliver our mainstream public services and social programmes.

Building the 'good help' community

If 'good help' is going to become a mainstream way of delivering services and social programmes, those of us inspired by this agenda need to come together to work out what to do next. Understanding how to configure our systems to support 'good help' will require bringing together researchers, policymakers, practitioners, service providers, commissioners, funders and others. This must include people who have experienced 'good help' – or been let down by 'bad help' – so that they can help us understand what really works.

What's next?

This publication reflects just a fraction of those pioneering 'good help' around the country. Now, we want to find out:

• Who and where are the other 'good help' pioneers?

• Which sectors have the most developed 'good help' practices? And where is 'good help' most in need of development?

• What are the blockages to scaling 'good help' within and across sectors, and in different locations?

• How can we create the right conditions for 'good help' to become mainstream practice in all sectors and throughout the UK?

We would like to work with others to create a series of events across the UK to bring people together. We hope that this activity will be rooted in the specific projects, places and passions of the people in the field. If you would like to be part of this community, run an event or become involved in any other way, please get in touch www.nesta.org.uk/project/good-help

Making it happen

We hope that this publication encourages new discussions and experiments so that we can build a better shared understanding of the most effective ways of providing 'good help'.

'Good help' doesn't just depend on policymakers or commissioners changing policies or standards (although both are undoubtedly useful); it is something that everyone can start practicing right away. Every interaction we have has the potential to build or erode confidence and purpose. So whether we're meeting a colleague, friend or family member, we can begin to put the characteristics of 'good help' into practice. In that spirit we would encourage you to:

• **Adapt** the characteristics of 'good help' to your own needs.

• **Review** the help you receive against the characteristics of 'good help' and share whether these characteristics are a good way of determining 'good' from 'bad' help.

• **Share** your experiences of what works and be willing to test and learn from one another.

Annex 1

Case studies

Below we include over 80 examples of the good practice case studies we have identified through the project. We have attempted to group the projects according to the primary area they work within, however, very many of them work across services and systems.

1

Children and young people

Axis @ The Hive (Catch 22)

Jointly funded by Camden Council and Camden Clinical Commissioning Group, Axis aims to help bridge the gap between child and adult health, and wellbeing services, with a focus on young people currently not engaged in any service. A team of young people are trained to provide peer support on a range of issues, including education, employment, health and wellbeing, housing, personal development, sexual health and substance misuse. The young people choose where and when to meet, so that any interaction happens on their own terms.

www.catch-22.org.uk/services/axis-the-hive

Exposure

Exposure is a London-based charity focused on disadvantaged and vulnerable young people. It works with young people from socially disadvantaged backgrounds, some with mental health or other specific social issues. Around 300 young people each year are involved in creative projects to build confidence and a sense of purpose, as well as developing communication skills to improve employment prospects. Projects are designed to have a broader social purpose, so that they benefit others as well as the young people themselves.

www.exposure.org.uk

NEET in Crewe (Catch 22)

Catch 22 staff support young people in Crewe who are not in education, employment or training, to identify their individual health needs and priorities. The support includes access to a menu of services aimed at improving physical, emotional and mental health and wellbeing – for example, counselling and talking therapies, short education programmes, sports and physical activities, sessions on self-esteem and resilience. Young people can tailor the programme to their own needs, choosing the elements of most relevance to them.

www.catch-22.org.uk/services/neet-in-crewe

Soft Touch Arts

Soft Touch Arts help young people get back on track when things have gone wrong, build the confidence and resilience to change challenging or risky behaviours, and progress to lead more fulfilling lives.

www.soft-touch.org.uk

Switch Up CIC

Helps young people (aged 14-25) to avoid involvement in crime, gangs, substance abuse and social exclusion by building their self-confidence and skills and providing positive peer role models. The project offers free boxing, fitness and sports sessions as an incentive to dissuade vulnerable and disaffected young people from crime, drug-taking and antisocial behaviour. It also offers a 1:1 peer mentoring programme.

www.switch-up.org.uk

Brightside

Brightside's online mentoring helps young people from disadvantaged backgrounds to make confident and informed decisions about their futures. Students are matched to a mentor, such as an undergraduate or professional working in an industry that interests them, who they can talk to about education and careers. Mentors act as role models to their mentees, and after their mentoring period young people have more knowledge about their skills and their options, and report feeling more confident in being able to achieve their goals.

brightside.org.uk

Others

Sure Start
www.gov.uk/find-sure-start-childrens-centre

Care Leavers
www.careleavers.com

iDream
rawmusicmedia.co.uk/projects-2/idream

Access Bike
www.cscic.org

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Health and wellbeing

Year of Care

Year of Care helps NHS teams to put people living with long-term conditions 'in the driving seat' regarding their condition. They do this through care and support planning, which replaces a system where tests are performed with little explanation; and doctors or nurses give instructions about lifestyle without finding out what is important to the person first. Instead, in Year of Care, tests are done in a separate appointment with results and easy to understand explanations sent a couple of weeks before the main conversation, together with prompts to ideas and issues they might want to discuss. This provides the starting point for a new type of consultation with a specifically trained practitioner. They jointly develop priorities, goals and actions to support the person. People leave feeling more informed and better able to manage their health in their own way.

www.yearofcare.co.uk

You're Welcome (Barnwood Trust)

You're Welcome is focused on creating more welcoming, inclusive communities. Barnwood Trust provides grants, mentoring and training to people within communities to work together and connect. This includes 'welcomers', who visit and converse with an isolated person in the community who may have a disability or mental health issue. They establish trust over time and support the individual in achieving specific goals such as participating in community activities or attending adult education.

www.barnwoodtrust.org/youre_welcome/youre_welcome

Club Soda

Club Soda supports people who have decided to change the way they drink, either temporarily or long term. It takes the form of an online club that enables members to access goal setting and progress tracking tools, receive information through eBooklets and regular emails, and test their own drinking habits. Members can engage in the online community for support and connection and take specific programmes. Club Soda also creates opportunities for members to meet in the real world through lunches, socials, pub crawls, drinks festivals and other events. Users are not instructed to do anything; instead they choose their own goals and self-direct the way they interact with Club Soda.

www.joinclubsoda.co.uk

Highland Home Carers

Highland Home Carers offer a range of care support services based on individual needs. This holistic, person-centred approach to care services includes self-directed support packages. People control their own budgets and define their own care needs, with the aim of enabling a desired level of independence and activity.

www.highland-home-carers.co.uk/what-we-do/self-directed-support

Integrated Care (Age UK)

Age UK's Personalised Integrated Care programme coordinates local voluntary, health and social care organisations to meet the individual needs of older people, particularly those with complex or long-term health issues. Age UK staff and volunteers become members of primary care led multidisciplinary teams, working to co-design and co-produce medical and non-medical support packages. The type of support provided is based on goals identified by the older person via guided conversations with Age UK staff.

www.ageuk.org.uk/professional-resources-home/services-and-practice/integrated-care/integrated-care-model

Coaching for Health

Coaching for Health is a programme that trains frontline health professionals in coaching skills which allow them to build their patients' confidence to act in consultations. Health professionals enquire with the patient what is important to them about their condition, and about their life more generally. Once a purpose has been established, they work with the patient to decide what would be a realistic and helpful care plan. As the goals have been established with the patient, they are more motivated to take action and improve their health.

www.coachingforhealth.org

Public World/Buurtzorg

Public World is a social enterprise that supports self-managed team work and workforce and community involvement in the UK. It is partnered with Buurtzorg, a Dutch community nursing initiative that has pioneered self-management to great success. Public World supports organisational development to 'build and release creative people power' by utilising self-management in teams and involvement of staff. They also support the Improvement of the wellbeing of older people through at home relationship-based and person-centred care.

www.publicworld.org/home

British Lung Foundation - Integrated Breathe Easy

British Lung Foundation's Breathe Easy network of self-help groups provide support and information for people living with a lung condition, and those who look after them. Integrated Breathe Easy (IBE) groups have a high level of integration with local health services and commissioners, linking participants to clinical services such as pulmonary rehabilitation, and have formal arrangements for healthcare professionals, such as respiratory nurses, to attend their sessions. These groups can transform the quality of life of participants, improving their health outcomes and wellbeing.

www.blf.org.uk

Stroke Association

The Stroke Association's Voluntary Groups are volunteer-led community groups that meet regularly to provide ongoing accessible, safe and relevant social and peer support. The groups enable stroke survivors and carers to connect with others in their local community with shared experiences and access knowledge and information to understand how to manage their condition. The groups also offer activities such as arts and crafts, communication support and exercise, and community events and outings.

www.stroke.org.uk

The ALLIANCE Self-Management programme

ALLIANCE Scotland's Self-Management programme builds the capacity of people with long-term conditions to effectively self-manage by funding voluntary and community projects. A total of 81 projects received funding in the first two years to work on a range of issues supporting 132,789 people across Scotland to learn more about their condition and improve the quality of their lives. Collectively, the projects have helped decrease dependency on traditional services and have improved people's ability to self-manage.

www.alliance-scotland.org.uk

TACT

TACT is a community interest company run and managed by, with and for people with experience of addiction and mental health issues. Based in Telford, it offers a structured daily programme of activities and a powerful network of contacts to assist with practical issues such as housing, health needs, benefits and employment opportunities, and promote discovery and recovery through training and development, volunteering, peer support and employment.

www.tacteam.org.uk

Others

Chances4Change
chances4change-es.co.uk

BrightSparks Comedy Asylum
brightsparks.wordpress.com

Wellbeing Exeter
www.wellbeingexeter.co.uk

Beyond Recovery Life Planning
www.2gether.nhs.uk/our-teams-and-services/
recovery-glos

**Know Your Own Health
(Live Well Feel Better)**
lwfb.org.uk

The Recovery College Collective (ReCoCo)
www.recoverycoco.com

AS Rehabilitation Course
nass.co.uk/about-as/living-well-with-as/as-
course-at-rnhrd

Shared Lives Plus
sharedlivesplus.org.uk

MySupportBroker
www.mysupportbroker.com

Ways to Wellness
www.waystowellness.org.uk

Local Area Coordination Network
www.lacnetwork.org

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Homelessness

Groundswell

Groundswell is a charity that exists to enable homeless people to take more control of their lives, have a greater influence on services and to play a full role in the community. Since their inception in 1996, their focus has been firmly on 'client involvement' i.e. supporting homeless people themselves to provide peer support and deliver their own solutions to homelessness. Programmes include peer research, peer advocacy, client involvement via e.g. participatory action research or service co-design, and health programmes.

www.groundswell.org.uk/actionupdates

Broxtowe Youth Homelessness

Broxtowe Youth Homelessness works to mitigate the impact of youth homelessness throughout Nottinghamshire and Derbyshire. They have a number of young volunteers, peer mentors and young project workers and offer a range of services from confidence building workshops, to emergency parcels, tenancy training, and a free magazine for young people.

www.broxtoweyouthhomeless.org.uk

Mayday Trust

Mayday Trust works with people going through the toughest of life transitions such as experiencing homelessness, leaving care or coming out of prison. Mayday aims to challenge and change the homelessness system through its Personal Transitions Service, which offers a replacement to traditional support services that are often deficit based and can institutionalise people. The Personal Transitions Service is highly personalised and focuses on building strengths, aspirations, relationships and purpose rather than fixing needs and problems. As a result, people naturally go on to sustain accommodation, reduce substance misuse, sustain employment and education and become resilient members of their communities with strong lasting support networks.

www.maydaytrust.org.uk

Others

Golden Key
www.goldenkeybristol.org.uk/what-were-doing

Waves of Hope
www.liverpoolwavesofhope.org.uk

4

Disabilities

Grapevine

Grapevine's work includes supporting young people with learning disabilities and the communities in which they live. Their primary goal is to enable everyone, including the learning disabled to self-actualise i.e. to get free of service dependency and "become the full person they can become." Grapevine actively avoids the word 'service', have a "ban the lanyard" policy, and profile their beneficiaries according to 'dreams' not 'needs'. They believe it is perfectly possible for the learning disabled to become almost anything when encouraged by 'help and connect' workers, dream-focused person-centred plans, and the activation of relationships and connections across the community.

www.grapevinecovandwarks.org

Whizz Kidz

Whizz Kidz supports young wheelchair users through activities aiming to increase their confidence and independence, including wheelchair skills training, ambassador clubs, and work placements.

www.whizz-kidz.org.uk

Matthews's Hub

Matthews's Hub provides support service for individual's age 16+ with Asperger's syndrome. They help with managing stress and/or poor mental health, creating social opportunities that increase social engagement and develop resilience.

www.matthewshub.org

Cartrefi Cymru

Cartrefi Cymru's Floating Support Service supports people with learning disabilities in Brecon, Wales. Previously, the service had been delivered in a traditional top down way via a set number of hours governed by care plans. Faced with funding cuts in 2013, the organisation decided that, rather than reduce its service, it would review its approach. Cartrefi Cymru collaboratively designed a more person-centred, bottom up approach that adopts a more flexible model of care. Care and support are tailored to the requirements of each individual, as requested by them. This has enabled people to move from dependency on the service to more independence, with a better understanding of their rights to decide what support they want and when.

www.cartrefi.org

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Employment and poverty

Family Independence Initiative (USA)

FII partners with low-income families across the US to create an opportunity-rich community in which they work towards economic and social mobility. Families first demonstrate intent and eligibility by self-organising a cohort of five or more families to join and work together, and completing a nomination form including personal aspirations and goals. Following enrolment, participants hold group meetings and submit data journals monthly as they work towards their own goals and, ultimately, self-sufficiency. Participation includes access to UpTogether, a technology platform through which they strengthen existing and create new social networks, set goals and monitor progress, access resources and financial capital that match their efforts towards their goals, and support one another in achieving mobility. FII staff learns from families by verifying (using financial statements, legal documents, etc.) and analysing their data, and collecting stories of their accomplishments or obstacles encountered. Using their data and stories, FII staff and families are working to change the policies and practices that are barriers to their success.

www.fii.org

Participle Backr (historic)

Backr was service designed to prepare people for a lifetime of employability. It supported individuals to develop capabilities to build and maintain relationships, via a platform that supported the forging of meaningful connections. Following an initial session, members were asked to "opt in" and lead the development of the working relationship with the Backr team. This was followed by series of sessions that build on personal motivations, covering a range of networking skills, opportunities to practice (including soft skills), coaching sessions (solo and group), and support from a coach via weekly calls to check in on self-identified first steps.

www.participle.net/employability

Women's Retail Volunteer Scheme/Work In Life, Oxfam

The Women's Retail Volunteer Scheme is a pilot project delivered by Oxfam in Manchester. The project seeks to empower women from BME backgrounds with lived experience of poverty to overcome barriers to accessing decent work. The project involves a six-month volunteering placement in an Oxfam shop (minimum of two four-hour weekly shifts), six monthly 90-minute mentoring sessions (plus 'as required' email and phone contact) and additional group training sessions, which have included media and assertiveness training. Directly engaging women who are often 'invisible' in mainstream provision, placing employment in the wider context of an individual's life and supporting transition out of poverty instead of simple job outcomes are the project's principal goals.

Users/User/Downloads/dp-work-in-life-women-employment-240816-en.pdf

EMPath

EMPath position disadvantaged families to succeed using their proven brain science-informed coaching model, Mobility Mentoring®, in which they partner low-income participants with highly skilled, professional Mobility Mentors. Together, Mobility Mentors and participants identify the barriers holding someone back – in housing, education, health, finance, or employment. They then lay out goals and find ways to overcome them. The goals can start out small – like finding a doctor for a participant's child – but over time they build on each other and create lasting, beneficial change.

www.empathways.org

Gingerbread

Gingerbread supports single parents to develop skills and confidence to get back into work or training by providing advice on working, studying, benefits, dealing with separation, and managing money. Last year over 500,000 people came to the charity for advice. We have awarded several grants to Gingerbread, including over £418,000 in 2016 for a project providing personal development courses for 300 single parents in Manchester and Salford.

www.gingerbread.org.uk

Newcastle West End Foodbank

Newcastle West End Foodbank provides emergency food assistance to people in crisis. Their approach helps people to break their dependency on food banks by supporting them to address the complex underlying problems that lead them to requiring food assistance, such as debt, homelessness, worklessness, addiction and not claiming full benefit entitlements. Volunteers meet with clients, talk to them about their situation and provide emotional support. This, along with the sense of community that Foodbank offers helps people to feel hopeful about the future and therefore motivated to resolve their situation.

www.newcastlewestend.foodbank.org.uk

The Spring Project

The Spring Project trains in employability skills, enabling people, mostly graduates, to reflect deeply on who they are, how the world works and what contribution they want to make. Traditional employability work often simply focuses on getting people into roles by rewriting CVs or feeding answers to common interview questions, which can leave people feeling powerless. The Spring Project focuses on building people's confidence in what they can contribute once in a role. Therefore, rather than being part of a cycle of rejection, which can lead to a lower sense of self-worth and consequent demotivation, candidates leave the process with a clearer sense of what they have to offer and a better understanding of what a business requires from an employee.

www.springproject.co.uk

CleanSlate

Clean Slate believes almost anyone can work and that anyone willing and able to should have the opportunity to do so. They support job seekers to see how much they have to offer, how to present it to employers, and, whenever they can, provide them with paid work experience. They start with people's aspirations and use them to build their confidence to think about work but then also their health, housing or integration within the community. Anyone who wants to improve their chances in the jobs market can attend but the Clean Slate programme has been effective for people with histories of mental ill-health, substance misuse, homelessness, offending, or as refugees.

www.cleanslateltd.co.uk

Others

VIY (Volunteer It Yourself)
www.volunteerityourself.org

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Justice system

User Voice

User Voice works with ex-offenders to catalyse a transformative process in which the offender takes responsibility themselves for desistance from crime. It involves a process of peer support in which reformed ex-offenders take visible roles within the criminal justice system. This enables ex-offenders to see the possibility of change, and to feel inspired and motivated to make a successful change towards reform.

www.uservoice.org

Circles Yorkshire, Humberside and Lincolnshire

Circles trains and supports local volunteers to work with people who have thought about causing sexual harm or engaged in harmful sexual behaviour. They take a protective approach by minimising alienation and supporting reintegration and accountability. They recognise that with the necessary support and challenge, people who have recognised their potential to cause harm, and are committed to not doing so, have the ability to grow, learn and change their behaviour. General recidivism reduced by 70 per cent among Circle participants in 2009, and by 83 per cent for recidivism relating to sexual crimes.

www.yhlcosa.org.uk

Others

CoLab Exeter
www.exetercvs.org.uk

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Education

Envision

Envision work in secondary schools, bringing together local businesses, charities and volunteers to provide a practical learning experience which enables young people to develop skills for work and adulthood. In return, young people invest their time in developing projects which give back to the community. All community projects are identified and designed by the young people. This might include a focus on gang crime or teenage mental health. Envision then supports them through a structured programme which includes weekly coaching, group activities and events.

www.envision.org.uk

The Access Project

The Access Project is a sustained intervention that supports disadvantaged young people to successfully apply for top universities. They do this by matching pupils with a graduate tutor who supports them to improve their attainment in a core subject, and by providing opportunities to improve understanding of the benefits of university and the application process. Very few young people from free school meal backgrounds will apply to university (especially the more selective ones). The Access Project is about giving them the confidence in their ability to apply for the best universities.

www.theaccessproject.org.uk

Future Frontiers

Future Frontiers' coaching programme matches young people from disadvantaged backgrounds with graduates and professionals who coach them to achieve success in education and life. Their volunteer career coaches deliver weekly coaching sessions which guide pupils to discover and explore careers that will inspire them to achieve in school. Working towards an academic plan, coaches support pupils to meet their career goals.

www.futurefrontiers.org.uk

Others

Franklin Scholars
www.franklinscholars.org

Debate Mate
www.debatemate.com

City Year
www.cityyear.org.uk • www.futurefrontiers.org.uk

The Brilliant Club
www.thebrilliantclub.org

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Specific demographic groups

Roshni Empowerment Project

Roshni Empowerment Project aims to empower Asian women to identify their own needs, create their own solutions and make their own choices to improve their quality of their life, and take up social and economic opportunities available to them. They target marginalised, isolated and disadvantaged South Asian women in Sheffield through services ranging from weekly group activity sessions, information sessions, and to one-to-one support.

www.roshnisheffield.co.uk

Women's Empowerment Programme

Women's Empowerment Programme aims to foster change by inspiring residents facing extreme levels of housing overcrowding, child poverty, poor educational attainment, skills deficits, unemployment and benefits dependency to make positive and informed life changes. They focus on helping vulnerable black and minority ethnic women to improve their confidence.

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Community development

Big Local, Local Trust

Local Trust administers Big Local, a 15-year Big Lottery endowment to support community development and civic engagement across 150 neighbourhoods in England. Each Big Local area received a £1 million grant to be spent according to the residents' wishes. It is a unique programme, giving communities considerable financial assets as a driver for civic renewal and community building. Big Local encourages civic engagement and facilitates cooperation in many ways, such as by placing the community in the lead in defining priorities in their area, providing a rich source of learning for what is possible in terms of community development.

Others

Cedarwood Trust
cedarwoodtrust.co.uk

Nurture Development
www.nurturedevelopment.org

Big Local
localtrust.org.uk/our-work/big-local/about-big-local

Company of Community Organisers
www.corganisers.org.uk

Locality
locality.org.uk

Comas
www.comas.org.uk

Community Catalysts CIC
www.communitycatalysts.co.uk

Our Place
www.wolverhamptonvsc.org.uk

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Digital

uMotif

uMotif was founded in 2012 to help people living with Parkinson's Disease gain a better understanding of their symptoms. uMotif's work in Parkinson's has shown that patients using their simple uMotif tracking app to record their symptoms, medications, play cognitive games and keep a regular diary, saw a 10 per cent improvement in their adherence to prescribed medications, and reported a better quality of follow-up consultation with their clinicians.

www.umotif.com

BECCA

Breast Cancer Care's App (BECCA) delivers tips and advice to help women adapt to life after treatment for primary breast cancer. Friends and family often assume they are 'back to normal' after active treatment, but a third of women experience depression, and many feel angry, fatigued and anxious. Women also struggle to find relevant and trustworthy advice online, leaving them uncertain about how to move forward after breast cancer. BECCA helps users find trustworthy information about symptoms, exercise, food, beauty and knowing what's normal for them as they adjust to life after cancer.

www.breastcancercare.org.uk/becca

Others

OurPath
www.ourpath.co.uk

Immersive Rehab
immersiverehab.com

MentalSnapp
mentalsnapp.com/what-is-mental-snapp

Plexus
plexus.support

Mind of My Own (MOMO)
mindofmyown.org.uk

Parkinson's and Me
parkinsons-and-me.herokuapp.com

TalkLife
talklife.co

Cypher
www.getcypherapp.com

Wysa
www.wysa.io

HealthUnlocked
healthunlocked.com

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System enablers

Spice Time Credit

Spice Time Credits co-design and deliver Time Credits programmes in partnership with local authorities, health, social care and housing providers, schools, businesses and voluntary sector organisations.

www.roshnisheffield.co.uk

Others

MSP Win
mspwin.org

New York City Workforce Funders
www.nycommunitytrust.org/
AboutTheTrust/CollaborativeFunds/
NYCWorkforceDevelopmentFund/
AbouttheNewYorkCityWorkforceFunders/
tabid/661/Default.aspx

Annex 2

Research approach

Our research focused on identifying and understanding the practices of services or social programmes that are supporting people to develop their confidence or purpose as a foundation to taking action. We also undertook considerable background research, including a review of some of the key literature on people's motivation to take action.

In total, we conducted over 60 interviews, undertook a survey, held three dedicated workshops, and took part in numerous events to explore the emerging findings. We worked with experts from fields such as behaviour change and community development, as well as our project advisory panel (see Annex 3). Our intention throughout has been to be open, inclusive and transparent about the work, inviting people to learn about and self-identify where their work is relevant.

Interview selection

We selected interviewees based on their expertise or experience in supporting people to take action, with a focus on those with practical experience in services or social programmes in the UK. We then employed a snowball sampling strategy by asking: **Are there other people we should speak to who have relevant knowledge or expertise?** We focused on identifying practitioners from the fields of health and social care, justice, education and employment. Our intention was to identify 'good help' practitioners from large and small organisations, from a broad spectrum of locations and sectors, all of whom are making a tangible difference to people's lives.

Case study identification

To select case studies we asked the following questions: **Is the project helping people take action by building confidence and purpose? Is it making a significant difference to people's lives? Is there evidence that the people being supported by it have become advocates of the project? Is it challenging existing examples of bad help?**

The publication cannot do justice to all the practitioners we identified and learned from. To account for that we have listed all the case studies and references we have drawn upon in Annex 1.

Annex 3

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Brendan Martin, Managing Director, Public World

Chris Wright, Chief Executive, Catch 22

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Cormac Russell, Managing Director, Nurture Development

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Dan Sutch, Director, Centre for Acceleration of Social Technology

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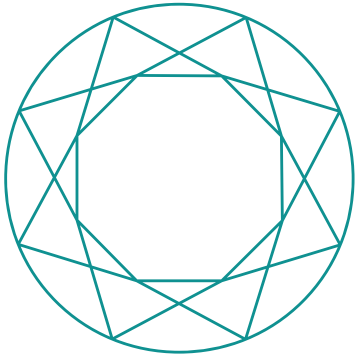**David Heinemann**, Index on Censorship

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