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PPROMPT

Peer Pro-Social Modeling in Probation

LITERATURE REVIEW: PEER SUPPORT AND TRAINING

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INNOVATIVE PRISON SYSTEMS

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Peer Pro-Social Modeling in Probation (PPROMPT) project ,2017-1-TR01-KA204-046684. This publication reflects the views only of the author, and the Turkish National Agency Erasmus + and European Commission cannot be held responsible for any use which may be made of the information contained therein.

Foreword

This Literature Review was developed by European Strategies Consulting, a partner in the project Peer Pro-Social Modeling in Probation – PPROMPT – No. 2017-1-TR01-KA204-046684, financed by ERASMUS + programme.

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PPROMPT project (more details on www.prosocial-modeling.org) is co-financed by the European Commission under the "ERASMUS+ KA2 - Strategic Partnerships for Adult Education. It brings together state and private actors working in the criminal justice field, to improve the offenders' rehabilitation by developing new, innovative and integrated approaches to the adult education field in probation settings.

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Background

The project Peer Pro-Social Modeling in Probation (PPROMPT) aims to structure a peer pro-social modelling, through the development and implementation in probation systems enhancing both the competencies of management and probation experts to address offenders' needs.

This project **seeks to explore and implement an approach that builds social capital and resilience** within people that are under probational measures. **Specific goals include:**

1. **To develop andragogical materials** (manuals and programme contents) that support training for both staff and management in the field of peer training and pro-social model interventions;
2. **To develop and pilot a "train the trainer" course for probation workers in each country**, giving them the ability to train, continuously, selected well-behaved offenders on peer training and pro-social modelling;
3. **To train the selected poll of inmates in each country on pro-social modeling and peer training,** under the supervision of the probation trainers
4. **To analyse the pilot sessions and revise the manuals** accordingly before disseminating the programme.

PPROMPT project aims to develop the following Intellectual Outputs:

IO1 - Literature review on best practices of adult peer training in probation systems;

IO2 - Meta-analysis on best practice of pro-social modeling in probation systems;

IO3 - Preparation of the Peer-Social Modeling in Probation Curriculum;

IO4 – Preparation of "Peer Trainer's Manual";

IO5 - Preparation of "Pro-Social Modeling" Manual;

IO6 - Preparation of the Train the trainer course material for probation experts;

IO7 - Train the trainer course for the offenders.

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Introduction

Unlike the pro-social modeling, the term 'peer training' is hugely popular in the literature and research. One quick search in Google Scholar for the term reveals 3.090.000 outcomes organized after the number of citations. However, the first ten outcomes are originated in the social work or medical disciplines (e.g. working with clients with autism, with children with pervasive developmental disorder, the use of peer training for the residential care-givers etc.) which illustrates that peer education and training was first and most often used in the school or community settings to address different issues (Devilly et al, 2003). Peer training seems to be increasingly used also in the management area. Zaleznik (1992) for instance, describes how the peer training works within a company by involving a senior and a junior executives and where there is a formal and recognized difference in the power of the players. In his view, peer training involves a transfer of knowledge, attitudes and values from a superior to an inferior ranking executive that has as an outcome the perpetuation of the managerial orientation.

1. Peer training for offenders

As the peer influence was generally recognized as negative in the criminology literature, the involvement of peers in the rehabilitation programs appeared relatively late (Kerish, 1975). This may be the explanation that only 103.00 outcomes comes in Google Scholar when 'peer training with offenders' is used as a searching criteria. However, only 10 of these studies were focused on peer training or education with offenders. The others were mostly dealing with issues such as peer pressure, peer group and other topics as such.

The combination of 'peer training' and 'offenders' resulted in 7,833 hits in SAGE. However, only three proved to be helpful for our analysis. As in Google, most of the papers originate in psychology or education and deal with attachment, personality characteristics, peer relations and so on.

A more promising outcome was generated by the combination 'peer training' and 'guidelines' – 25,545 outcomes, out of which proved to be useful for our review a number of five papers.

According to Parkin and McKeganey (2000), the term peer education is an umbrella term for approaches such as: peer facilitation, peer counseling, peer modeling, peer training or peer helping. These approaches are quite popular in the prisons in the western countries. Programs like 'peer listener', 'Good Samaritans' or 'prisoner befriender' are quite widely spread in UK, for instance (HM Prison Service, 2001). In

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relation to peer interventions delivered to prisoners involved in health education programs, South et al (2017) have developed a typology. Following a systematic review, they argue that there are four types of peer interventions in prison settings: peer education, peer support, peer mentoring and a bridging model with additional interventions. Each peer intervention has its own features and aims. In the same field of health education, Bagnall et al (2015) have conducted a systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons and concluded that there is consistent evidence (based on 57 studies) that being a peer worker is associated with positive health and peer education and support has a positive effect on recipients in prison settings. However, the evidence regarding the cost-effectiveness of peer education and support is scarce.

In general terms, peer training is defined as training or education provided by one person with the same experience or background as the recipient of that training. For instance, peer education can take place between prisoner and prisoner, student to student, person with disability to person with disability.

A useful definition is provided by the Commonwealth Department of Health and Ageing:

'A process controlled, devised and implemented specifically by members of a peer group to address the education needs of other members of that peer group. An example is people who inject drugs developing and delivering messages about safe injecting practices to other people who inject drugs' (2005, p. 37)

This definition seems to suggest that that peer education is a process that is controlled and coordinated. However, as many scholars have showed peer education is still 'a method in search of a theory' (Walker and Avis, 1999, p. 273) that is used rather intuitively (McDonald et al, 2003). In their comprehensive guideline on peer education for drug users, McDonald et al (2003) identify at least three categories of definitions for peer education: simple definitions that reflect a common sense understanding of peer education; definitions that describe a particular approach in detail and definitions that attempt to cover all approaches in detail (see Annex 1 to see all these definitions).

There is a wide variety of shapes and forms of peer training when it comes to sharing the same experience. In the criminal justice sector, the involvement of the former offenders in rehabilitating the current offenders is quite well known and evaluated. In his famous study 'Going Straight: Desistance from Crime and Self-Narratives of Reform', Maruna (1997, 2001) argues that one way to embark on a self-narrative reform is by 'giving something back' to the community that you hurt when committing the crime or by helping others who follow your steps. Providing help to others could

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be a way to advertise a new self and fight the stigma attached to the ex-offenders (Meisenhelder, 1982). The process of becoming a therapist from a drug user was very well documented by Brown (1991) who identify four stages: emulation of one's therapist, exiting deviance (with 'the call to a counseling career') the status-set realignment and the credentialization whereby the former drug user is taking legitimacy from their own past experience ('been there done that'). What is important to mention here is that Brown observed that being a counselor for others not only help others but also meets their own needs for recovery and reinforced their ability to remain abstinent. Also in the field of drug education, Treloar et al (2010) argued that in such a complex area as drug addiction, peer educators need more guidance not only technical knowledge and communication skills.

Based on the previous definitions, it is important to summarize what 'peerness' means (Skinner, 1999; Parkin and McKeganey, 2000 cited in McDonald et al, 2003):

- shared characteristics such as age, subculture, place, gender, ethnicity etc.
- similar experience (e.g. offending), lifestyle and education background,
- group membership.

The peer trainers or educators can play different roles in relation to their peers: counselor, information source, facilitator, support worker or tutor (Coggans, 1997).

The literature makes an useful distinction between true peers and near peers. In the first case, the true peers are almost identical with the peer group. The near peers share many characteristics but differ in some ways (e.g. different age) (Gore, 1999). Cripps (1997) and other authors found that near peers are often more credible than true peers.

1.1. Peer training – the theoretical foundation

According to Devilly et al (2005), the peer training is built upon the bedrock of three theories: social learning theory (Bandura, 1986); social inoculation theory (Duryea, 1983) and differential association theory (Sutherland and Cressey, 1960).

Based on social learning theory, individuals must have the opportunity to observe and practice the behavior until they feel confident to practice it themselves. In this theory, the most important aspects of learning are the characteristics of the model, the attributes of the observers and the perceived consequences of adopting the new

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behavior (Bandura, 1986). One important principle relevant for the peer training is that the closer the model is perceived by the observer the more likely is that the observer will identify with the model and therefore will follow his/her example. An offender will be more likely to learn the new behavior from a fellow offender rather than a professional counselor (Turner and Shepard, 1999).

Social inoculation theory suggests that many offenders lack skills to avoid or reject unhealthy behaviors (Turner and Shepard, 1999). When professionals will attempt to help them develop such skills they are often perceived as unrealistic and therefore tent to be rejected. The same effort done by a former offender who went through such an experience and faced the same social pressure may be received with a different attitude (Mathie and Ford, 1998).

According to Sutherland and Cressey (1960), criminal behavior is learned in social situations by associating with others who can teach the behavior, the rationalizations, the motivations and the skills required to engage with crime. As they put it, the definition pro-crime exceeds those against crime. By associating offenders with others with 'good influence' will decrease the likelihood or perpetuating the criminal behavior.

Other theories were also mentioned in the literature as contributing or explaining the peer education effects: social identity theory (Wilder, 1990 – the shared social identity creates the foundation of in-group membership and therefore guarantees the social influence inside the group); diffusion of innovation theory (Rogers, 1995 – new information and behaviors diffuse throughout the group as the leaders are able to provide information in a context specific and culturally appropriate manner); social comparison theory (Festinger, 1954 – evaluating the self against similar others has an informative and motivational power), cognitive dissonance model (Festinger, 1954 – a cognitive dissonance happens when a person receives information inconsistent with their existing information, knowledge, attitudes and beliefs. This creates feelings of conflict, guilt, depression or lower self-esteem. The consequence is that the person is trying to accept the new information in order to reduce the negative feelings) (McDonald et al, 2003).

1.2. Peer training – research evidence

Overall, both recipients and trainers evaluate peer programs as very useful and effective (Baklien, 1993; Miller, 1996; Bleeker, 2001; Badura et al, 2000).

There are studies such as the one conducted by Cahill et al (1979) which demonstrate that in some aspects prisoners prefer to work with professionals (e.g. on their alcohol and drug problems) and aspects upon which they would like to work with peers (e.g. preparation for release).

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However, there is no rigorous study using randomized control trial or other experimental design that involves a control group to demonstrate its effectiveness over the professional interventions. Exception to this rule is the study conducted by Brannon and Troyer (1991) using an experimental design demonstrated that peer group counseling may create an useful organizational climate within the residential care units but it can not reduce recidivism like the specialized interventions dedicated to sexual offenders. On the contrary, peer interventions should come complementary to specialized interventions, as concluded in Randall and Ligon (2014). In their study, Randall and Ligon (2014) stressed how peer support could effectively ensure continuity of care, community connections and integration for mental health inmates.

By and large, the following characteristics were identified as being associated with success in peer education:

- delivery – if they are more interactive they are more effective,
- length of educational initiative – initiatives with fewer than 10 sessions distributed over a longer period are more effective, selection of participants – if the participants took part on a voluntary bases they tend to assess the program more effective. However, this conclusion was challenges by other meta-analysis (see Tobler, 1992) (McDonald et al, 2003).

1.3. Advantages and disadvantages

One great advantage comes from the fact that peer trainers are not staff, and therefore trust can be more easily established (Mathie and Ford, 1998). Peer trainers are also people with the same background and experiences and therefore it is easier to relate to them (Maruna, 2001).

McDonald et al (2003) identify the following advantages for peer education:

- credibility – like Maruna (2001) the authors observed that people tend to identify more with others who have the same characteristics,
- decrease threat – especially young people tend to feel more understood and less embarrassed when interacting with other youth.
- role modeling – young people are more likely to be role models for their peers than adults,
- ongoing contact – usually, peer educators interact for longer periods with their peers than adults in classical settings. This can facilitate a longer term-impact.
- access to hidden populations- as peer education often take place outside the class rooms and in the peers social environment, it is likely that the message can travel to peers that are not (yet) captured in the penal or medical system.

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- cost-effectiveness - often peer educators are either volunteers or young people with low salaries. Hence the low costs associated to this form of education.

Being able to help others gives peer trainers a sense of empowerment and fulfillment (Maruna, 2001; Milburn, 1995). Furthermore, peer trainers tend to feel proud about themselves and this results in enhanced self-esteem and self-confidence (Parkin and McKeganey, 2000). Maruna (2001) goes even one step further and note that working with others with the same problems gives peer trainers new insights into their own issues and difficulties and therefore increase their self-rehabilitation capacities. McDolnald et al (2003) also identify as advantages for the peer trainers: increase self esteem, development of planning, presentation and leadership skills and development of other skills that are relevant in the later job seeking efforts.

In the field of mental health, peer support can increase personal well-being and personal empowerment as well as moderate clinical reductions in symptoms and hospitalization. According to Randall and Ligon (2014, three contributions of peer support are important to be mentioned in the mental health area: **role modeling, street smart and empathy**. When sharing their own experience, the peer mentors become role models for self-care and instill hope in the recipient that something can be done to improve the situation. When interacting with the peers, the peer supporter draws from his/her own experience (happenings, emotions, insights) and therefore creates more authenticity which in turn create 'a shift in attitude and results in greater feelings of empathy and connectedness' (Sunderland et al, 2013:8). Peer can also provide experiential knowledge about how day-to-day problems can be solved (e.g. accessing services, finding accommodation etc.). All these advantages may be experienced in a relationship based on empathy, trust and mutual understanding based on the shared experience.

On the organizational level, peers could ease the pressure of caseload and work on the professionals allowing them more time to deal with more complex cases (Maheady, 1998). Studies make also the case that peer programs are more cost-effective on the long run (Turner and Shepard, 1999).

However, if badly organized, peer programs could alienate the professionals. Offenders may feel that counseling or other rehabilitation activities provided by the professionals are not that important and refuse to take part (Devilly and Sanders, 1993). It is essential that these programs are perceived as complementary to the mainstream ones delivered by professionals.

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Apart from the organizational difficulties, peer programs seem to trigger some ethical concerns. Devilly at al (2005) identify three such risks: accountability, peer competence and confidentiality. Usually, the peer educators especially if they are in prison they cannot be held responsible for the quality or the ethical side of their work. Therefore clear procedures for monitoring and evaluation should be developed.

If not properly trained, the peer educators may fail to deliver their task in an effective manner, which in turn could damage the relationship with the recipients of the training or education. Therefore, professionals should develop proper monitoring and supervision practices that would ensure quality.

As they cannot be legally or ethically liable as the professionals, the peer trainers may break confidentiality. Therefore it is essential to explain during the training why confidentiality is important and how it can be protected.

1.4. The process

Although it may look easy to organize or cheap to deliver, the peer-led programs are very complex and can go wrong in many ways. As documented by others (Milburn, 1995; Lindsey, 1997; Walker and Avis, 1999 cited in Devilly et al, 2005), in order to develop a peer-led program, one qualified trainer has to develop the training materials with clear objectives, recruit potential peer educators, run training sessions, organize the management of the program, liaise with other services, supervise the peers, monitor and evaluate the program, support the peers, organize logistics (rooms for the meetings etc.) and so on.

As far as training in concerned, the literature suggests that apart from the technical skills related to the training curricula, the peer trainers should share also skills such as: communication, active listening, self reflection, dealing with subject who think they know all the answers, dealing with those who are not ready to learn new things, to be aware of the gender and power dynamics (Treloar et al, 2010). Behavioral skill training (BST) is used extensively in developing the communication or delivering skills. The most well-known methods of behavioral skill training are: instruction, modeling, role-play and feedback (Chung et al, 2007). Performance feedback seems to play an important role in developing the desirable behavior (Singletary and Van der Heyden, 2007).

Peer training may be formal or informal, depending on how structured is the delivery. An useful distinction between ‘friendship’ and ‘clinical care’ was provided by Sunderland et al (2013). Between informal peer support to clinical system-based peer support there is a wide range of nuances that are illustrated in the Annex (2).

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In the formal peer education programs, the activities are well structured and planned and the peer trainer plays the role of the expert.

The informal peer education can take place spontaneously in everyday conversations or in loosely planned activities (Babent, 2001; Gore, 1999).

During the peer training, the per educators could use processes such as: information transfer, interactions, practical activities, modeling, popular culture (e.g. music, artwork) or spontaneous conversations (McDonald et al, 2003).

Treloar at al (2010) proves to be very useful in describing what is the best social positioning of the peer trainers in the context of shared social status. For instance, they suggest that it may be useful for the peer trainers to use strategies to engage with the peers in which they position themselves as learners and acknowledge that 'noone's perfect'. Equal relationships seem to work better than others. Furthermore, peer trainers should be aware of the 'hierarchy in the underworld' in order to engage with peers in a non-threatening way or interrupt the peer's perceived standing.

As emphasized above, one crucial component of peer training is the training of the peers. One good example of such a peer education curriculum is the Peer Model Education Curriculum developed by Munroe-Meyer Institute for working with children with autism. Although it is not focused on offenders per se, it provides a good direction for the training of the communication/presentation skills especially with youth (such as: how to initiate a verbal interaction, prompting, sharing ideas, complementing others, providing help and encouragement, provide reinforcement, suggesting a change etc.).[1]

Also in the field of health, the Guidelines for the practice and training of peer support, developed by Mental Health Commission of Canada, is a good example of how peer workers should be recruited, selected and trained (Sunderland et al, 2013). The great merit of this guidelines is that it provides a good framework of the skills, abilities and personal attributes that can be used in peer support as they derive from the lived experience or are related to interpersonal communication, critical thinking, teamwork and collaboration and ethics and reliability. Section 3 of the Guidelines maybe in particular important for organizing the training as it covers the principles of interpersonal communication and building up a supporting relationship (pp. 36-37).

Another good example of training delivered to peers working with HIV patients was provided by Allicock et al (2017: 422):

[1] For more info, please visit: https://www.autismspeaks.org/sites/default/files/peer_model_education_curriculum_power_point.pdf

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TABLE 1
Summary of Training Days, Topics Taught, and Data Collected

Week	*Training Day*	*Time*	*Data Collected*	*Topics and Motivational Interviewing Skills Taught*
Week 1	1	6 hours	• Pretest • Observation	• Overview of SafeTalk program • HIV basics • Confidentiality and privacy issues • Motivational interviewing spirit (collaboration, respect, listening, compassion, client-driven approach) • Peer-to-peer practice with instructor feedback
	2	6 hours	• Observation	• Open questions • Reflective listening • Peer-to-peer practice with instructor feedback
Week 2	3	4 hours	• Observation	• Reflective listening • Building motivation • Peer-to-peer practice role-play with instructor feedback
	4	4 hours	• Instructor–peer audio-recorded role-play • Observation	• Goal setting • Summarizing conversations • Instructor/peer role-play with instructor feedback
Week 5 (follow-up)	5	4 hours	• Instructor–peer audio-recorded role-play • Posttest • Debriefing	• Review of all skills learned • Instructor/peer role-play with instructor feedback

NOTE: Each training day included a review of earlier topics covered as well as a question and answer period.

As noted above, besides motivational interviewing, the peers benefited from training on privacy and confidentiality, how to interact with the peers, how to provide feedback etc. All these skills are very important in creating the relationship with the peers and also ensure the right framework for the work.

Once the peer training skills were developed in the peers, they need to integrate them into the daily practice. In this respect, it seems essential to have a monitoring or supporting system were professionals should observe and support the peers in doing peer training with others. In this respect, mentoring or supervision sessions are very important for maintaining interest and professionalism of the peers.

Special attention should be paid on how the new skills developed during the peer training sessions (formal or informal) are transferred into the real-life situations. The concept that reflecting this desire is entrapment and comes from psychology 'Entrapment is a behavioral process by which newly acquired social responses come under the control of naturally reinforcers, by and large, the social behaviors of peers.' (McConell, 1987: 253). This concept makes an important point that the new behavior should be reinforced not only in the peer training but also in the natural system of interactions of the individuals. Therefore, the peer trainers should be aware and use the natural systems of the trainees in order to reinforce the new behaviors.

2. Learning points

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Based on the literature summarized above, the following learning points should be stressed:

1. Peer trainers should be selected with great care and only on voluntary basis. Their profile should be discussed with professionals (e.g. at least 2 years on probation, no behavioral issues, good communication skills, no gang members etc.). It may be useful to look also at their ethnic background as Roma probationers may find it easier to work with other Roma peers (see also Calverley, 2013).
2. There should be a system of monitoring and supervising the peer trainers,
3. The peer training should be well designed with clear objectives, detailed curricula and precise responsibilities,
4. The training should cover hard topics around pro-social modeling but also soft topics such as: how to initiate a verbal interaction, how to provide feedback, how to position in relation to the peers and so on. Issues such as social positioning and access to the underworld codes should be also mentioned. How to create an equal relationship seems to be crucial in building up a good relationship. Confidentiality and privacy are also important topics to be covered in the training.
5. Peers should be encouraged to share their own experience. This will generate trust and legitimacy among the recipients.
6. Professionals should be involved in giving training, monitoring and supporting the peer trainers. Professional's feedback is essential in maintaining and developing motivation and progress.
7. Professionals should be also ready to work alongside with the peers on issues that cannot be covered by the peers alone. Furthermore, peer pro-social modeling should be complemented with other interventions that target offending behavior.
8. Peer trainers should be encouraged to continue working with their peers in an informal way even outside the 'office'. It is important to ensure the transferability of the new skills into the real life.

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Annex 1

McDonald et al (2003) – Definitions of peer education

Category 1: Simple Definitions That Reflect a Commonsense Understanding of Peer Education

"…the sharing of information, attitudes, or behaviors by people who are not professionally trained educators but whose goal is to educate." (Finn, 1981)

"…the process of sharing information among members of a specific community to achieve positive health outcomes." (Bleeker, 2001)

"[Peer education involves] those of the same societal group or social standing educating each other." (Svenson et al., 1998, p7 cited in Parkin and McKeganey, 2000)

"The term peer education is primarily used to describe education of young people by other young people…" (Shiner, 1999)

"sharing our experiences and learning from others like us." (Robins, 1994, p2 cited in Shiner, 1999)

"… peer education is a fancy term for an everyday occurrence…namely, individuals communicating with each other." (Carpenter, 1996 cited in Parkin and McKeganey, 2000)

Category 2: Definitions That Describe a Particular Approach in Detail

"All peer programs have two integral parts woven into the program format: (1) a knowledge component based on recent, credible facts about both the immediate and long-term consequences of drug use, and (2) a group situation that promotes peer support for not using drugs." (Tobler, 1992, p20)

"…peer education is essentially 'the formalisation of day to day' experiences that form the interactional processes of everyday lives." (Trautmann, 1995 cited in Parkin and McKeganey, 2000)

"Youth educate their peers or younger children on personal/life skills or on pertinent societal issues such as drug abuse, HIV/AIDS, or prejudice. Youth learn important skills related to designing and delivering effective presentations or workshops, ranging from one-time presentations to intensive, semester-long programs." (Goldsmith and Reynolds, 1997 cited in Lezin, n.d., p3)

Category 3: Definitions That Attempt to Cover All Approaches in Detail

"… the term has generally come to mean the targeting and selecting of members of a particular group or social network, to inform them and encourage them to pass on

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accurate information to others with similar characteristics. Peer education initiatives generally focus on health education and prevention activities, and often aim to promote safer and healthier lifestyles." (Ward et al., 1997)

"The use of same age or same background educators to convey educational messages to a target group…Peer educators work by endorsing 'healthy' norms, beliefs and behaviours within their own peer group or 'community', and challenging those which are 'unhealthy'." (United Nations Office For Drug Control And Crime Prevention, 2000).

"Peer education activities can involve a wide range of informal and formal influences that are difficult to capture…" (Backett-Milburn and Wilson, 2000)

"[Peer education] is a process which attempts to build on the existing information exchange [between young people about sensitive issues such as sex and drugs]" (FPEP, 1997, p6 cited in Parkin and McKeganey, 2000)

"[Peer education] takes place anywhere where people share information…in social groups. [Peers are similar in age and status and] in some way identify with each other." (Fast Forward, 1997, p55 cited in Parkin and McKeganey, 2000)

"Peer education typically involves training and supporting members of a given group to effect change among members of the same group. Peer education is often used to effect changes in knowledge, attitudes, beliefs, and behaviors at the individual level. However, peer education may also create change at the group or societal level by modifying norms and stimulating collective action that contributes to changes in policies and programs." (Population Council, n.d., p1)

"...peer-interventions…generally can be grouped into two major categories: peer support and peer leadership. In peer support programs, peers interact as equals…In peer leadership programs, the peers still interact with one another, but some are designated leaders because of their training and the roles they take within the group." (Lezin, n.d.)

"…it involves training groups of people to pass on information to others who are seen to be in the same peer group, so as to encourage the adoption of health promoting behaviour(s)". (Bament, 2001, p1)

"Peer education typically involves training and supporting members of a given group to effect change among members of the same group. Peer education is often used to effect change at the individual level, with the aim of modifying a person's knowledge, attitudes, beliefs, or behaviors. Peer education may also effect change at the group or societal level by modifying norms and stimulating collective action that contributes to individual change as well as changes in programs and policies." (Population Council, n.d., p2)

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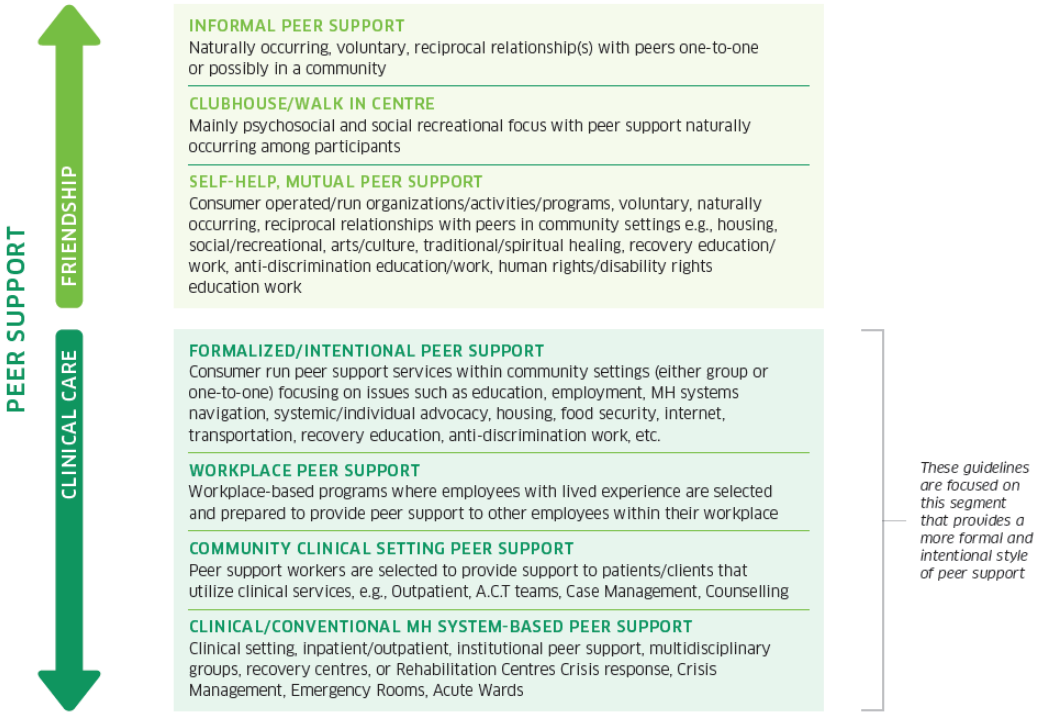
Annex 2

Figure 1: Spectrum of Types of Peer Support



(based on Sunderland et al, 2013)

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PPROMPT

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