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Key findings of the report on the use and effectiveness of health peer education with young people in European countries

What is health peer education?

There is no single agreed definition of peer education. The literature review found a range of different academic and non-academic definitions, half of them concern peer education with young people, which seems to confirm peer education as a popular approach for promoting health among young people. Some used definitions include:

> *"It is the process of sharing information among members of a specific community or group of young people to achieve positive outcomes for health and well-being."* (Topping, 2005)

> *"… An approach which empowers young people to work with other young people, and which draws on the positive strengths of the peer group. By means of appropriate training and support the young people become active players in the educational process rather than the passive recipients of a set message."* (Jacquet, 1996)

> *"… a process whereby well trained and motivated young people undertake informal or organised educational activities with their peers (those similar to themselves in age, background or interests)."* (United Nations Population Fund and Family Health International, 2005)

The research team proposed a definition for the purpose of the project, which builds on a discussion that Jackie Green (2001) makes of Sciacca's definition of peer education (1987).

> *"Peer education is an approach to health promotion, in which community members are supported to promote health-enhancing change among their community. Peer education is the teaching or sharing of health information, values and behaviour in educating others who may share similar social backgrounds, life experiences or interests."* (Green, 2001)[1]

What is the theory behind peer education?

The literature highlights that peer education as an approach to health promotion is used in a wide range of modalities. There isn't a single theory or conceptual framework that can provide an overall systematic approach to peer education. Often peer education interventions seem to use a combination

[1] Adapted from Green, J. (2001). Peer education. *Promotion and Education*, 8(2), 65-68. doi:10.1177/102538230100800203

of theories or conceptual frameworks in an attempt to address the complexity of the issues they are intending to solve.

The literature indicates that in health promotion some of the most used behavioural theories in peer education are the Health Belief Model; Social Learning Theory; Diffusion of Innovations Theory and the Social Ecological Model, as described below:

The Health Belief Model

Developed in the 1950s by social physiologist Godfrey Hochbaum, this model proposes that if individuals are made aware of their susceptibility to an issue, in this case a health issue, and its possible serious consequences, they will be open to consider taking actions that will reduce or eliminate their susceptibility.

In the context of peer education, this theory provides a framework for initiatives where individuals from a community are trained to raise awareness of particular health issues and to offer information and referrals to health services to help the individual prevent or reduce the impact of the problem.

Social Learning Theory

The theory explores how behaviours are the result of the interaction between the individual and their environment (Liza Cragg, 2013). It proposes that people learn behaviours both by direct experience and indirectly by observing others (United Nations Population Fund and Family Health International, 2005).

This theory applied to peer education can be used to design initiatives where a selected group of peers are expected to act as role models and influence beliefs and behaviours in the community by means of systematic processes that usually involve goal-setting and self-monitoring.

Diffusion of Innovations Theory

Originally designed to explain how new ideas and technology spread, this theory proposes that social groups have “opinion leaders” or “early adopters” of innovations who have the ability to influence group norms and behavioural change by disseminating information (Rogers, 2003). In peer education, this theory provides a framework for initiatives where peers are selected by their ability to influence others to introduce new information and behaviours

Social Ecological Models

Formally introduced as conceptual framework in 1970’s, the Social Ecological Model draws attention to the multiple levels of influence that shape the development of a person, such as individual, interpersonal, community, organisational, and public policy. It also explores the idea that behaviours are shaped by interactions between the individual and the environment. The model proposes that it is not just about changing individual behaviours but also about influencing the external factors that foster those behaviours (Changeology, , n.d.).

In health promotion, this model helps to support initiatives that use peer education which tackle personal and interpersonal determinants, and seeks to influence the community and possibly social institutions and public policy.

What is the evidence regarding the effectiveness of peer education?

The research team selected three robust systematic reviews carried out between 2009 and 2017 to assess the effectiveness of peer education (more information about these can be found in the complete report).

Overall, the evidence showed mixed results in terms of the effectiveness of peer education. Whilst the review that studied interventions in development countries found evidence of positive health knowledge and behaviours, the reviews of interventions in the US and Europe did not find clear evidence of effectiveness on health outcomes for the population target. However, all three reviews seem to agree that **there is evidence of effectiveness concerning an increase in health knowledge and skills**. Further research is needed to explore all aspects of peer education interventions in detail and what drives behaviour change in this context.

None of the reviews explored the benefits and effects of the peer education experience to the peer educator themselves, for example in increasing knowledge and skills, job acquisition and retention, behavioural change and empowerment. This is another gap in knowledge.

What should the training for young peer educators look like?

Training as a key element for the success of a peer education programme is highlighted throughout the literature compiled. Although there is little information about the actual content of training for peer educators in Europe, different methods of training delivery are often proposed. The primary model appears to utilize face to face training with interactive strategies such as small group presentations, role plays, or games. The use of coaching and tutoring is also a recurrent suggestion.

The European Guidelines for Youth AIDs Peer Education also highlights that after an initial training programme, the peer educators continue their learning experience and need continuous support and assistance in developing activities and delivering them. They recommend the use of small supervision groups facilitated by professionals (teachers, youth workers, older peers) to be set up to meet on a regular basis. Other forms of assistance can be made available, such as supplementary training, use of localities and local sponsorship (Svenson, 2003).

In terms of knowledge and skills that are to be acquired through training by peer educators, the literature suggests that these will depend on the project topic, model and action plan (Svenson, 2003). For example, the literature search found a number of manuals and guidelines to support the development of peer education skills around sexual health and HIV prevention (some of them are mentioned in the section on existing resources for peer education with young people). However, communication skills, presentation skills and topic-based knowledge are often mentioned as core regardless of the topic or format of the intervention.

Would E-learning be a good method of training delivery?

As one of the proposed outputs of the overall project is an e-learning[2] training programme for young peer educators, the research team searched for evidence to support the effectiveness of e-learning as a methodology for the delivery of training with young peer educators.

Unfortunately, the research team was not able to find such evidence, and only one example of peer education programme that uses e-learning as part of their training strategy was found (Girlguiding UK).

In general, the lack of literature seems to indicate that e-learning is not an approach widely used in the context of peer education with young people. However, some of the literature suggests that "informal e-learning" often takes place to aid education processes for young people in educational settings such as schools and universities (UK Department for Education, 2003).

A consultation about the evidence of the effectiveness of e-learning in the post-16 sector[3] undertaken by the University of Sussex in the UK (Benedict du Boulay, 2008), proposed that the key factors that contribute to the effectiveness of e-learning are:

- Physical Accessibility, can the person get to an appropriate device and access to internet?
- Social Accessibility, linked to social and cultural context, even if there is a computer available does the person feel comfortable, and have the training, to use it?
- Accessibility linked to HCI[4] design issues, when the person has a computer and is willing to use it, but the software is not suitable for the purpose.
- Assessment that supports student learning and participation, for example activity-based.
- Social presence, particularly where the educational process involves participants learning completely independently, for example a distance learning course.
    - The ability to define social relationships with reference to the environmental context, divorced from pre-existing relationships.
    - The presence of a virtual tutor mediated by: verbal written information; written information and various personal views; written and spoken information; text; views and spoken language.
    - The sense of being together created by the use of telecommunications systems
    - The disappearance of the computer interface in an interaction.
- Personalisation, the tailoring of the learning facilities to meet individual needs and current activity.
- Willingness to engage with e-learning, rather than being required to use it.

[2] The Learning and Skills Council (LSC) defines e-Learning as learning with the aid of information and communications technology tools. These may include the Internet, intranets, computer-based technology, or interactive television. They may also include the use of e-technology to support traditional methods of learning, for example using electronic whiteboards or video conferencing.

[3] The researchers refer to organisations that provide education to undergraduates in higher education, medical students and medical practitioners and work-based Learning

[4] HCI (human-computer interaction) is the study of how people interact with computers and to what extent computers are or are not developed for successful interaction with human beings. http://searchsoftwarequality.techtarget.com/definition/HCI-human-computer-interaction

Based on the finding of this consultation, it can be concluded that the design of an e-learning programme must be based on the understanding of target audience needs in terms of accessibility and acceptability of an e-learning platform. Furthermore, it must be accompanied with mechanisms to foster motivation, social interaction and communication, and practical learning.

What other projects or resources around peer education could we learn from?

There is a wealth of evidence-based resources for groups and organisations wishing to design and deliver peer education programmes. These resources usually provide advice on planning of peer education programmes, selection of managers/coordinators, train the trainer programmes, training methodologies, recruitment of peer educators, safeguarding, and evaluation, among others. Examples include:

- Youth Peer Education Toolkit (2006)
- HIV Prevention among Young People: Life Skills Training Kit, Volume 1 (2006)
- Girlguiding
- My-PEER Toolkit (2010)
- Approaches to Peer-led Health Education: A Guide for Youth Workers Paperback – 1 May 1993
- European guidelines for youth AIDS peer education (1998)
- Included, involved, inspired, a framework for good practice for an effective IPPF peer education programme

From a young person perspective, what are the competencies of young peer educators should have?

As part of the research strategy for the European Youth Health Champions Project, the RSPH led on the delivery of a survey exploring the skills, knowledge and behaviours of young peer educators. The idea was to consult with a large number of young people the proposed competencies framework and their preferred training methods, to ensure their opinions inform the design of the project output: training and development package for young peer educators.

The survey was open from 03 August 2017 until 30 October 2017. Dates for dissemination and promotion per country were varied; however, partners were advised to promote the survey actively for two weeks.

Results

One hundred and sixty-two responses were received from 18 countries, but the majority were from Belgium (42.59%), the UK (31.18%), Bulgaria (26.88%), and Italy (15.05%)

The majority of the respondents were in the 18 to 21 years of age group, representing 47% of the total, followed by the 14 to 17 years old with 20%; then the 23 to 25 years of old with 17% and the over 25 years old with 16%.

The largest proportion of respondents were peer educators (54%) whilst a quarter of respondents reported not to have contact with peer education (25%). The remaining fifth were either training to be a peer educator, were friends with a peer educator or knew one (Table 3).

Respondents were then asked a series of questions about the importance of young peer health educators having certain knowledge and skills. Using a 6-point Likert scale, respondents were asked to rate from 0-5, where zero was 'not important' and five was 'very important'. The labels for important (4), moderately important (3), slightly important (2) and low importance (1) were added retrospectively.

Knowledge and skills

All suggested knowledge and skills areas are considered important to some degree, but the top five competencies areas considered very important were:

1. communication skills (59%)
2. knowledge on a particular topic of interest (46%)
3. presentation skills (44%)
4. leadership skills (42%)
5. and problem solving skills (39%).

Training preferences

When asked about preferred training methods in relation to the suggested list of knowledge and skills, there was a clear preference for personal contact, interaction and work experience as demonstrated by face to face training, on the job learning and shadowing. E-learning was only favoured, not surprisingly, for use of social media and digital technology, and to some extent, for research skills. Self-directed learning was least popular.

Behaviours

Respondents were given a list of types of behaviour and asked how important they thought it was for young peer health educators to display them on a five-point scale labelled very important, important, moderately important, slightly important and not important.

All the responses were either moderately important, important or very important, indicating that all were considered to be important behaviours to an extent for a young peer educator. Ranking them by very important shows that

1. reliability (73%)
2. being approachable and friendly (70%)
3. Being enthusiastic (60.9%),
4. empathic (60.9%),
5. acting as a good role model (57.9%)
6. and willingness to support others' health and wellbeing (54.69%)

The 'least' important behaviours were: Willingness to learn new skills (46.7%), being a team player (46%) and interest in health 40%. Additional suggestions included: trustworthiness, being non-judgemental, sociable and friendly, positive, culturally aware, showing respect and accepting criticism.

What should be the role of peer educators?

Respondents were asked to organise in order of importance what would be the most and least important tasks for a peer health educator from a list of options. The most important tasks were:

1. to provide individual young people with advice/coaching (5.63);
2. followed by providing health information (5.44)
3. and listen to peers (5.18).

What are the views of young peer educators around training?

Two focus groups were held with young people aged between 14 – 25 years, one in the UK (StreetGames, n=5) and one in Malta (Agenzija Zghazagh, n=8).

The group questions focused on:

- The type of training they had received to become a 'peer educator' or similar
- the aspects of the training were most and least helpful
- Experience with completing an e-learning training course
- Advantages or disadvantages of e-learning training
- Top tips for those developing an e-learning tool
- Effectiveness of e-learning
- The best way to train as a young peer health educator

While the numbers involved in the focus groups was small, the findings were generally consistent with the survey results and provide some clear direction for the further development of the learning materials.

In line with the survey, the young people saw the peer educator role as being one of providing advice, support and encouragement to other young people, in an informal way. Respondents emphasised the importance of skills for holding conversations rather than formal teaching with their peers, and were less concerned about having expertise on particular health topics, as they felt this was something they could research themselves. Knowledge of appropriate sources of information for young people would be useful here. Interestingly there was some feedback about terminology, which was not covered in the survey. Some young people were not comfortable with the term 'peer educator', and preferred 'young advisor'. Whilst peer educator is the professional term for the role, it may be useful to test this out further and consider other terms for the training course and qualification.

Clear messages came out about the training across both the focus groups. While e-learning had some recognised merits it was not the preferred learning style for this age group, and for acquiring the skills required for this role. Respondents clearly saw the importance of group based, face-to-face training, and the opportunity to practice communication skills in a safe environment with feedback from experienced colleagues. The chance to experience the role through shadowing or observation and to develop practical skills was preferred. Help with practical tips, examples of activities and conversation was suggested.

However, it is important to highlight that for more than half of the participants (8) e-learning is a learning method that had not been experienced; as such their responses may have been biased towards their existing experience of training.

What can we learn from existing initiatives using peer education with young people across Europe?

To exemplify the breadth and depth of the approach in Europe, project partners nominated case studies of successful youth peer education programmes in their country.

The recipients or beneficiaries of projects in the case studies presented are multiple but the two key groups were:

a- those young people who were being trained and supported to become peer educators and deliver some form of intervention and
b- those young people who were being supported or engaged in the intervention process in some way.

In some projects these two groups overlapped, often intentionally as young people became more involved and were then supported to take on more leadership roles themselves as peer educators. The evaluations demonstrated a wide range of benefits for both groups. Those who were receiving the intervention, dependant on its nature, generally showed improvements in the health-related behaviours and attitudes, and in many cases self-esteem and self-confidence. Those being trained as peer educators gained a range of interpersonal and life skills, in addition to the specific knowledge and information related to the project.

Looking at the success factors stated, there were considerable consistencies across cases despite the differences in the detail of the projects. These are success factors in terms of the overall success of the project in reaching its target group and influencing behaviour, and in recruiting and developing peer educators, and they were not necessarily separated into these categories. They can be grouped under the headings of: encouraging physical activity; recruitment of peer educators; the education and training given to peer educators; and organisational issues.

Encouraging physical activity

- Offer activities other than traditional sport that are fun to do, and require little or no equipment.
- Make sure activities are held in locations that are physically accessible, and comfortable for the target group to visit.
- Activities should be free of charge.
- Understand barriers to participation e.g. self-consciousness, fear of injury or failure, lack of enjoyment of competition.
- Be sensitive to cultural, religious and gender issues.

Recruitment of peer educators

- Recruit peers from diverse backgrounds that reflect the characteristics and diversity of the target group.
- Recruit peers with varied personalities and skills, and with potential to empathise with a range of young people.
- Be conscious of existing group identities when recruiting and, where possible, allow new group identities to form around the project.
- Engage young people through communications in person where possible
- Involve peers in the selection of peer educators.
- Provide opportunities to draw project participants into future peer leadership development.
- Peer educators should be interested in the issues and see the advantages of the opportunity to acquire new skills.

Education and training for peer educators

- The quality, extent and sensitivity of the training and support given to peer educators is vital for success.
- Training should have clear goals and structure, but should be flexible and adaptable to different settings and contexts.
- Accreditation of training is appreciated as it provides something tangible to participants.
- Trainers and peer educators should be treated as equals through collective ownership of the content of the training and involvement in planning and evaluating.
- While there should be a structured curriculum, delivery should be informal e.g. through group discussion and practical activities such as role plays and games.
- Courses should be run in youth settings.
- Trainers should be aware of the flexible development of peer educator roles and allow participants to develop at their own pace.

Organisational issues

- There should be a clear plan and systematic approach to delivery of the project, but one that allows for adaptability and customisation as necessary.
- A Train the Trainer programme is necessary to ensure consistency and quality of delivery of training.

- Understanding who the local stakeholders are and collaboration with other local partners is essential.
- Build networks of local supports and develop partnerships.
- The collaboration and support of an identified local contact (e.g. teacher in school based projects) is vital.
- Support for peer educators should be built in at all stages but especially as they develop their roles.
- Projects take time and money, and commitments from partners need to be clear at the outset.
- Build in continuous evaluation at an appropriate scale for the project and resources available.
- Be sensitive to a potentially changing political climate.
- Develop clear communications and marketing, in collaboration with young people.
- Projects should strive at all times to remove potential power imbalances between peer educators, peers and other supporters.

What are the overall conclusions of the research?

The results of the research show that there is a case for using peer education with young people rooted in the versatility and acceptability of peer education approaches amongst young people. Furthermore, although there is no consensus on the direct impact of peer education on behaviour change and the improvement health outcomes, there is clear evidence that it increases knowledge and skills of those involved.

The research found the prospects of the use of peer educators:

a) To be a highly acceptable approach to health education with young people, particularly on sensitive issues such as sexual health, HIV prevention, domestic violence among others
b) To be an effective method for introducing young people to healthier lifestyles in European countries

c) That there are a wide range of factors that influence the success of peer education programs that should be taken into consideration for the project design, including:

    - The use of theory and evidence to ensure a clear understanding of the mechanisms that can drive behaviour change and the intervention expected outcomes

    - The large number of evidence based and high quality resources available to support the design and evaluation of peer education programmes

    - A systematic approach to delivery of peer education programmes

    - Strategies for recruitment of peer educators that aim to ensure a team that reflects the characteristics and diversity of the target group, the mix of personalities and learning styles.

Furthermore, on the role, competencies and training of peer educators, the results of the primary and secondary research agreed that:

- Training should have clear goals and structure, but should be flexible and adaptable to different settings and contexts

- Accreditation of training is appreciated as it provides something tangible to participants
- Trainers and peer educators should be treated as equals through collective ownership of the content of the training and involvement in planning and evaluating
- Training should take place in youth settings
- Trainers should be aware of the flexible development of peer educator roles and allow participants to develop at their own pace
- The most popular training methods were practical approaches, shadowing experienced leaders, group work and outdoor activities.
- The most important competencies for a peer educator were seen to be a combination of interpersonal skills and knowledge: communication skills, core health and wellbeing knowledge, specific topic knowledge, presentation skills and leadership.
- That the use of e-learning on peer education is limited but it may be used as part of a wider approach (with physical interaction).

From a young person's perspective, whilst the preferred training method is group based face-to-face sessions; the literature research and the focus groups highlighted that e-learning has potential advantages including wider interactivity, personalisation and using technology to learn at convenience. Recommendations included making it fun, using multiple choice content, enabling meaningful interactivity and feedback, use of quizzes, including a degree of accountability and providing support.

Furthermore, as stated in the literature research the use of e-learning with young people is still not wide-spread and therefore there is no evidence of its effectiveness (or lack of it). The project collaboration sees this gap as an opportunity for trialing this methodology as an innovation to peer education for young people.

The analysis conducted had some limitations. For instance, the literature review did not include an analysis on the impact of the peer education process on the peer educators themselves. The survey had a relatively low response and completion rate, with 58% of those who participated failed to finish the whole questionnaire. Finally, the sixteen case studies utilised a broad definition of a peer educator that did not acknowledge potential distinctions in the terminology of peer educator roles.

European Youth Health Champions Competencies Framework

The main immediate output of the research results presented in this report it is a competencies framework for the development of young peer educators.

Competency can be defined as the ability to do a particular job, role or a task successfully or efficiently. It is proposed that the competences are divided in three sections:

- **Knowledge**, involves providing peer educators with underpinning concepts and theory around health and wellbeing and peer education for health promotion.

- **Skills**, implicates the acquisition of practical skills to undertake a variety of tasks associated with their role as peer educators.
- **Behaviours**, interwoven with knowledge and skills, peer educators should be encouraged to discover, mirror and adopt behaviours related to their role as peer educator.

The perspective of this framework favours the views and preferences of young people and young peer educators themselves, although it has also been informed by the literature and case studies of successful peer education approaches.

Knowledge	**Suggested mechanism/training**	**Learning outcome**
Core health and wellbeing knowledge	Face to face training or on the job learning, experimental use of e-learning.	Understand what is meant by health and wellbeing, the effects of lifestyle on health and how to improve their own physical and mental health. Peer education as a health promotion approach.
Knowledge on the project particular topic of interest (e.g. sports and physical activity, sexual health, gender violence etc.)	Face to face training, self-directed learning, on the job-learning, experimental use of e-learning.	To gain in-depth knowledge on a particular topic in order to promote awareness.

Skills	**Suggested mechanism/training**	**Learning outcome**
Presentation skills to deliver healthy messages to a group of peers	Formal face to face training or on the job learning, experimental use of e-learning.	To be able to plan and deliver a topic presentation to a group of peers.
Communication skills to motivate and or support others improve their health and wellbeing	Formal training and on the job activities, experimental use of e-learning.	To acquire and/develop communication skills to motivate and/or support others improve their health and wellbeing.
Planning and organisational skills to deliver health related campaigns and activities	Formal face to face training or on the job learning, experimental use of e-learning.	To gain the capacity to lay out a simple plan for the delivery of health activities.
Leadership skills for health promotion	Formal face to face training or on the job learning, experimental use of e-learning.	To gain the ability to influence and inspire peers to improve the health and wellbeing of themselves and their community.

Behaviours	Description
Reliable	Commitment to completing all designated project activities in a timely way and to the best of their ability.
Enthusiastic	Show an interest and eagerness in improving health and with the project activities
Approachable and friendly	Show willingness to be approached by their peers to help them access health information and/or services
Act as a good role model	Championing and practising the health behaviours being promoted by the project.
Willingness to support other's health and wellbeing	Listening and talking to other young people about their issues.
Empathic	Ability to understand and share the feelings of another person.
Trustworthy	Able to be relied on as honest or truthful.
Respectful	Including politeness and culturally aware.
Motivating	Ability to positively encourage others to achieve their goals
Self –efficacy	Believing in oneself capacity to achieve things

Each section is interlinked and acquisition or competences can be achieved through training, experience, feedback and from observing others. It is recommended that experienced and knowledgeable professionals in youth work direct this training process.