

REFUGEE PEER EDUCATION FOR HEALTH AND WELL-BEING

Evaluation Report

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Queen Margaret University

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Left to right: Peer Educators, Safi Ibrahi Yasim, Viyan Mawlood, Samrawit Gebremeskel, Elahe Ziai and Peer Educator Worker Aso Fotoohi
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CONTENTS

ACKNOWLEDGEMENTS..... 04

EXECUTIVE SUMMARY 06

INTRODUCTION 07

DESCRIPTION OF THE PROJECT..... 08

PEER EDUCATORS – PERSPECTIVES AND EXPERIENCES 12

PEER EDUCATORS’ UNDERSTANDINGS OF HEALTH..... 13

WHAT DID PEER EDUCATORS LEARN ABOUT HEALTH?..... 14

HOW DID THE PROGRAMME IMPACT ON PEER EDUCATORS? 16

PEER GROUP MEMBERS – PERSPECTIVES AND EXPERIENCES..... 19

PEERS’ UNDERSTANDINGS OF HEALTH..... 22

WHAT DID PEERS LEARN ABOUT HEALTH?..... 23

HOW DID THE PROGRAMME IMPACT ON PEERS? 24

PARTICIPANTS’ SUGGESTIONS 25

SECRETS OF SUCCESS 26

CHALLENGES 28

KEY ACHIEVEMENTS..... 29

LEARNING FROM THE PILOT PROJECT? 30

RECOMMENDATIONS..... 32

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"To me Peer Education is about appreciating who we are and mobilising what we have. It's amazing to see what we discover when we are speaking about gifts, talents, experiences, knowledge and assets that we have rather than only problems and deficits and needs. It is also heart breaking to see how unfamiliar we have been, as service providers, with this asset-based language."

Aso Fotoohi, Peer Education Worker

"I learned lots because I knew nothing!"

(Peer)

"I don't want to trust anyone here, we are afraid"

(Peer)

"I could share my information and use their information too"

(Peer Educator)

"I have found lots of friends from different countries and different cultures"

(Peer Educator)

"I have no money, my English is not very good and I am a single mother. I can't do much, but I can encourage...!"

(Peer Educator)

"It was important to me to get out of the house, meet others and be sociable"

(Peer Educator)

"I haven't danced for over a year!"

(Peer)

"There is so much help around, but people don't know how to access it"

(Peer Educator)

"I could share my information and use their information too"

(Peer)

EXECUTIVE SUMMARY

The 'Refugee Peer Education for Health and Well-being' programme has been developed and piloted by the NHS Greater Glasgow and Clyde NE Sector Health Improvement Team in collaboration with Scottish Refugee Council. Two cohorts of refugee Peer Educators and peer groups were convened between June 2014 and March 2015, each running for approximately ten weeks. Peer Education sessions were run at Scottish Refugee Council's offices in central Glasgow, facilitated by a part time (2 days/week) project worker with a refugee background.

The Refugee Peer Education model:

- Peer Educators received training in health services, health and well-being along with communication skills and facilitation skills.
- Peer Educators recruited participants to their peer groups by designing and delivering leaflets, visiting places where refugees or asylum seekers gather (college, faith communities, and asylum-seeker accommodation venues) and through personal contacts.
- Each peer group was encouraged to attend three sessions at Scottish Refugee Council offices addressing 1) Understandings of health and related services 2) Identifying health concerns in the community 3) Mobilising resources to address health issues through collective action.
- Each group organised either social or sporting collective activities in addition to the Peer Educations sessions.

Beneficiaries:

Over one hundred refugees and asylum seekers, predominantly from north and east Glasgow, benefitted from the programme either as Peer Educators (22), members of peer groups (>35) or by attending sporting events (>50).

Benefits to participants:

- **Increased knowledge of health services, health rights and healthy living.**
- Strengthened personal friendship networks and reported **improved access to emotional support.**
- **Increased participation in social activities and physical exercise.**
- Peer Educators **improved their group facilitation, report writing and IT skills.**
- Peer Educators **improved their understanding of UK professional environments.**
- **Peer groups became empowered** to identify and address health issues affecting their community.

Key Recommendations:

- ▶ Roll out the NHS - Scottish Refugee Council Peer Education programme across Glasgow to enable all new asylum seekers and refugees to participate.
- ▶ Establish peer groups meeting in local areas using a shared language.
- ▶ Use the group sessions and activities to explicitly address differences in cultural expectations.
- ▶ Consider developing the Peer Education model as a broader, multi-agency initiative with Integration Networks taking a holistic approach to promote asylum and refugee engagement and integration.
- ▶ Use existing online resources on services for asylum seekers and refugees, e.g. Open Glasgow, ALISS etc.

INTRODUCTION

Service providers across Glasgow recognise the challenge of promoting health and well-being amongst the city's population which includes approximately 23,000 refugees and asylum seekers¹. The current Scottish Government strategy for supporting the integration of refugees and asylum seekers, 'New Scots': Integrating Refugees in Scotland's Communities² identifies priority outcomes in Health for 2014 to 2017:

'Refugees and asylum seekers are supported to fully understand their rights and entitlements. Service providers are increasingly aware of how to meet their needs. As a result refugee and asylum seeker health needs are better met.'(p64)

For a number of years the Greater Glasgow and Clyde NHS North East Sector Health Improvement team has been exploring and addressing the health needs of refugees³ and asylum seekers in their area. The Sanctuary project⁴ highlighted high levels of poor mental health exacerbated by racism and stigma. This work was followed by 'Integration or Isolation?'⁵ a study of isolated refugee men which demonstrated that this group had very low levels of awareness and trust of services - as well as few informal personal relationships on which to draw for support and advice. The Health Improvement team were keen to build on this previous work and further support the development of NHS asylum seeker and refugee pathways, to ensure integration of learning from the evidence and that pathways are person centred.

The Refugee Peer Education pilot project has been developed in collaboration between Greater Glasgow and Clyde NHS North East Sector Health Improvement team and the Integration Service at Scottish Refugee Council. The programme contributes to the goals of the 'Asylum & Refugee Integration Pathways Group' of the 'New Scots' Strategy Action Plan addressing the Health Outcomes 2 & 3 (p55⁶). It set out to establish and test an innovative model of health promotion that equips, mobilises and

supports refugees as 'Peers', to share knowledge and understanding and plan collective action to maintain healthy life styles. The project aspires to,

- ▶ Improve refugees' access to health services
- ▶ Encourage healthier lifestyles
- ▶ Empower individuals and communities to identify and respond effectively to their own health and well-being challenges.

¹ SRC combined estimates: http://www.scottishrefugeecouncil.org.uk/assets/0000/5495/4087_SRC_Referendum_Report_V3.pdf

² Scottish Government, 2013 <http://www.scotland.gov.uk/resource/0043/00439604.pdf>

³ The term 'refugee' will be used throughout the remainder of this report to refer to any person who has claimed asylum irrespective of whether they have yet received any form of 'leave to remain' at the time of writing.

⁴ Quinn, N., Shirjeel, S., Siebelt, L. & Donnelly, R. , 2011 'An evaluation of the Sanctuary Community Conversation programme to address mental health stigma with asylum seekers and refugees in Glasgow', Mental Health Foundation.

⁵ Strang, A. & Quinn, N., 2014 'Integration or isolation? Mapping social connections and well-being amongst refugees in Glasgow.' NHS, Greater Glasgow & Clyde. <http://mhps.net/?get=231/SOCIAL-CONNECTIONS-STUDY-FINAL-REPORT-2014-2.pdf>

⁶ <http://www.gov.scot/Publications/2015/03/7625>

DESCRIPTION OF THE PROJECT

The Refugee Peer Education pilot was run by Scottish Refugee Council between May 2014 and March 2015. The Scottish Refugee Council team comprised a part-time male worker from an Iranian Kurdish refugee background supported by a manager with experience in refugee integration services, group training and facilitation and project management. The North East Sector Health Improvement team worked closely with the project throughout by means of regular Steering group meetings and by providing direct training input on health services and health issues. Queen Margaret University were appointed to evaluate the project.

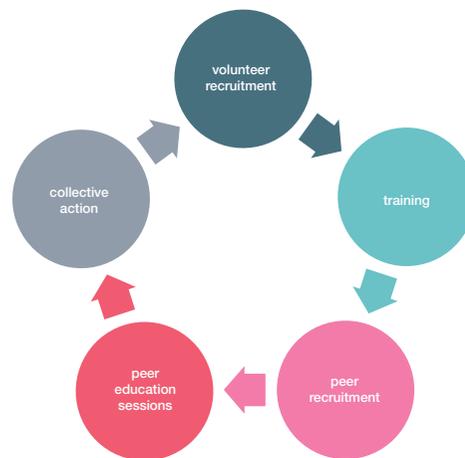
where the Peer Educators were able to use computers and other facilities and mix with Scottish Refugee Council staff and volunteers. They were tasked to work in small teams to recruit a 'peer group' by inviting members of their own language community to attend three sessions at the Scottish Refugee Council offices.

When?

Cohort 1: July to October 2014

Cohort 2: November 2014 to February 2015

Each cohort of Peer Educators received training in health services and understandings of health and well-being along with group management, facilitation and communication skills. Peer Educators were not paid for their time, but were reimbursed for travel expenses and lunch. Planning sessions and Peer Education sessions generally took place at the Scottish Refugee Council offices in central Glasgow



Flipchart from peer education session

The Peer Education sessions followed a broad plan starting with an introduction to Peer Education including the principle of mutual respect. Peers were given information about health services and encouraged to discuss their understanding of health and healthy living through participatory activities. Peer Educators responded to issues and questions raised by participants encouraging peers to share their own knowledge, but also undertook considerable research between sessions to find relevant information. Each team was responsible for designing and running their own sessions. Planning, reflection and learning was supported by the project worker who sometimes sat in on sessions as an observer.

During the three sessions held in the Scottish Refugee Council offices, the groups identified ways in which they could work together to improve their health and well-being. As a result most groups arranged to meet outside the three basic sessions and join together in both sporting and other social activities. Activities included hill walking, dancing, football and swimming. Not all group members joined these extra activities, however some – especially the football and the swimming sessions – were attended by up to 30 people including many who had not been involved in the project otherwise.

Example Peer Group Programme

What?

Session 1	Week 1	14.00 – 16.30
Aim: General knowledge on NHS, GP & Wider Health services		
		Arrival & Opinion finder
		Welcome & Ice breaker
		Group rules & expectations
		Introduction to Peer Education
		Health quiz
		Group mapping activity
		Access to health services presentation
		Q&A
Session 3	Week 2	14.00 – 16.30
Aim: To explore common health issues		
		Arrival & Opinion finder
		Welcome & Ice breaker
		Group rules & expectations
		Activity – identify common health issues
		Presentation – WHO definitions of 'Physical', 'Emotional' & 'Social' health
		Discussion
Session 3	Week 3	14.00 – 16.30
Aim: finding ways to address common health issues		
		Arrival & Opinion finder
		Welcome & Ice breaker
		Group rules & expectations
		Discussion – identify and mobilise assets
		Mapping & Quiz
		Evaluation – 'Wish Fairy' activity

Throughout the pilot programme the Queen Margaret University evaluation team gathered information through observation, interviews with the project team, Peer Educators and peer group members and focus group discussions. In addition the evaluation team designed a range of participatory activities and self assessment tools to fulfil the dual purpose of supporting learning and collecting information. Data was collected on knowledge and attitudes to health, expectations of the programme outcomes and experiences and perspective of the impact of participation by Peer Educators and members of peer groups.

Who?

Cohort 1

	Peer Educators	& Peer Groups
Group 1 Tigrinyan & English	1 x Tigrinyan } 1 x English }	1 group, mixed English & Tigrinyan speakers (3-4 members)
Group 2 Farsi	3 x Farsi }	2 groups, Farsi speakers, merged after 1st session (8 - 12 members)

Five Peer Educators did not complete the programme (including Urdu, Arabic and Farsi speakers)



Training session with NHS

Who?

Cohort 2

	Peer Educators	& Peer Groups
Group 1 Farsi	2 x Farsi women }	1 group Farsi speakers (6-8 members)
Group 2 Tigrinyan	1 x Tigrinyan woman }	1 group Tigrinyan speakers (4 - 11 members)
Group 3 Arabic	1 x Kurdish woman } 1x Arabic man }	1 group Arabic speakers (5-6 members)

Three Peer Educators did not complete the programme, three from the first cohort continued to help and three new Peer Educators were recruited, but had not finished training at the time of reporting.

The ethos of the programme throughout has been one of mutual respect. Peer Educators have been encouraged to value the knowledge and skills that they bring to the group, and to communicate the same values to their groups of peers.



Training (© Iman Tajik)

PEER EDUCATORS – PERSPECTIVES AND EXPERIENCES

Volunteer Peer Educators were recruited following a selection process including a written application and interview. It was made clear that they would be required to be able to use spoken and written English, and also to deliver Peer Education sessions in their own language group. Ten Peer educators were recruited for the first group of whom five continued throughout the whole period. Three of these also continued to support the second cohort of new Peer Educators. Nine Peer Educators were recruited for the second group and when three dropped out, they were replaced with new recruits who observed the groups whilst still in training. Generally it appears that those who left early did so because of unrelated factors such as moving to another area, starting a full time course or getting a job.

Peer Educators spoke either Farsi, Tigrinyan, Arabic or Kurdish and most had some level of Higher Education before arriving in Scotland, either completed or interrupted. The first group was predominantly men, and the second predominantly women (including two who had been part of peer groups in the first cohort). Peer Educators had lived in Scotland between four years and a few months. Many had been searching for a volunteering opportunity, and several had already volunteered in other contexts. They learned about the Peer Education project either through Scottish Refugee Council, other refugee and volunteering agencies, or a friend. Several people mentioned that they were emboldened to apply because of a particular link with their own language (someone from their own language group had invited them to apply, had recognised their language in the name of the project worker, or the advertisement had specified that people from their language group were needed).

Peer Educators' Motivation for joining the project

Why?

Helping others: Several expressed their main motivation as wanting to be helpful to others. “I like helping, I like to be busy.” Some particularly valued the fact that the project would enable them to help their own community.

Making use of free time: Many indicated that having too much free time is difficult so it is important to find something productive to do. “I had too much time at home, I needed to get out.”

Be with people: Most emphasised their desire to find ways to meet people – ideally with a variety of backgrounds – and to make friends. “It was important to me to get out of the house, meet others and be sociable.”

Work experience: Peer Educators agreed that volunteering opportunities are an invaluable way to gain work experience, and that this project was particularly useful in offering the opportunity to work in a UK office setting.

Gain knowledge & skills: Most mentioned that they hoped to gain knowledge and skills through the project including: knowledge about the NHS & health; facilitation skills; English language; office skills; understanding of UK society, charities and government.

Use existing knowledge/skills: Some were attracted by the opportunity to use existing skills including: health professional background; presentation skills; a particular language.

Confidence: “I hoped to get more confidence because I felt very low before.”

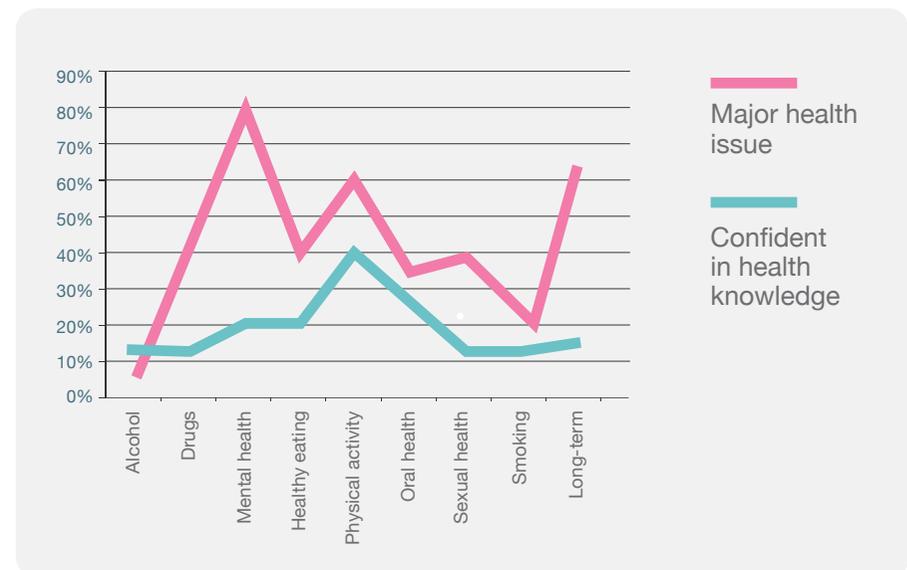
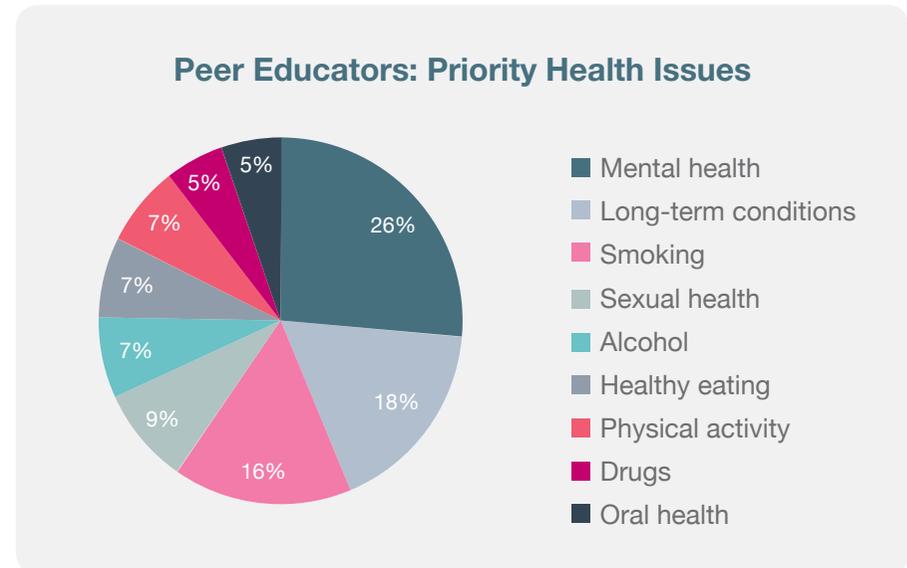
PEER EDUCATORS' UNDERSTANDINGS OF HEALTH

Peer Educators were asked to complete a short survey at the beginning of the training to assess their views on the priority health issues for their communities.

The responses show the top concern being mental and emotional health issues, followed by long-term health conditions (such as diabetes, arthritis or asthma) and smoking. During interviews (conducted towards the end of each programme) Peer Educators emphasised that poor mental health is a major problem in their communities. They pointed out that people are stressed about practical issues such as lack of money, worries about their asylum claim and the safety of families abroad, as well as poor housing conditions. Several argued that people are lonely, often living amongst people “they don’t know and they can’t trust”, many of whom display anti-social behaviours. One interviewee from cohort 2 represented the views of several others when she suggested that, “people need community to share kindness and trust”.

Peer Educators all agreed that people in their communities know very little about the range of services available through the NHS, are unaware of their rights, for example to: ask for double appointment; have an interpreter; cancel an appointment; choose a GP. Other concerns were access to familiar food, lack of exercise and smoking and other substance abuse, especially alcohol.

This chart shows that at the beginning of the project Peer Educators had very little confidence in their knowledge of most health issues including mental health. They reported that they were anxious that wouldn’t have enough knowledge to answer peers’ questions, and also that peers might expect them to be able to solve problems for them directly. We can see their highest confidence is in their knowledge about physical activity.



Peer Educators consistently reported that they felt that they had improved their knowledge about health services during their involvement with the programme. Several pointed out that this was partly through the direct presentation, but also through learning from fellow Peer Educators and members of their peer groups.

The table right (drawn from ‘before/after’ responses to a simple case study by cohort 2) shows some evidence of improved knowledge of specific organisations.

It was also apparent that many Peer Educators had gained a broader understanding of health. Several talked about the WHO definition, “that physical, emotional and social are all part of health.” Everyone reported using these distinctions in their peer group sessions to help the group to think about a wide variety of aspects of health.

What other local services or organisation could you signpost Adi to?	
Before	After
Accessible housing	Housing Association
SRC	Advice Centres
	Migrant Help
	British Red Cross
	Asylum Advisers
Counselling	Mental Health services
GP	NHS 24
	Mental Health network
Social workers	Social Worker
Find entertainment and have some fun	Local library, restaurants, bars
Join community groups	Iranian community
Get to know Scottish people & people from other nationalities	
Join religious community	
	Find someone to assist in doing exercise

HOW DID THE PROGRAMME IMPACT ON PEER EDUCATORS?

Has this programme changed you in any way?

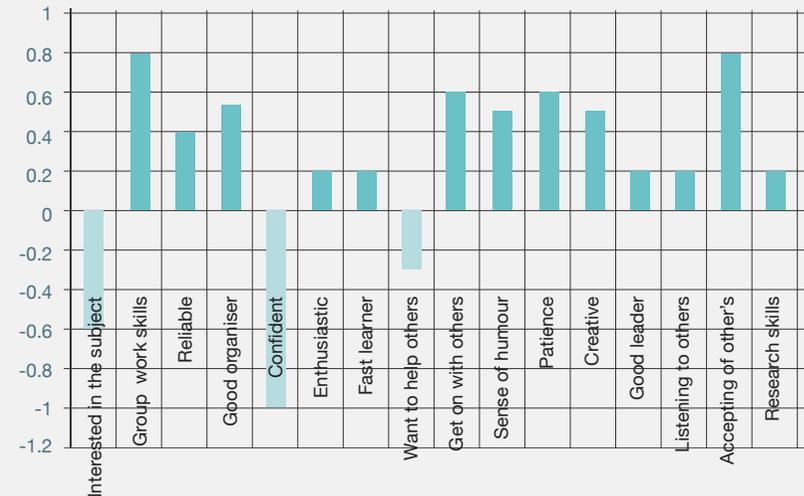
“Massively!! I’m confident enough to say, ‘this is me’.”

“The project has affected me so much!! I now have had requests from other churches to do other things”

“This project has affected my life as well ... I have become more relaxed and gentle”

The Peer Educators interviewed (drawn from those who had completed the full programme) all reported that they had found participation in the project to be very positive, and for many, a life changing experience. Both cohorts undertook a participatory exercise to identify the key skills and competencies required for the role of a Peer Educator and they rated their own abilities according to these at the beginning and end of the programme. The data from cohort 1 shows that they rated their own best improvement in ‘Group work skills’ and ‘Accepting others’ ideas’. It should be noted that they show a reduction in interest in the subject – which might support the view expressed by one Peer Educator that to talk about health all the time, ‘becomes a bit repetitive’. This also indicated that they were less confident - which appears to contradict the interview data in which Peer Educators consistently reported an increase in confidence as a result of participating in the programme. However, further investigation revealed

that the follow-up survey was completed just before Peer Educators started running their peer groups, suggesting that this response reflected their feelings at that particularly anxious moment in time. Interviews were conducted after Peer Educators had been running their groups for a while and so are a better indication of outcome. Cohort 2 indicated that their biggest improvements were in ‘Enthusiasm’ being a ‘Good organiser’, ‘Getting on with others’, ‘Sense of humour’ and ‘Research skills’.



Cohort 1: Changes in self assessment Before / After training

An analysis of data from semi-structured interviews and Peer Educator review forms confirms and amplifies the four key benefits of participation Peer Educators identified:

1) Social benefits

Peer Educators consistently highlighted how much they valued the opportunity that the project has given them to meet new people:

"I have made good friends with a common purpose and interest."

It was clear that the friendships formed were perceived as close and trusting, and expected to last beyond the project.

These friendships were important for participants' personal lives. They were also valued as working relationships:

"It's exciting that people from other countries want to work with me!"

Several Peer Educators observed how much they had enjoyed working with other colleagues and the project leadership team at Scottish Refugee Council, and some mentioned that they had had chance to get to know others at Scottish Refugee Council outside the project team.

2) Acquiring Knowledge & Skills

Peer Educators found the training very useful and relevant, and appreciated the high levels of support and mentoring that they received in the delivery of the Peer Education sessions.

Knowledge of health and health services: Peer Educators were not confident in their knowledge about access to health services and the rights of asylum seekers and refugees when starting the project. They reported that they learnt a lot through the training provided and by sharing information with each other and peer group members.

"I learnt lots because I knew nothing!" (Asylum seeker who joined the project as a peer after 10 days in Scotland, and subsequently became a Peer Educator)

Group Facilitation skills: Peer Educators consistently reported increased awareness and confidence in the skills required to lead participatory groups – many also commented on how much this contrasted with teaching styles that they were used to.

"I have learnt a new way to lead groups – there is a different ethos, everyone is equal."

(Using a mixture of activities and group work and encouragement)
"... it makes them feel free, ask more questions, be creative."

"The mapping exercise was wonderful! I remember it made us think of different resources... it was visual..."

"I enjoyed practising running groups."

"I have learnt how to facilitate ... to become more patient and empathetic."

"I have learnt to appreciate others' opinions"

Office skills: Peer Educators mentioned a range of office skills that they had acquired or improved during the project including:

- how to search for things on the internet more effectively
- formal report writing.
- computer skills.

3) Work experience & networking

It was clear that most Peer Educators felt participation in this project had given them an extremely positive experience of working in a UK office environment – which many had listed as one of their reasons for applying to join the project. Some particularly mentioned the importance of ‘respect’ and ‘following the rules’.

Peer Educators felt welcomed into the community of staff and volunteers at Scottish Refugee Council, were given access to computers and working space. They frequently commented on the positive and egalitarian ethos:

“The SRC is a good environment where everyone has equal rights”

“I like that we could use everything like other staff (in SRC)”

“I feel like we are part of the SRC team. I would love to work here!”

In addition Peer Educators occasionally mentioned that other Scottish Refugee Council staff (not involved in the project) had helped them or given advice on personal issues not connected with the project.

One Peer Educator mentioned that the Jobcentre recognised her role in the project as a legitimate job search activity, to enable her to qualify for ‘Job Seekers Allowance’. Others pointed out that being based at the Scottish Refugee Council enabled them to access other volunteering opportunities.

4) Personal Growth

Growth in work related confidence: There was a widespread sense that Peer Educators had grown in confidence and many mentioned that as a result of the project they were more aware of their own assets and skills.

“I have found out that I have skills... I can be a good leader.”

“My English got better”

“I never spoke to people or in front of people before!!”

Feeling useful: Most mentioned how important it was to them to feel useful, and that the project had given them a sense of purpose.

“It is good to be helping - people are glad to talk when someone is listening. We hear about people’s experiences – they are sometimes very bad!”

“....am now more motivated to be active in talking and sharing and trusting and mixing with people from different backgrounds. “

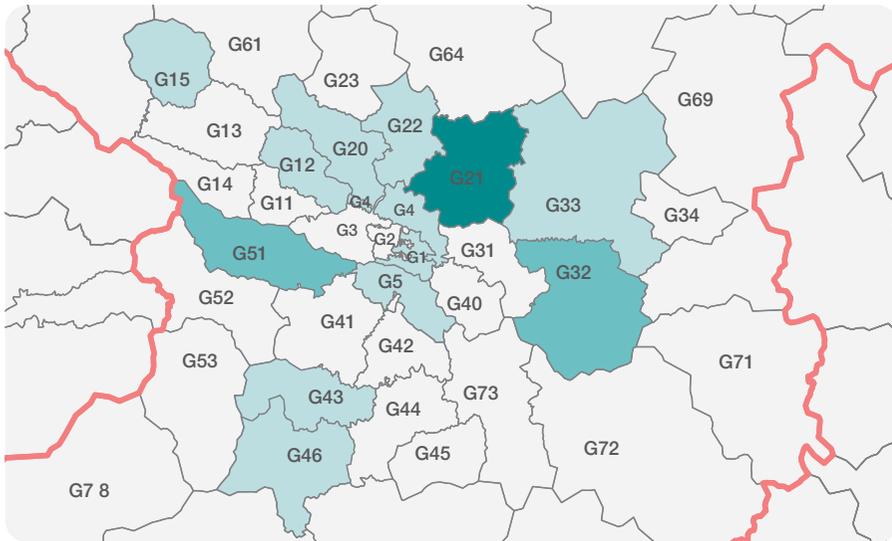
Mental health:

“Once I became a volunteer everything changed....it was a dark point for me”

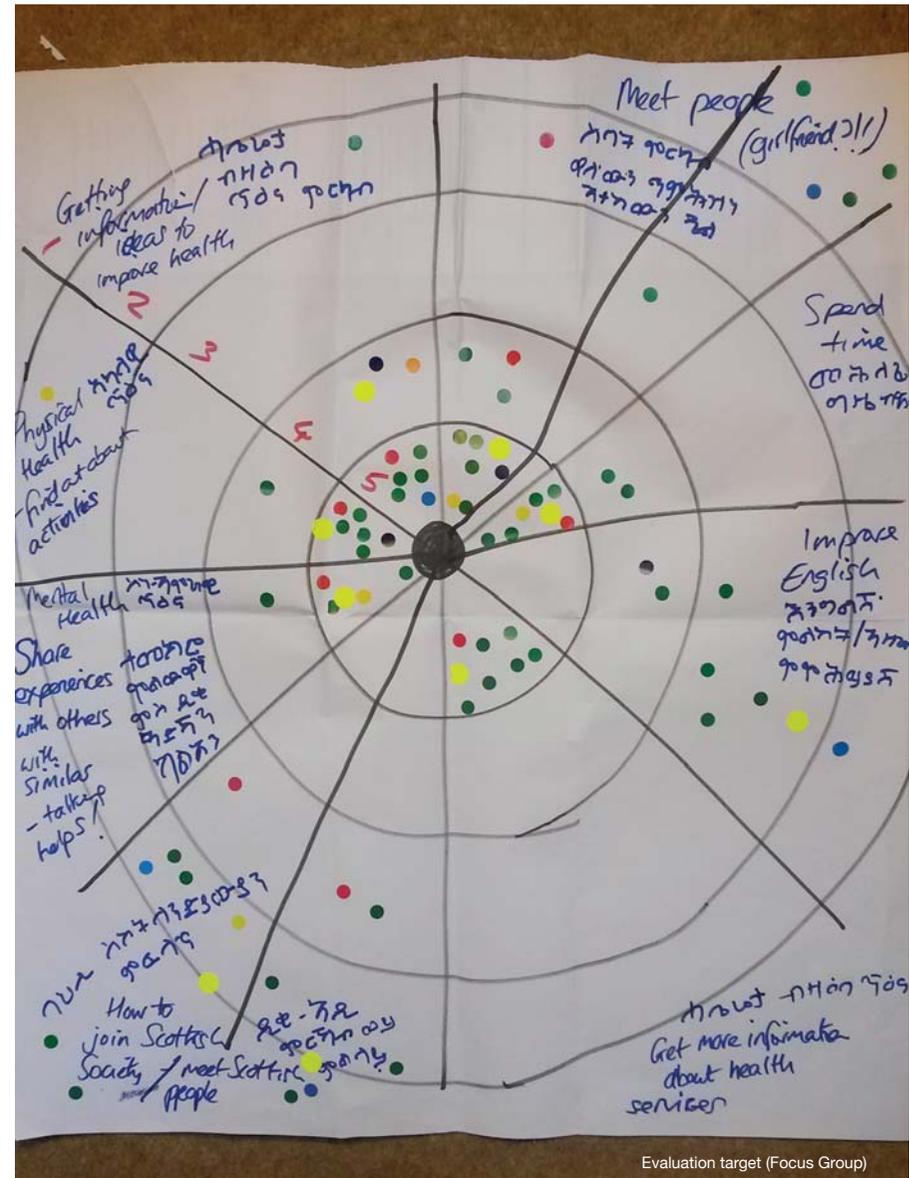
“I sleep better now - I pushed away distress and anxiety”

PEER GROUP MEMBERS - PERSPECTIVES AND EXPERIENCES

The pilot project has involved between 35 and 40 participants – ‘peers’ – in Peer Education sessions run at Scottish Refugee Council. In addition it is estimated that at least a further 50 joined the various social and sporting events convened jointly by the Peer Educators and their group members. This report will reflect the evaluation data collected on those ‘peers’ who participated in the Peer Education sessions. They lived predominantly in north and east Glasgow, with the largest number coming from Royston, Springburn, and Sighthill (postcode: G21). Peers came from three language groups: Farsi (n= 17), Tigrinyan (n=15) and Arabic (n=6). Most peers in cohort 1 were female, and most in cohort 2 were male. Attendance varied at the three sessions run for each group.



During focus groups held by the independent evaluator (with no project staff present), peer groups were asked to talk about their hopes and expectations on joining the project and to identify the extent to which they felt these had been met.



Why?

Peer Educators' Motivation for joining the project

Why?

'Something to do': Like Peer Educators, many peers participating in the programme struggled to find ways to fill their time.

"It helps me fill in time, I'm not busy..."

Some found that too much free time was bad for their mental health.

"Keeping busy is helpful because you don't think about your asylum claim."

Many peers joined in enthusiastically with the extra social and sporting activities organised either for or by the groups. However, there were others who did not continue with the programme because the timing of sessions clashed with College courses.

Meeting people: Peers were keen to meet people and make new friends. Generally they felt that this expectation had been met, new friendships were formed and existing ones consolidated.

"I've now got people to do things with..."

Some hoped that they would meet Scottish people and improve their English and so were not happy that the group only included one language. One group of male peers admitted that they were disappointed that their group was mostly men as they had been hoping to find a girlfriend.

Learn about health & health services: Peers expected to learn more about how the health services in Scotland operate, and felt that this had

been fulfilled. For example,

"I didn't understand about GPs – I learnt from this project. I expected to pay..."

A few particularly mentioned that they had learned about the damaging health effects of smoking. This was confirmed by Peer Educators who observed that many peers did not realise that smoking was bad for your health. Some were keen to find ways to stop smoking and others reluctant to change.

Learn about other facilities in Glasgow: The group members were enthusiastic about the information that they had learned from one another.

"We learnt more about other things to do..."

"I found out about how to get free access to things, like low cost calls to my family"

It was clear that in different groups information had been shared about a variety of leisure facilities including swimming pools, a sewing group or cheap books from charity shops.

Being listened to: People found the sessions a place where they could talk honestly and ask questions.

"I feel more free to talk about how I feel."

Unexpected Benefits

- **Group Activities:** Peers were not generally expecting to find that joining the group would help them to mobilise and organise group activities. However, members of the first cohort clearly appreciated joining in a variety of social activities beyond the formal Peer Education meetings. During the second cohort, participants invited others to join in both the football events, and also the visit to a swimming pool. The response suggests that there is a large appetite for such sporting and social activities in the communities reached by the project.
- **Practical help:** Some peers also took advantage of the fact that the groups were meeting at Scottish Refugee Council offices in order to ask for help with practical problems. Whilst this was not a formal part of the programme, individual members of the Scottish Refugee Council team did provide help when they could with for example, the translation of a letter, making a phone call or completing application forms.

“We made friends together”

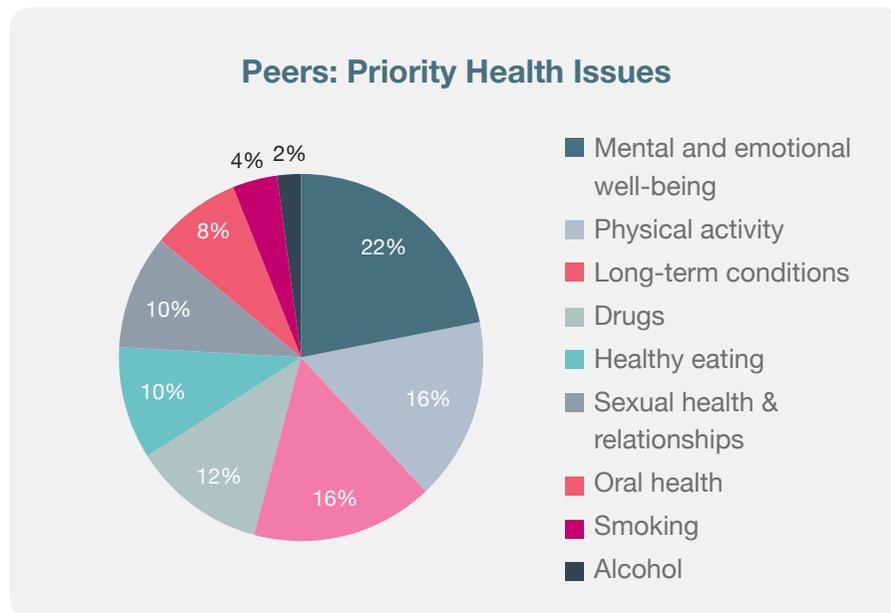
(Peer)

Disappointments

- **Practical help:** Some peers were very clear that they had expected to get practical help with their own personal problems through the programme. They had hoped to make connections with people in authority in order to gain access to services or quicker referrals. For example one peer explained that he needed the services of a psychiatrist and was disappointed that the project team had simply referred him back to his GP.
- **Extra costs:** Peers also pointed out that some could not participate in the extra activities because they either did not have the sports equipment needed or the money for travel.
- **Gender balance:** Some male peers expressed disappointment that their peer group was predominantly men and didn't provide them with an opportunity to meet women.
- **Lack of interaction with Scottish people:** A few peers had expected the project to provide them with an opportunity to meet Scottish people and practice their English language. They were, therefore disappointed that the group was conducted in a refugee language and only comprised refugees.
- **First Aid training:** One peer had expected to receive First Aid training. This was not part of the programme.

PEERS' UNDERSTANDINGS OF HEALTH

All members of peer groups were asked to complete the same health quiz as the Peer Educators.



Their responses show the same concern as the Peer Educator groups for mental and emotional wellbeing as the top health priority that needs to be addressed in their communities. Peers' next concern was about physical activity. Peer Educators themselves indicated that they had most confidence in their knowledge about physical activity. This confidence appears to have helped them respond by mobilising their groups to address this priority by arranging sporting activities.

Peers participated in the mapping exercise which allowed them to share

concerns and knowledge on sample health issues. These 'maps' were translated by Peer Educators. Summaries of the comments on the maps provide an indication of the health awareness of peer groups suggesting fairly high levels of awareness of health problems, with less awareness of access to services or other resources and support.

Responses to 'Feeling lonely': Peers recommend meeting people through college and mosques or churches. Lack of money leading to lack of access to phones, internet, and travel makes contact with family and friends very difficult. One group noted it is difficult to trust new people and make new friends. Many recommend getting out and walking in city or countryside. Lack of money is frequently quoted as making options inaccessible (Internet/TV/Films/ travel/clubs). Libraries provide free internet access and therefore access to wider resources. Reading is limited by a lack of books in home languages.

Responses to 'Pain': All groups were aware of traditional herbal remedies as well as western medicines. Some did not know where to find traditional remedies in shops and could not go online to order. It was recognised that pain killers could be accessed through a variety of shops, although might require a prescription. Most groups mentioned the GP, but argued that their help could be inaccessible due to: long waiting times, language barriers, lack of interpreters, forms in English. Some people try to get advice informally through family or friends with medical training. Emergency services were seen as a secondary option after GPs.

Responses to 'Physical Exercise': Groups mentioned collective and individual physical activity options: football, swimming, jogging, walking, gym. Exercise can be done in your house and dancing at clubs or social gatherings. The main barrier to participating in exercise is lack of money for entrance fees, travel or clothes and equipment. Also some activities (e.g. football, walking, running) require, or are better with other people.

WHAT DID PEERS LEARN ABOUT HEALTH?

Information about services and rights:

“There is so much help around, but people don’t know how to access it”

During the first session Peer Educators provided information about NHS services and health rights for refugees and asylum seekers. Examples of new information provided include the right to: ask for double appointment; cancel an appointment; choose a GP; ask GP to sign passport; access medical records. Many peers had not heard about NHS24.

Peers were given a leaflet outlining their rights. They were advised to show this in any situation where they felt that their rights were being challenged or ignored.

Action planning for healthy lifestyles:

The emphasis of the third session was generally on responding to health issues raised by peers and considering how members of the group could promote their own health through individual and collective action. Specific plans were made to address the priority issues. It appears that there was particular interest and success in organising collective sporting events participation, including: hill walking, dancing, football and swimming.

Peers identified problems with lack of sportswear and Peer Educators worked with the project facilitator to identify free sources of equipment.

Broadening understandings of health:

The second session explored understandings of health using the World Health Organisation definitions of ‘Physical, emotional and social health’. This led to fruitful discussions about health lifestyles. Peers were encouraged to raise questions, and many wanted to know more about smoking & drugs and learn where to find help. Peers shared tips about how to get the best out of the health service:

“If your GP refuses to provide you with an interpreter, show them the NHS interpreter leaflet with the interpreting service phone number on the back of it, and you will get a phone interpreter.”



Peers playing football

HOW DID THE PROGRAMME IMPACT ON PEERS?

Social Benefits:

- Peers made new friends
- Found *'people to do things with...'*
- Consolidated existing friendships
- Made friends with people at the Scottish Refugee council

Emotional Support:

- Peers felt able to talk openly about their health concerns
- *"Working together and talking about common issues helps you to go out and trust."*
- The group was more effective at building trust than other groups because the project was explicit in telling people that they needed to trust each other and help each other to use resources together.

Building an empowered community:

- Peers shared information between each other about other organisations (e.g. sports facilities/food banks).
- Group members arranged social and sporting activities together.
- One group set up an online social networking group to keep in touch.
- Exchange resources including: football trainers, Farsi books and DVDs

PARTICIPANTS' SUGGESTIONS FOR ENHANCING THE PROGRAMME

Extending the reach to all new arrivals: Participants reported that many others could benefit from this project and recommended that it should be scaled up. In particular it would be most valuable if new asylum seekers were able to attend as soon as possible on arriving in Glasgow.

Removing barriers to participation: The key barriers to participation reported are: transport costs, childcare and conflicts of time commitments. It was suggested that sessions be held nearer to where people live, using community spaces during evenings and weekends.

Creating a database of services for refugees: Peer Educators in cohort 1 recognised that in their work with and for their peer group, they were gathering a valuable database of formal and informal information about health and other services specific to the needs of refugees. They recommended that this information be made available to a wider audience.

Benefits of single language peer groups: Some felt that single language groups are important to enable a group to build relationships of trust and promote the exchange of important and sensitive information.

Benefits of mixed ethnic groups: Some felt that groups should be mixed in order to promote integration by providing opportunities for inter-group friendships and for practising English. Peer Educators appreciated the opportunity to mix with people from other backgrounds including Scottish people.

Incorporate English language teaching into the Peer Education model: It was suggested that group activities should include English language teaching and practice because learning English is the most important priority for addressing the issues raised.

Create more opportunities for peers to meet socially: As 'making friends' is fundamental to so many of the health and well-being priorities identified, some suggested that this should become a more explicit focus for the programme.

Broaden the scope beyond health: Participants valued the holistic approach of the programme. Many felt that the value of the programme could be enhanced by creating a 'One-stop shop' and including input from other service providers, and supporting action planning to address other pressing needs such as housing, education or money.

'Cascading' Peer Educator skills: Peer Educators recognise the significant investment in their development made by the project. They suggest that some of them should be used to train others who in turn can lead and train new groups.

“People want to talk much more widely than health – health can become a bit repetitive.”

(Peer educator)

SECRETS OF SUCCESS

It is clear from the data that this pilot Peer Education programme has succeeded in engaging members of the appropriate target population in different areas of Glasgow. This is particularly significant given the changing patterns of dispersal of asylum seekers across Glasgow. Asylum seekers and refugees are now no longer living in concentrated areas which can be served by designated 'refugee' health services. They are increasingly living across the city and so it is important that all services and resources are accessible to them.

Assessment of their awareness of health issues and health resources confirms that these refugees and asylum seekers are concerned about significant health issues but have poor knowledge and access to resources to support their health and well-being. Participants, especially those trained as Peer Educators, showed an increased awareness of health services and healthy lifestyles. Most participants also demonstrated a change in behaviour as they engaged with positive, health promoting activities such as developing friendships and participating in physical exercise. In addition, Peer Educators gained confidence, group facilitation skills and work-based experience. Some have represented the pilot programme very effectively at public events. Three of them have found paid employment within a few weeks of completing the project.

As the project continues, many of the Peer Educators are hoping to continue to volunteer, and plans are being made to form new groups and encourage the established groups to keep meeting for social and sporting activities. All of this suggests that the project has created both a sense of trust and belonging which is in turn generating commitment to working together to support health and well-being.

The delivery partners have worked well together and adopted a learning approach in the partnership. This in turn has impacted more widely, for example contributing to the review of NE Sector Health Improvement team training materials and the development of e-learning resources.

The learning and outcomes of the project have also been regularly fed back into the work of the 'Refugee Integration Pathways group' to inform the Health work stream of 'New Scots' Refugee Integration Strategy. The influence of the Peer Education project is likely to spread further than the refugee community as NHS GGC, encouraged by the success of the model in engaging with asylum seekers and refugees, is interested in exploring how the peer education model could be utilised to support other marginalised groups such as the Roma community.

There are a number of critical factors that appear to underpin this success:

Excellent project facilitation

The programme has benefitted from a very skilled facilitator who has succeeded in building positive ethos of respect and trust. Peer Educators gained skills and confidence through the high quality training they received along with strong support and mentoring. In order to achieve this, the facilitator has worked substantially more hours than the two days/week supported by the project budget.

Building successfully on existing social networks

The majority of participants have been drawn from two language groups, Farsi and Tigrinyan. At the heart of each of these groups has been a pre-existing faith-based social group, sharing the same language. However, these groups have not remained exclusive, but others sharing the same language have been able to join and feel a full part.

Effective partnership between NHS and SRC

Scottish Refugee Council and the NHS North East Sector Health Improvement team have worked in close partnership. As a result participants have benefitted from a programme that helped them to identify, explore and respond to their own health concerns and priorities; the wider practice of the partners has improved; and Scottish stakeholders informed.

Integration with Scottish Refugee Council

The physical location of the project within Scottish Refugee Council offices has been a very significant benefit to Peer Educators. In particular it has provided them with an opportunity for genuine participation in a UK professional environment with an ethos of respect for diversity. Peer group members as well as Peer Educators have also directly benefitted from the opportunities to build personal relationships through which they have accessed extra support. In addition, the association with Scottish Refugee Council has provided legitimacy for the outreach activities of Peer Educators.

CHALLENGES

The pilot programme faced a number of challenges with recruiting and engaging participants as well as managing participants' expectations.

1) Challenges to access:

Peer Educators were very nervous about finding peers, and some Peer Educators in cohort 1 felt that they needed more help with this. In cohort 2 the Peer Educators and project worker worked more collectively to recruit peer group members. Despite the fact that Peer Educators themselves identified new asylum seekers in Glasgow as the target group likely to benefit most from the peer groups, it was not possible to secure cooperation from either the housing provider or the current asylum advice service to publicise the project.

In general many more people (50% - 80%) signed up for the sessions than actually turned up. There was also some drop off in attendance and reasons given included travel costs and Home Office or college requirements. Some regular peer group members did not participate in the extra social or sporting activities because they could not pay for either the transport costs or the costs of basic sports clothing (trainers or swimwear).

*"I'm struggling with food right now,
how can I afford a swimsuit?"*

The groups worked together to overcome these difficulties, but nevertheless some peers did not attend. In contrast many other new participants turned up for some of the events. The local swimming pool was not able to accommodate everyone attracted by the project on one particular occasion.

2) Promoting cross-cultural relationships

Peer Educators who did attempt to run a group with more than one language found the work of facilitation very challenging. At the same time members of groups that were based on only one language were disappointed in the lack of opportunity to meet others outside their own background. Some peers particularly hoped to mix with Scottish people and practice their English as they saw this as their first priority.

3) Managing expectations:

Peer Educators reported that they introduced the programme by trying to make clear that they would not give advice but help people to recognise and resolve problems for themselves.

Nevertheless, some peers said they joined because they saw Scottish Refugee Council as an organisation that could give them privileged access to resources. Occasionally pressure was put on Scottish Refugee Council staff to provide personal advice, support and advocacy. Some Peer Educators talked about the pressure that they felt in not being able to directly help peers with the severe difficulties that some of them faced,

*"I feel sad because they (peers) think
we can improve these things"*

During some of the external activities organised by peers large numbers of people who had not previously been part of their group participated. Peer Educators were uncomfortable and sometimes unclear about their own sense of responsibility for these groups. On one occasion there were complaints about the behaviour of one of these new participants.

KEY ACHIEVEMENTS

- **Improving the health and health services knowledge of refugees and asylum seekers in Glasgow.**
 - **Improve the health of refugees and asylum seekers by reducing social isolation and facilitating the emergence of peer to peer emotional support.**
 - **Changing the lifestyles of participants to include more physical activity.**
 - **Training a group of refugees (Peer Educators) to be equipped and confident to facilitate groups and pass on knowledge and skills**
- **Enabling a group of refugees (Peer Educators) to become 'work ready' with appropriate skills, confidence and cultural understanding of UK working environments.**
 - **Convening and mobilising groups of – same language – refugees and asylum seekers and equipping them to provide mutual support, exchange resources and set up collective activities.**
 - **Facilitating access of refugees to existing services.**

LEARNING FROM THE PILOT PROJECT

It is clear that participation in this pilot project has been of direct benefit to the individuals involved – especially those selected as Peer Educators. In addition, it has proved to be an effective mechanism for community mobilisation. Although they were anxious, Peer Educators were successful in recruiting participants to their groups. People who participated reported a sense of acceptance and trust that they didn't experience in other more informal social gatherings. This enabled them to talk more openly about their concerns. On the whole, interest was maintained over the three sessions and sufficient group identity generated for people to be keen to participate in extra activities. The fact that so many others were keen to join the sporting events indicates a relatively untapped appetite for such opportunities. Events such as the free swimming were already available, but had not been accessed in large numbers by refugees until the Peer Education project provided a catalyst.

One of the many challenges for asylum seekers in particular, and also new refugees, is to find ways to spend their time and give them a reason to get out of their homes. Without this many become withdrawn and their physical and mental health suffers. This project provided an opportunity to engage with others in a safe context, make friends and share resources such as books and DVDs in their own language. The Peer Education format provided enough structure to give a sense of purpose and facilitate the exchange of both formal and informal knowledge. Participants found the health information very relevant and useful, but strayed beyond the boundaries of health and shared information on the diverse topics on concern in their lives. It may be that a Peer Education model could be used even more effectively with a broader remit and including inputs and support from service providers in different sectors.

Different aspects of the project demonstrated that barriers to accessing services can stem from cross-cultural misunderstandings. So for example, many peers expected that access to health services in Scotland would

be gained through personal connection and leverage. As a result, they were disappointed when they found that building relationships at Scottish Refugee Council didn't enable them to bypass GP referrals and waiting lists. The nature of the Peer Education ethos and programme provides an ideal way to explore both the formal systems and informal cultural practices. The challenges of the behaviour of a few members of the large group at the swimming pool also reflected the misunderstanding of cultural norms. The learning from this experience was that more input is needed to ensure that Peer Educators understand the boundaries of their roles and are clear that their role is to mobilise groups, but not to assume responsibility for group behaviour. Nevertheless, a peer group with an ethos of trust and respect could provide a very positive context for exploring cultural expectations about behaviour in public places. However it is important that service providers accept refugees as legitimate members of the communities they serve who should be able to access services with or without a Peer Educator as mediator.

The pilot could now be scaled up to make support available ideally to all new asylum seekers in Glasgow, as suggested by participants. The group of trained and empowered Peer Educators should be seen as a significant resource. Continuation of the project would enable their skills, commitment and relationships to be capitalised upon in developing the next generation of Peer Educators. Each new cohort of Peer Educators could support the project worker in training up the next. This 'cascading' of skilled support and mentoring should make it possible to extend the reach of the project by supporting a larger team of Peer Educators who in turn can reach out to larger numbers and greater diversity of participants. It would be important to increase the capacity for skilled project facilitation and leadership at the same time, to ensure that the very positive ethos is not lost.

Participants have suggested that sessions be held in venues closer to where people live in order to reduce travel costs and childcare difficulties.

This would also have the benefit of making it easier for groups to arrange extra activities and continue to be self-sustaining beyond the life of a formal project. The impact of association with Scottish Refugee Council should not be underestimated however. It would be important to ensure that each project is integrated with an organisation that will provide an appropriate ethos and be willing and able to take some ownership and add legitimacy to the Peer Educator teams by association.

As we have seen that throughout the project, Peer Educators and their peer group members have been accumulating formal and informal information about health, health services and healthy living in Glasgow. Each group has shared information between themselves. They recognise that this already represents a valuable resource that could be helpful to other asylum seekers and refugees. Of course not all of it would be endorsed by service providers, and much of the information will change over time. There is an opportunity here to support asylum seekers and refugees to access health services and healthy living by capturing and sharing the information that they gather online. For example, by adapting online resources such as [Open Glasgow](#) and [ALISS](#), which enable users (including service providers) to upload and edit information, creating a widely available community-led information bank.

RECOMMENDATIONS

- 1) Roll out the NHS- Scottish Refugee Council collaborative Peer Education programme across Glasgow to enable all new asylum seekers and refugees to participate.
- 2) Provide strong, ongoing institutional support and leadership to support governance, legitimacy and protect the ethos of the programme.
- 3) Involve experienced Peer Educators in training and mentoring each successive cohort
- 4) Establish peer groups meeting in local areas using a shared language.
- 5) Use the group sessions and activities to explicitly address differences in cultural expectations.
- 6) Consider developing the Peer Education model as a broader, multi-agency initiative with Integration Networks taking a holistic approach to promote asylum and refugee engagement and integration.
- 7) Use existing online resources on services for asylum seekers and refugees, e.g. [Open Glasgow](#), [ALISS](#) etc.
- 8) Consider how the Peer Education model can be extended to address the needs of other marginalised groups.

