

***Participatory Peer Education: An Empowering Process for the Individual,
Organization and Community***

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European Conference on Education 2018
Official Conference Proceedings

Abstract

Studies of peer-led adolescent health education frequently report empowerment as an outcome for young people volunteering as peer educators. Such claims have been contested however, and there is a need to investigate what empowerment, and the participatory processes believed to facilitate this phenomenon, look like in the context of peer-led adolescent health education. A case study of a peer education initiative on the Shetland Islands was conducted to examine how peer education projects can utilise participatory methods in their practice and whether participants felt these to be empowering. By presenting the stories of staff and volunteers working at a peer education project, this paper explores whether their experiences correspond with definitions of empowerment as given in health promotion literature. A number of participatory practices were observed and identified as facilitating the empowerment of youth volunteering as peer educators. These include the creation of equal relationships between staff and volunteers, prioritisation of youth voice, formation of networks of peer group support and construction of safe spaces to discuss community issues. Combining perspectives from Education and Health, and drawing on theories of participatory education and empowerment; participants' stories have been compiled to create a narrative illustrating how actors working within these settings conceptualise the process by which peer education projects are empowered and in turn, empower their participants and the communities in which they are based.

Keywords: empowerment, peer education, health education, participatory education
adolescent health

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Introduction

Peer education is thought to be an especially effective method with which to encourage the use of participatory practices within health education efforts.

‘Peer educational settings promote assimilation or accommodation of a range of individuals’ opinions within an evolving group process. Individual outputs weave and clash through the process of dialogue and argument between peers, as they ask one another questions, exchange anecdotes and comment on one another’s experiences and points of view’
(Campbell & MacPhail, 2002, 337).

Engaging populations in participatory learning processes is believed to foster empowerment (Simoni, Franks, Lehavot & Yard, 2011). When theories of empowerment, particularly those drawn from Freire’s (1973) work, are applied to health education (Wallerstein & Bernstein, 1988), there are clear parallels with peer education.

Peer education is presented as an alternative to top-down expert advice, as it is the target population themselves who identify and educate their peers on issues of relevance to their social group. The similarity between educator and educated is thought to produce a more ‘egalitarian dialogue’ in contrast to expert providers, who are presented as being unsuccessful in their endeavours as they are too far removed from the social experiences of the target population (Stephenson et al., 2008). Similarly, the application of Freirean philosophy to health education prioritises the experience of the target population over experts, encouraging members to identify and take action to address problems in their communities. There is emphasis on the collective knowledge that emerges from the peer group sharing experiences and engaging in ‘authentic dialogue’ to understand the social influences that affect their individual lives (Wallerstein & Bernstein, 1988). Consequently, it is thought that ‘an important element of the effectiveness of peer education approaches is the impact of the intervention on the peer educators themselves’ (Parkin & McKeganey, 2000, 293).

Whilst there have been examples of peer educators reporting an increased sense of empowerment (Harrin, 1997), it has also been argued that peer education may inhibit empowerment. For example, many initiatives do not allow peer educators to select the content or delivery method for the intervention. Adults may be unwilling to cede control to volunteers as young people are often viewed as vulnerable or irresponsible (Harden et al., 1999). In this way projects merely reflect adult conceptualizations of young people’s health problems (Milburn, 1995) rather than engaging youth directly. ‘This is an issue which peer education projects... are likely to have to grapple with both in their formation and function’ (Parkin & McKeganey, 2000, 293).

Problematically, what is meant by empowerment in the context of peer education is ambiguous. ‘Peer education studies... typically focus on the behavioural impacts of interventions rather than on broader actions and rarely assess the elements of the program that result in the impacts’ (de Vreede, Warner & Pitter, 2014, 48). Empowerment is frequently reported as an outcome post-intervention, but is not specifically explored or investigated a-priori. Indeed empowerment and participation are ‘two of the most popular and at the same time controversial concepts’ in health

promotion literature as ‘both concepts suffer from insufficient theoretical articulation’ (Cornish, 2006, 301). Consequently, there has been little focus on what empowerment looks like and how to enact this process within projects utilizing peer education (Frankham, 1998).

Research Purpose

The aim of this research therefore was to explore how projects utilize participatory methods to support peer-led practice; how volunteers describe their experiences of participating in a peer education project; and whether these experiences correspond with definitions of empowerment as presented in health promotion literature.

Methods

A case study was selected as the most appropriate design to address the research aims as they are recommended to explore ‘areas... where terminology and a common language and a set of definitions are not yet clear or widely accepted’ (Darke, Shanks & Broadbent, 1998, 279).

Sample

The case under investigation was the OPEN Project - a peer education initiative promoting adolescent health and wellbeing based on the Shetland Islands, Scotland. Study participants were those working or volunteering for the project during the fieldwork period.

Data Sources

Data providing source material for the study included:

- Observations of office behavior, peer educator meetings and workshops
- Staff interviews
- Focus groups with peer educators

Data Collection

Fieldwork took place during March 2017. The researcher spent approximately 100 hours with the project to gather participants’ views and experiences of peer education and its practice. No interview protocols were used during staff interviews or peer educator focus groups. Participants were encouraged to think about these activities as conversations and to describe their role within and recount their experiences with OPEN. This allowed participants to raise key debates and discuss subject matter in terms of understandings that were their own, rather than being prompted, influenced or restricted by the researcher.

Analysis

Responses were audio recorded and transcribed to capture the words and meanings of participants in their original form. These were then analysed thematically as they pertained to each of the research questions. A constructivist approach to analysis was adopted to encourage close collaboration between the researcher and participants,

thereby enabling participants to tell their stories (Crabtree & Miller, 1999). Through these stories, participants described the reality of practicing peer education as they experienced it (Lather, 1992; Robottom & Hart, 1993). As empowerment is such a broad term, Zimmerman's (2000) definition of empowerment as a multi-level construct, taking place on three inter-connected levels: that of the individual, the organisation and the community (Israel, Checkoway, Schulz & Zimmerman, 1994), was used to guide analysis.

Validity

Whilst bias arising from observation effects are almost unavoidable (Walsham, 1995), it is hoped this was limited through participants' prolonged exposure and interaction with the researcher to establish rapport. This reduces social desirability responses (Krefting, 1991; Miles & Huberman, 1984) as it 'allows people to return to a daily life that one hopes goes beyond what is performed' for the researcher (Miller & Dingwall, 1997, 17). Another potential for bias is in the researcher's analysis of case data as 'the researcher is presenting their interpretation of other people's interpretation' (Walsham, 1995, 78). Long verbatim quotations have been included to 'convey a sense of immediacy to the reader' (Fetterman, 1998, 124) and provide them with sufficient data to determine for themselves whether the study's interpretations and conclusions are warranted. The study was also subject to 'member-checking' (Baxter & Jack, 2008). Participants read the study and were asked to contribute any new or additional perspectives they felt to be important. In this way, the researcher ensured that findings resonated with participants and represented an accurate reflection of their thoughts and behaviour.

Ethics

Ethical permission for this study was granted by Durham University School of Education Ethics Committee.

Results

The Case

OPEN is an acronym for 'Our Peer Education Network'. There are four part-time staff members working at the project and a group of twelve young people volunteering as peer educators, aged between 16-25. Two of the staff members (Staff 3 and 4) were originally volunteers who were invited to take on more responsibility with a paid role within the organisation. OPEN work in partnership with local practitioners from a range of services, using these partnerships as community forums where professionals and community leaders come together to discuss issues around health promotion and practice. This has created opportunities for collaboration with other services and helped to identify gaps in existing provision. In return, volunteer efforts are celebrated by the community in the form of 'Saltire Awards'; an annual awards ceremony acknowledging the contribution of youth volunteering.

The Peer Educators

OPEN is seen to provide a useful service for ‘those that aren’t engaging well in education or are struggling with things’ (Advocacy and Participation Worker) as volunteers with few or no qualifications can gain skills, training and accreditation. These incentives were not alluded to by volunteers however, who instead described their feelings of responsibility towards educating their peers about topics where adult provision was perceived to be insufficient:

‘The reason that I come and want to do it is because the school has so much more to teach, they find it hard to focus on the real issues that affect young people. Having a group like this come in gives them more of a chance to actually learn and understand the issues that could affect them’
(Peer Educator 9)

Experiences of Peer Education

By participating in a process identified by both staff and volunteers as being participatory, young people described increases in confidence which not only changed how they perceived themselves and their self-efficacy, but also changed how they related to and understood their identity within their community.

Process

Volunteers are given opportunities to identify issues that affect their social group through collective discussion and debate in ‘topic of the week’ at OPEN meetings. They find and present solutions to these problems in the design of educational workshops for their peers. Volunteers select key messages they would like students to take away from the workshop, decided by consensus vote. The group then plan activities to convey these messages. Staff then try to fit these activities into a structure suitable for schools. This sometimes involves compromise.

‘It’s difficult negotiating which year gets which workshop because schools don’t want the first-years having drugs education or sixth-years having sex education because it’s too late’
(Staff 4)

Whilst acquiescing to these requests, staff are mindful that youth voice is central to the project:

‘It’s not about me teaching them to take a lead, it’s about young people being given the opportunity to take a lead themselves. I know in some ways that looks twofaced because NHS Shetland will want us to do something and everyone will go yeah let’s do it. So am I feeding them information that’s actually our agenda? It’s about finding a balance’
(Staff 1)

Volunteers are encouraged to design and develop resources whenever they feel motivated, inspired, bored, spot a gap or want to do something different with existing

material. For example, the most recent addition to OPEN's programme is an LGBT workshop designed by a volunteer.

'They went off on their own and produced a format for an LGBT workshop without any of us (staff). It was obvious they didn't need us interfering, they could go and complete that on their own and it was great'
(Staff 3).

Workshop content and delivery is modified based on volunteer reviews:

'...we use the information gathered from peer educators' learning and experiences, working with them to make decisions about our next step/strategy'
(OPEN End of Year Report, 15/16).

This focus on youth voice was identified as important by volunteers:

'It's successful because we do everything. Everything we do, even if they want a new workshop, they come to us and ask us what we think about it and we do it'
(Peer Educator 2).

and participatory by staff:

'It's focused on the participation of the young people... It's not us telling them anything. It's them telling us'
(Staff 2).

A sense of equality is created between staff and volunteers by making training opportunities available to all and being honest about lacking knowledge when complex issues arise in 'topic of the week'. Volunteers describe staff as 'more like friends' (Peer Educator 4) and volunteers have transitioned to working for the project as staff.

'When I made the transition from being a volunteer to being a staff member, there wasn't ever a division. It wasn't like *there's* volunteers and *there's* staff. We're all a big team'
(Staff 3)

This was not as seamless as first appears however:

'It was weird to begin with... I had to find that whole identity of a paid staff member'
(Staff 4)

'When I first became a worker there was still that mindset that I wasn't a worker'
(Staff 3).

When discussing their work, both staff and volunteers use collective pronouns such as 'our' and 'we'. There is sometimes a sense of personal ownership 'as long as they don't change my drugs workshop' (Staff 3), but the emphasis is on the collective.

'Good working practice is making sure the young folk feel ownership. It's their community and their issues and their ideas that are going to make a change for other young folk'
(Staff 1)

'They've always said the main goal of the project is it being run by the young people'
(Peer Educator 8)

Outcomes

Project documents report:

'Peer educators develop confidence, skills and knowledge to deliver workshops and activities. This process increases their self-esteem, personal development and helps them gain skills that are transferable to future work or training'
(OPEN End of Year Report, 15/16).

Volunteers identified a number of advantages to participating in the project.

'I attended the meetings and training and progressed and got more confident. I realised through working as part of the project that I wanted to work with young people. I want to open a youth café because youth in Shetland need another youth café'
(Staff 3)

'I was involved with child protection and at the time I couldn't understand why they were doing it to me. Then I got the training and heard the reasons behind it. I was obviously a child protection issue. I think we should do something where we help support kids involved with child services. Because it would be better for young people to help them understand the reasons why adults see child protection as they do'
(Peer Educator 3)

'I feel like it's built my confidence and I've learnt a lot of stuff. I feel more like an active person in the community'
(Peer Educator 6)

'It's definitely got my confidence up and made me want to come back'
(Peer Educator 9)

Volunteers identified their work as important in helping them develop a sense of identity and self-worth:

‘Everybody was saying ‘Oh I really enjoyed that’. That was really good. You’re sat there thinking, *I did that*’
(Peer Educator 8)

‘You’re not just a mum. Or you’re not just a mum anymore. Because you’re returning to do something that you did previously, before becoming a mum. Something that you were confident that you were good at’
(Peer Educator 1).

OPEN has also created opportunities for young people to access social support from a wider network of peers:

‘There’s been people that have come to meetings before that I thought I would never ever talk to. A different group from different areas. But OPEN honestly links the community together’
(Peer Educator 1)

‘Since I started I can be comfortable with almost anyone in the room and if I had a problem I could actually speak about it to them’
(Peer Educator 6)

‘We speak about stuff that troubles you’
(Peer Educator 4)

‘When my mum passed away I had such good support’
(Peer Educator 3)

‘Even just getting pregnant at a young age, everyone here was so supportive’
(Peer Educator 2)

Discussion

This study examined staff and volunteers’ experiences of participating in a peer education project. Findings suggest that OPEN place considerable emphasis on being participatory and youth-led. Both staff and volunteers believe that this is empowering.

Freire’s principles for education

Freire proposes a three-stage process through which an empowering education can be produced: listening to the needs of the community, initiating participatory dialogue about community issues, and planning action to support the problems identified from this dialogue. Each of these is discussed in terms of their similarity to the case being described within this study, along with the benefits and disadvantages of adopting such an approach and implications for practice.

Listening to the needs of the community

Freire posits that the initial listening stage should be conducted in equal partnership with community members to identify felt needs and priorities for action. In the case of OPEN this process is facilitated by engaging in strategic partnerships and prioritising

youth voice. Walker & Avis (1999, 576) advise that ‘the most successful peer education projects will be those which seek involvement from a broad range of agencies’. OPEN has been able to match their services to the needs of the community by using strategic partnerships to map and thus identify gaps in existing provision. Engaging with groups who exert power over volunteers and influence project actions ensures that the project is not overlooked, but divergent interests within these groups can increase difficulties around commitment to and consensus on provision (Cornish & Campbell, 2009; Backett-Milburn & Wilson, 2000). Similarly in this case, the identified needs of youth are sometimes tempered by the needs of the schools in which content is delivered; for example, by selecting the ‘most appropriate’ age group to receive workshops. This does not always align with the wishes of OPEN volunteers and places limits upon the project’s youth-led approach. Despite this, youth voice within the community is clearly powerful as volunteers have independently taken the initiative and been approached by practitioners to work together to design workshops. This may have important consequences for youth empowerment as young people are more likely to feel in control of their health if they experience being effective in different fields and their competence is recognised by others (Wallerstein, 1992). Within the organization, youth voice is of import as it is used to review and revise practice. This is a strength of the project as health promotion research often points to gaps in knowledge about the views and perceived needs of youth (Milburn, 1995; Nutbeam, Aaro & Wold, 1991). By creating opportunities for youth to come together and identify community-based issues, the project is sensitive and responsive to the needs of the young people and community they serve. On a more cautionary note however, the reliance on youth feedback is predicated on the assumption that young people always know what is best for young people. Whilst it is important that young people receive education that is agreeable to them, and that their voices are prioritized within promotion efforts, practitioners should be careful that this is not at the cost of listening to other voices. Pupil needs are diverse and likely to be very varied, which may make it difficult to meet everyone’s needs or result in education focused on dominant discourse e.g. becoming heteronormative (Wight, 1999).

Participatory dialogue

In a Freirean approach, knowledge is not thought to be held solely by experts. Instead, the emphasis is on the collective knowledge that emerges from a group sharing experiences and understanding the social influences that affect their lives. OPEN offer Shetland youth an opportunity to engage in this dialogue by inviting volunteers to attend meetings and participate in the working processes of the organisation as equals with staff. To facilitate participatory dialogue, Freire proposes using codes; introducing objects to the group that represent a community issue to engage assembled members in meaningful discussion. The ‘topic of the week’ serves this function at OPEN meetings. In a Freirean approach, groups are asked to: describe what they see and feel, define the many levels of the problem, share similar experiences from their lives, question why the problem exists, and develop action plans to address it (Wallerstein & Bernstein, 1988). This process mirrors that observed within OPEN meetings, where volunteers are encouraged to think critically, ask questions about, and inform the educative process; following recommendations for participatory youth-led programmes to create a context where youth can engage in dialogue and debate (Campbell & MacPhail, 2002; Campbell, 2003). Volunteers identify and explore issues they collectively feel are important to their community and

suggest methods in which these problems could be addressed. Volunteer contributions are validated by the empathetic listening of the group, thereby serving to function as a form of social support. This is important as participatory dialogue is most likely to occur in an atmosphere of trust and solidarity amongst volunteers who feel they have common life goals and face common life problems (Campbell & MacPhail, 2002). Freire proposes that dialogue-based approaches are those in which everyone participates as equals, enabling learners to be actors in their own lives and society. Groups must come together as co-learners; creating knowledge and raising themes for mutual reflection. This is achieved by staff and volunteers at OPEN positioning themselves as co-learners. Staff do not privilege their knowledge or present themselves as superior to volunteers. In this way, discussion in OPEN meetings is an example of Freire's 'authentic dialogue'. It is an alternative to authority figures imposing their own views as knowledge is constructed with volunteers as equals. A sense of collective ownership is reinforced by referring to the organization and its products with collective pronouns such as 'our' and 'we'. This may further strengthen feelings of equality between staff and volunteers as it suggests that all members of the organisation are united in working towards a common purpose.

Action

A Freirean programme emphasises that action and reflection are key outcomes of education. As a result, a Freirean approach to health education should encourage group members to develop their own curricula and undertake action to address self-identified problems in their community. OPEN achieves this ideal by giving volunteers the opportunity to work in community partnerships to develop health education curricula for local youth and formulating solutions to community issues in OPEN meetings. This is especially important as OPEN engage youth traditionally seen as being disempowered such as young mums and those in contact with social services. Participation in the project would appear to act as a gateway for youth to not only access education and employment, but to develop confidence, build supportive relationships and cultivate positive links with their local community. In light of this, perhaps the target population of peer education projects should be the peer educators themselves. Whilst this may reduce funding opportunities as interventions would target a smaller population, evidence of peer educators' influence on students is contradictory and limited (Milburn, 1995; Kim & Free, 2008; Tolli, 2012); whereas there is a dearth of research propounding benefits to peer educators (Backett-Milburn & Wilson, 2000; Badura, Millard, Peluso & Ortman, 2000; Strange, Forrest, Oakley & RIPPLE, 2002; Maticka-Tyndale & Barnett, 2006). By giving volunteers the opportunity to transition to staff, OPEN fosters socially responsible leadership. Other peer-led projects have identified the importance of allowing volunteers to increasingly take on leadership roles (Cornish & Campbell, 2009) through increased training, mentoring and development of management experience. The appointment of volunteers to a paid position was presented as requiring a change of mindset, suggesting that there is some distinction between what it means to be a member of staff and a volunteer. Such practices facilitate the transfer of decision-making to volunteers however, which is a step towards achieving the project's aspiration to be totally youth-led as it enables volunteers' progression from participant to proponent.

Empowerment

In this study, empowerment was defined as a multi-level construct (Zimmerman, 2000), taking place on three inter-connected levels: that of the individual, the organisation and the community (Israel, Checkoway, Schulz & Zimmerman, 1994).

Individual empowerment

Individual empowerment combines personal efficacy, competence, a sense of mastery and control, and the ability to influence institutions and decisions (Zimmerman, 1990). Turner & Shepherd (1999) suggest that those volunteering as peer educators must already be empowered to have the confidence to volunteer. Instead, accounts presented as part of this study portray a gradual process of confidence building and skills development that assists volunteers in performing their role as peer educators. This is in line with findings from previous studies (Campbell & Mzaidume, 2001; Backett-Milburn & Wilson, 2000) and reviews of peer-led approaches (Wilton et al., 1995). OPEN volunteers extensively describe personal developments they believe occurred as an outcome of volunteering as a peer educator. Each of these stories corresponds with the definition of individual empowerment given above. For example, personal efficacy and competence are demonstrated through testimonies of increased confidence and expanding skill sets. Bestowing awards, helping young mums to find or reclaim a sense of identity, using fellow volunteers as a support network and widening understanding and awareness of social issues through debate and discussion in OPEN meetings suggest mastery and control. The ability to influence institutions is demonstrated through volunteers being invited to collaborate with other professionals to develop health promotion programmes. Volunteers describe newly-acquired motivation to work with the community and a keener sense of social justice in wanting to help other youth; for example identifying the need for a youth café and aspiring to make this a reality.

Organisational empowerment

Organisational empowerment is defined as organisations that are democratically managed, in which members share information and power, utilize co-operative decision-making processes and are involved in the design, implementation and control of efforts toward mutually defined goals (Israel, Checkoway, Schulz & Zimmerman, 1994, 152). Staff and volunteers at OPEN relate to each other as equals. There is co-operative decision making through voting on issues in meetings, and volunteers are always consulted on aspects of project implementation such as funding.

Community empowerment

Community empowerment is:

‘a community in which individuals and organisations apply their skills and resources in collective efforts to meet their respective needs... provide enhanced support for each other, address conflicts within the community and gain increased influence and control over the quality of life in their community’

(Israel et al., 1994, 153).

OPEN share their training, knowledge and resources with other professionals in the community. In turn, they are invited to identify community needs and suggest plans of action to address these. Campbell, Wood & Kelly (1999) suggest that the most important dimension of health-enhancing communities is 'perceived citizen power'; where people feel that their needs and views are respected and valued and where they have channels to participate in making decisions that affect their community. Strategic partnerships aid this process as members of the public, service users and professionals can make their voices heard. Advantages of the community partnerships OPEN work within include: maximizing power and influence on community issues, pooling resources and expertise, sharing responsibility for problems and any resulting provision, facilitating coordinated action and minimizing duplication of services. This creates one cohesive movement to support peer education across services throughout the locality and suggests that OPEN could not empower volunteers without the support of its empowering community.

Strengths, Limitations and Recommendations for Practice

Whilst OPEN appears to be highly participatory internally, it is less clear how this participation can be expanded to include the students attending workshops. As workshops are designed by peer educators it is unclear how much influence participating students have/feel. Further research is necessary to explore these views.

Though volunteers easily talk of changes in themselves and in their relations with peers and the wider community, this is merely reported as an observation. It is not within the remit of this study to suggest that these were specific outcomes of participation in peer education. Rather it is believed to be an outcome as reported by those experiencing this phenomenon. As this study cannot test or generalize findings, impact on personal and community-level development could be explored through experimental designs that can establish causality. It may be useful for projects to measure volunteer wellbeing as part of evaluation efforts. Measuring wellbeing longitudinally over the duration of a volunteer's interaction with a project could be a new direction in evaluation. The empowerment described by OPEN volunteers was a long-term process; therefore measuring volunteers' self-esteem or participation in community organising efforts throughout their time volunteering as a peer educator may provide a clearer indication of this effect on volunteers. Self-report measures cannot completely capture this process however and monitoring these changes poses a challenge to evaluators. Further evaluation such as referee or parental feedback or comparing volunteer feedback with that of other youth or voluntary organisations may be needed to support such an approach.

Evidence from this study would suggest that those wishing to develop peer-led projects in other areas need to look to the community context in which the project is to be based. As Wallerstein & Bernstein (1988) posit, empowerment models can only exist through working with the reality and resources of the community. This study has highlighted the importance of establishing strong working partnerships with practitioners and target populations to identify needs, share resources and work collectively towards a common goal. Changes in health behavior are more likely to occur within communities where there is trust, reciprocal help and support, a positive community identity and high levels of involvement in local organisations and

community networks (Campbell & Jovchelovitch, 2000). Consequently it may be difficult to replicate the processes observed in this case in different settings: ‘there may be little that programme designers can do other than conclude that participatory approaches such as peer education are not suited to disempowering environments’ (Cornish & Campbell, 2009, 133). Despite this, findings echo those reported in other studies of peer education that have been situated in marginalized, disempowered communities (Cornish & Campbell, 2009; Campbell, Foulis, Maimane & Sibiya, 2005).

Conclusion

By providing young people with an opportunity to choose intervention content and engage with other aspects of provision typically perceived as being within the remit of adults, such as discussing funding sources and meeting with stakeholders, OPEN demonstrate to volunteers how their actions can directly influence and effect change within their own lives, their organisation and their community. Such efforts to create participatory peer-led practice do not go unrewarded. Participants were overwhelmingly positive about their experiences. This is especially important as youth volunteering with OPEN are from backgrounds typically seen as being disadvantaged or disempowered in health, social and educational contexts. In consequence, this study recommends that future research into peer-led adolescent health interventions should focus on peer educators as the target population; evaluating the impact on volunteers and whether such an approach could be sustainable as an intervention for those in need of additional support to increase confidence, community engagement, and positive self-identity, as well as providing the more obvious surface level skills and qualifications beneficial for future education and employment.

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