

The Waterloo Peer Educator Program is a community-based peer education initiative for improving health and wellbeing outcomes among social housing residents. The program was conceived and designed collaboratively by a group comprised of housing tenants, Sydney Local Health District (SLHD) staff, social workers, local NGO Counterpoint Community Services, and academic advisers from the Health Equity Research and Development Unit (HERDU). An evaluation was conducted to investigate the impact of the program and how it can reduce health inequities. This report presents a summary of key findings of the evaluation pilot program.

### The suburb of Waterloo

The pilot program was based in the Waterloo social housing estate, a multi-ethnic social housing precinct in inner city Sydney. Waterloo has undergone gentrification in recent years and in 2016 had an Index of Relative Socio-economic Advantage and Disadvantage in the top 40% in Australia.

Poor health and persistent health inequities for social housing residents in Waterloo are linked to complex issues in people's lives and everyday challenges like poverty, stigma, caring responsibilities, social isolation, and chronic conditions that require tailored responses.

### What have we done?

The District established a pilot Adult Peer Educator Program and conducted an evaluation to explore the impact of community-based peer education on enhancing community health and wellbeing. The evaluation aimed to determine how this initiative could enhance existing health promotion and navigation strategies in the District while promoting equity.

### Program Goals:



Improved knowledge about health and wellbeing.



Empower residents with information to manage their own health and wellbeing.



Reduce social isolation and build supportive networks.



Expand and illuminate pathways to health services.

### Does it work?

Yes! The evaluation highlighted the effectiveness of the Peer Educator Program as a strength-based approach with positive health and wellbeing impacts on the Waterloo community.

### Key Findings

Community-based peer education fosters enhanced social connections, mental health, and overall well-being for participants. Ongoing support is crucial for individuals to build the skills and confidence needed to initiate change, reflect on issues, and take actionable steps. Maintaining consistent involvement with health services necessitates a flexible strategy that prioritises trust-building, acknowledges evolving circumstances, strengths, and needs, and adjusts accordingly. This approach values contextual understanding, experiential knowledge, and problem-solving, over conventional recommendations and service access pathways.

### Impacts: Peer and Community

The program evaluation examines how health literacy, social connectedness, access to services, and overall well-being of Peers and Community were affected. It demonstrated what results emerged from these impacts, and that they met the program goals. For the full impact listing, please refer to the evaluation report.

Increased active engagement in health and improved knowledge.

- Activities reached more residents than standard health education workshops

Developed knowledge and personal skills.

- Residents stated that peer-led workshops were relevant and appropriate and increased their understanding of health.

Empowerment of Peers and Community.

- Developed individual capabilities, motivation, confidence. Increased participation, and social support, community connectedness. Increased engagement in social action for health (advocacy), and community cohesion.

Change in attitudes and levels of health behaviours.

- Activities reached residents who had been very disengaged and previously did not attend outreach or community events. It was observed that residents experienced more positive attitudes and a sense of optimism.

Appropriate trusted and accessible health services

- There was a reported increase in uptake of health services.

Improved health outcomes

- Demonstrated increased wellbeing, quality of life, and improved emotional health.
- Positive social outcomes such as employment opportunities

## Impacts: Health System

Findings show signs of positive change within health and other services engaged with the program despite its early stages. For the full impact listing, please refer to the evaluation report.

Incorporating collaborative and strength-based approaches

Tapping into community knowledge and patient experiences to enhance services

Building relationships and trust to optimise services reach and uptake

Activating collaboration and forming new cross-sectoral partnerships

## How does it Work?

### Right Peers – Right Program – Supportive Environment

The program demonstrated its effectiveness through a blend of three essential components: the right peers, the right program, and a supportive environment. Having the right peers involved applying selection criteria and having a skilled and trusted facilitator, crucial for steering the program and integrating it into the community.

The right program entailed dedicating time, space, and resources, offering continuous support in carrying out activities and enhancing the skills of participants, and collaborating with community organisations. Having a health worker based one day a week delivering health navigation at Counterpoint Community Services enhanced the opportunities for collaboration.

The program was planned and delivered as a model of community empowerment and based at Counterpoint Community Services which has shared values with Sydney Local Health District. Creating the right environment for the program to succeed involved securing strong support and access to staff time and program funding, fostering a culture of collaboration and empowerment among staff delivering and planning for the program, promoting a mindset of optimism and hope for change, and leading by example. It was essential to encourage health promotion strategies that extend beyond standard information

provision, emphasising a targeted approach for optimal outcomes.

This model of community empowerment was designed to strengthen and empower peers and communities to support health equity and reduce inequities. By using empowerment frameworks, the program demonstrated how individuals can improve their ability to assert control collectively and individually. The frameworks considered three dimensions of power to measure the program impacts and outcomes for participants as well as the health service. They were:

- "Power within" which emphasises individual self-esteem, confidence, and efficacy.
- "Power with" focusing on collective identity and action.
- "Power over" addressing resources and advocacy.

This exploration highlights empowerment as both an outcome and a process to improve health and wellbeing.

## Conclusion

The pilot program has demonstrated that adopting a strength based approach to collaborating with communities can lead to improved health and wellbeing outcomes. By embracing innovative methods, we have witnessed positive results that indicate a sustainable and effective program.

This program aims to empower communities by sharing decision-making power, enhancing their capabilities and knowledge, and creating a supportive environment with the necessary resources and guidance. Peer educator programs can foster culture of support and growth within the community. The findings of this pilot program can be transferred across community programs that aim to support health equity and reduce potential health inequities.

This Summary and Evaluation Report has been developed by the Health Equity Research and Development Unit, in collaboration with the Clinical Services Integration Team at Sydney Local Health District.

For more information about the *Waterloo Peer Educator Pilot Program* please contact [slhd-herdu@health.nsw.gov.au](mailto:slhd-herdu@health.nsw.gov.au)