

Review

# A Scoping Review of Interventions Delivered by Peers to Support the Resettlement Process of Refugees and Asylum Seekers

Daryl Mahon

7 Holywell Crescent, Searoad, Kilcoole, Wicklow, Ireland; daryl.mahon.2021@mumail.ie

**Abstract:** The aim of this scoping review is to conduct a systematic search of the literature as it pertains to interventions delivered by peers to refugees and asylum seekers during the resettlement process. A PRISMA-compliant scoping review based on Arskey and O'Malley's (2006) five steps was used. Four databases, Scopus, Embase, Ebsco, and ScienceDirect were searched for peer-reviewed articles published in English from 2000-2021. Studies were included if they reported on interventions, outcomes or the training received by adult peers to support refugees and asylum seekers during the resettlement process. Of an initial 632 journal articles retrieved, 14 met the inclusion criteria for this review.

Most included studies were conducted in Western high-income countries, with the exception of one. Studies were heterogeneous in terms of the nationalities of peers and those receiving peer interventions; the outcomes reported on; the content of interventions, and the methodologies used. Findings suggest that peer interventions seem to be effective in addressing many of the challenges faced by refugees and asylum seekers. Community integration, acculturation and psychological distress are some of the key benefits. When such interventions are co-produced in participatory research involving refugees, asylum seekers and the civil society organisations that support this population, they are naturally culturally responsive and can therefore address issues relative to different ethnic needs during the resettlement process. This is the first scoping review to be conducted in this area and adds to what is a very limited body of research.

**Keywords:** Refugee, Asylum seeker, resettlement, scoping review

## 1. Introduction

According to the World Migration Report (2020), there is an estimated 281 million international migrants across the globe, equating to 3.6% of the population. In the last two decades over 65 million people have been displaced globally, with over 23 million individuals emerging from high conflict countries such as Syria, Iraq, and South Sudan (United Nations High Commissioner for Refugees, 2017). Moreover, the United Nations High Commissioner for Refugees (UNHCR) reports that there are currently more than 30 million refugees and asylum seekers resettled in high-income countries (UNHCR, 2020). Given the traumatic nature of these displacements, in addition to pre and post displacement stressors, many refugees and asylum seekers have elevated levels of psychological distress and social needs. Systematic reviews and meta-analyses demonstrate differential prevalence across disorders (3-88%) for this population (Bustamante et al., 2017; Böög et al., 2020; Henkelmann et al., 2020; Morina et al., 2018; Steel et al., 2009)..

Systematic reviews and meta-analyses illustrate that refugees and asylum seekers have a wider set of systemic post displacement psychosocial needs which can contribute to, and/or exacerbate existing traumas and psychological distress and quality of life, impacting on healthcare outcomes (Blackmore et al., 2020; Gleeson et al., 2020; Van de Boor et al., 2020) Some of these post displacement needs include issues with communicating due to language/cultural barriers (Mc Garry et al., 2018; Turrini et al., 2019). Exploring post displacement needs under an ecological/social determinants of mental health framework has become more popular in the literature (Cetrez et al., 2021; Goodkind et al., 2014;

2020; Kim et al., 2021). For example, a lack of adequate housing, barriers to employment and income generation, loss of important social roles and social connections, including family ties are all linked to psychological distress during the resettlement, acculturation, and integration process (Badali et al., 2017; Blackmore et al., 2020; Gleeson et al., 2020; Peterson et al., 2017). As such, interventions that move beyond the individual psychopathology and have a social element are needed when working with this population, and these supports must be culturally responsive (Huey et al., 2014; Lau & Rodger, 2021).

Although there has been a proliferation of models to work with such issues across general populations in Western societies, a more nuanced approach that considers multicultural identities is needed when working with refugees and asylum seekers (Perera et al., 2020; Riza et al., 2020). Research from systematic reviews and meta-analyses support the presupposition that culture needs to be considered, the literature demonstrates small to medium effects when cultural adaptations are implemented by professionals across psychological and preventative interventions (Benish et al., 2011; Griner & Smith, 2006; Huey et al., 2014; Smith et al., 2011). However, considering the heterogeneity within and between refugee and asylum populations, training professionals to meet these disparate cultural needs may be problematic. Riggs (2012, p.13) informs us that “there may not be one ‘model’ of best practice but a suite of strategies that are flexible and adaptable and are reflective of the clients’ cultures, languages, existing social groups and resources of local service providers—both mainstream and culturally-specific”. Indeed, a recent scoping review on cultural competency in organisations working with refugees suggests that there is a lack of voice and participation by refugees and asylum seekers (Lau & Rodger, 2021). One method to mitigate against a possible lack of cultural competency at the organisational level, and on the burden of training professionals in such approaches, while also encouraging more participation by refugees and asylum seekers, may be to use peers to deliver post-displacement resettlement support.

### 1.1. Peer support

Peer support has garnered increasing attention and support in recent decades, especially in the mental health space where lived experience and survivor voice is becoming more prevalent (Bellamy et al., 2017). While there has been some disagreement as to the outcomes associated with peer support, systematic reviews and meta-analyses have demonstrated a host of psychosocial and engagement outcomes (Bellamy et al., 2017; Fuhr et al., 2014; King Simmons, 2018; Lloyd -Evans, 2014; Pitt et al., 2013; White et al., 2020).

In a systematic review of social services offered to refugees and asylum seekers during resettlement, Shaw and Funk (2019), identified just three support programmes delivered by peers. Overall, the literature exposes a relative lack of research on peer support programmes delivered by refugees or asylum seekers internationally; this was also noted by (Badali et al., 2017; Goodkind et al., 2020) in their individual studies. As such, a systematic scoping review is warranted as one way to identify and map the state of the extant knowledge in this arena.

## 2. Review methods

A systematic scoping review of published literature on peer support with refugees and asylum seekers during the resettlement process was conducted. The aim of the scoping review was to map the breadth of published research in the field related to peer interventions, and more broadly, what the extant literature tells us about the types of outcomes, methodologies, and training regimes within the literature. As such, a scoping review is best placed to answer these questions, as opposed to systematic review with its narrower focus (Pham et al., 2014; Munn et al., 2018; Tricco et al., 2016). As this is not a traditional systematic review, the individual articles are not rated for quality, rather, the scoping review is reporting on various characteristics of these studies thematically (Braun & Clarke, 2006). Another reason why a scoping review was chosen for this study is due to the heterogeneity of interventions, outcomes, and methodologies reported on in the literature.

The scoping review approach has been used very recently across differential studies with refugee and asylum seeker populations. For example, Burns et al. (2021) used this approach to identify issues around health with migrants in the United Kingdom. In a similar study, Villarroel et al. (2019) used a scoping review to explore health factors with refugees in Ireland. Further studies used the approach to establish the extent of trust in resettlement settings (Essex et al., 2021); to examine cultural competency in refugee service delivery (Lau & Rodger, 2021); to explore community-based healthcare best practices with refugees (Riza et al., 2021); use of interpreters in mental health setting with refugees (Fennig & Denov, 2021); and to establish the extent of resettlement social supports (Watchter et al., 2021). However, this is the first time a scoping review has been used to study peer support interventions within the resettlement process with this population of people.

This systematic scoping review is informed by The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) standard reporting guidelines (Page et al., 2020). Arksey and O'Malley's (2005) five-stage framework was employed, and the review was conducted in the following steps, identifying the essential research question; identifying relevant studies; study selection; charting the data; collecting, summarising, and reporting the results. As part of the reporting process for this scoping review, the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews (PRISMA-ScR) checklist is used for transparency and reproducibility purposes (Mays et al., 2001).

### 3. Search methods

#### 3.1. Stage 1. Identifying the essential research question

The scoping review framework requires a broad and well-articulated research question, which clearly outlines the concepts, outcomes, and population of interest (Arksey & O'Malley, 2005; Tricco et al., 2016). Thus, the following broad scoping question informed by the PICO protocol (Methley et al., 2014) was used to develop the research question. 'How does the peer reviewed literature describe interventions delivered by peers to refugees and asylum seekers during resettlement? The following sub-questions will be reported on also.

1. What type of research methodologies are used in research of peer interventions during the resettlement process with refugees and asylum seekers?
2. What outcomes are reported on in the peer literature
3. What type of training regimes are provided to peers delivering interventions?

#### 3.2. Stage 2. Identifying relevant studies

The scoping review literature suggests using several literature resources to build a comprehensive picture of the research as it pertains to the research question (Arksey & O'Malley, 2005). Database searches in Web of Science, Scopus, Embase, and Ebsco, were supplemented with searches of reference lists of identified papers, and a hand search of three electronic journals identified as relevant to the research question. The following words were used to search databases; Peer\* AND Refugee\* OR Asylum\* AND Resettlement\* and NOT Children\* OR Adolescent\*, in Scopus and then also used in the three other databases. In addition, emails were sent to national and international organisations working in the refugee and asylum seeker practice and policy space, asking if they were aware of any relevant studies.

#### 3.3. Stage 3. Study selection

Inclusion and exclusion criteria see (Table 1) were initially developed at the outset of the study and refined based on an iterative process after initial searches (Arksey & O'Malley, 2005). This criterion was chosen as it provides the best opportunity to address the research question/s. Due to constraints on time and resources it was only feasible to include studies conducted in English. Only methodologies that provided primary data on the delivery of the interventions or training were included. Finally, the dates chosen in the

search strategy (2000-2021) represent periods of mass migration from several countries into the Western world.

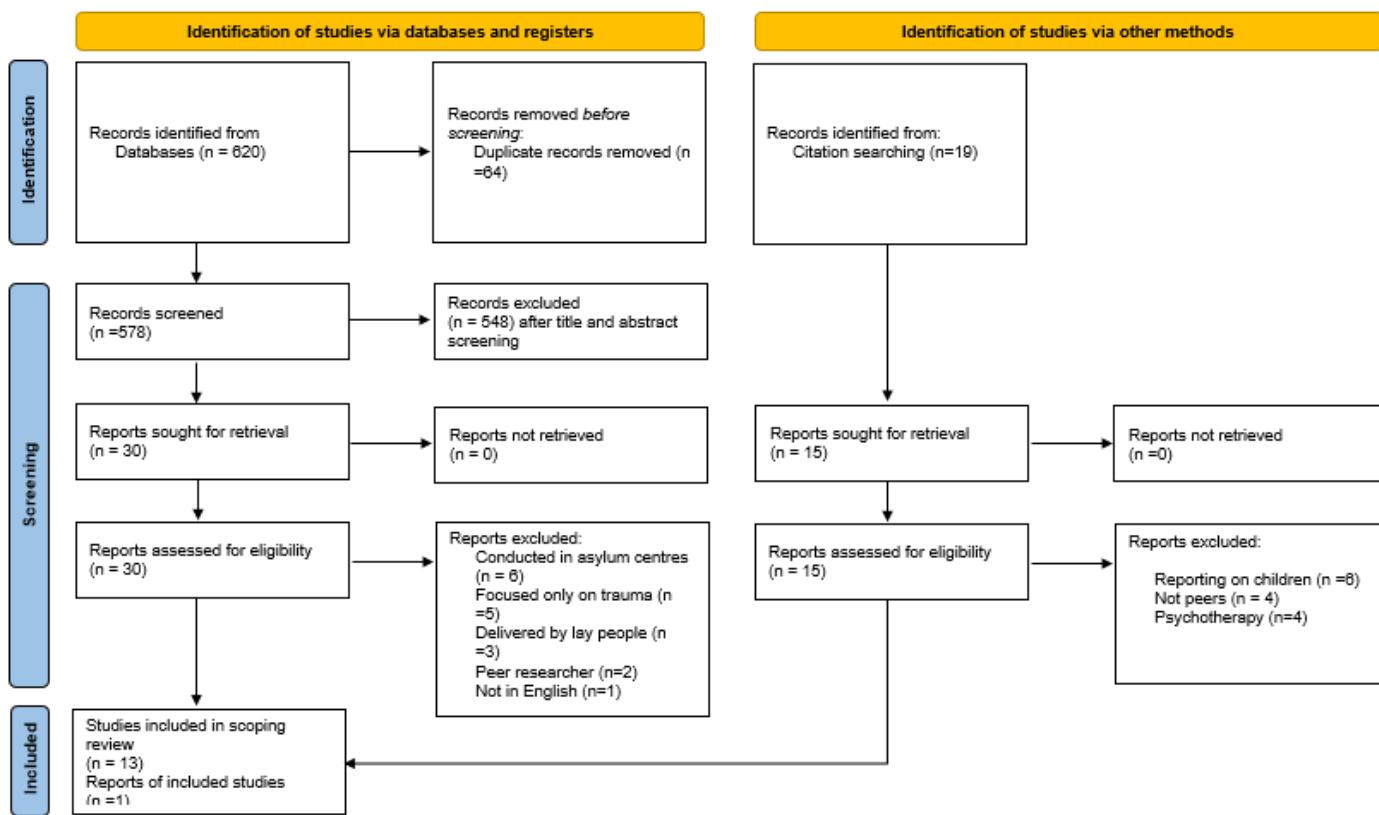
**Table 1.** Inclusion/exclusion.

Inclusion criteria	Exclusion criteria
<ol style="list-style-type: none"> <li>1. Studies reporting on primary data interventions delivered wholly or partially by peers to refugees/asylum seekers during the resettlement process</li> <li>2. Interventions must have reported on outcomes (quantitative, qualitative, or mixed method)</li> <li>3. Articles published in peer review journals in English between 2000-2021.</li> <li>4. Peer group models or individual peer interventions with adults.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review articles, case studies, and editorials.</li> <li>2. Research conducted with those under 18.</li> </ol>

### 3.3.1. Outlines the criteria for consideration in the scoping review

In total, 607 articles were sourced from databases, with 32 additional articles identified as the study progressed (N=639). All articles were downloaded into the reference management software Mendeley for appraising. The author screened all titles and abstracts in Mendeley excluding those that failed to meet the inclusion criteria. A deadline for any new articles to be identified and added to the review was set as 10<sup>th</sup> November 2021. A total of 14 articles met inclusion criteria for this scoping review. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews (PRISMA) flowchart outlines the process involved in this study selection (Diagram 1).

### 3.3.2. PRISMA-ScR Flowchart (Page et al., 2021)



**Diagram 1.** PRISMA-ScR Flowchart (Page et al., 2021).

Depicts the flow of information through the different phases of the scoping review and the rationale for inclusion/exclusion.

### 3.4. Stage 4. Charting the data

The data were extracted using a data charting form developed by the author and based on the recommendation of (Arksey & O' Malley, 2005). Table 2 summarises the results of the data charting and provides the criteria used to do this. The charting form provides characteristics of each study to be extracted. The data extracted was used to provide for a breadth of understanding of the studies included in this review. The author recorded information as follows.

- Author(s), year of publication, study location
- Intervention type, and comparison if applicable
- Target group
- Methodology
- Outcomes/findings
- Training provided to peers
- Findings of interest

Table 2. Data charting.

Study	Location	Target Group	Sample size	Ethnicity	Intervention	Study type	Findings/Outcomes	Training	Findings of interest
Abrahamson et al. (2009)	Sweden	Refugees settled in Sweden	(N=8)	Baltic states, Arabic countries, and North Africa	Bridge Builders Project. A co-produced model designed to train refugees as peer workers	Mixed method and Qualitative Co-produced intervention	3 findings; bridge-builder roles as a mediator in the care encounter, as an information provider and enabler of integration	The training was planned as a dialectic process between theory and the bridge-builders' experiences public health (e.g. determinants of health inequalities) . psychology (e.g. issues of identity and psychological first aid) . medical anthropology (e.g. to increase understanding of beliefs about health and of different health systems).	The model was developed based on the refugees' stories/narrative of being refugees. Partnerships with other organisations working with refugees
Block et al. (2018)	America	Refugee and asylum seeker men and women who have survived torture, trauma, and oppression	(N=79)	Iraqi men, women, and families, Burmese Bhutanese (ethnic Nepali) families, and pan-African	Clubhouse Model 8-week group; 3 hours per group  Weekly content, structured but flexible based on manual	Quantitative Evaluation pre-post	Build community networks and Increase feelings of empowerment within the community increased ability to access health care, job resources, transportation school, and their own ethnic community. The following measures: Expectations vs. Outcomes; Ability to Access Services; Feelings of Hopelessness/Loneliness, Friends, Trust.	Peer facilitators receive training at JFCS in group dynamics, cultural sensitivity, and recognizing and referring individuals: 1) in need of mental health services, or 2) at risk of harm to self or others, to the appropriate resources. Peer facilitators are encouraged to check in with group members via telephone or email in order to facilitate communication and develop stronger bonds and to acknowledge that pressing questions or concerns cannot always wait until the next meeting	Mono-ethnic, gender, age
Graaff et al. (2020)	Amsterdam	Elevated level of psychological distress	(N=60)	Syrian refugees	Programme Management Plus (PM+) Manualised five 90 min sessions, delivered weekly	Pilot RCT comparative trial PM+ versus PM+ and care as	Primary outcomes. Hopkins Symptom Checklist (HSCL-25)	Facilitators received 8 days of training followed by weekly face-to-face group supervision by PM+ trainers/supervisors throughout	Supervision of peers is integral to learning the protocols and self-care.

						usual	Secondary outcomes various outcome measures	the trial. Training involved education about common mental disorders basic counselling skills, delivery of intervention strategies and selfcare	Intervention was acceptable, feasible and potentially cost saving  Participants accessed through a non-governmental organization (NGO) providing support with integration, including housing
Im & Rosenberg (2016)	America	Resettlement/health in America	(N=9) Peer workers (N=27) participants	Bhutanese refugees	Community health workshop (CHW)  Sessions related to nutrition, daily stressors of resettlement, coping strategies,	Qualitative evaluation, participatory approach  Analysed through Social Capital Framework. Focus groups	Improvement in health promotion outcomes and health practice, as well as perceived emotional health. The results also showed that the peer led CHW provided a platform of community building and participation, while increasing a sense of community, sense of belonging and unity	Community leaders and members of the refugee community were trained in mental health and psychosocial support, and health education and facilitation skills, to prepare them for providing Community-based health workshops to their fellow refugees.  Four-day training on mental health and psychosocial factors	Participatory approach (community stakeholders) to develop culturally responsive content
Koh et al (2018)	Australia	Women refugees	(N=111)	Afghan, Burmese and Sudanese women	Peer-support training and a free unlimited fixed-dial mobile phone for one year	Mixed methods, call logs and qualitative interviews thematically analysed	Building social capital. mobile phones played important roles in bonding social capital development, resulting in a complex support network among participants. To a lesser extent, there was also evidence of bridging social capital creation.  By providing linkages to	Participants attended weekly training sessions for the first six weeks followed by five bi-monthly training sessions. Through community interpreters, the training sessions focused on developing communication skills such as active listening, turn-taking, and practicing group norms of trust and reciprocity	Recruited participants through four community leaders from Afghan, Burmese and Sudanese communities, and grouped them with the leaders who had recruited them. Leaders helped design functions of group

							government institutions through an interpreter service, the mobile phones gave participants easy access to linking social capital, in their heritage language.		
Paloma et al. (2020a)	Spain	Settled refugees as peer mentors, newly arrived refugees as participants	(N=11) peers (N=36) group members	Honduras, Venezuela, El Salvador, Cuba, and Colombia; Cameroon, Burkina Faso, Guinea-Bissau, Gambia, and Ivory Coast Ukraine asylum seekers	First, the training of peers, second, the delivery of the community intervention. Topics included migratory "mourning" (e.g., social network, language, culture, and status), and identifying personal strengths and community resources to cope with them. The final 2-week period was set aside to train the participants in mentoring (e.g., working on skills for group revitalization and creating material adapted to each cultural group	Thematic analysis of field notes, transcripts of training groups, and participant written evaluations on 7 open questions	Empowerment, resilience, hope, self-efficacy, community participation	<p>Intervention implementation comprised two phases: (a) peer mentorship training; and (b) cultural peer-support</p> <p>16 sessions (2-3 hours)</p> <p>Protocols:</p> <p>guided relaxation; (b) individual reflection; (c) the sharing of migration stories; and (d) the presentation of community resources found in the city by the participants related to the session content</p>	<p>Working closely with the community and finding synergies with existing social organizations during intervention increases the likelihood of building lasting change in host localities</p>
Paloma et al. (2020b)	Spain	Settled refugees	(N=10) peer mentors	As above	Cultural peer group as above	Qualitative	Resilience and empowerment	As above	<p>Community partnerships with NGO</p> <p>documented implementation outcomes which revealed high intervention acceptability, appropriateness, and feasibility</p>

Purgato et al (2021)	Western Europe 6 countries Italy, Germany, Austria, Finland, England and Scotland	Prevention intervention with asylum seekers, and refugees with psychological distress not meeting diagnostic criteria.	(N=459)	Syria, Nigeria, Iraq, Afghanistan, Pakistan,	Self Help Plus, standardised and manualised group intervention. Pre-recorded audio plus manual delivered by peer facilitators. Based on Acceptance and commitment therapy  Five sessions of two hour duration	RCT versus enhanced care as usual	Primary outcomes prevention of the onset of diagnosis using MINI.  Secondary outcomes were assessed through various outcome measures  As a prevention effect of SH+ was not observed at 6 months, but rather after the intervention only	Facilitators completed 5 days of training, which included listening to the audio recordings, receiving instruction on SH+ facilitation skills, and role-playing and practicing SH+ sessions. Delivered by peer migrants who spoke native language  Supervision by a clinical psychologist	No benefit at follow up, only directly after the intervention
Renner et al. (2011)	Austria	Asylum seekers with trauma	Peer facilitators (N=4)  (N=94) participants ).	Chechnya	<i>Culture-Sensitive and Resource Oriented Peer (CROP)</i>	Quantitative RCT Comparative against bona fide therapies.	Trauma and post traumatic growth. Harvard Trauma Questionnaire (HTQ). Hopkins Symptom Checklist-25 (HSCL-25)	12 workshops with a total of 180 hours  The workshops addressed themes like culturally specific sequelae of trauma found in Chechens previously, trauma and culture, as well as examples of good practice of culturally sensitive treatment approaches  Flexible topics such as child care, household affairs, or cooking, while men adhered to themes like how to deal with the authorities in a proper way, how to obtain an Austrian driving license, how to help their compatriots when in need of special medical assistance, or how to apply for a job or to find work	The CROP-Groups were free to follow their own ideas and to respond spontaneously to the group members' needs
Stewart et al. (2012)	Canada	Refugees	(N=58)	Somali and Sudanes e	Delivered by peers/professionals  Provision of	Qualitative participatory research design.  Intervention ingredients	Increased social integration, decreased loneliness, and expanded coping repertoire. A major perceived	The training session focused on (i) the purpose of the support intervention; (ii) responsibilities of participants, roles of peers and professionals, and co-leadership/partnership techniques; (iii)	Matched by gender and ethnicity, Collaboration and consultation with refugee-

					information, affirmation and emotional support; and accessibility (e.g. childcare, transportation) bi-weekly for a face-to-face session for 12 weeks.  Peer facilitators delivered supplementary one-to-one support via the telephone	identified by participants	benefit of the support programme was connecting with people from African refugee participants' cultural communities	potential discussion themes; (iv) face-to-face group facilitation skills and use of the telephone for dyadic support delivery; and (v) strategies for assisting participants who need more support than the intervention could provide.	serving agencies and leaders from the two refugee communities. the research team held consultative meetings with refugee service providers, multicultural organisations and refugee community leaders
Shaw (2014)	America	Settled refugees working as resettlement peer case workers	(N=9)	Middle East, Africa, South Asia, and Southeast Asia	Examined the experiences of offering peer support without training by those employed by one organisation as case workers	Qualitative phenomenological approach, thematic analysis	primary themes, including a) the caseworker's bridge-building role with clients; b) their role in building bridges with others in the community, including the resettlement agency; and c) the caseworkers' experience as bridge builders, including motivations, perspectives toward their role, and needed supports.	None provided	N/A
Tol et al. (2020)	Uganda	Women refugees in camp in Uganda with moderate psychological distress	(N=613)	South Sudanese	Self Help Plus, standardised and manualised group intervention. Pre-recorded audio plus manual delivered by peer facilitators and local lay people. Based on Acceptance and commitment therapy  Five sessions of two	Cluster RCT versus enhanced usual care	Positive effects for intervention at 3 month follow up  The primary outcome psychological distress was assessed using Kessler 6 symptom checklist  Secondary outcomes	Four of the facilitators were trained before the uncontrolled pilot trial (5 days)  Four new facilitators were trained by listening through the audio, and taking part in practice Self-Help Plus sessions (led by intervention team leader; 4 days); and training in Self-Help Plus facilitation skills (4 days).	Reductions in benefit of intervention over the 3 months to follow up

					hour duration		using various outcome measures	The facilitator's role was limited, focusing on playing the audio recording, responding to questions and disruptions, and facilitating highly scripted individual exercises and small group discussions.  Supervision was provided by a social worker	
Tran et al. (2013)	America	Women mental health needing referral	(N=54) participants	Latino	ALMA (Amigas Latinas Motivando el Alma/Latina Friends Motivating the Soul),	Pre-post evaluation of depression, stress, social (including acculturation stress) support and coping response	Decreased depressive symptoms, (b) improved attitudes toward depression and treatment, (c) decreased perceived and acculturative stress levels, (d) increased levels of social support, and (e) increased coping mechanisms.	The training curriculum consisted of at least six 2- to 3-hour training sessions on mental health, stress, and coping skills and how to reach out to women in the <i>promotoras'</i> social networks. For curriculum see (Green et al., 2012).	N/A
Wollersheim et al. (2013)	Australia	Women refugees	(N=10)	Sudanese	Mobile phone-based peer support to improve the psychosocial health	Participatory Qualitative focus groups	Greater confidence and empowerment; better connections within the group and better access to information; Relationships with friends, family and the community became richer as they adopted and experienced more functional communication patterns	10-week group demonstrating skills in listening and speaking as well as topics related to goals and community	<b>Program details</b> , including discussion topics, daily session scheduling and duration, demographic and focus group questions, were fleshed out in consultation with leaders from both the men's and women's <b>Nuer</b> community organisations. Discussion topics were also vetted by the participants themselves

3.4.1. Data charting	3
The data charting form was developed by the author and it illustrates the characteristics used to extract data from individual studies. These heading were then utilised to inform the first coding phase of thematic analysis.	4
<b>4. Results</b>	7
	8
<i>4.1. Stage 5. Collecting, summarising, and reporting the results</i>	9
For reporting the results, a narrative summary based on thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2013) is provided. Relevant themes related to the research question/s were developed based on data extracted from the charting form. Codes were assigned in Microsoft Word and then assimilated into broader abstract themes, which are discussed in this section. Although three main themes are reported on, the primary level of analysis is located within the interventions.	10
<i>4.2. Study characteristics</i>	16
Most studies (N=13) were carried out in high income Western societies, America (N=4), Canada (N=1), Australia (N=2), Spain (N=2), Sweden (N=1), Austria (N=2), Netherlands (N=1), Germany (N=1), Italy (N=1), England (N=1), Scotland (N=1) and Finland (N=1)One study (N=1) was conducted in a non-high-income country, Uganda. For the studies that reported on participants nationality (N=14), Baltic states were reported in (N=1), Chechnya (N=1), Latino (N=1), Africa (N=6), Middle East (N=4), Southeast Asia (N=4), Afghanistan (N=2), Pakistan (N=1). Sample sizes were reported in all studies with a range of (N=9-N=613). Methodologies were reported in all studies (N=14), qualitative studies were used in (N=6), of which (N=2) were evaluations, (N=4) were quantitative, of which three (N=3) were a randomised control trial (RCT), with active controls; and mixed methods were reported in (N=5). A co-production/participatory approach was used to inform the design of the interventions and/or access participants in (N=8), largely this was achieved through partnering with existing structures such as NGO's or community leaders. (N=3) studies made explicit reference to making groups/interventions more homogeneous based on cultural demographics. The type of training peers received was reported in (N=13), and pre-existing manuals/protocols for the interventions were available in (N=5).	17
<i>4.3. Co-producing culturally sensitive peer training</i>	34
Most of the studies that reported on a training regime included key stakeholders in a co-produced peer training, however the manualised protocols did not, although the adapted the intervention to to be culturally responsive through peer delivery. Stakeholder involvement was achieved in various ways, such as directly consulting the peers on the type of content to be included, to partnering with key NGO's working within these areas, and consulting with community leaders from the identified communities. The type of discussion topics or content to be used in the peer training was developed in consultation with peers/recipients in (Abrahamson et al., 2009; Im & Rosenberg, 2016; Paloma et al., 2020a; Steward et al., 2012; Wollersheim et al., 2013). In one study, (Abrahamson et al., 2009) content was developed in conjunction with a theoretical model by using workshops to explore the narrative experience of the refugee process by the peers and integrating this with theoretical concepts in social health, psychology, and medical anthropology. In a second study, Steward et al. (2012) used a pre-intervention process for refugees and asylum seekers to articulate their preferences for the type of supports they would like during the intervention. In doing so, interventions and content were developed to meet diverse needs, whilst also being culturally responsive.	35
Most of the studies (N=12) used the existing structures within the community, organisations, or community leaders to support the development of culturally responsive	51
	52

interventions. This was done for two main reasons, to access participants and peers, and to develop programmes as culturally sensitive. Community leaders were used in three studies (Koh et al., 2018; Stewart et al., 2012; Wollersheim et al., 2013) for accessing, and choosing participants, and designing culturally responsive content. Similarly, relevant organisations were involved as they had access to participants and could also inform the design of culturally responsive interventions (Abrahamsson et al., 2009; Im & Rosenberg, 2016; Paloma et al., 2020a; Stewart et al., 2012; Wollersheim et al., 2013). Im & Rosenberg, (2016, p.510) elucidate what this process looked like in their study:

"For a culturally sensitive and effective intervention, the trained refugee leaders were actively involved in the development and adaptation process by providing inputs and feedback on the topics and the contents and adding culturally relevant examples and activities to the curriculum (ex. Bhutanese proverbs regarding health, chanting for opening and closure, etc.)".

While the content design and delivery were developed within a culturally sensitive co-produced format, the composition of peer interventions that were group based, were also co-produced. The studies reported on the importance of having a homogeneous composition in terms of group membership, and this extended beyond ethnicity, with gender and even age often sought out (Block et al., 2018; Stewart et al., 2012; Tol et al., 2020). The Stewart et al. (2012, p. 525) findings exemplify this;

"Participants appreciated that female and male refugees met separately and that the Somali and Sudanese refugees had separate groups. A few suggested that groups could be even more exclusive in terms of language and age. To illustrate, one Sudanese group comprised people who spoke different versions of Arabic making communication challenging. Age-based support interventions were suggested to enable people of the same age group to discuss similar issues affecting them".

This highlights that like other types of groups, refugees, and asylum seekers experience within group differences, and thus, cultural responsiveness is something that may need to be provided for beyond ethnicity when considering what supports to offer. Indeed, it highlights the benefit of having refugees and asylum seekers involved in the co-production process from the outset of an interventions design.

#### 4.4. Diversity of interventions and outcomes

In terms of the intervention's peers were trained in, two models were based on training peers in peer support and then providing them with mobile phones with credit to practice offering support to each other in order build social capital (Koh et al., 2018; Wollersheim et al., 2013) a third (Steward et al., 2012) used a phone call as a follow up intervention for extra support by peers after groups to check in. Five interventions had existing established protocols/manuals pre-determined prior to the study. The Club House Model (Block et al., 2018); *Culture-Sensitive and Resource Oriented Peer (CROP)*; (Renner et al., 2011), ALMA (Amigas Latinas Motivando el Alma/Latina Friends Motivating the Soul); (Tran et al., 2013), Self Help Plus( Purgato et al., 2021; Tol et al., 2020) and Programme Management Plus (Gaaff et al., 2020). The delivery and content of interventions was diverse, for example, Paloma et al (2020a) reported including issues such as migratory mourning (e.g., social network, language, culture, and status), and identifying personal strengths and community resources to cope with these issues.

While Steward et al. (2012) used provision of information, affirmation, and emotional support in addition to accessibility (e.g., childcare, transportation). The range of information and supports delivered to refugees and asylum seekers was vast, and highlights the importance of both experiential knowledge supported by more formal content, including sources from the wider social system. As described by the Steward et al. (2012, p.521).

"Facilitators provided information on conflict management, financial counselling, addressing spousal conflicts, supporting children with schoolwork, dealing with discrimination, accessing services and seeking optimum employment. This information was derived from settlement agencies, government departments or the internet, in addition to peer facilitators' experiential knowledge".

Although the CROP intervention in the Renner et al. (2011) study was primarily aimed at the amelioration of trauma in a culturally responsive way, the actual interventions delivered after the training could be done so in a flexible manner, decided by the peers. As such, the groups offered a mix of content and processes as illustrated in each gendered group where women discussed issues such as childcare, household affairs, or cooking, while men adhered to themes like how to deal with the authorities in a proper way, how to obtain an Austrian driving license, how to help with medical assistance, or how seek employment. Im and Rosenberg (2016, p.510) illustrate the diversity of topics that were delivered in their intervention and how this was done in a culturally responsive way:

“Key terms of the intervention topics, such as stress, acculturation, mental health, nutrition, healthy lifestyle, and community, were examined as a team in both languages and the peer facilitators had additional meetings prior to each session to go over the contents in Nepali”

In terms of the outcomes in the studies, six papers reported improvements in community integration (Abrahamsen et al., 2009; Block et al., 2018; Im & Rosenberg, 2016; Shaw, 2014; Steward et al., 2012; Wollersheim et al., 2013). Participants spoke about developing a sense of belonging within their respective ethnic community. For example, in the Steward et al (2012, p.555) study members spoke about how the group offers a mechanism to come together as a community and assist others:

“I realized when we come together, we can accomplish something meaningful. Also, we are not alone, and we can stand as a community and help others who do not know”.

This participant describes how learning in the peer group setting was used in order to support integration with the wider community. The group offered a safe space to try out new behaviours that would not be consistent with the participants culture within their country of origin. Thus, for this participant, the peer group helped support the acculturation process.

“In my culture, it is very hard to look at a person face-to-face [...] and [...] being women, you don’t just laugh or smile [...] And when we practice sitting, facing one another, talking [...] it changed my relationship because I practice it with other community, the wider community, looking at the person’s eyes and smile (Koh et al., 2018).

Most studies reported on the significant benefit of peer interventions to help escalate the integration and resettlement process, by providing information and/or referral to relevant community organisations, or by providing information on rights and entitlements in respective societies. The group members collective experiences were seen as methods to support the integration process through shared knowledge capital:

“This one guy came here as a refugee, so it took him a number of years, an unnecessary number of years to bring his family here. ....so he came to this program, he kept having people tell him alternative ways it could be done. I think he got the information, he said ‘I didn’t do this, I didn’t do that’, so it’s better to go to a lawyer” (Steward et al., 2012).

The following five articles reported on interventions that had were beneficial for trauma and psychological distress during resettlement (Gaaff et al., 2020; Purgato et al., 2021; Renner et al., 2011; Tol et al., 2020; Tran et al., 2013). Three of these studies exclusively focused on trans-theoretical scalable manualised interventions developed by the World Health Organisation (WHO) for psychological issues such as trauma, depression and anxiety (Gaaff et al., 2020; Purgato et al., 2021; Tol et al., 2020). Although these studies had small effect sizes, they were not demonstrated at follow up in the (Purgato et al., 2021) study, and at three months the intervention effectiveness was greatly reduced in the (Tol et al., 2020) intervention. However, as both these studies were conducted in camps in host countries, the effectiveness may have been reduced due to contextual factors. Trans et al. (2013) reported on reductions in depression, stress (including acculturation stress) perceived social support, and coping ability. While Renner et al. (2011, p. 7) reported on reduced levels of anxiety, depression, and trauma symptoms, they note that wider

resettlement issues were not successfully addressed suggesting that interventions that resource capital may be essential during the resettlement process: 162

“Although all the participants had experienced positive changes in many aspects of their lives, there were many more issues that they had to cope with. At the end of the 163  
**program**, the women were still confronted by bread-and-butter issues: 'can you tell me 164  
how to get a job?' (Wuail); 'do you have any friends who need housecleaning? I can do it' 165  
(Kui); 'there are seven of us living in my three-bedroom house. It is so small. I have to 166  
sleep in the kitchen" (Nyamata). 167

Interestingly, Paloma et al. (2020a) in comparison focused on the idea of post traumatic 168  
growth, reporting on improvements in four out of five of the key domains across 169  
this construct. Importantly, post traumatic growth is not about the amelioration of 170  
symptoms, rather, it focuses on the positive personal transformations' refugees undergo as a 171  
consequence of experiencing forced displacement. 172

#### 4.5. *The impact of training on peers and their roles*

The training provided to peers to prepare them for their respective roles was heterogeneous. 175  
Although this can make it more difficult for reporting on in evidence synthesis, 176  
it may speak to the fact that it is an area with a dearth of research, and the differential 177  
cultural and resettlement needs of refugees and asylum seekers in each study. 178

In terms of the duration of training provided to peers, workshops ranged from 18 179  
hours (Trans et al., 2013) to 180 hours (Renner et al., 2011) delivered by researchers or host 180  
organisations providing services to refugees in the community. While three studies had 181  
existing manuals (Gaaff et al., 2020; Pugato et al., 2021; Tol et al., 2020), these studies 182  
were based on the amelioration of psychological distress. Likewise, the programme 183  
content was far from homogeneous, however, most received practical facilitation and 184  
communication skills training, (Abrahamson et al. 2009; Block et al., 2018; Im & Rosenberg, 185  
2016; Koh et al., 2018; Stewart et al., 2012; Wollersheim et al., 2013). 186

Several studies reported on methods used in the training to assist peers to understand 187  
and connect refugees and asylum seekers to further resources within the community, 188  
(Abrahamson et al., 2009; Block et al., 2018; Im & Rosenberg, 2016; Paloma et al., 2020a; 189  
Stewart et al., 2012; Tran et al., 2013). 190

Two studies described the qualitative experience peers had when it came to training 191  
or lack thereof. The supervisors and peers in the Gaaf et al. (2020) study noted the 192  
importance of supervision for support, learning and integrating the protocols. As this 193  
participant notes: 194

‘Of course, we also had weekly supervision, so we talk about it. We are very clear 195  
and open about the difficulties we face, how we can better approach it, from how other 196  
colleagues dealt with it’. 197

Interestingly, the one study that used a sample who had not received peer training 198  
prior to taking up their role noted the impact a lack of training had on both communication 199  
skills, and connecting refugees and asylum seekers to further resource: 200

“Interviewees said they need ongoing training around systems and resources, how 201  
to interact with colleagues and clients, and how to act and communicate with clients who 202  
may be upset, or frustrated. Caseworkers said they wanted opportunities for certification 203  
and professional training. Multiple interviewees talked about wanting qualifications 204  
beyond their experience” (Shaw, 2014, p.292-293). 205

While this highlights the importance of training in these specific areas for peers, the 206  
optimal training regime in terms of content and duration remains elusive. One other issue 207  
to note is the impact that training had on peers' sense of self. In the Shaw (2014) study the 208  
lack of training may have left peers feeling ill prepared for some of the more challenging 209  
issues involved in their roles. In comparison, Paloma et al. (2020a) illustrate that peers in 210  
their study grew in resilience and feelings of empowerment as the training progressed, 211  
these issues would seem to be reflected in the three studies where peers received training 212  
and support based on existing manuals (Gaaff et al., 2020; Pugato et al., 2021; Tol et al., 213  
2020). Overall, training seems to be integral for peers working with refugees and asylum 214  
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seekers, while relying on experience alone has the potential to impact negatively on peers' wellbeing and feelings of effectiveness.

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## 5. Discussion

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### 5.1. Summary of results

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The aim of this review was to identify and examine the body of peer reviewed literature as it relates to the following research question; 'How does the literature describe interventions delivered by peers to refugees and asylum seekers during the resettlement process? This scoping review included 14 peer reviewed articles from an initial 639, with the characteristics of each study extracted and charted. The resulting data was used to report on three main themes with a primary analysis at the level of the intervention. The studies included in this scoping review provide evidence for the effectiveness of culturally responsive peer delivered interventions with diverse refugees and asylum seekers as they transition through the resettlement process in mainly high-income, Western countries, with the exception of Uganda.

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At the same time, peer support during the resettlement process seems to be a relatively untapped area in the extant literature. The research in this area is still in its infancy, and as such, much of the interventions in this review are localised and heterogeneous, in terms of methodologies, training, content, and outcomes. Paradoxically, it may be that this heterogeneity is what makes these interventions successful, as they are localised not just to individual countries and contexts, but to ethnic identities also. This would be consistent with the general cultural competency literature cited previously regarding the differential factors that can contribute to effective interventions with refugees (Lau & Rodger, 2021); and the cultural competency literature in general (Benish et al., 2011; Griner & Smith, 2006; Huey et al., 2014; Smith et al., 2011). Likewise, these findings seem to echo that found in Charles et al. (2020) systematic review examining the importance of modifications to peer interventions, and the description provided by Riggs et al. (2012) earlier in this paper who suggest that there may not be 'one model of best practice'

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On this note, the first and one of the key findings from this scoping review is the involvement of key stakeholders in co-producing peer interventions in terms of them being culturally responsive. Civil society organisation working with refugee populations, and refugees and asylum seekers themselves played a large role in designing content that was culturally sensitive. In addition, such participatory approaches allowed for group membership and composition to consider further multiculturally identities such as age, gender and language (Abrahamsson et al., 2009; Block et al., 2018; Im & Rosenberg, 2016; Koh et al., 2018; Paloma et al., 2020a; Stewart et al., 2012; Wollersheim et al., 2013). This participation by the key stakeholders seems to be integral to successful interventions because they entail the added advantage of being naturally culturally responsive to the needs of each heterogeneous population, something which is very difficult to do for the average practitioner attempting to move beyond a monocultural approach.

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The next finding from this scoping review suggests that outcomes are vast and varied as they relate to the resettlement process. As such, in this review, peer interventions impacted on various social and wellbeing indicators across the wider ecological and social determinant systems previously identified as impacting on the resettlement process (Badali et al., 2017; Blackmore et al., 2020; Cetrez et al., 2021; Goodkind et al., 2014 Gleeson et al., 2020; Peterson et al., 2017; Turrini et al., 2019). However, it should be noted that interventions that largely focus on psychopathology (Gaaff et al., 2021; Paguta et al., 2020; Renner et al., 2011; Tol et al., 2020) even in the context of programmes with some focus on resettlement issues, failed to address many of these social determinants of health. However, there are small benefits from brief manualised interventions that can ameliorate various forms of non-diagnosable psychological distress.

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The findings further support that resettlement was improved through enhanced community integration through acculturation and belonging (Abrahamson et al., 2009; Block et al., 2018; Im & Rosenberg, 2016; Shaw, 2014; Steward et al., 2012; Wollersheim et

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al., 2013), and while specific interventions such as connecting participants to community resources helped this process (Block et al., 2018; Paloma et al., 2020a; Trans et al., 2013); group members have their own knowledge capital that is used to support peer group members (Koh et al., 2018; Stewart et al., 2012).

The final finding centres on training provided to peers, which is integral, however, the optimal level of training remains unknown, again, this seems to be consistent with the general peer work literature (Charles et al., 2020). While only three studies spoke to the impact of training on those delivering the interventions, the findings do suggest that effective interventions have a facilitative and communicative skills element to them (Abrahamson et al. 2009; Block et al., 2018; Im & Rosenberg, 2016; Koh et al., 2018; Stewart et al., 2012; Wollersheim et al., 2013); while also providing information on how to access community resources to support capital, acculturation and community integration (Abrahamson et al., 2009; Block et al., 2018; Im & Rosenberg, 2016; Paloma et al., 2020a; Stewart et al., 2012; Tran et al., 2013). Training and supportive supervision provided to those delivering interventions is integral, as it can impact on peers building their sense of effectiveness while a lack of training can leave peers feeling ill prepared to face challenging tasks in their roles and deliver protocols with fidelity.

### 5.2. *Quality of studies*

Regarding the individual studies in this scoping review, the quality was heterogeneous in terms of methodologies. Four studies had a qualitative sample size of ten or under (Abrahamson et al., 2009; Paloma et al., 2020b; Shaw, 2014; Wollersheim et al., 2013) with six larger studies that included pre-post data (Block et al., 2018; Graaff et al., 2020; Paguto et al., 2021; Renner et al., 2011; Tol et al., 2020; Tran et al., 2013). Three studies reported on a mixed methods approach (Abrahamson et al., 2009; Graaff et al., 2020; Koh et al., 2018). While four of the studies did include a randomised control trial (Graaff et al., 2020; Paguto et al., 2021; Renner et al., 2011; Tol et al., 2020). While appreciating the benefit of the RCT, I tend to share concerns noted by (Bonnell et al., 2018) regarding their appropriateness and utility of this methodology in a sociological setting, especially where there are no intervention protocols. However, as all the RCT's and quantitative studies share many of the same outcome measures a systematic review and meta-analysis should be considered.

### 5.3. *Limitations of this scoping review*

There are several limitations to this scoping review that should be considered when interpreting the findings. Firstly, it would be amiss not to acknowledge that this review was conducted by one person only, and while rigorous scoping review protocols and PRISMA guidelines were followed, it remains that an additional reviewer may have been beneficial with regards to analysis and searching. Secondly, the search strategy may have also been limited, in that four databases were only searched, and the keywords used may have provided for a narrow selection of peer-reviewed literature. It's possible, for example, that there are other sources of evidence where resettlement and peer interventions were reported on as secondary outcomes. Thirdly, this was not an exhaustive search as grey literature was not included due to time constraints. Fourthly, the reliance on peer-reviewed English articles means the review may have missed important studies conducted in different countries. Finally, while most studies included in this scoping review had participation from refugees and asylum seekers, this review could have benefited from participation by these key stakeholders. This could have been achieved by including the stakeholders in (Arksey and O'Malley, 2006; Levac et al., 2010) sixth and optional stage of scoping reviews, however, the reviewer did not have the resources to make this a reality.

### 5.4. *Implications for Practice, Policy and Research*

Research of peer interventions during the resettlement process for refugees and asylum seekers is still in its infancy, and heterogeneous in nature. However, based on the findings presented in this, the first scoping review of the literature, some tentative

recommendations are provided. The evidence presented in this review suggests that various interventions delivered by peers are effective for addressing many of the resettlement challenges across the broader ecological system of needs of refugees and asylum seekers in various countries. This effectiveness is demonstrated through benefits in emotional well-being, acculturation, community integration, and better access to community resources. As such, practitioners and organisations delivering peer interventions should focus on addressing these key areas. While interventions focusing on psychopathology seem to be effective in ameliorating trauma and other forms of mental health difficulties, wider social determinants across the ecology are not addressed. It is also possible that interventions delivered to refugees and asylum seekers who are accommodated in camps are less effective as evidenced by the reduced effectiveness of psychological interventions at follow up. Thus, where peers and organisations are exclusively delivering mental health interventions to refugees and asylum seekers during resettlement, consideration should be given to case management interventions also.

At the same time, training is integral to the peer role, and initial findings presented here suggest training with a focus on communication skills and how peers can help refugees and asylum seekers access community resources is helpful. Additionally, interventions that offer structure through manualised protocols are also effective when supported by training regimes and supervision. Policy makers can use the findings from this review to inform strategies to support the wider integration process, with peers playing an important role, through participating in the co-production of policy with regards to resettlement interventions. Further research with larger sample sizes needs to be conducted both to provide further evidence of peer's interventions, but also regarding the level of training needed for peers to be effective. Participatory approaches to research are one of the main findings in this review, and the author encourages all further research to involve refugees and asylum seekers, and the civil society organisations that work with them, in the co-production of culturally responsive models.

Future research using theoretical frameworks such as the ecological model may prove beneficial for establishing an evidence base regarding the level of impact across the system that peer interventions can produce. While the political system is unlikely to be impacted, the interaction of peer interventions on the other levels of the system may provide useful findings for practice and policy. Finally, a systematic review and meta-analysis should be considered. Many of the outcome measures used in the quantitative studies are the same, thus pooling effect sizes may be possible.

### 5.5. Conclusion

This scoping review of 14 peer-reviewed studies demonstrates that peer support that is co-produced with refugees and asylum seekers, in conjunction with civil society organisations is effective across the wider ecological system of needs this population of people have during resettlement. One of the key findings is centred on how participatory approaches to designing the content and processes of these interventions contribute to a culturally responsive intervention. While many of the interventions were heterogeneous in terms of their content, outcomes and training, peers in these studies reported benefits in emotional support, community integration, acculturation, and better access to services. As for the training provided to peers to deliver these interventions, the optimal training regime is still unclear. However, facilitative interpersonal skills, how to deal with challenging dynamics and training around how to support or refer refugees and asylum seekers to community resources seems to be beneficial, while several manualised interventions with scalability also demonstrate some effectiveness. At the same time, training or lack thereof can impact on the peer interventionists sense of effectiveness in their role in positive and negative ways, and supports are needed for peers to be effective in their respective roles. This is the first scoping review on peer interventions used to support refugees and asylum seekers during resettlement and provides evidence of the effectiveness of such interventions. As such, this review contributes to the extant literature by demonstrating that interventions that are designed and adapted in conjunction with key stakeholders,

are naturally culturally responsive to heterogeneous and culturally diverse populations in mainly Western high income societies, as well as Uganda. 376

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