



EMPOWER: Empowerment and Peer Mentoring of Migrant and Refugee Women Community Report

Jaya Dantas, Shelley Gower, Jonathan Hallett & Zakia Jeemi | 2023

Curtin School of Population Health, Curtin University



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Healthway Intervention Grant Community Report

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Institution	Curtin School of Population Health, Curtin University
Partner community agencies	Ishar Multicultural Women's Health Services, Centacare Employment and Training, The Indian Society of Western Australia (ISWA), The Sri Lankan Cultural Society - WA, United in Diversity, The Mongolian Community in WA.

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Executive Summary

Migrant and refugee women in Australia face unique struggles. They encounter language barriers, social isolation, and an absence of social and community networks. In addition, they may have family commitments and limited education. This may result in a lack of opportunities leading to poor mental health outcomes, loneliness and difficulties seeking employment.

The Empowerment and Peer Mentoring of Migrant and Refugee Women Study (EMPOWER) was undertaken by community partners and Curtin University working together. EMPOWER provided an opportunity for migrant women who have established lives in Australia to mentor migrant and refugee women seeking support. Through a participatory peer mentoring program, mentees built their ability, confidence, and knowledge to overcome barriers to social determinants of health such as employment.

Female migrant mentors (n = 21) met with their mentees (n = 32) regularly over 3 to 12 months between September 2019 and November 2021. Women were predominantly from Middle Eastern and Asian backgrounds. The program involved both individual mentoring and group workshops held by content experts and the research team. The mental health and wellbeing outcomes for the mentees were explored through individual interviews with both mentees (n = 10) and mentors (n = 15). The unique perspectives of the mentors were also explored through journal entries (n = 58). Thematic analysis was conducted on interview and journal data.

Results showed that the program helped participants develop social connections, self-esteem, self-efficacy, and personal health and safety skills. There were ongoing mental health needs in this cohort of women related to competing priorities and trauma. The development of trusting, respectful relationships with mentors who were committed and flexible was essential for positive wellbeing outcomes. The mentors themselves were intrinsically motivated to build strong and trusting connections with their mentees, which were pivotal to reducing inequalities for mentees and their families. Mentors had high expectations of themselves and demonstrated commitment and flexibility to accommodate mentees' needs.

However, they sometimes struggled when supporting mentees who were overwhelmed by the systemic and other stressors associated with resettlement and pre-migration trauma. Mentors needed resources to provide appropriate mental and physical health support for some groups. Regular networking and moral support for mentors would enhance future programs.

The findings of this study clearly show that peer mentoring programs for migrant and refugee women can enhance mental health and wellbeing outcomes and facilitate independence.

Our Team

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Background

Migration Stress

Migration is a known stressor, particularly for people displaced by conflict who may experience health effects that include psychological and physical trauma linked to pre-migration contexts (Seamus 2018). Refugees may be isolated from their families, lose social capital through spending time in refugee camps and have a lack of access to the social determinants of health such as education (Hynie 2019). Skilled migrants consciously choose to relocate to another country but may still face barriers such as cultural dissonance and isolation. Unskilled female refugees and migrants may experience greater isolation due to language barriers, a probable lack of formal qualifications and cultural expectations surrounding family responsibilities (Van Kooy 2016).

Employment and Health

The Australian Government considers resettlement to be successful when people are financially independent and are contributing to the economy (Reid 2019). Employment is a priority for newly arrived refugee and migrant families (Dantas 2018) and enhances their sense of belonging (Wood 2019). Employment is also a known social determinant of health, the lack of which leads to lower access to resources, decreased social inclusion, and poorer mental health (Hynie, 2019).

However, despite having the right to work (Newman 2018), refugees and migrants encounter language barriers, racism, and non-recognition of skills and qualifications, among other barriers, when seeking employment (Campbell 2018, Nichles 2018, Cameron 2019). For women in particular, barriers include reluctance to use formal childcare (Campbell 2018), a lack of networks and experience, employer attitudes towards cultural dress (Van Kooy 2016) and bias towards males' access to employment and financial independence (Smyth 2016). This occurs in Australia and globally (Kabir 2019).

Peer Mentoring

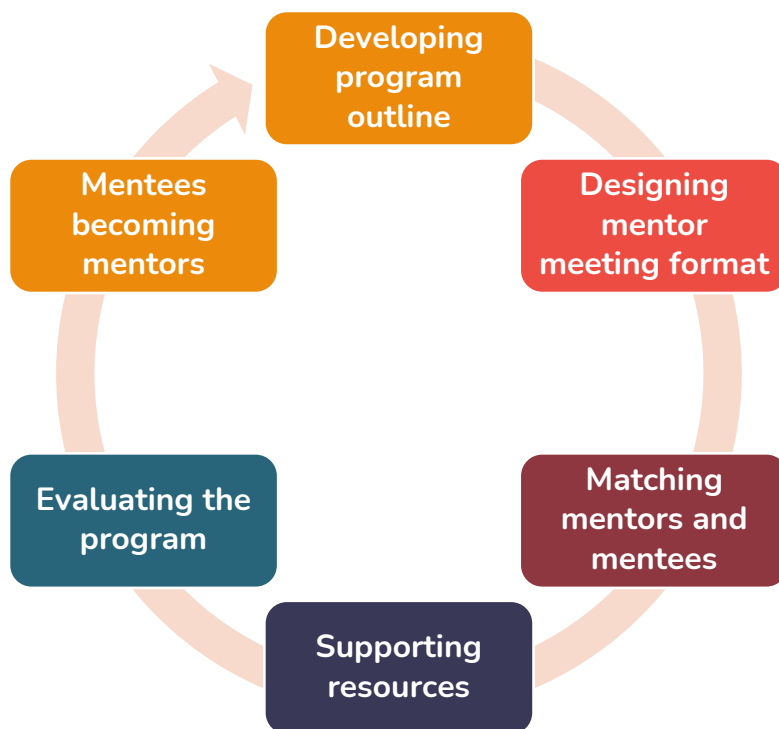
Peer mentoring is a method whereby a person (mentor) with experience and skills shares their knowledge and encourages and supports a mentee seeking to further their growth and agency in a related area (Wisconsin 2006). Mentors and mentees may mutually benefit from peer mentoring which can result in personal growth and capacity building (Wisconsin 2006). Peer mentoring programs have been used with culturally and linguistically diverse (CALD) populations in migration contexts to promote inclusion, a sense of belonging and improve access to the social determinants of health (Badali 2017). Peer-led programs draw on the principles of social justice, accessibility and equity while

maintaining cultural safety (Wong, 2010). Engaging in mutually supportive relationships appears to be beneficial for refugee women, enhancing social connection and providing validation of their migration experiences (Im 2016; Paloma 2020a).

Most evaluations of peer mentoring programs for refugee and migrant women have concentrated on the health and social outcomes for the mentees (Im 2016; Wollersheim 2013; Walker 2015). There is evidence that these programs result in increased confidence, self-efficacy, and social connection (Gower 2022). However, given the significant and intimate role of the mentors in the process, their perspectives can provide unique insight into how peer mentoring programs can be further developed and refined for future research. Previous studies have explored mentors' perspectives on programs with undergraduate students (Cho 2021; Lam 2021; Marshall 2021; Won 2017) and early career teachers (Heirdsfield 2008). One study explored mentors' experiences in a community-based mentoring program supporting refugees, showing increased mentor resilience and empowerment (Paloma 2020b). This aligned with the principle of mutual benefit in the mentor-mentee relationship.

The Empowerment and Peer Mentoring of Migrant and Refugee Women pilot program (EMPOWER) was developed to provide opportunities for migrant and refugee women who have settled in Australia to share their knowledge and experiences to support newly arrived migrant and refugee women in a holistic way, building empowerment, improving well-being and enhancing their access to the social determinants of health such as employment.

Structuring a peer mentoring program for culturally and linguistically diverse participants



This study examined the effectiveness of a co-designed, pilot participatory peer support intervention. The intervention sought to have holistic impacts, such as building empowerment and improving well-being. The following steps guided the project.

Objectives

1. To compile an evidence synthesis of national and international best-practice peer mentoring, social support, employment, and networking programs for migrant and refugee women.
2. To identify current gaps, needs and expectations in skills and knowledge of migrant and refugee women seeking employment in Western Australia (WA) through a community assessment.
3. To identify current gaps, needs and expectations in skills and knowledge of migrant and refugee women regarding personal well-being.
4. To develop a participatory peer mentoring program with migrant and refugee women themselves using their existing strengths, the social capital available and noting the systemic and structural barriers they face.
5. To develop training manuals to deliver the peer mentoring intervention and train peer mentors.

6. To train a group of ten peer mentors, who have a similar background to the participant migrant and refugee women and who have had similar experiences in delivering the intervention.
7. To deliver the peer mentoring intervention to 60-70 women twice a month from August 2019 to November 2020.
8. To connect with small businesses and employers, and explore the possibility of placement, orientation or work experience programmes especially for migrant and refugee women.
9. To identify critical time points where additional support is required by migrant and refugee women in employment seeking, skill development and personal empowerment.
10. To evaluate the participatory peer-mentoring program and its impacts on migrant and refugee women's personal empowerment, confidence, skill development and well-being using mixed methods.
11. To develop a project website so that the peer mentoring intervention can be shared nationally and internationally to be used by other organisations.
12. To propose policy recommendations to the Department of Communities, Multicultural Interests and Office for Women.
13. To develop a framework and protocol for participatory peer mentoring programs that can be delivered in other settings with marginalised groups.

Developing a program outline using a community-based participatory approach

The EMPOWER pilot program was specifically tailored to provide migrant and refugee women with the ability, confidence, and knowledge to seek employment. This study used a community-based participatory approach (CBPA) to develop the peer mentoring program and respond to challenges that emerged throughout the project.

In keeping with the CBPA, the research team engaged with several Western Australian community organisations to help guide the project and assist with recruiting of participants. These were Ishar Multicultural Women's Health Services (Ishar), Centacare Employment and Training, the Indian Society of Western Australia (ISWA), the Sri Lankan Cultural Society Western Australia (SLCSWA), United in Diversity (UID) and a community contact from the Mongolian Community in WA.

The content and focus of the mentoring program were developed through a multi-phase process of consultation with women in the culturally and linguistically diverse (CaLD) community and other community representatives. First, a mixed methods community assessment was undertaken with 34

women at Ishar to identify current gaps, needs, expectations, skills, and knowledge of refugee and migrant women regarding employment-seeking, The results of this further informed the content and focus of the mentoring program. Secondly, potential mentors provided input based on their own personal experiences in resettling and establishing connections in Australia. Lastly, representatives from local government councils provided input on maintaining sustainability.

The questionnaire and focus group data from the community assessment showed that women felt they needed support with developing basic computer literacy, knowledge of legal rights and responsibilities at work, building confidence and a social network, and overcoming known barriers such as family responsibilities. Some wariness also emerged in the focus group discussions. The women reported they had been offered job preparation programs in the past that had not been fruitful.

Informal discussions with key stakeholders from the supporting community organisations revealed that the disappointment expressed by participants was likely due to mis-matched goals and expectations between program providers and participants regarding the provision of actual employment. Job-readiness programs do not guarantee employment and there may have been misunderstandings about this by the participants. This information highlights the importance of building trusting and respectful relationships with the women throughout the program.

An integrative review was undertaken to explore existing peer mentoring programs with refugee and migrant women, including key components and effectiveness, which also informed the development of the program. (Publication 3)

Mentor training

A mentor training booklet and program was developed to prepare mentors for their role. A mentor training session was conducted in June 2019 at Ishar to provide mentors with appropriate skills in active listening, goal setting and problem management. Mentor self-care was also covered to ensure sustainability of mentor participation for the life of the project. Individual mentor training sessions were conducted by the research officer as new mentors joined the project.

Mentoring formats – designing the peer mentoring sessions and workshops

The design of the mentoring program was developed from the findings of the community assessment and the integrative review and maintained deliberate flexibility to allow the mentors to address and

meet the varied needs of the mentees. The mentoring program was culturally informed, holistic, and designed to build social capital and concepts of community participation, links to community groups and resources, emotional and social support, sense of belonging, and responsibility. In our study, the needs of refugee and migrant women were different depending on their cultural background and previous educational and employment opportunities.

While a suggested list of 12 topic areas was provided, mentors had the discretion and flexibility to modify the discussions and areas of focus to be of most relevance to the mentee. The anticipated outcomes were an improvement in employment skills, reduced isolation, and improvements in overall health and well-being. The final program format consisted of individual mentoring sessions approximately twice per month and group workshops. The EMPOWER program was delivered between September 2019 and November 2021, lasting between 3 and 12 months each time it was delivered (Table 1). Each cohort was recruited through different community partners.

The individual peer mentoring session topics included but were not limited to the following topics: 1) goal setting and identifying strengths, 2) Australian workplace environment, 3) interpersonal skills, self-care, and financial management, 4) legal rights and responsibilities at work, 5) interview skills, 6) developing a work search plan, 7) networking, and 8) starting your own business. Mentors and mentees were also asked to follow a set of guidelines. Following these guidelines, mentors were not to assume a role of advocacy on their mentee's behalf and were not to have inappropriate expectations of mentees such as those that might be expected of an employee. At all times mentors were required to treat the mentees fairly and with sensitivity, dignity, respect and in a non-discriminatory manner.

A resource booklet was distributed to all mentees containing an overview of the objectives of the program, along with self-assessment activities to identify values, strengths, goals and self-care skills. There were further resources on preparing for interviews, writing resumes and community service providers of emotional support and counselling.

To supplement the individual mentoring and to provide further opportunities for personal growth and development, workshops were developed and delivered by EMPOWER staff and associated providers. Each workshop was approximately 2 hours in length and was a combination of written and spoken activities, allowing for different learning styles and levels of English skills. Workshops were adjusted

to suit the needs of each cohort, in keeping with the CBPR flexible approach, and as such content differed slightly between groups.

The workshop topics are included below and further information on delivery and attendance is presented in Table 1.

- Workshop type 1: English for Employment, developed and delivered by Dr Paul Kebble
- Workshop type 2: Employment Skills, developed and delivered by Dr David Forbes and Shelley Gower
- Workshop type 3: Financial Management, delivered by an external provider specialising in financial advice for CaLD and migrant women

Table 1*Table of participant cohorts and workshops delivered*

Group Duration	Participants	Workshops Delivered	Workshop Attendance
Group 1 commenced September 2019	10 mentees 9 mentors	English for Employment Employment Skills Financial Management	9 mentees 10 mentees 10 mentees
Group 2 commenced March 2020	6 mentees 5 mentors ¹	English for Employment Employment Skills Financial Management	5 mentees 4 mentees 5 mentees
Group 3 commenced between August 2020	8 mentees 7 mentors ¹	Financial Management and Starting a New Business ² Employment Skills ^{2,3}	5 mentees
Group 4 commenced between April-August 2021	5 mentees 1 mentor		7 mentees
Group 5—group mentoring sessions held between September and October 2021	4 mentees ⁴ 2 mentors	Session One ³ Session Two ³ Session Three ³	4 mentees 4 mentees 3 mentees

¹ A mentor from Groups 2 and 3 also participated in Group 1. ² Groups 3 and 4 had workshops delivered at the same time. Participants in these groups also did not require an English for Employment workshop. ³ Workshops and sessions were delivered in mixed, in-person (face-to-face) and videoconference format. ⁴ One of the mentees also participated in Group 3.

Matching mentors and mentees

The community partners identified potential mentors from their network of service providers who provide support to refugee and migrant women in the community. Other mentors were identified from the researchers' personal networks and from participation in previous research projects led by the researchers. Inclusion criteria for mentors were female migrants who had established themselves in the Australian workforce and were willing to meet with a mentee approximately twice per month. There was variation in the cultural and employment backgrounds of the mentors too, and each mentor was therefore able to respond to the different needs of their mentee. A total of 21 mentors (Table 1) were recruited and trained by the research team via a 3 hour training program on communication and listening skills,

mentor responsibilities, problem solving and goal setting, confidentiality, and accessing external specialist counselling support for mentees who had experienced trauma.

Mentee inclusion criteria were initially limited to refugee or humanitarian entrants only, but this was broadened to migrant women from non-humanitarian backgrounds with limited English and employability skills. Our preliminary stakeholder meetings with Ishar and other community members identified those migrant women to be a similar group in need. Skilled women, including international students, who had been disproportionately isolated and impacted by lost employment opportunities during the COVID-19 pandemic were also included. This resulted in a non-homogenous sample with maximum variation, which enabled exploration of different cultural perspectives. Using a recruitment flyer, the community partners promoted the project through their networks. All interested participants were provided with contact information for the research team to answer further questions.

An opening event was held for each cohort where mentor-mentee pairs were introduced, program resources were distributed, and clear expectations and intentions for the program were established. Mentees were invited to discuss their goals, both as a group and with their mentors. Interpreters were available as necessary. In keeping with CBPR, additional mentees were included in the program after it had commenced, as the need arose. A total of 32 mentees participated in the program along with 21 mentors across 5 cohorts (Table 1).

As much as possible, mentors and mentees were matched according to prior work, if any, or education background and area of employment interest. Initially, a deliberate choice was made to match mentors and mentees who spoke different languages to encourage English conversation. However, when some participants withdrew and others did not attend the launch events, some rearrangement of the pairings was necessitated. As a result, the decision to keep language groups separate was overturned.

Supporting resources

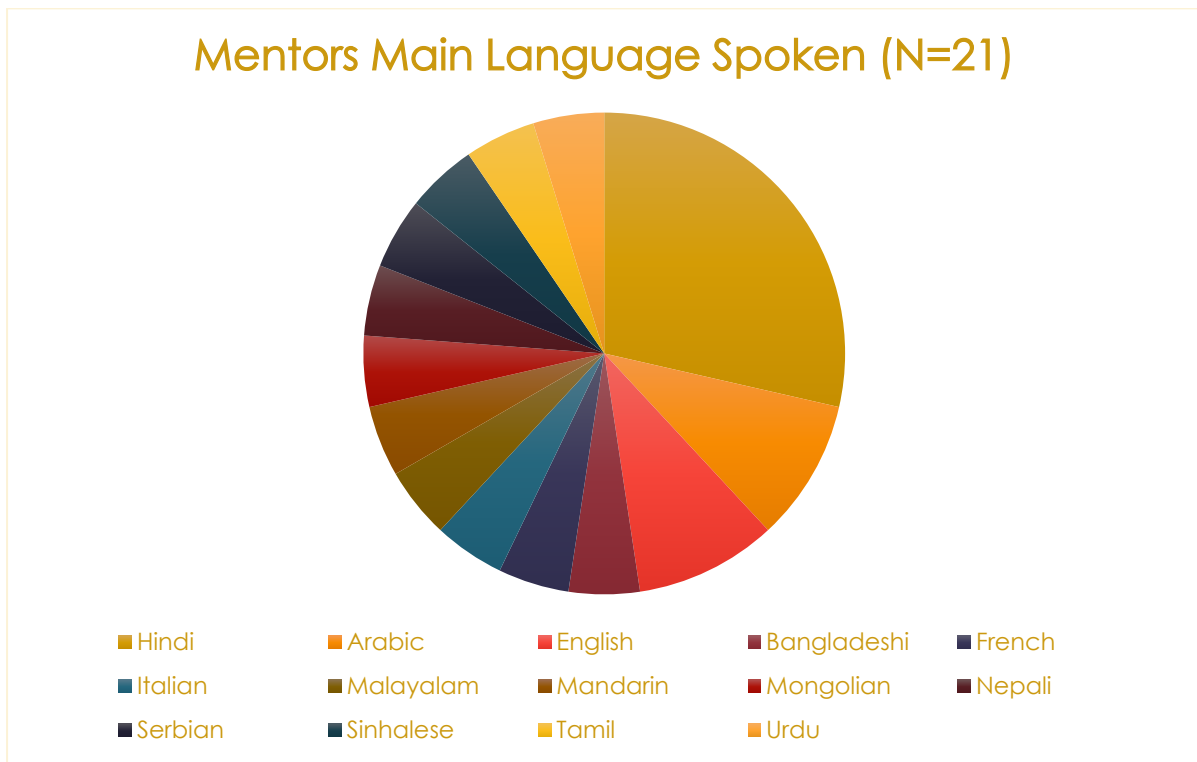
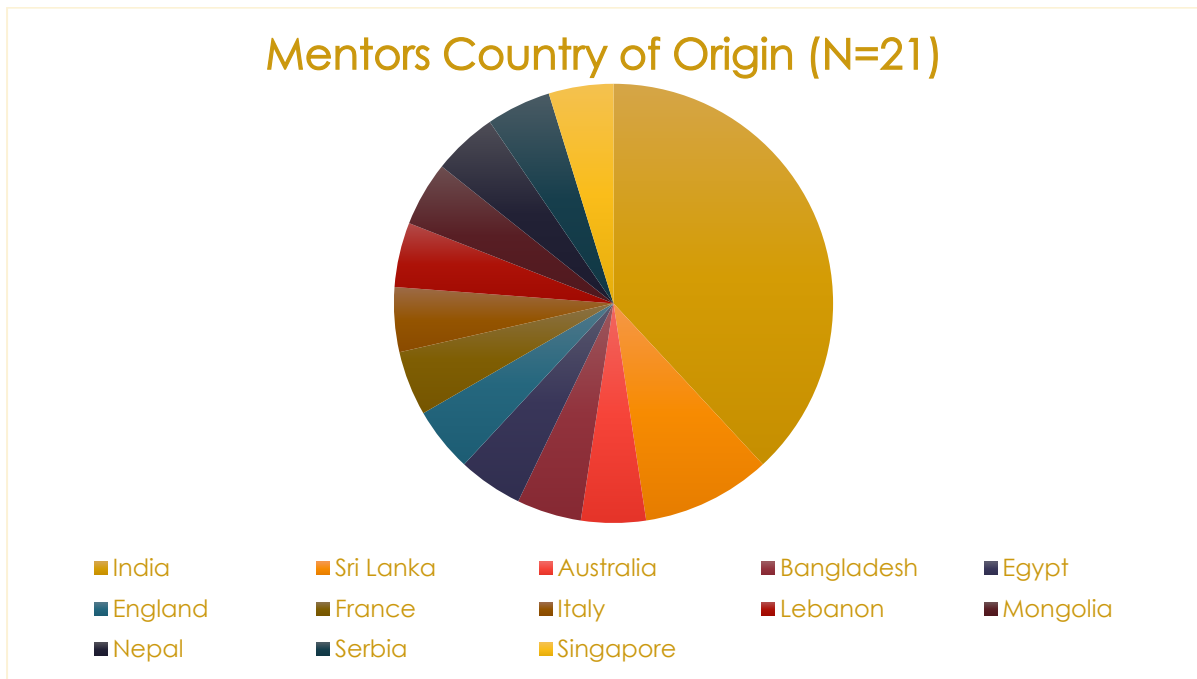
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mentoring session topics included but were not limited to the following topics: (1) goal setting and identifying strengths, (2) Australian workplace environment, (3) interpersonal skills, self-care, and financial management, (4) legal rights and responsibilities at work, (5) interview skills, (6) developing a work search plan, (7) networking, and 8) starting your own business. Mentors and mentees were also asked to follow a set of guidelines including that mentors were not to assume a role of advocacy on their mentee's behalf, and were not to have inappropriate expectations of mentees such as those that might be expected of an employee. At all times mentors were required to treat the mentees fairly and with sensitivity, dignity, respect, and in a non-discriminatory manner.

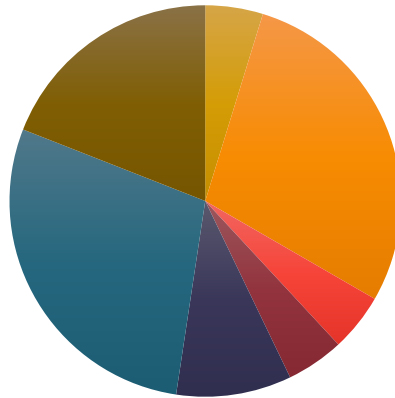
Participant details

Twenty-one mentors of average age 46.05 (SD = 12.26, range 26-70 years) years, residing in Australia for average 19.12 (15.97, range 2.5-63) years of which n=19 with university education and n=2 with TAFE or technical college education mentored 32 mentees. The mentees were of average age 41.66 (8.79, range 25-62 years) years, of which 25% have resided in Australia for 0–2 years or 3–5 years and 37.5% have resided for 10 or more years. Of these mentees, 25% arrived in Australia on a student visa, 21.9% on a partner visa, and 78.1% have a university degree. The most common languages spoken by mentees were Arabic (n = 7) and Sinhalese (n = 5) and for mentors, Hindi (n = 6).

Characteristics of Mentors

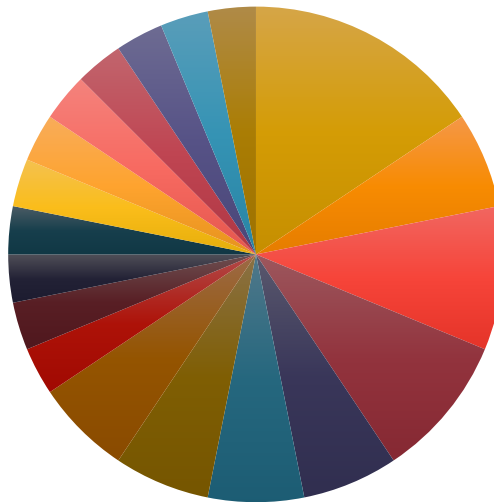


Mentors Industry of Employment (N=21)

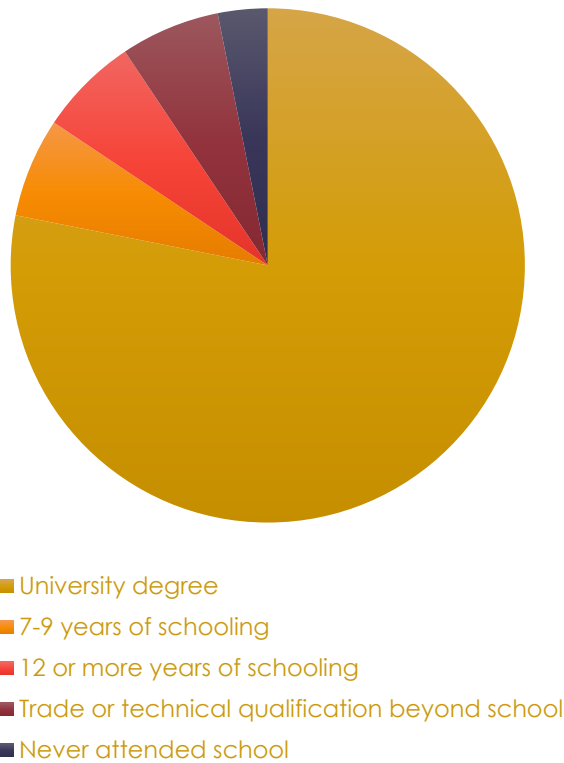


Characteristics of Mentees

Mentees Country of Origin (N=32)



Mentees Highest Level of Education (N=32)



Evaluating the program

The aim of the EMPOWER project was to enhance confidence, well-being, employment skills and networking skills in the mentees. Evaluation results against this aim are presented below.

Qualitative outcomes

Qualitative data were collected using mentors' progress journals, email correspondence from mentors and mentees, and individual semi-structured interviews with mentees and mentors. The online journals were submitted regularly by mentors who responded to open-ended questions about successes, challenges and general reflections on the mentoring process and outcomes for participants. Individual interviews with 15 mentors and 10 mentees were conducted between June 2020 and January 2022. Most of the participants had attended at least 2 workshops and completed at least 8 individual mentoring sessions. As the mentoring was conducted on a needs basis not all mentees attended all available workshops. Any relevant content missed was covered in the individual sessions. Interviews were undertaken at community partner sites or by telephone and were audiotaped and transcribed verbatim.

Using multiple data collection methods provided rich, deep information and increased the trustworthiness of the study.

Thematic analysis of the qualitative data provided information on the ways that the program had influenced mental health and wellbeing. Four members of the research team used Braun and Clarke’s inductive thematic analysis technique (Braun 2013) to conduct the initial coding, undertaking continual interpretation and identification of specific themes and subthemes. Within each transcript, meaning units were identified and these became the initial codes. These codes were then condensed into themes. After the initial coding, continual discussion between the authors helped to refine the themes and clarify points of difference. This investigator triangulation enhanced the credibility of the findings. Continual review of the coding framework over several meetings led to the finalisation of themes. Care was taken to ensure the analysis continued to accurately represent the views of the participants

Quantitative data was also collected using a pre-validated questionnaire, the 12-Item Short Form Survey (SF-12) (Ware 1996). This questionnaire enabled the self-reported impact of the mentees’ health on the quality of their everyday life to be captured. This was completed at the commencement, halfway through and at the completion of the mentoring program.

Thematic analysis revealed that there were clear positive perceived influences on mental health and wellbeing of the mentees. Overall, participants believed the program had worked well, with positive outcomes for themselves and the mentees, even if those outcomes were not always employment related.

Four themes were identified: social connection, self-esteem, self-efficacy, and personal health and safety (Table 2). However, specific areas of poor mental health and well-being also emerged and highlight areas of ongoing need as a fifth theme.

Table 2

Perceived impact of peer mentoring program on mental health of refugee and migrant women

Theme	Sub-theme
--------------	------------------

Social Connection	Reducing isolation Building social networks Cultural understandings
Self-esteem	Confidence Identifying strengths Trusting self
Self-efficacy	Simple financial management Legal rights Time management Occupation and engagement
Personal health and safety	COVID-19 information Cyber safety
Ongoing needs	Overwhelmed with stressors Desire for mental health support

Social connection

For some mentor-mentee pairs, social support was deemed a greater need than employment advice. Simple social interaction outside the home was part of the support provided, and social connection became a significant outcome.

“I think it has resulted in [Mentee] not being isolated in her home.” (Mentor 3)

For mentees with limited English skills, the mentors provided opportunities for socialising in ways that would also improve the mentee’s language skills. For mentees with particular disadvantages, the opportunity to mix with people outside their current support groups was also deemed valuable. For mentees that were more skilled and had developed their own networks, the focus was primarily on employment networks.

“My network is now bigger than before. Now I know what the meaning of network, it helped a lot to have people around you.” (Mentee 2)

Mentees expressed interest in learning about Australian lifestyles, cultural customs, and workplace culture. Mentors were able to discuss this and suggest activities that would

enhance community integration. Mentees reported that they felt cultural barriers had been lessened.

"[Mentor] Helpful for guidance, because we don't know most of the things, how we going with the Australian culture." (Mentee 9)

Self-esteem

The mentoring process enabled mentees to build inner strength and self-worth. Mentees recognised their varied life experiences that enabled them during difficult situations. Exposure to a wider network built confidence. There was satisfaction with what had, for most, been an uplifting and inspiring experience. Mentors described this as a sense of 'hope and positivity'.

"I was very scared and intimidated but this program just boosted my confidence basically." (Mentee 3)

Identifying mentees' strengths was a common outcome. Often the mentees were not aware of their own strengths prior to the program and seemed surprised when they emerged through discussion.

"Our discussion has reinforced for her, how strong and self-reliant she is." (Mentor 8)

Self-efficacy

Skills that enhanced and enabled self-efficacy and independence were also developed. A number of mentees became engaged in ventures that gave them purpose and focus, including paid employment, volunteering roles, and commencing courses of study.

"It's not just finding a job it's helping her understand how superannuation works, what her rights are within that." (Mentor 5)

"[Mentor] actually went through my CV and helped me around that. So that was a really good outcome so finally I was able to get a job." (Mentee 7)

Personal health and safety

The outbreak of the COVID-19 pandemic created anxiety in this cohort, particularly those with limited English skills. Mentors were able to provide clear health information in culturally appropriate ways that enabled mentees to manage lockdowns safely. Mentors identified a

lack of understanding of cyber safety in some mentees. By educating the mentees about the safe use of personal data online, the mentors were able to prevent harm and ensure the maintenance of privacy and dignity.

“I thought talking about COVID 19 and giving information to [Mentee] is very important. So, we spent our whole session just talking on this topic.” (Mentor 7)

“I told [Mentee] she should be very careful while using emails, internet or social media. She said she uses emails and Facebook a lot but she didn’t know it can be unsafe to share personal information on it.” (Mentor 7)

Ongoing needs – Overwhelmed with stressors

Some mentees were managing multiple daily challenges and commitments. These included minimal financial independence, unwell extended family members, and childcare responsibilities that impeded their capacity to look for and commit to employment. Often, mentors had to assist mentees in addressing these competing priorities before moving on to the process of job seeking.

Complex physical and mental health issues, domestic violence situations, family law court matters, and mentees trying to help family members in danger in their home countries all contributed significantly to mental health concerns.

“How do I help a mentee who cannot pay the rent?” (Mentor 9)

“I observed that she is quite depressed and isolated. She has very low self-esteem and also she has some health issues.” (Mentor 7)

Desire for mental health support

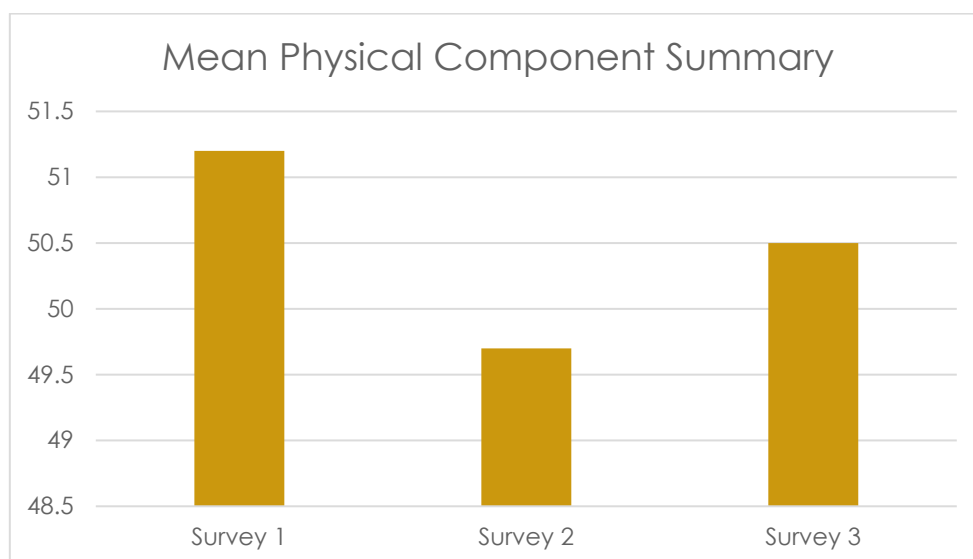
A number of mentees expressed a desire for more mental health support. Specific assistance was requested with managing loss, health issues, and parenting in a new culture.

“I think mental health is important for us like migrant, how to raise a kid for migrant, even I think about psychology sessions. It will be very good if you provide a program.” (Mentee 1)

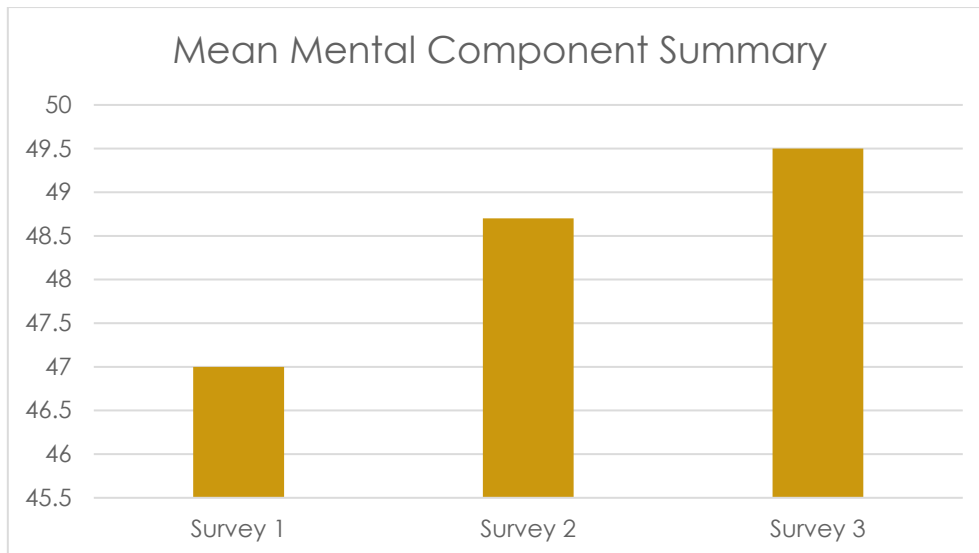
Quantitative outcomes

Results from the SF-12 survey highlighted the poor mental health of the mentees. Results are shown as PCS (Physical Component Summary) and MCS (Mental Component Summary). Whilst the PCS and MCS scores did not indicate illness, they were relatively low and were close to the cut-off scores for physical illness and clinical depression. A score of 50 or less on the Physical Component Summary of the SF-12 has been recommended as a cut-off to determine a physical condition; while a score of 42 or less on the Mental Component Summary may indicate clinical depression. The results from this study cannot be considered diagnostic and were not administered to clinically assess participants' physical and mental health. However, the relatively low scores could highlight the physical and mental stress that refugee and migrant women experience. There is no statistically significant change in either of the scores over the time interval of the study. The overall p value for PCS was 0.798 and for MCS was 0.3105.

Physical Component Summary (PCS) is composed of four scales assessing physical function, role limitations caused by physical problems, bodily pain, and general health. Higher scores represent better physical health.



Higher scores represent better mental functioning.



Community benefits from the research and recommendations

The EMPOWER program utilized the motivation of the mentors and mentees to build confidence, connections, and skills with a focus on self-efficacy and job-readiness. Participants who completed the program reported improved social connection through reduced isolation, a greater personal and professional network, and attendance at community events that facilitated intercultural contact.

Self-esteem was enhanced via improved self-confidence, the recognition of personal strengths, and greater self-awareness. Personal self-efficacy was built through improved knowledge of financial management, legal rights and responsibilities at work, and time management skills both at home and in the workplace.

Several participants found positions in paid employment, volunteer roles, or commenced a course of study that enhanced their self-worth. There were several key components in the mentoring relationships that led to the following positive mental health outcomes: trust, support, flexibility, and commitment from mentors.

Thirty-two refugee and migrant women have had their voices heard regarding gaps and challenges in seeking employment in WA. Thus, the project is contributing to bridging a significant knowledge gap by exploring refugee women's perspectives in improving employment-seeking strategies using participatory research methods.

Twenty-one mentors from refugee and migrant backgrounds with positive settlement and employment experiences were provided with an opportunity to share their experiences to promote the settlement of other refugee and migrant women. This has been empowering for them, as well as for the mentees. Further, they are now trained and experienced in mentoring and can be engaged by a range of community groups for future programs.

“Thank you so much for giving us this chance to mentor. It’s a great initiative and I have gained a lot from being a Mentor”.

The mentees have been supported to secure voluntary or paid roles from the mentoring program, often in roles that would further support the migrant and refugee community.

Our study and the findings highlighted some recommendations for future mentoring programs. These include providing trauma-informed training to mentors and an orientation program for mentees to improve their skills in interacting and working with a mentor for mutual benefit. Mentoring programs for refugee and migrant women also need to acknowledge and work with the systemic, structural, and practical barriers to success faced by this cohort of women. Supporting mentees to become future mentors will ensure sustainability. As this was a pilot program, the potential for mentees to become mentors was outside of the scope of the program, however, this step is important part of future sustainability and growth of mentees.

Recommendations for policy include offering peer mentoring programs as a non-pharmacological mental health support and intervention for refugee and migrant women that enhances psychosocial well-being. Recommendations for research include having longitudinal studies over time to assess program effectiveness and influence on wellbeing. Future studies

could evaluate the effectiveness of a work experience and internship program on employment and mental health outcomes of this cohort.

Publications

1. Gower, S., Z. Jeemi, N. Wickramasinghe, P. Keble, D. Forbes, and J. A. R. Dantas. 2022. "Impact of a Pilot Peer-Mentoring Empowerment Program on Personal Well-Being for Migrant and Refugee Women in Western Australia." *International Journal of Environmental Research and Public Health* 19 (6)
2. Gower, S., Z. Jeemi, and J. A. R. Dantas. 2022. "'You Have to Go Gently': Mentors' Perspectives of a Peer Mentoring Empowerment Program to Reduce Marginalization in Refugee and Migrant Women." *International Journal of Environmental Research and Public Health* 19 (11)
3. Gower S, Jeemi Z, Forbes D, Keble P, Dantas JAR. Peer Mentoring Programs for Culturally and Linguistically Diverse Refugee and Migrant Women: An Integrative Review. *Int J Environ Res Public Health*. 2022 Oct 7;19(19):12845. Doi: 10.3390/ijerph191912845.

References

- Badali, J.; Grande, S.; Mardikian, K. From Passive Recipient to Community Advocate: Reflections on Peer-Based Resettlement Programs for Arabic-Speaking Refugees in Canada. *Glob. J. Community Psychol. Pract.* 2017, 8, 1–21.
- Braun, V.; Clarke, V. *Successful Qualitative Research: A Practical Guide for Beginners*, 1st ed.; SAGE Publishing: London, UK, 2013
- Campbell, S. What's a Sundial in the Shade: Brain Waste among Refugee Professionals Who Are Denied Meaningful Opportunity for Credential Recognition. *Emory LJ* 2018, 68, 139.
- Cameron, R.; Farivar, F.; Dantas, J. The unanticipated road to skills wastage for skilled migrants: The non-recognition of overseas qualifications and experience (ROQE). *Labour Ind.* 2019, 29, 80–97.
- Cho, M.; Lee, Y.S. Voluntary peer-mentoring program for undergraduate medical students: Exploring the experiences of mentors and mentees. *Korean J. Med. Educ.* 2021, 33, 175–190.
- Dantas, J.A.; Lumbus, A.; Gower, S. *Empowerment and Health Promotion of Refugee Women: The Photovoice Project*; Health Promotion Foundation of Western Australia: Perth, Australia, 2018.
- Gower, S.; Jeemi, Z.; Wickramasinghe, N.; Kebble, P.; Forbes, D.; Dantas, J.A.R. Impact of a Pilot Peer-Mentoring Empowerment Program on Personal Well-Being for Migrant and Refugee Women in Western Australia. *Int. J. Environ. Res. Public Health* 2022, 19, 3338.
- Heirdsfield, A.M.; Walker, S.; Walsh, K.; Wilss, L. Peer mentoring for first-year teacher education students: The mentors' experience. *Mentor. Tutoring Partnersh. Learn.* 2008, 16, 109–124.
- Hynie, M. The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review. *Can. J. Psychiatry* 2018, 63, 297–303.
- Im, H.; Rosenberg, R. Building Social Capital Through a Peer-Led Community HealthWorkshop: A Pilot with the Bhutanese Refugee Community. *J. Community Health* 2016, 41, 509–517.
- Kabir, R.; Klugman, J. *Unlocking Refugee Women's Potential: Closing Economic Gaps to Benefit All*; International Rescue Committee: New York, NY, USA, 2019.
- Lam, C.J. *Peer Mentoring Programs: Do the Mentors Benefit Too? An Exploration of Peer Mentoring and Future Job Search from the Peer Mentors Perspective*; Saint Peter's University: Jersey City, NJ, USA, 2021
- Marshall, M.; Dobbs-Oates, J.; Kunberger, T.; Greene, J. The peer mentor experience: Benefits and challenges in undergraduate programs. *Mentor. Tutoring Partnersh. Learn.* 2021, 29, 89–109.
- Newman, A.; Nielsen, I.; Smyth, R.; Hirst, G.; Dunwoodie, K.; Kemp, H.; Nugent, A. *A Guide for Employers: Supporting Access to Employment for People from a Refugee or Asylum Seeking Background*; DEA: Melbourne, Australia, 2018.
- Nichles, L.; Nyce, S. Towards greater visibility and recruitment of skilled refugees. *Forced Migr. Rev.* 2018, 58, 36–37.
- Paloma, V.; de la Morena, I.; López-Torres, C. Promoting posttraumatic growth among the refugee population in Spain: A community-based pilot intervention. *Health Soc. Care Community* 2020, 28, 127–136.

- Paloma, V.; de la Morena, I.; Sladkova, J.; López-Torres, C. A peer support and peer mentoring approach to enhancing resilience and empowerment among refugees settled in southern Spain. *J. Community Psychol.* 2020, 48, 1438–1451.
- Reid, D. Sharing the halal snack-pack: Multiculturalism as neo-assimilation in Australia. *Continuum* 2019, 33, 77–92.
- Seamus, F.; Sally, B.; Evonne, I.; Dantas, J.; Gower, S.; Taiwo, M. (Re)Claiming Social Capital: Improving Language and Cultural Pathways for Students from Refugee Backgrounds into Australian Higher Education; Department of Education: Sydney, Australia, 2018.
- Smyth, I. *Gender Analysis: The Situation of Refugees and Migrants in Greece*; Oxfam International: Nairobi, Kenya, 2016.
- Van Kooy, J. Refugee women as entrepreneurs in Australia. *Forced Migr. Rev.* 2016, 53, 71–73.
- Walker, R.; Koh, L.; Wollersheim, D.; Liamputtong, P. Social connectedness and mobile phone use among refugee women in Australia. *Health Soc. Care Community* 2015, 23, 325–336.
- Ware J, Kosinski M, Keller SD. A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Med Care.* 1996. 34; 3:220-33.
- Wisconsin Healthy and Ready to Work. *The Power of Peer Mentoring*; University of Wisconsin: Madison, WI, USA, 2006.
- Wollersheim, D.; Koh, L.; Walker, R.; Liamputtong, P. Constant connections: Piloting a mobile phone-based peer support program for Nuer (southern Sudanese) women. *Aust. J. Prim. Health* 2013, 19, 7–13.
- Won, M.R.; Choi, Y.J. Undergraduate nursing student mentors' experiences of peer mentoring in Korea: A qualitative analysis. *Nurse Educ. Today* 2017, 51, 8–14.
- Wong, Y.-L.R.; Wong, J.P.; Fung, K.P. Mental health promotion through empowerment and community capacity building among East and SouthEast Asian immigrant and refugee women. *Can. Issues* 2010, 108, 108–113.
- Wood, N.; Charlwood, G.; Zecchin, C.; Hansen, V.; Douglas, M.; Pit, S.W. Qualitative exploration of the impact of employment and volunteering upon the health and wellbeing of African refugees settled in regional Australia: A refugee perspective. *BMC Public Health* 2019, 19, 143.

