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Justification for the delayed submission In the III project meeting in Florence, the Wemin project staff decided to postpone the submission of the guide because to identify the beneficiaries and to implement the language class (wp3) took more time than planned. Furthermore postponing the deadline authorized Oxfam to improve the need analysis collecting the data from each partner country and defining the situation and the needs of the MR women involved more in depth.

Keywords: Empowering and Mentoring

Abstract: In the guide Oxfam Italia Intercultura presents the results of the needs analysis on mentoring and empowering outlining the situations of part of the MR women involved in each partner country in terms of services orienting, legal support, vocational and re-qualification training, job information. Empowerment sessions are defined as key and integrated interventions to improve the socio-cultural inclusion of MR women in the hosting country. The guide provides elements to organize these sessions. Mentoring refers to a range of activities where support is given, one to one or in small groups, through appropriate training by mentors identified by the class group, the project staff or the trainers. These interventions can be organized emphasizing emotional support and/or education and information giving to MR women.

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METHODOLOGY AND CONTENT GUIDE OF EMPOWERMENT AND MENTORING SESSION



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1. Introduction

The Wemin project includes among its training components the implementation of activities of empowering and mentoring. These interventions aim to:

- Empower Migrant and Refugee Women (MRW) to integrate themselves and to support their families' social inclusion
- Empower MRW through information on their rights and the roles of women in the host societies, as well as on available support structures/social services
- Facilitate active participation of MRW through mentoring on opportunities in education, volunteerism and work.

The empowering activity will involve at least 40 women, it will last a total of 24 hours in each country. The mentoring activity will see the involvement of at least 20 women, the sessions will last a total of 24 hours in each country.

The activities are designed for MR women who took part in the language class, but also for newcomers identified by the trainers, that have showed a need and interest on topics related to training, health and volunteering, legal and social protection.

Responding to these needs means engaging women in a more in-depth path, to facilitate their understanding of the local context and improving their communicative, relational and practical skills.

To outline the methodology and the contents of the interventions, Oxfam Italia Intercultura structured a questionnaire to analyze the needs of women in terms of social, cultural and work inclusion. Colectic and Southside Partnership revised the questionnaire.

The questionnaire was applied by the partners in December 2018 and feedback from some students of the Language classes was collected. At least 11 MR women in each partner country were involved, they shared their impressions and needs, especially in relation to available services and difficulties encountered in accessing them.

The main objective of the empowering sessions is the improvement MR knowledge of the host society by providing information in a clear and culturally sensitive manner. MR women will be trained on their rights and access to fundamental services. Debates, role play and discussion will allow different perspectives to be explored in the class and will serve to improve their competences on the new context they live in.

Mentoring sessions will address the specific needs of individuals or small groups. The group will be constituted by MR women on the basis of common interests and needs (4-5 people per group). These sessions will directly involve the participants so as to resolve some of their difficulties, to decrease barriers, to encourage them to take some steps to look for a job, training, volunteering opportunities or health and social support.

The mentor aims at activating the skills of the mentees through cooperative learning processes. The methodology of the interventions must be adapted to the needs of the group of women involved and must take place in a non-judgmental and confidential context. Where appropriate, a woman can be accompanied to a specific service.

2. Format of the online questionnaire for the need analysis

This questionnaire, composed of 17 questions divided into 4 thematic sections, is designed to collect qualitative information on the needs of MR women in relation to opportunities for training, work and access to existing services in a local area.

The answers will provide information on migrant women's backgrounds and their needs in relation to mentoring and empowerment in order to organize specific sessions within the WEMIN project.

The interviewer should read the questions to the women and record their answers on the form.

Mentoring, cultural mediation and empowerment activities should be undertaken in line with emerging and latent needs.

This questionnaire should complement the direct observation of teachers, trainers, tutors and social workers in contact with MR women that take part in the language class.

Basic statistical information – Part 1

- Age group
- ☐ 18-25
 - ☐ 26-39
 - ☐ 40-55
 - ☐ 56 or older

Country of origin:

Current host country:

Other countries where you lived: _____

When did you first arrive to this country?: _____ Year / _____ Month

Section 1: TRAINING NEEDS AND EXPECTATIONS

1. What did you study in your country of origin/of previous residence?

2. Would you like to continue your studies?

3. Which kind of training do you most prefer?
- ☐ Practical
 - ☐ Theory
 - ☐ A mixture of the two
 - ☐ Other, please indicate:

Section 2: WORK NEEDS AND EXPECTATIONS

1. What type of jobs did you have in the past?

2. Do you currently work?

3. Do you know what supports and services are available to help look for a job?

☐ Yes ☐ No Other:

Section 3: ACCESS TO SERVICES AND KNOWLEDGE

1. Have you ever visited any of the following services while living in this country?

 - ☐ Women's health clinic or services
 - ☐ Hospitals for women
 - ☐ Immigration Office
 - ☐ School administrative
 - ☐ General Register Office
 - ☐ Labour Unions

- ☐ Public Library
- ☐ Employment exchange
- ☐ Social Services
- ☐ Migrant Associations
- ☐ Religious Institutions

2. What services are of most use for you?

3. What ones would you like to know more about?

4. In your opinion, is there a service that is you think would be very useful but does not exist or you have not been able to find?

Section 4: HEALTH CARE

1. When you or a member of your family had health problems, what service have you used?

2. Were you happy with the support you received in relation to your health problem?

3. Did you understand the doctors and health workers when they spoke to you?

4. Have you had any problems in relation to using the health system?

5. Would you like to know more about any of these topics?

☐ Prescription drugs and other medicines

☐ Children's healthcare

☐ Contraception

☐ Sexual and reproductive health

☐ Vaccines

☐ Other:

Optional for the trainers

Based on your direct observation do you have any suggestion on mentoring and empowering activities for the class:

3. Country Needs Analysis: main findings

The questionnaires distributed in each partner country gave us the opportunity to collect qualitative and quantitative data in relation to the situation of MR women involved in the language classes of the Wemin project. In total 125 MR women participated in the interviews for the needs analysis to implement mentoring and empowering sessions in eight European Countries.

Their answers highlighted their knowledge of the country of arrival, their skills in relation to education and work from their country of origin, their knowledge of the services and opportunities available in the town they live in and the training, legal and social protection needs they perceive as important for their lives in the host country.

The situation of the MR women changes depending on the country they live in: the reception context is essential to offer or to limit new opportunities for social inclusion and work opportunities. This is due to political, social and economic factors that influence the capacity of the local society to include MR women and in general people living in vulnerable conditions.

Moreover, the reason why MR women left their countries influences the way they live in the new society and their personal migration project.

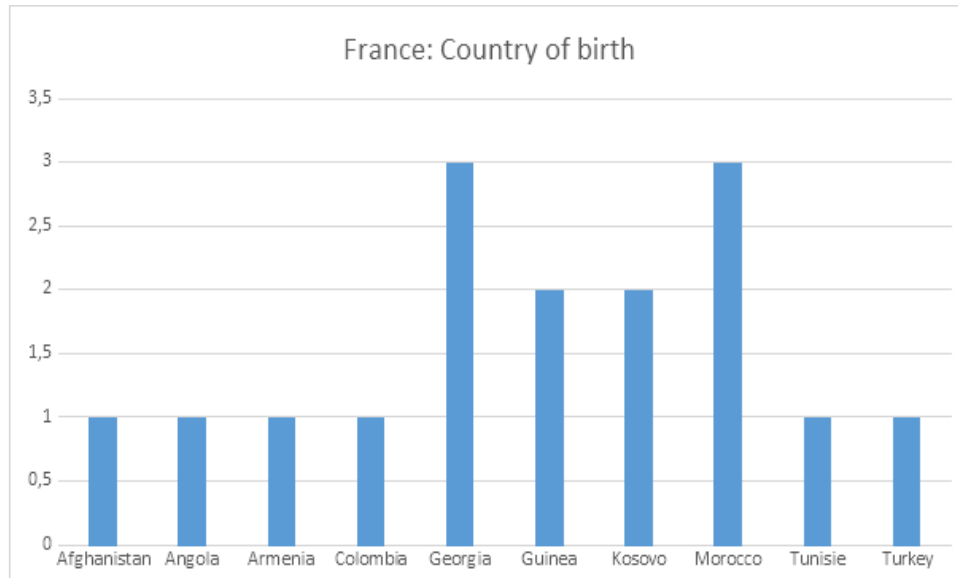
It is important to create a network of support for MR women with cultural/religious/migrant associations, social, health and legal services in order to strengthen their relationships and to increase their opportunities of social and work inclusion in the hosting Country. Their backgrounds (studies, past work experiences), their capacity to face challenges and difficulties caused by the migration process give them valuable resources that can be activated and stimulated in the new local context.

In the following pages we will present the results of the analysis of the questionnaires applied in each Partner country.

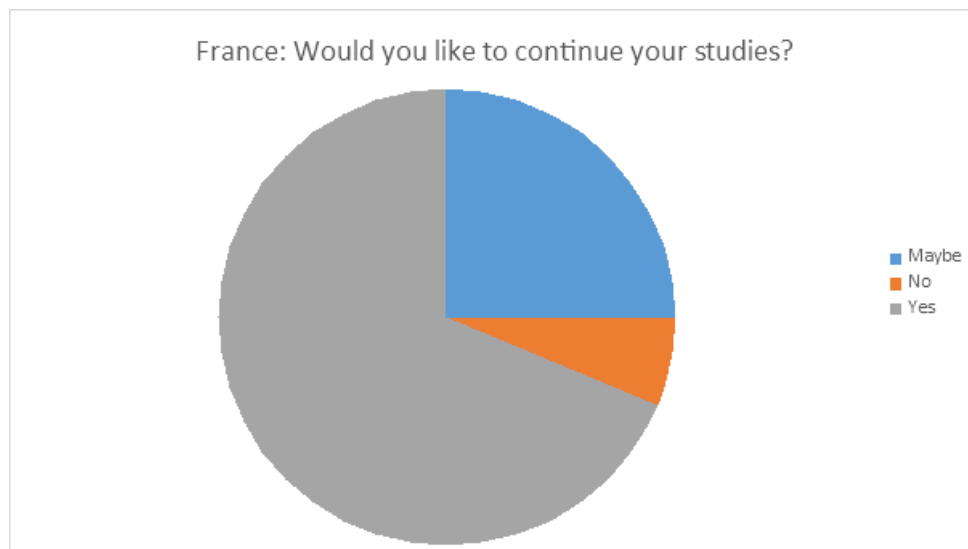
3.1 France

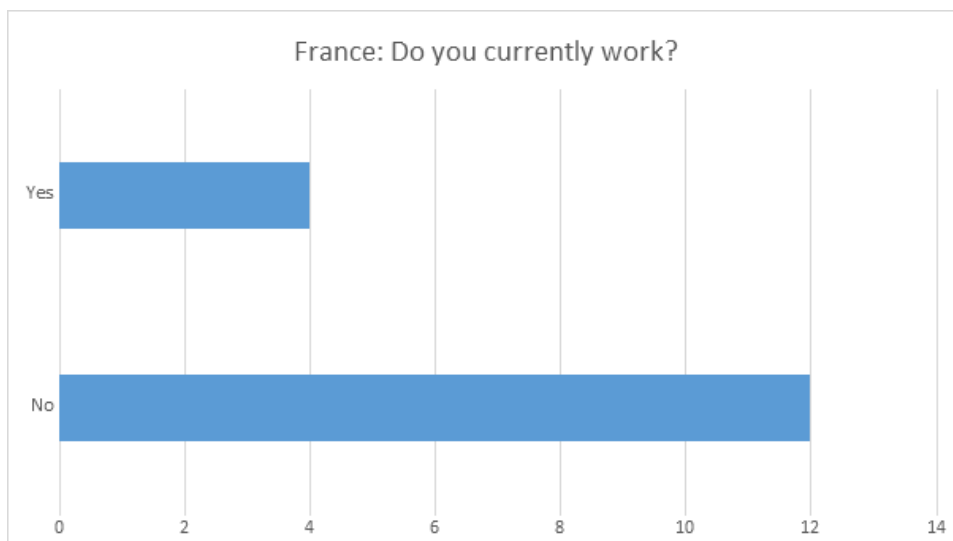
Sixteen MR women took part in the interviews for the collection of data. They have lived in France for many years (only one of them has arrived in 2017). The most representative age is between 40 and 50 years old.

Their countries of birth:

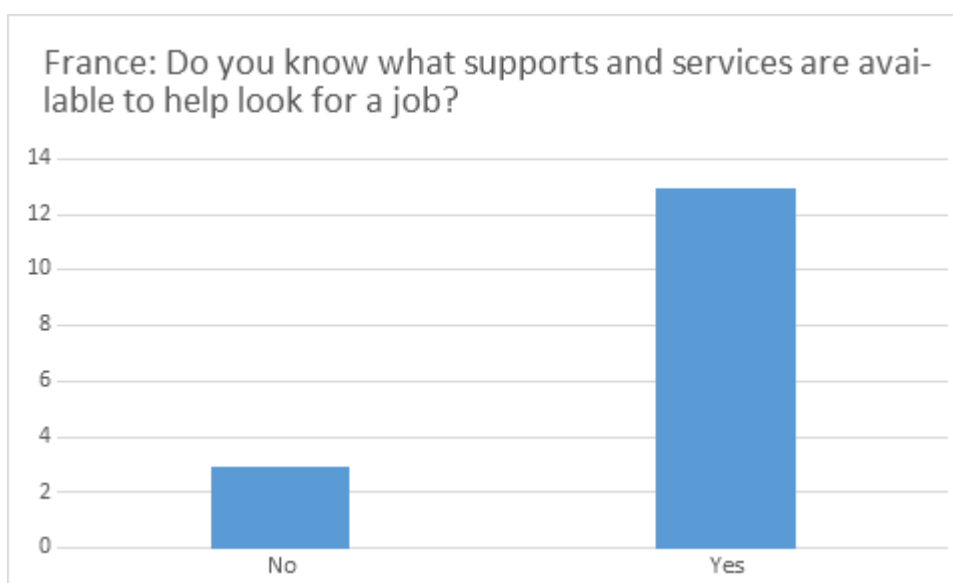


7 MR women got a school qualification (high school and University) in their country of origin, while the rest have a lower educational background. The majority would like to continue their studies (to improve their French language and to get a job) and to receive practical training.





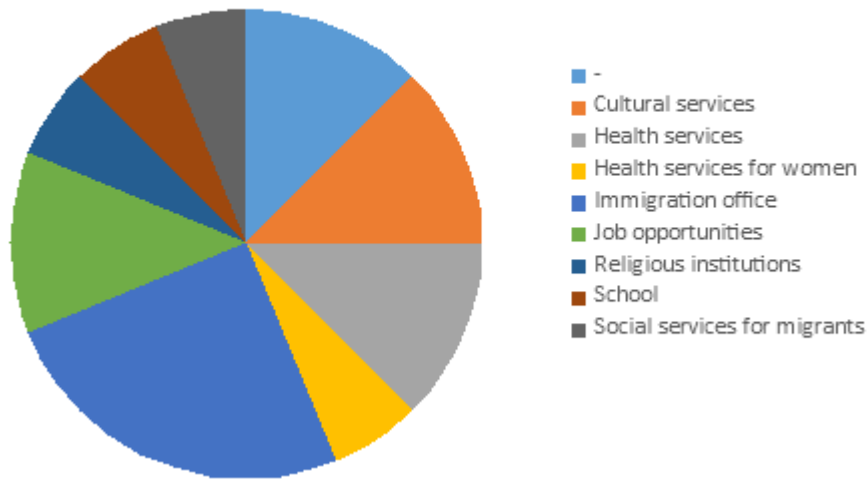
In their countries of origin 15 MR women interviewed worked (cleaning, dentist, secretary, shop assistant etc.). Now 4 of them have a job, while the rest are unemployed. Nevertheless, the majority of them know what employment services are available in town:



According to the data collected they know the health system and they are happy with the service they have received. Only two of them needed an interpreter in order to access hospital and doctors.

The services they find most useful are social services, migrants associations and hospitals. The ones that they would like to know more about are: the Immigration office (renewal of the document, how to get French citizenship) and job opportunities (how to find a job, how to define their professional goals).

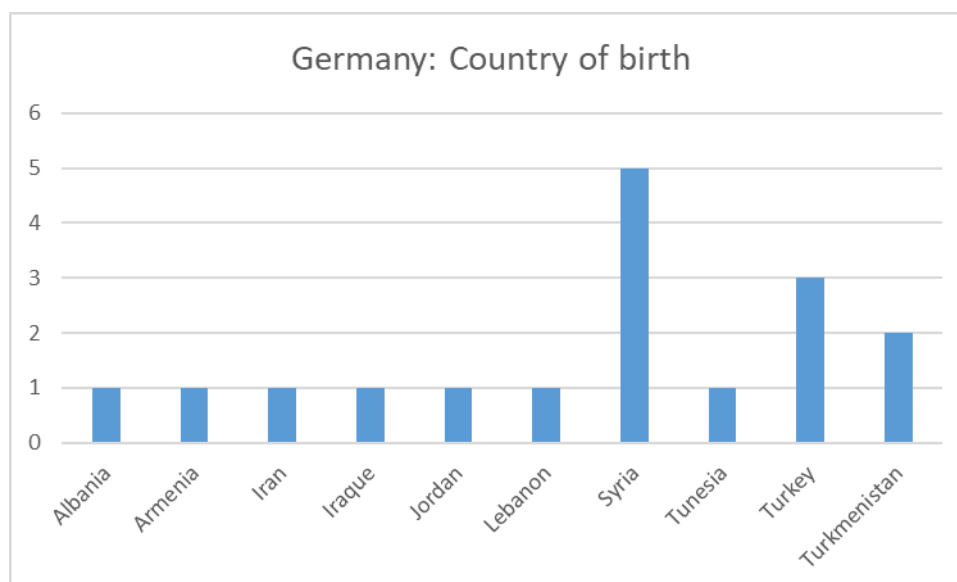
France: What ones would you like to know more about?



In relation to the last question on health topics, MR women replied they would like to have more information on drugs and medicine prescriptions and vaccines.

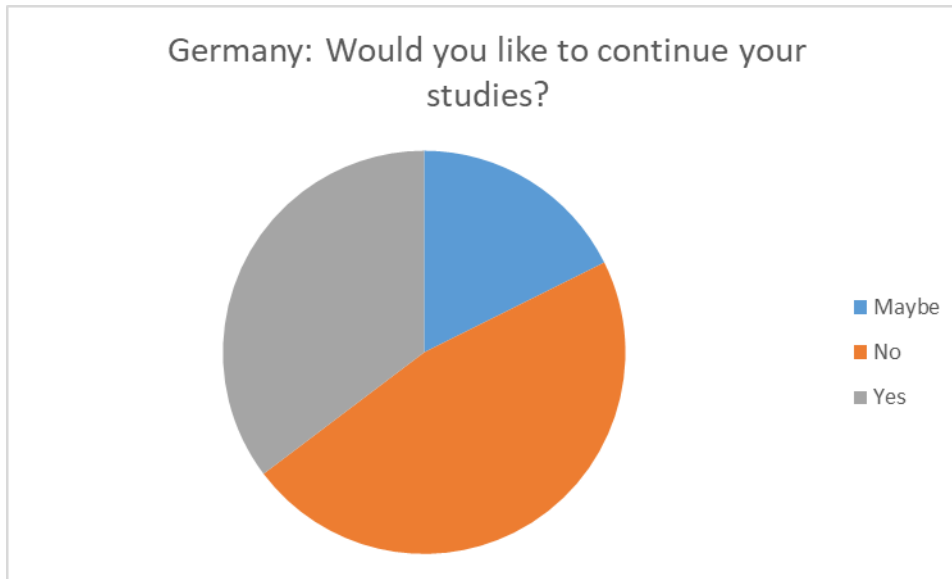
3.2 Germany

17 MR women were involved in the data collection in Germany. There is a consistent group of them that is between 40 and 50 years old, few are over 56 years old. 4 of them are between 26 – 39 years old and 5 women are between 18 – 25 years old. The trainers involved in the interviews wrote that different nationalities and different age groups sometimes make it difficult to organize the lessons and to respond to different learning needs.

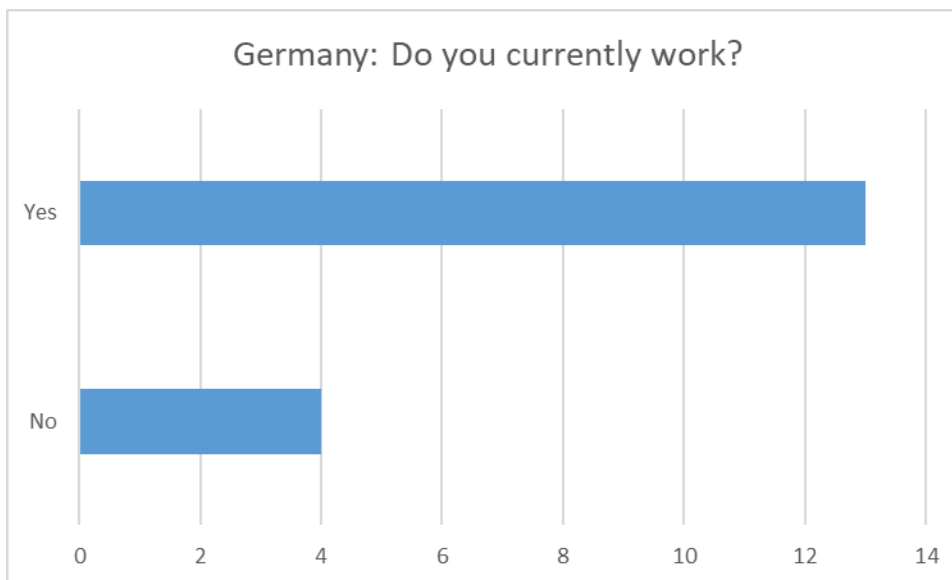


Most of them come from Middle Eastern countries (Syria, Lebanon, Jordan, Iraqi, Iran and Turkey). The majority arrived in Germany in the last four years. 90% of the people interviewed have a qualification from school or university (high school and university studies: Medicine, Art,

Communication, Teacher etc.) and in their home countries they used to have a job in their fields of their study.

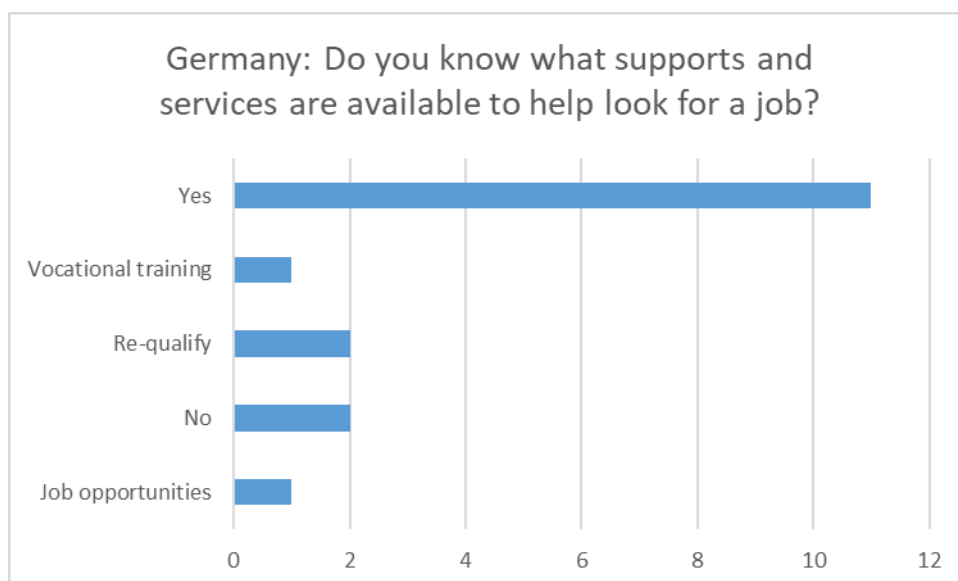


Most of them would not like to continue their studies, a few are not sure and one third would like to receive further training (language, vocational and re-qualification training).

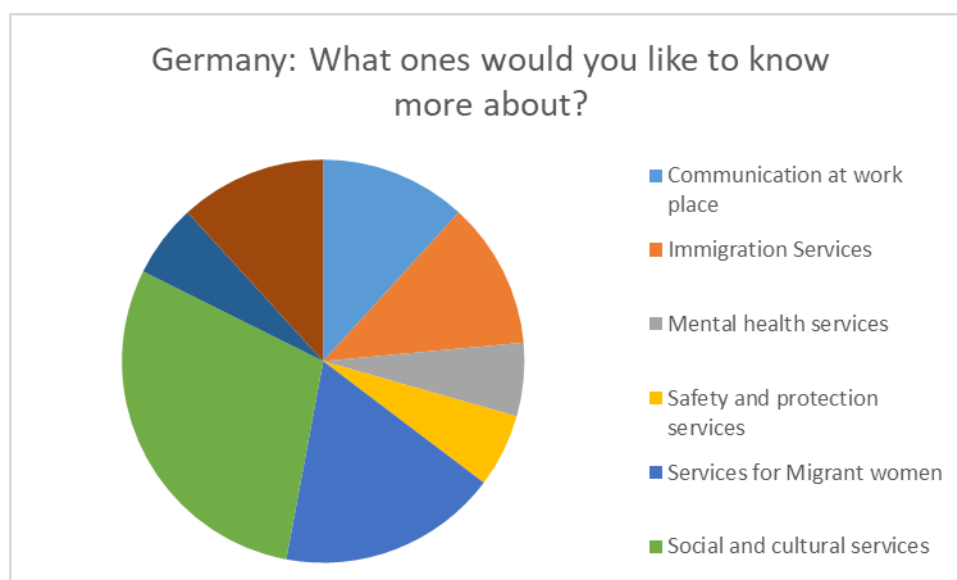


Now 13 MR women have a job, while 4 of them are unemployed.

Almost all of them know the services available to get a job in town (Employment exchange services).



The services the MR women mentioned as the ones that they would like to know more about are:



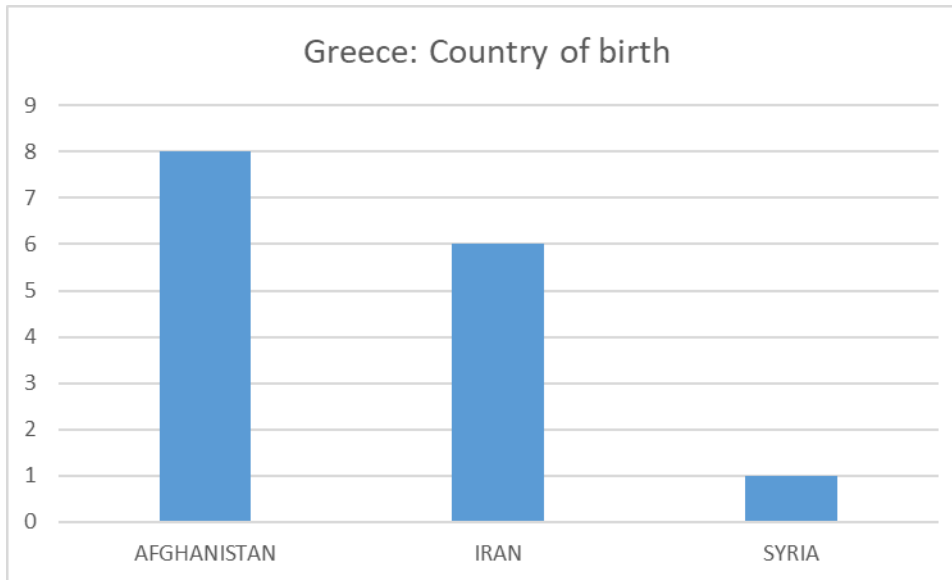
Social and cultural services, services available in town for migrant women.

Furthermore, they explained in detail the services they would like to find in town, but they do not know if they exist: female health service in their native language (many of them need interpreters, cultural mediators or relatives to access the health system). Many of them mentioned their need for protection services since they do not feel safe in relation to their migration history and asylum demand (protection from the police from country of origin, mental health support to recover from traumas).

When asked to provide some topics on health care most of them replied that they would like to know more about: medicine prescriptions, mental health and psychosomatic illness. In addition, one trainer gave some feedback on it: "addiction on drugs, medicines is a mute topic, but it exists".

3.3 Greece

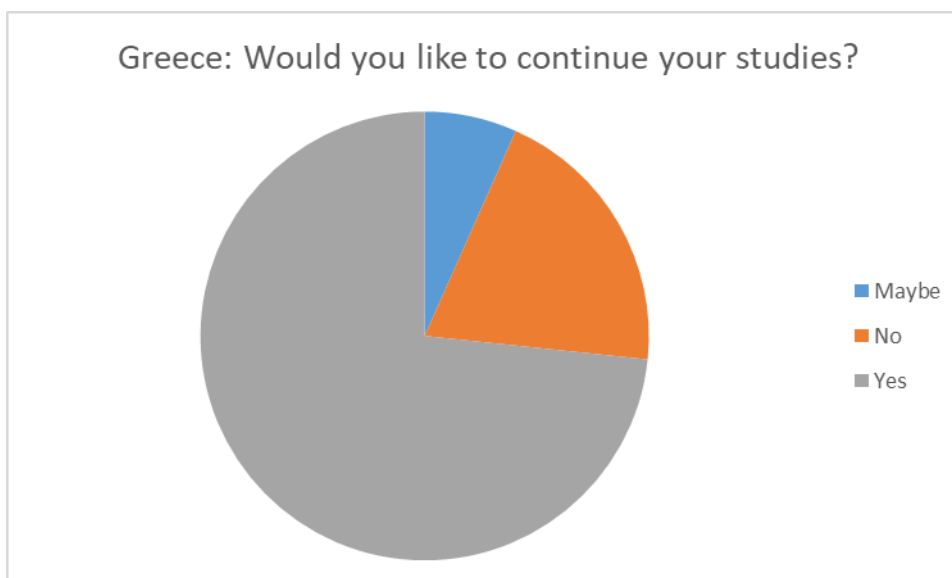
15 MR women participated in the interviews. 7 of them are between 18-25 years old, 5 are between 26 -39 years old and 3 are between 40 – 55 years old. They all come from Middle Eastern Countries.



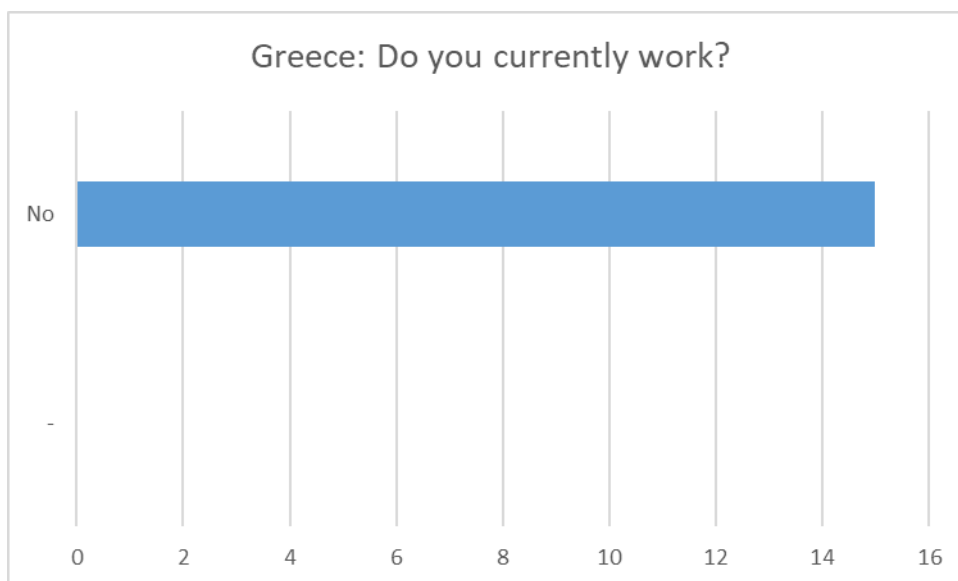
They arrived in Greece in the last four years, previously all of them lived in other countries (mainly Iran and Turkey), coming to Greece via the Balkan route.

Only a few of them studied for more than 5 years in their home countries, while six of them did not go to school.

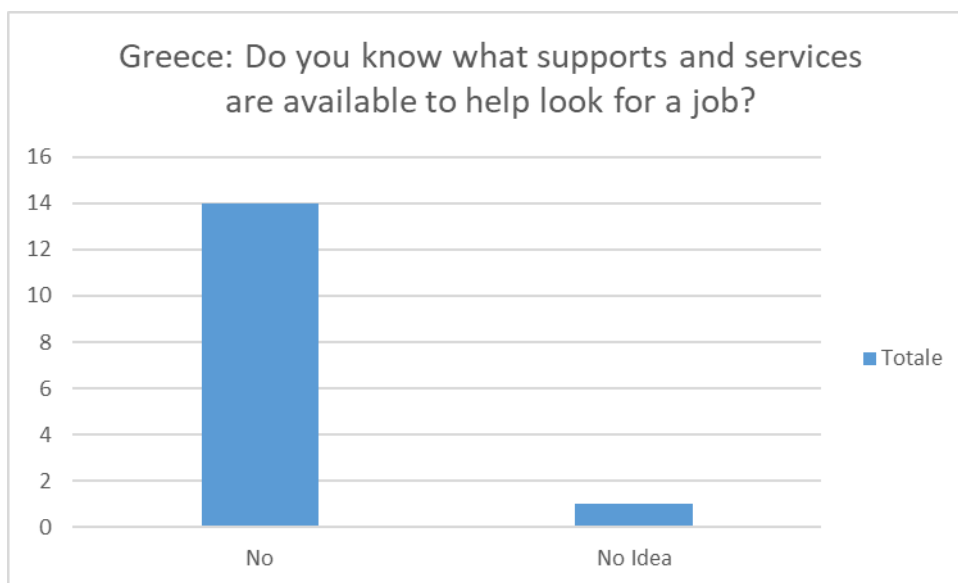
The majority would like to receive further training:



Currently, they do not work:



They do not have any knowledge of available services to find a job:



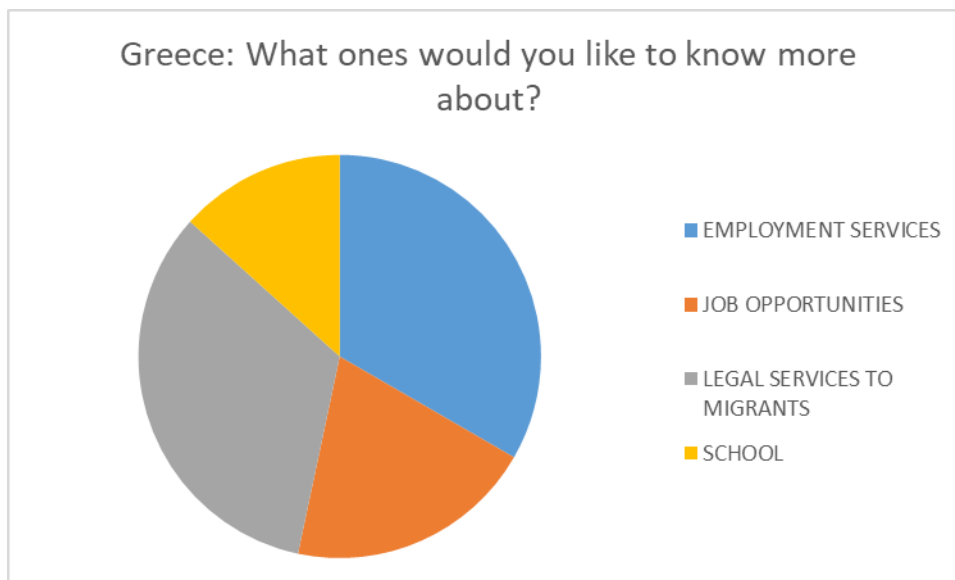
This is due maybe to family reasons, lack of services in town, difficulties in accessing local services. 4 of them did not work in their country of origin, while the rest used to work in the handicraft sector (tailor, making carpet). Others had a job as teachers, nurses, actresses etc.

The services they find most important for their actual lives are: immigration offices, legal support and women's clinics. According to their replies, the majority of them are asking for asylum in Greece.

They face problems accessing the health system if they do not speak Greek or English, this is why they need an interpreter or a cultural mediator in order to talk with doctors and nurses.

The services they would like to know more about are close to the actual situation they live in:

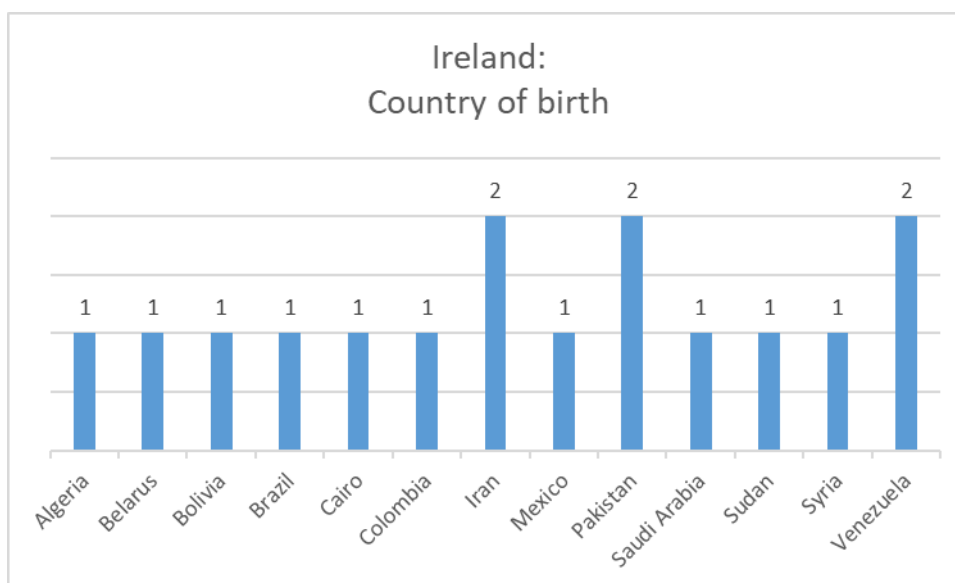
- legal support for the asylum request (to renew the papers, trained lawyers to protect their rights),
- vocational training opportunities (they expressed a preference in a mixture of practical and theoretical training)
- employment services and job opportunities available in town.



3.4 Ireland

16 MR women took part in the interviews. 8 of them are between 26-39 years old, 4 are between 40-55 years old and one is 56 years old or more.

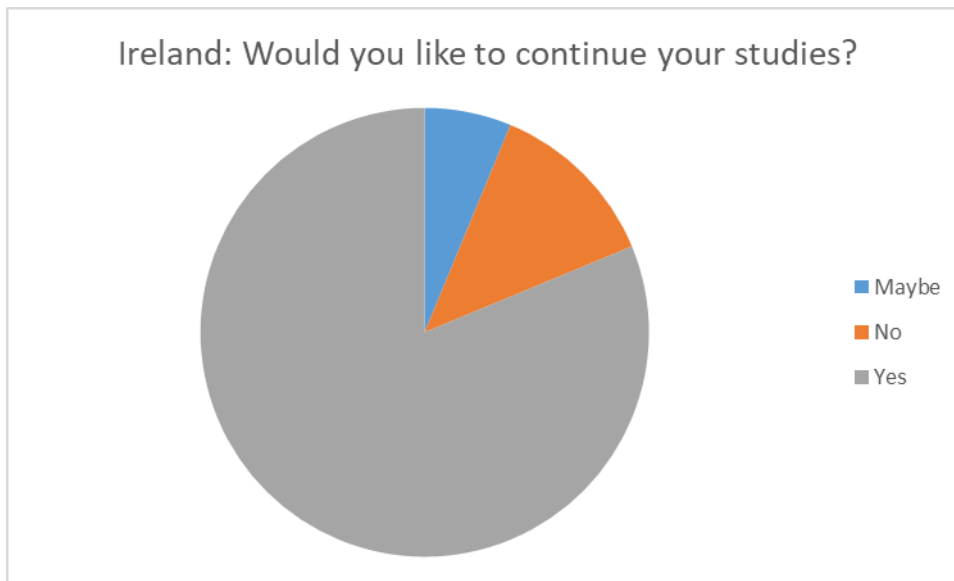
They come from different countries (Africa, Middle East, South America):



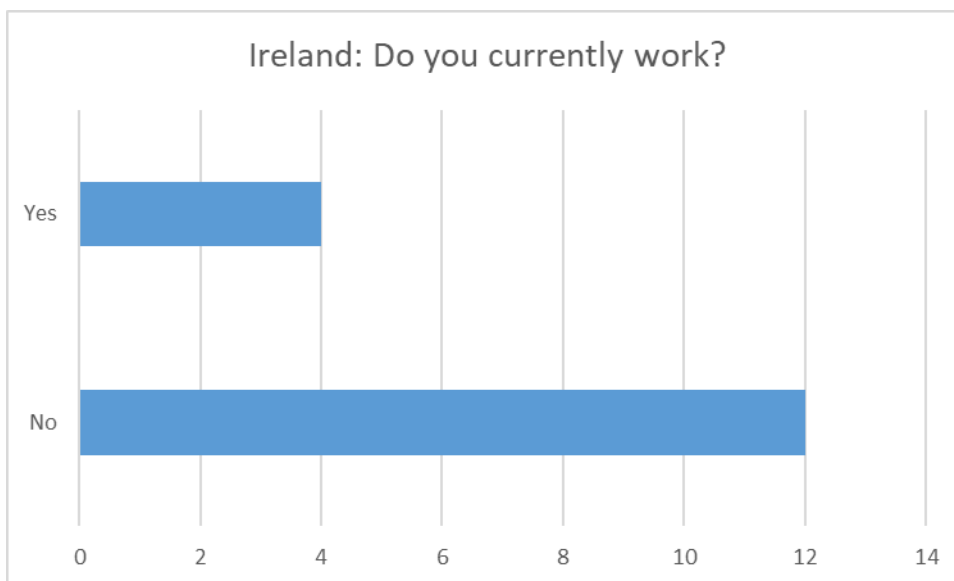
They arrived in Ireland a few years ago (between 2015 and 2016), some arrived in 2018. Only two of them arrived in 2010 and in 2013.

All of them has a specialised education background (High school and Universities studies): Law, Chemistry, Business, IT technology, Accounting, Social work etc. They used to work in these fields in their previous Country of residence.

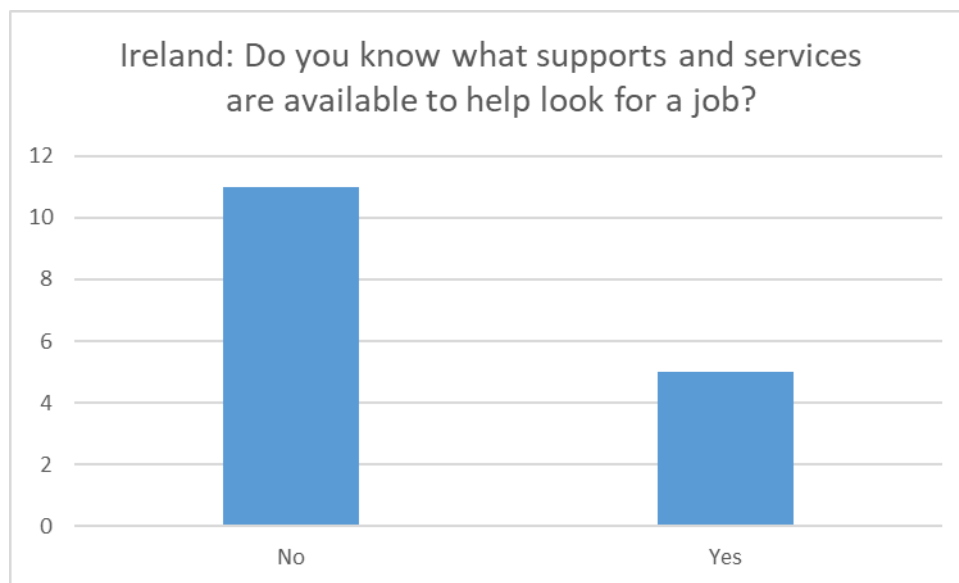
The majority of them would like to continue their studies and they identified a practical training as a preference:



Currently the majority of them do not work:

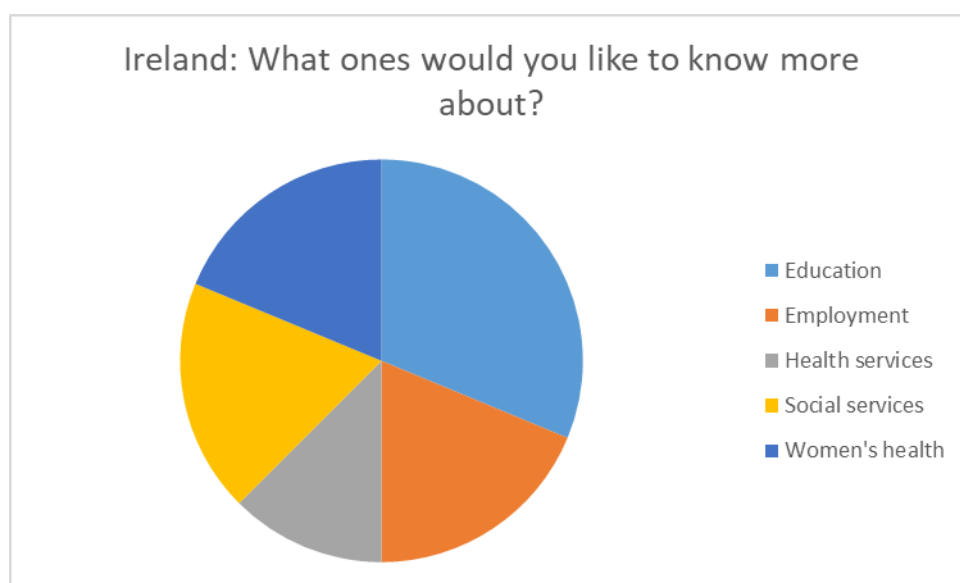


Most of them do not know services available in town to look for a job:



The services they would like to know more about are related to health care, social services and cultural associations. Nevertheless, they were happy with the care and support received in hospitals by doctors. Five of them had problems in understanding the doctors (one was supported by a translator). One reported that it takes a long time to access the health system.

They find training courses in English and cultural and migrant communities where they can practice the language very useful.



The replies were homogenous in selecting the services they would like to know more about: education, employment exchange, women's health and social care.

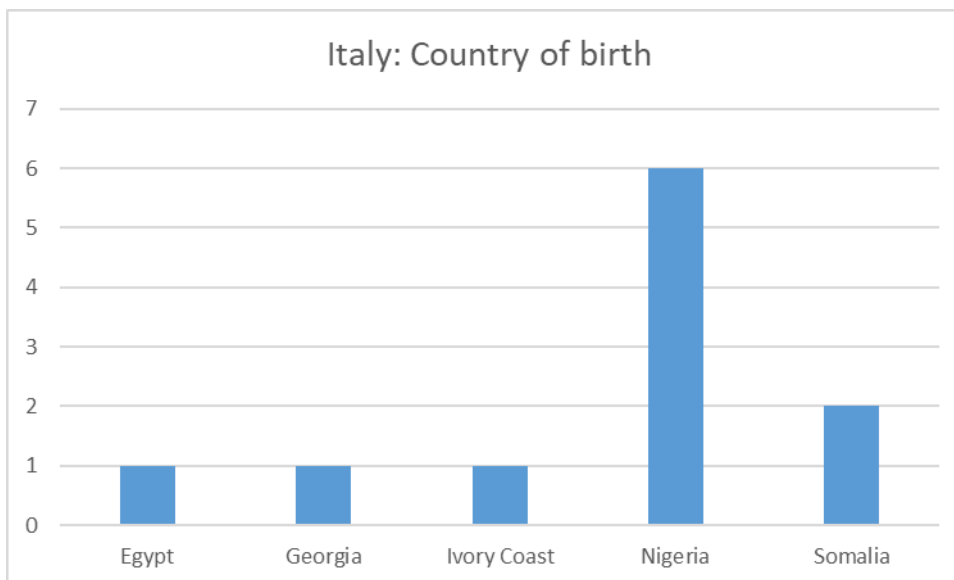
They would like to receive information on how to: return to education; go to college and find work opportunities (being empowered through work interview techniques – reported by the trainer).

To the last question MR women replied they would like to receive more information on children's healthcare, some of them on drugs and medicine prescription, a few of them on vaccines.

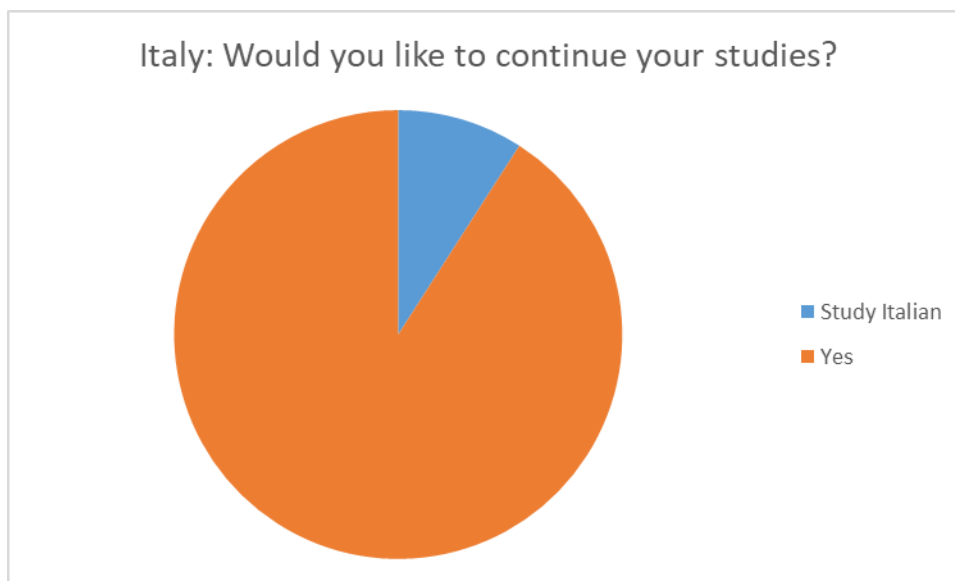
3.5 Italy

11 MR women took part in the interviews, all of them are quite young (8 are between 18 – 25 years old). Many of them are looking for asylum in Italy and they have arrived in the host country between 2016 and 2017 (recent migration).

They mainly come from Sub-Saharan Africa:

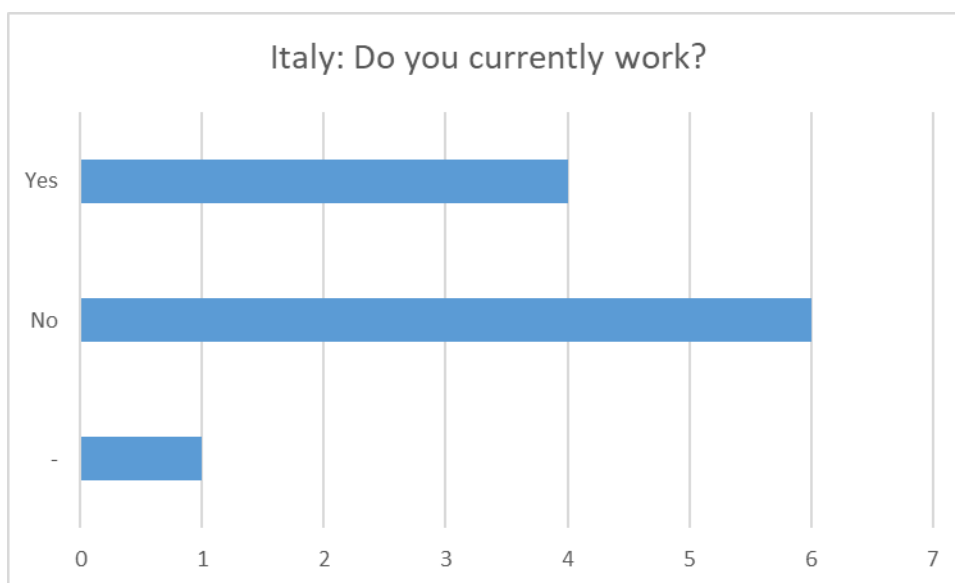


All would like to continue their studies:

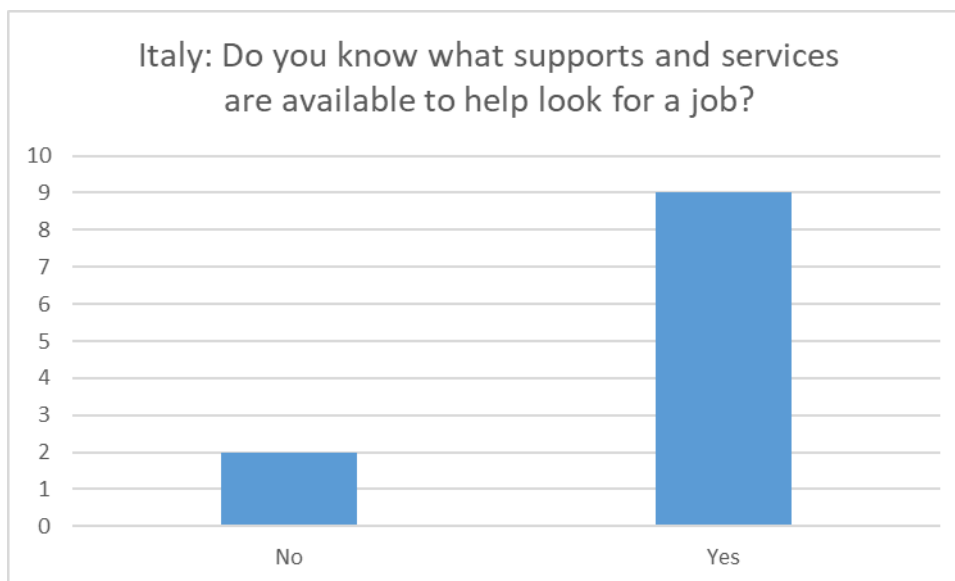


Most of them studied in secondary school, four of them did not go to school, one of them finished university.

Eight of them used to have a job in the past. The rest of them used to be housewives, taking care of the family in their country of origin.



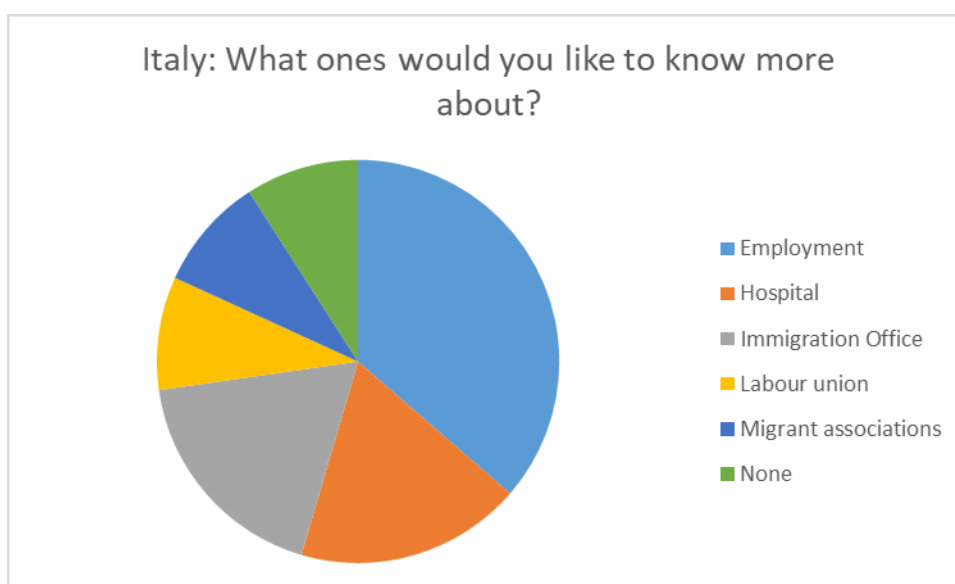
Four of them said they have a job at the moment (they explained that it is part-time employment). Six of them do not have a job, while one of them preferred not to answer.



Nine MR women involved know what services are available in town to look for a job; they were accompanied there by social operators or relatives. Two of them still do not know where these offices are and the five women who visited the Employment exchange office would like to go there again, to know it better.

All of them were happy with the health care system, but eight out of eleven women encountered problems understanding the doctors and the nurses (this is why some of them asked for a cultural mediator or were accompanied to medical visits by a relative speaking Italian). They have been living in Italy for a few years and they are still not able to speak Italian. Nigerian women who speak English manage some medical visits in this language.

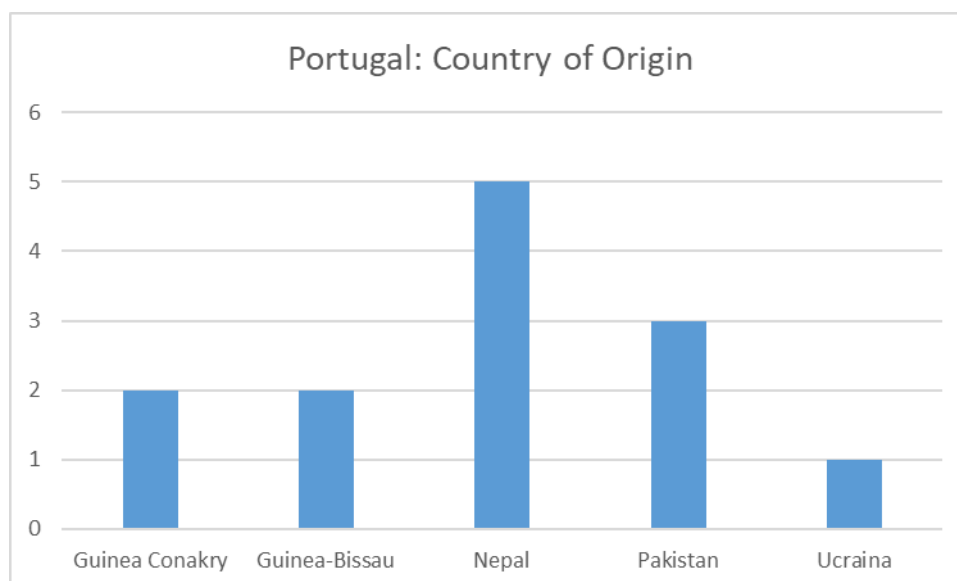
They find the following services to be the most useful: immigration offices, health clinics, religious institutions, migrant associations and social services. The services they would like to visit and know more about are: employment exchange, health care and legal service (immigration offices).



In relation to health care the topics they would like to know more about are: women's health (sexual and reproductive health), drugs prescriptions and vaccines.

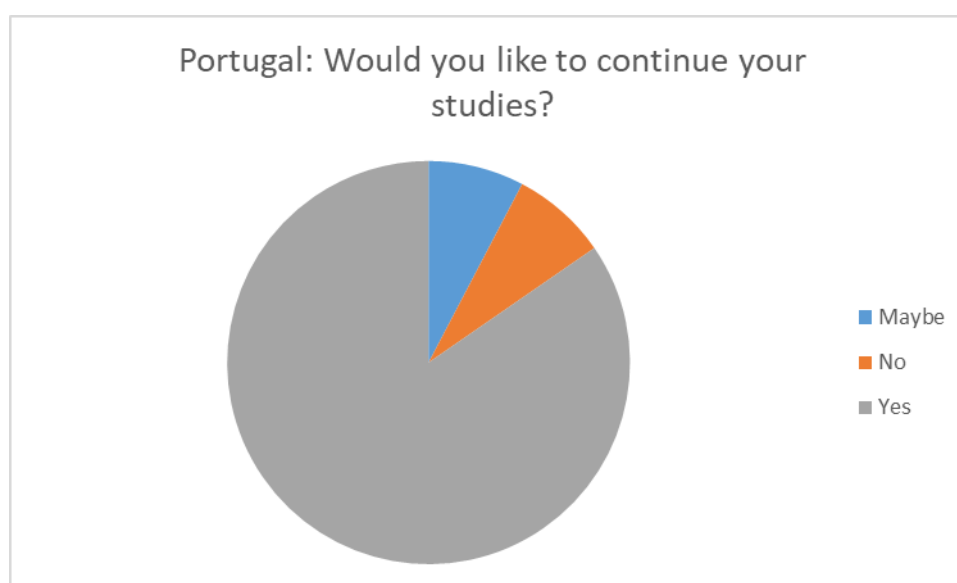
3.6 Portugal

13 MR women participated in the questionnaires: seven of them are between 18 - 25 years old and six of them are between 26 – 39 years old. All of them are young and arrived in Portugal between 2015 and 2017, five arrived in 2018 and one in 1985.

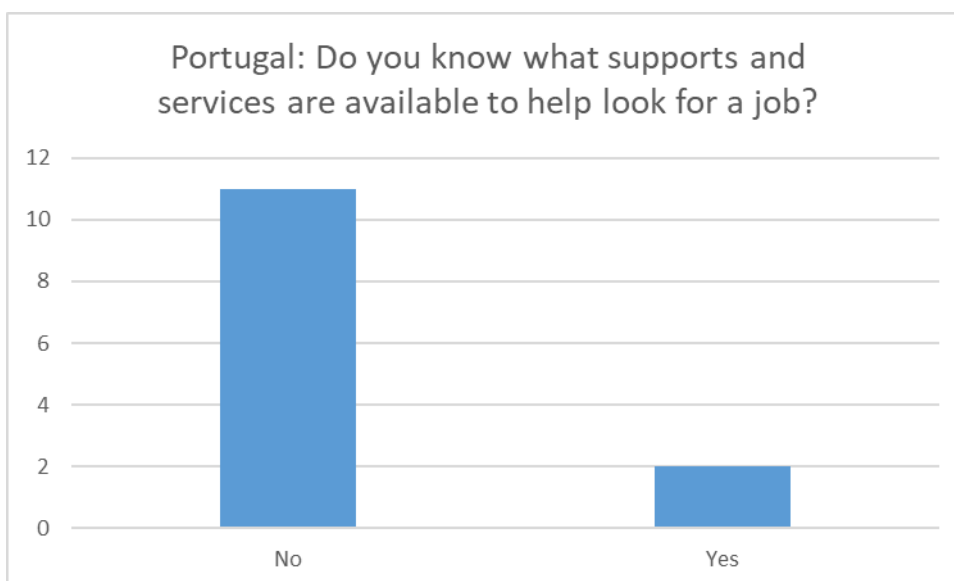
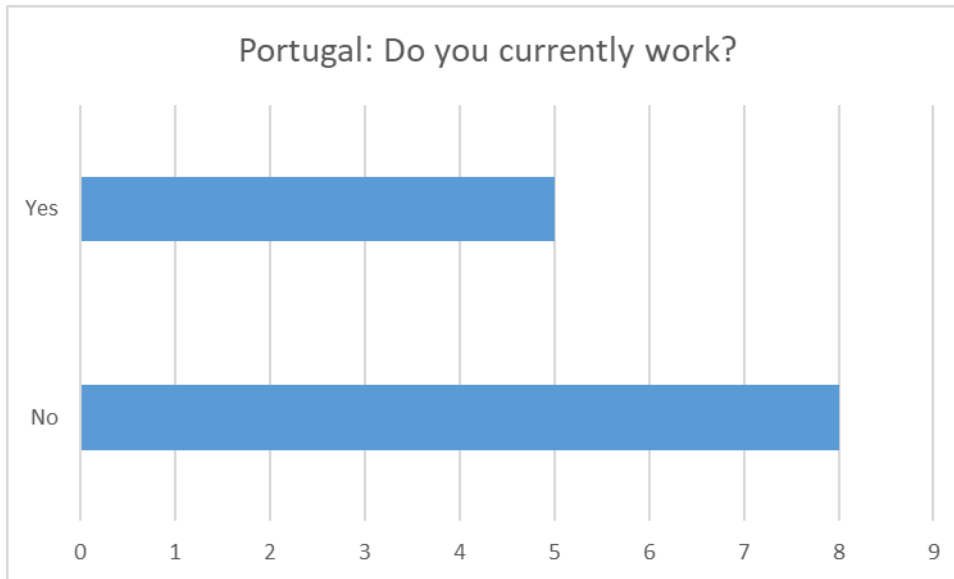


The class group is heterogeneous, they come from different countries (Africa, Asia and Europe).

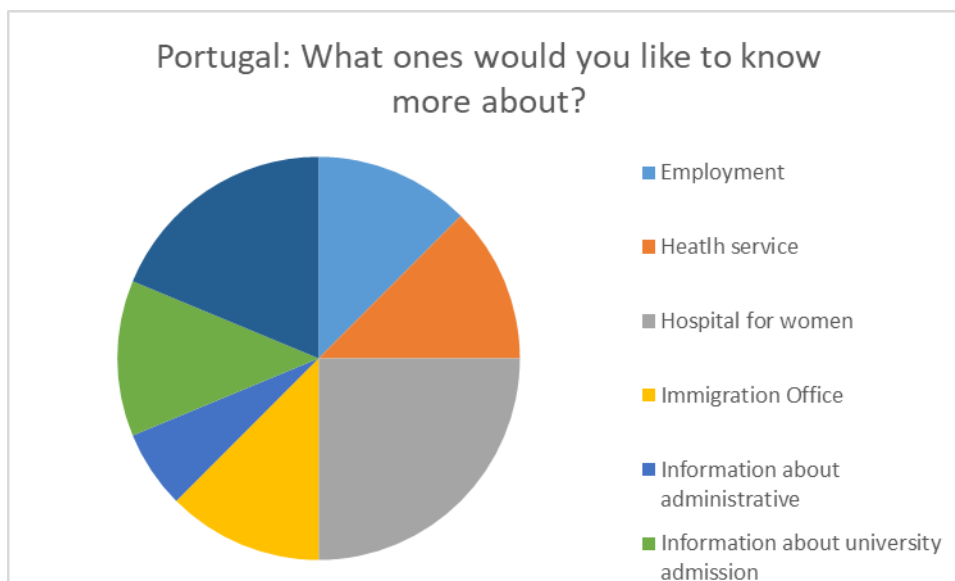
They went to school in their home countries: five completed secondary school, some studied business, marketing and teaching etc. The majority of them would like to continue their studies in Portugal (they expressed a preference having a mixture of practical and theoretical training).



Seven of them used to have a job in the past, while six did not work in their country of origin. Currently four of them have a job.



Most of the MR women interviewed did not visit services to look for a job. Some of them expressed their interest in learning about available offices for employment exchange, legal/administrative support and immigration services.



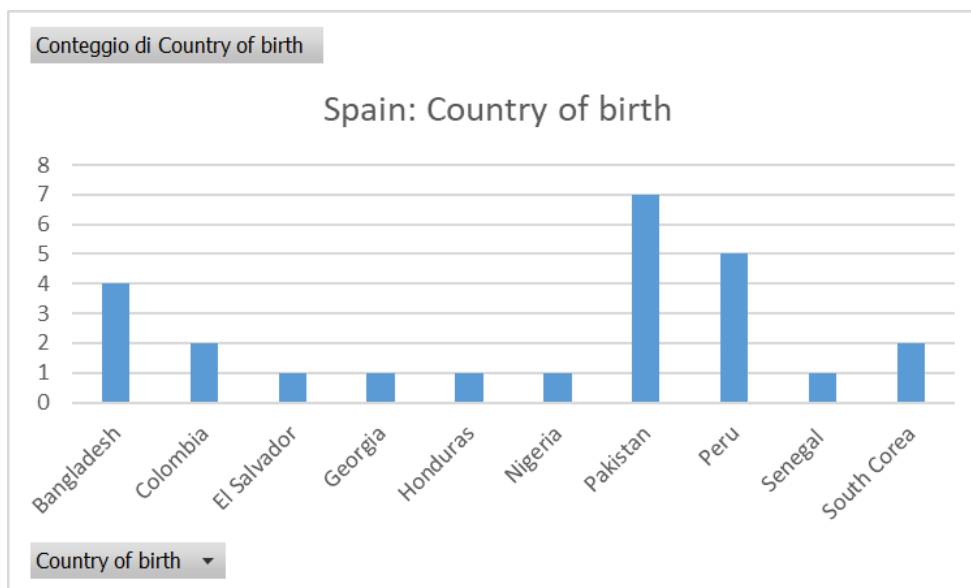
Many of them expressed their interest in knowing more about the health care system (women's clinics and health services). 11 women answered that they find it difficult to understand the doctors and the nurses when they talk to them, but they have not encountered other problems in accessing the system itself.

The health topics that they would like to know more about are prescription of drugs and other medicines and women's health (sexual and reproductive health).

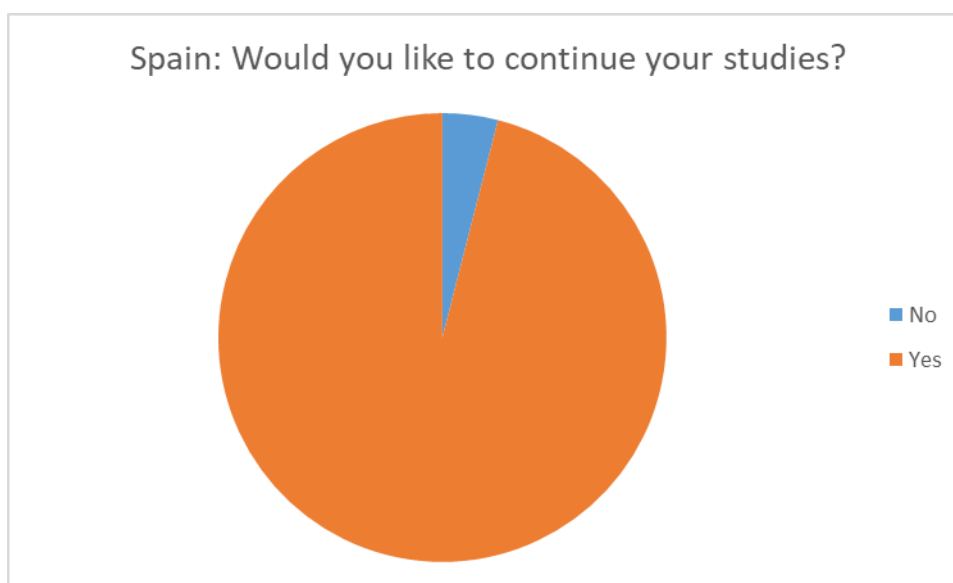
3.7 Spain

25 MR women participated in the interviews. 15 of them are between 26 - 39 years old, 6 of them are between 18 – 25 years old and 4 of them are between 40 – 55 years old.

They come from different countries. The main nationalities represented are Pakistani, Peruvian and Bangladeshi. Nine of them come from countries where Spanish is the national language (Castilian Language).



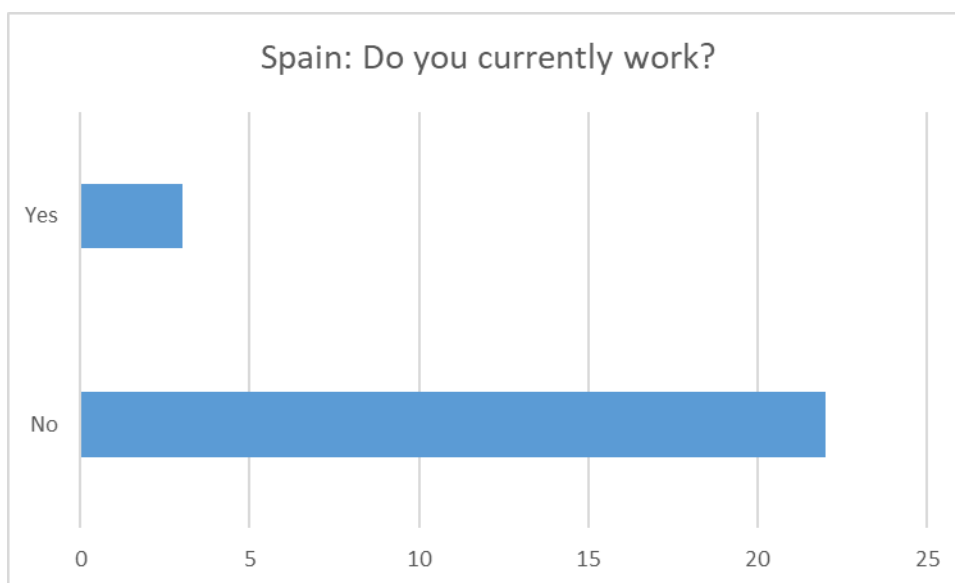
16 MR women reported that they completed secondary school studies, 8 attended university and two finished primary school. Almost all of them would like to continue their studies in Spain.



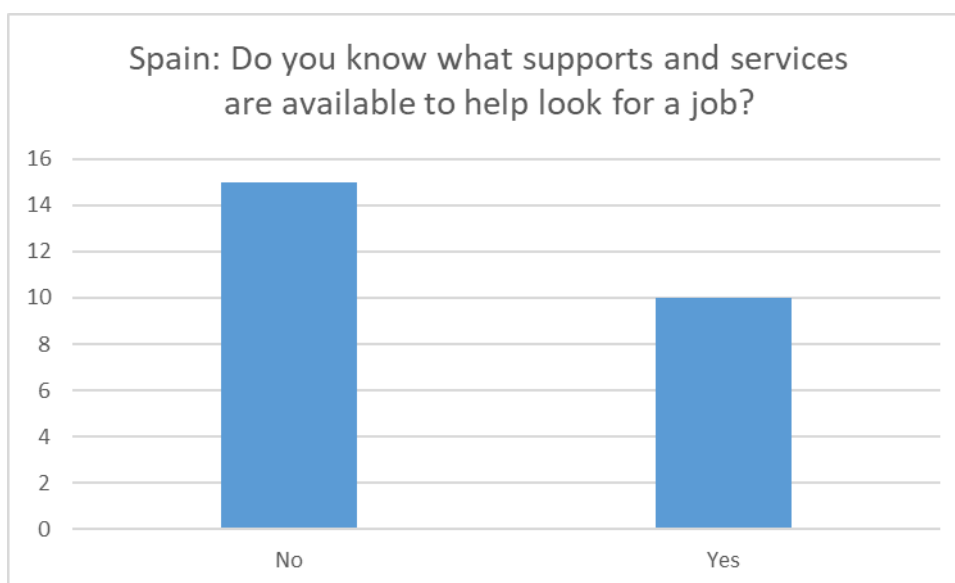
All of them would like more training in the future to have an important practical component (vocational training, a mixture of practical and theoretical training).

In the past eight of them were involved in care work (taking care of elderly people, babysitting, cleaning services in families houses), four women used to work at home as housekeepers, 15 of them were involved in services and work in the fields of their studies (teaching, secretary, sellers etc).

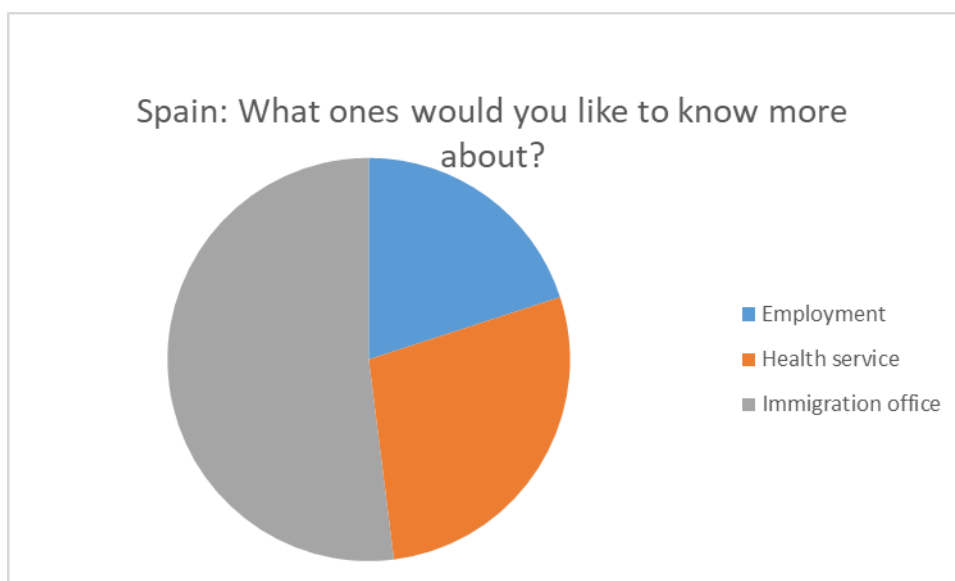
Currently most of them do not work:



15 MR women do not know what services are available to receive support in looking for a job:



Health care and immigration offices are the services they recognize as most useful, even if they answered that they have visited these offices/services, they still would like to know more about them:



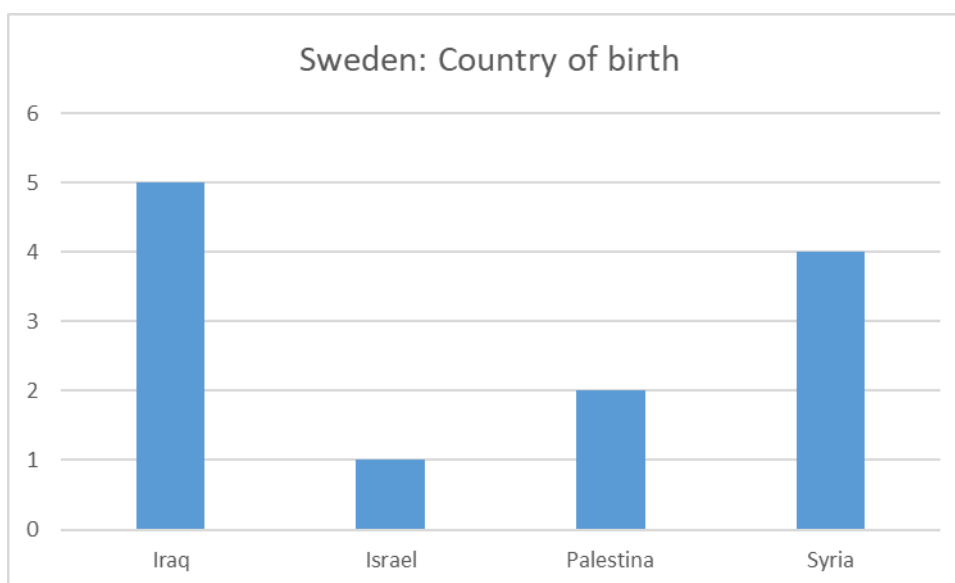
All the MR women interviewed reported they are satisfied with hospitals and health services, they understand doctors and nurses when they speak to them and they do not have problems in accessing the system.

In relation to health care, the topics they would like to know more about are: Sexual and reproductive health and Children's healthcare.

3.8 Sweden

12 MR women participated in the interviews in Sweden. Their age group is quite heterogeneous (4 of them are between 18 – 25 years old, 3 of them are between 26 – 39 years old, 4 of them are between 40 – 55 years old and one of them is more than 56 years old).

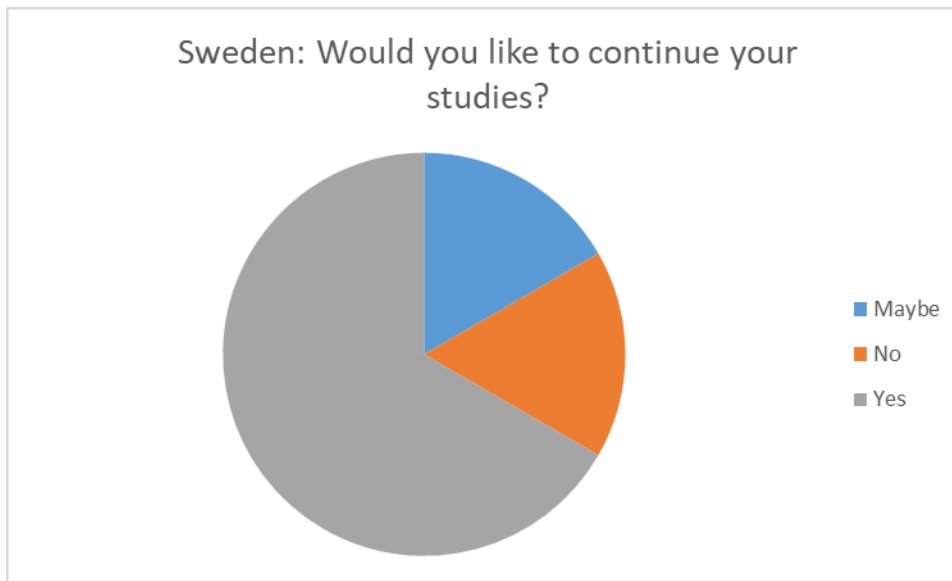
All of them come from Middle Eastern countries and the majority of them speak Arabic:



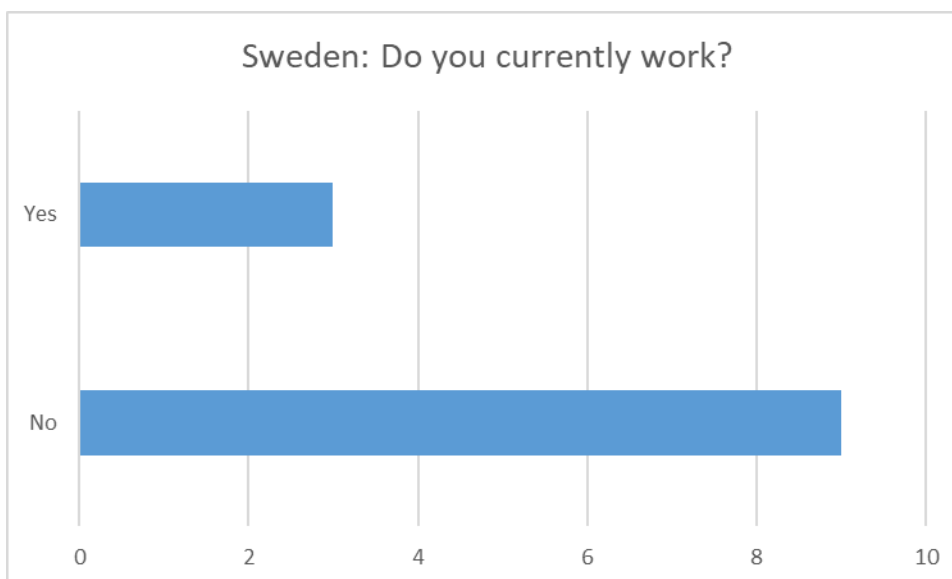
They arrived in the host country in the last ten years (some of them have a recent migration history, others arrived in 2005, 2007).

Seven MR women have primary education, while five of them completed their university studies (to be teachers and to be a pharmacist). Three used to work in their country of origin, while the rest used to take care of their houses and their children.

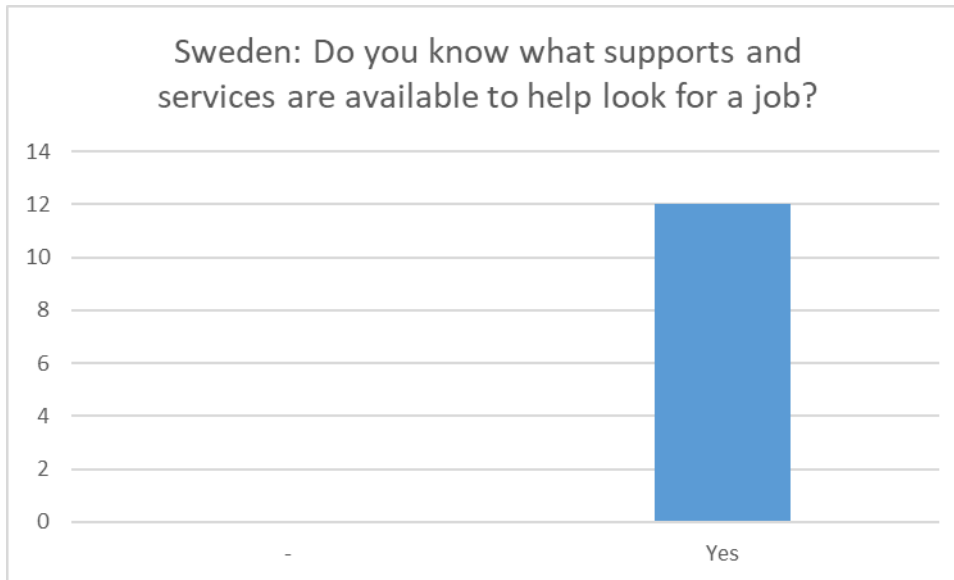
The majority of them would like to continue their studies and they are mainly interested in receiving a mixed of practical and theoretical training.



Currently three of them have a job, one of them did not work in the past and she found a job in Sweden for the first time.

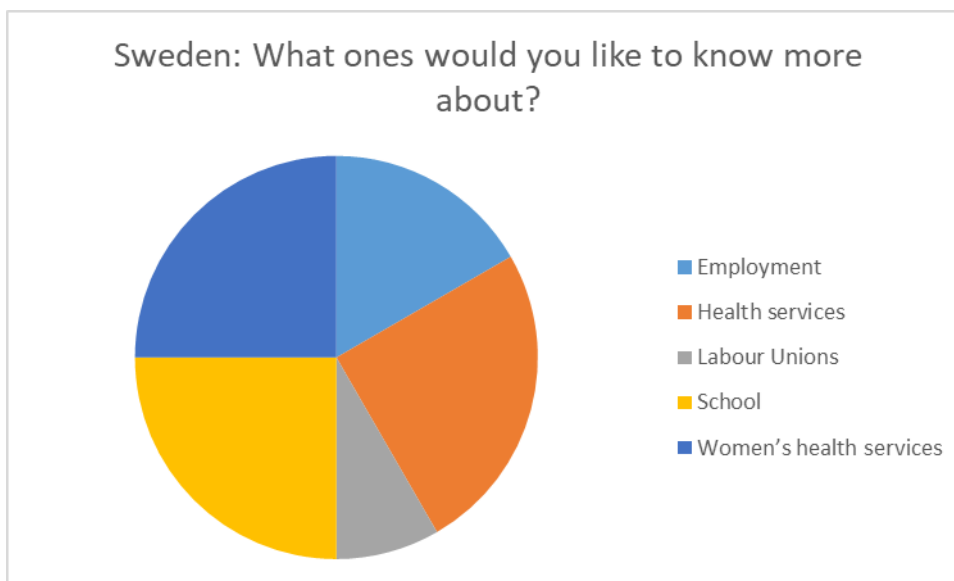


All of them are aware of services to look for a job that are available in town.



MR women and their trainer expressed their worries in relation to: being able to speak Swedish and being independent in using the services, feeling lonely because they do not know other people and they do not have relatives in the host country, the few of them that have families and children are uncertain on how to raise them or to support elderly people in the new context. Networks of support to improve the language and to foster social inclusion are the main issues reported by the interviewed people.

All of them are happy with the health system and the care they have received, but the majority of them would like to be supported by an interpreter to talk to doctors or to call the hospital to book an appointment (automatic voices that are hard to understand to make an appointment).



Most of them mentioned as services that they would like to know more about: Women's health care (to be supported by female doctors), school (improving Swedish language) and employment services.

In relation to health care, the topics they would like to know more about are:

- Sexual and reproductive health (also to support their daughters)
- Prescription of drugs and other medicines
- Children health care
- Care of elderly people
- Dentist specialist visits

3.9 Conclusion

The collected data highlighted different country situations. The main needs reported by the MR women interviewed are identified as follows:

- To receive linguistic support to help understand doctors and nurses at the hospital
- To be orientated towards practical vocational courses that can support the women's re-qualification
- To understand in-depth services related to immigration for the renewal of documents, asylum requests, citizenship demands
- To have more information on sexual and reproductive health and prescription of medicines (to understand their use and when they are necessary).

Most of the women involved in the research do not work; many would like to improve their communication skills in the language of the host country, many would like to continue studying and to be directed to employment services in order to improve their living conditions.

The participants of the Wemin language courses for Italy, Sweden, Greece and Germany (the class of women in Germany is very heterogeneous, this is an element of complexity for the trainers) arrived in the host countries due to forced migration and they are currently included in an asylum request process. These women report that they need support for mental health and legal orienting.

The MR women attending classes in France, Portugal, Spain and Ireland come from heterogeneous migratory paths; many of them have studied and had a job in their country of origin. Social activities and work inclusion programmes are reported as priority areas of interest.

4. Definition of empowering session for MRW

The empowering intervention involves the design, planning and coordination of integrated paths to improve the socio-cultural integration of MR women by addressing several objectives:

- 1) increasing their knowledge on various aspects of the hosting community
- 2) improving their interpersonal skills
- 3) raising their awareness on rights and duties that living in a different society entails
- 4) acquiring competences to orientate themselves in the local community and using the resources available to respond to their needs and personal objectives;
- 5) knowing different cultures and lifestyles in depth, with the aim of making coexistence possible while respecting individuality;
- 6) creating points of reference in relation to family issues and social inclusion.

The activity also envisages the creation of networks with CSOs and associations to provide more information on the opportunities offered by local Institutions to MR women.

Thematic experts will involve the participants in interactive activities to understand important aspects of the host society that influence their lives.

Experts, eventually supported by cultural mediators, will provide, through an interactive and dialogical method, useful information on:

- The care system: access, services available and specific programmes for the health of women and children
- The Social Protection System: also in relation to gender-based violence and women's rights
- Volunteering, job search opportunities, cultural associations and training programs available in town
- Development of language/communication skills through interactive methods (storytelling, dialogues, diaries etc.).

The objective is to provide useful information and content to enable individuals to participate in social activities and to understand how some services work.

This activity may see the involvement of:

- doctors (gynaecologists, paediatricians, family doctors)
- lawyers
- community facilitators dealing with social inclusion
- officers of employment exchange service
- personnel of the immigration department (for the renewal of documents etc)
- language teachers

Women will be encouraged to ask questions, compare the system of their country of origin with the one of arrival in order to improve their perception of the new context and their understanding of their rights and duties.

5. Implementing an empowering intervention: possible scenario

The class group consists of 20 women who have expressed interest in protecting their health.

The topics covered four main issues:

- **INFECTIOLOGY and Vaccines:** 3-hour meeting (organized by doctors experts from the Volunteering associations LILA – Italian Association to fight AIDS)
- **GYNECOLOGICAL:** 2 meetings of 2 hours each (organized by a gynaecologist)
- **MATERNAL-CHILD HEALTH:** 2 meetings of 2 hours each (organized by a midwife)
- **WOMEN'S RIGHTS:** 2-hour meeting (organized by anti-trafficking agency social worker)

The topics covered were developed as follows:

1. Sexually transmitted diseases, with a specific focus on HIV and AIDS
2. Body personal care and specific health check-up for women
3. Pregnancy: guaranteed public services and mandatory check-up
4. The puerperium, breastfeeding and care of the baby
5. The health of the child, paediatric visits and vaccines
6. Italian laws to protect women victims of violence and protection services available

The MR women were involved in discussions, case studies and shared their own experience.

During the sessions, refugee women took the references of the doctors, but also got useful information on the health services available (addresses, schedules, access) that could be useful for them and their families. Some have shared how pregnancy is lived in their countries of origin, the community that accompanies them in this path and have highlighted a sense of loneliness in relation to their experiences in the host country. This was the occasion to refer to pregnancy and child birth groups and to understand the functioning of some services.

Timetable of the intervention

Date	Content of the empowering intervention	Expert involved	Service/Organization of reference	Time of the session
	Explain the topic the trainer will cover in front of the class	Professional that will give the short training	The expert will address this specific service/organization	The intervention will last X hours

6. Attendance sheet of the Empowering session

Place:

Date:

Name and signature of the trainer:

N°	Name	Surname	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

7. Evaluation report of the Empowering session

N.	Affirmations	Score
1.	I have been well informed about the objectives of the session	1 2 3 4 5 N/A
2.	I had the chance to contribute to the agenda of the session	1 2 3 4 5 N/A
3.	The time has been properly optimized	1 2 3 4 5 N/A
4.	I am satisfied about the themes afforded in the session	1 2 3 4 5 N/A
5.	All the participants have the possibility to give their contribution to the discussion	1 2 3 4 5 N/A
6.	I feel comfortable to express any suggestion / opinion /idea	1 2 3 4 5 N/A
7.	The session give me a productive occasion of experience exchange and to learn new topics	1 2 3 4 5 N/A
8.	I am able to improve my skills and knowledge after the session because of the information acquired or opinion exchanged among the participants	1 2 3 4 5 N/A
9.	<i>Please add any comments or suggestions if any</i>	
	1)	
	2)	
	3)	
10.	The atmosphere is pleasant	1 2 3 4 5 N/A
11.	The objectives of the session have been achieved	1 2 3 4 5 N/A
12.	Any other comments:	

Note: 1 is the lowest score, 5 is the highest one.

8. Mentoring in intercultural context: profile of the mentors and learning objectives

Mentoring is a rather broad term referring to a range of activities where support is given, one to one or in small groups, through appropriate training. Cowie and Wallace (2000) divide approaches into two broad categories: those that emphasize emotional support and those that emphasize education and information giving.

Mentors often work in neutral settings, or within the family and home of those they accompany and support. Mentors can work as cultural mediators, coaches to develop and support migrant population newly arrived in the host country (their work is important in schools, hospitals, reception centers etc). Mentors have successfully overcome the challenges of starting a new life in the host country or they have professional recognized skills as counsellors.

Our project considers introducing two mentor profiles to meet the time schedule of the activities and the different needs of the MR women that are part of the language classes:

- A migrant woman chosen from the trainer or the class group that has experienced in supporting newly arrived people and orienting them
- an external person with specific work experience in the field of concern (cultural mediator, person expert in coaching) chosen from the partner organizations who show interest and has experience in the social and educational process of the MR women

In this case of mentoring we would like to introduce the professional figure of the linguistic and cultural mediator, that can facilitate the implementation of the session. These professionals collaborate for translations of other professionals (during medical visits and examinations, in school and public offices). He/she should be used to build bridges between different cultural and social norms and to establish new relationships between cultural, social and public spheres of people and communities involved.

Newly arrived refugee and migrant women need support and guidance for themselves and their children. Thanks to their own experience with migration, these mentors/cultural mediators can act as a valuable bridge for women who have to start a new life. In practice, the application of a mentoring approach entails newly arrived migrants with specific abilities, competences and experiences. It is crucial that mentors and mentees establish good relationships in order to achieve positive outcomes in the emotional, cognitive and social dimensions.

From the point of view of educational/learning processes, mentoring is a pedagogical technique based on 'cooperative learning', a method that lends particular importance to active learning, mutuality and shared responsibility among people taking part in a session of mentoring. This approach fosters knowledge development as well as strengthening emotional and cognitive skills, and these in turn help mentees to improve their learning level.

Furthermore, there is a tendency to highlight the needs of foreign citizens and their children to be considered as individuals, not as belonging to specific communities and groups, for successful integration. The mentors must understand that community members have many other problems in life and must find ways to reach them as individuals.

The learning objectives of a mentoring session should be to:

- improve cooperative learning mechanisms and communication skills of the language class group;
- aid interpersonal relationships of MR women in the host society;
- encourage the individual to feel at ease alone and with others;
- take on commitments for personal goals;
- encourage inclusion, interaction and integration into social, cultural and political life in the local context;
- encourage recognition of the mechanisms of how the services works: rules, organization, timetables, rights–duties, deadlines, access, requests;
- encourage participation in initiatives, groups, events;
- take an interest in the educational/social/work process and support the MR women faced with difficulty with advice and suggestions;
- provide support in the learning process;
- provide support for legal, health, social care;
- help to recognize skills and potential and encourage confidence in their own resources.

All of the above relate to notions of inclusion where the emphasis is on making sure that all women feel valued and find situations, places, opportunities where they feel welcome and they can use and develop their own skills.

The content of a mentoring session should be:

- overview of the host country government services and legal support (legal information, renewal of the document, inscription of the children in school)
- which counselling and information centers support refugee and migrant women (the mentor maps the services, give feedbacks and operate as a bridge with available services)
- directly orientate towards services (escorting to public offices, health centers, employment office etc.).

For the Wemin project a Mentor can be understood to be an operator / facilitator of relationships. He/she performs roles and functions of "mediation": she/he brings together, escorts, promotes participation and access to health, social and legal services; promotes the acquisition of autonomy and the development of awareness and responsibility of women through an action of community empowerment. His/her actions aim at promoting behaviours of correct lifestyles, personal care, and social commitment.

In Italy the mentors have collaborated with health centers for the promotion of health competences among migrant communities: mental health competence, voluntary termination of pregnancy reduction, various health screening, pap tests etc.

Mentoring can create networks (community, territory, services) and helps to strengthen them: adopting a strategy that can create a bridge among a community and the health services, facilitating mutual understanding, cognitive and affective dynamics, and communication codes. The Mentor operates through the intervention method of peer education and cooperative learning, according to which some members of a group, appropriately prepared and integrated for some time in the

host society, re-enter the group to carry out precise activities with "peers". This methodology takes advantage of the influence that the "peer" (being a migrant) plays within a group, in terms of attitudes, behaviours and social skills. The mentor has lived the same experiences and is a person that women can trust without feeling judged.

A Mentor uses a variety of materials and methods to make the meeting interesting and stimulating, encouraging the learning process. A mentor should demonstrate decision-making and problem-solving skills, critical and creative thinking, empathy and good interpersonal skills, effective communication skills, awareness of his/her own possibilities and limits, emotional control and stress management skills (of both him/herself and others). By working in small groups and cooperating to achieve a common goal with people from different social and cultural backgrounds as well as different abilities, women learn more about themselves and develop positive attitudes towards diversity.

9. Implementing a mentoring session

The mentor in collaboration with the trainers of the language class (or being part of that team) will define the objectives of the mentoring session. She/he will organize the group in a comfortable environment, he/she will put people at ease and will describe the objectives of the session. The mentor will work in collaboration with the MR women involved in the point of arrival of the whole learning process.

In line with the objectives of the sessions one or more mentors can be involved to support and provide information and counselling to the MR women. Mentors should give information and support in accordance with their own competences and relational skills.

Possible scenario of mentoring

1st session

TITLE:	Skills essential for the job market
Mentor:	In this case the mentor was a migrant woman that used to work in Employment exchange office as cultural mediator
Mentees:	
DURATION:	1 or 2 hours
DATE AND TIME:	
Room requirements:	mobile chairs and a table
OBJECTIVES:	<p>The cultural mediator/mentor/facilitator will set the objectives of the session in collaboration with the group:</p> <ul style="list-style-type: none"> - Reflect on your background to start exploring your skills - Reflect on what the relevant requirements, competences and skills to highlight are in order to develop your own curriculum - Reflect on what the intermediate steps to get closer to job market are: describe them

Time schedule of the session	<p>Initial presentation The mentor will introduce herself and will ask the mentees to introduce themselves as well. The mentor will explain the objectives, time and tools of the session.</p> <p>Team Building A short activity to strengthen the group will be organized (i.e. build a tower with few objectives in 1 minute etc.)</p> <p>Life map Each person will take a card to write. On the table you will find coloured markers that you can use to draw and write your map. It is a tool that helps you to reflect on who you are and on the importance of giving value to the tools acquired during your life, already at your disposal. Write on the card at least 4 important moments where you have learned useful skills to work, manage the house and your time.</p> <p>Definition of the REQUIREMENTS useful for job placement Definition of curriculum how the skills learned and defined above can be included within this tool.</p> <p>Drawing up of your CV The mentees in collaboration with the mentor put together a paper curriculum that defines the main skills of the person, the past work experience and the actual, realistic, personal professional goal.</p> <p>Homework: The mentor or the mentees (depending on IT skills) inserts the CV into an electronic format and sends it to each participant of the session.</p> <p>POST-IT WITH MESSAGE If the training environment has been positive and collaborative, each participant sticks a post-it on another participant's back . In the post-it, each participant should write one of the skills that the other has shared in the group.</p>
Materials:	<p>Spaghetti (to build the tower), scotch paper, a meter of string, cards, coloured markers, magazines, scissor, pens, paper.</p>
Training aids & equipment:	
Comments:	

Evaluation:	
Outcomes:	

The session will be resumed in the following weeks, with the aim of knowing the places where women can distribute their CVs and to indicate or directly escort the group to the employment office where they can be registered.

This is just an example of mentoring session; the topics must be oriented on the needs of the group and on the actual situation they live in.

The mentor can organize a similar session to inform women about available services in town for sexual and reproductive health care (in this case the mentor can be a migrant woman that has work experience in the health system as cultural mediator, social operator etc.).

The mentor will define within the session the group's health needs, the concept of health and body that women have in their minds, and the critical issues they faced in accessing the services. The mentors will share and provide useful information on the places and resources available in town for voluntary termination of pregnancy, contraception, prevention and treatment of sexually transmitted diseases, having in mind the culturally "sensitive" services present in the context of reference. The objective is not just to transfer information but also to facilitate the expression of feelings, concerns and expectation on health care of the woman involved.

The mentoring session should start from the current situation of the women involved, should highlight their ideas, resources, needs to stimulate them and put them at the centre of the activity in order to ensure that they will define by themselves the steps they want to take in their lives.

The key points to plan the session, starting from the needs of the MR women are:

1. Perception of needs → goals
2. Definition of small objectives (SMART) → specific, measurable, achievable, relevant, time bound
3. Evaluation of internal and external resources available → Increase personal opportunities make choices
4. Concrete experimentation → image situations and act
5. New opportunities and possibilities to take into account in order to act
6. Process that promote protagonism → the woman makes aware and independent choices.

10. Attendance sheet and minutes of the mentoring session

Date _____ Time _____

N°	Name and Surname of the mentees	Signature	Content of the session and materials used
1			
Nationality			
2			
Nationality			
3			
Nationality			
4			
Nationality			
5			
Nationality			
6			
Nationality			

Mentor _____ Signature _____