O1-A1 Research Report on Intercultural Mediation for Immigrants in Belgium – France – The Netherlands

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What is IMfi in Belgium? Definitions

Different definitions are being used for different types of intercultural mediators.

Within the sector of health care two definitions are used:
Intercultural mediation in the intercultural mediation program at the hospitals (organized by the Federal Public Service for Health, Food Chain Safety and Environment) and within the context of the Video Remote Intercultural Mediation projects (that also target primary care settings) is defined as: 'all activities that aim to reduce negative consequences of language barriers, socio-cultural differences and tensions between ethnic groups in healthcare settings' (Verrept & Coune, 2015a)

Within the context of mother and baby care centers 'Kind & gezin' ('Child and Family') the term that is now used is that of 'family supporter'; they work with poor families and also with migrants & ethnic minorities (hereafter: MEM's). The family supporters working with MEM's used to be called 'intercultural mediators' in the past. The texts sent to us by Kind & Gezin do not contain a definition of the function (Kind & Gezin, 2014).

Within the social sector:
The social interpreting (Setis) is a type of interpreting where the verbal messages are translated in a faithful and complete way from the source language into the target language in the context of public service delivery; the aim is to provide qualitative services to all so that everyone has the opportunity of insuring his rights and of carrying out his duties (Cofetis-Fosovet).

Social interpreting (Flanders) is the complete and neutral translation of a text from a source language into an equivalent message in a target language. (COC-website)

The intercultural mediator in the city of Namur (Belgium) is a link, an intermediary between people, services and institutions. The function is part of a strategy that aims to include MEM's. He is a third party, free, independent and without power; he assists the communication process of individuals and groups, is a facilitator and an actor of mutual integration(Erol Aktas, 2000).

What is IMfi in France?

The interpreter in the social sector in France (ISM) is a linguistic and cultural intermediary. As a participant in a trailogue, he makes it possible for individuals speaking different languages to communicate with each other. The interpreter does not limit himself to linguistic translation: he provides information, explanations and, in certain sectors and in agreement with the parties, mitigates tensions, motivates and assists the decision-making process.

The Link-women ("femmes-relais") are social and cultural mediators in France organize and accompany exchanges between individuals or between individuals and institutions, to improve the communication process or to favor the access to rights. The cultural mediation addresses MEM's in particular and their family and tries to resolving communication difficulties or conflicts between different value systems. They prevent misunderstandings, reduce the impact of stereotypes and

prejudices, facilitate mutual understanding and so favor to change the perception and the practices involving MEM's.
What is Imfi in the Netherlands?
The most-established type of intercultural mediators in the Netherlands is the community interpreter, who is simply labeled as 'interpreter'. It must be clear, however, that many Dutch interpreters, and certainly the organizations that employ them, would not agree with the use of the term 'intercultural mediator' to refer to them. Indeed, in the Netherlands, the approach to interpreting is still relatively close (though less so than in Flanders) to what is often called the 'translation machine or conduit model'. Another type of intermediary active in Holland is the ethnic minority health care counselor. He (or she, as most of them are women) is expected to bridge the gap between Dutch care providers and the ethnic minority patients. They are involved in health education (for individual patients and groups), pointing out health problems of ethnic minorities, communicating questions that exist in their target groups concerning their health, developing a network in the local community, advocacy, increasing cultural competence of care providers and care institutions and developing health education material (Van Mechelen, 2000).
Genealogy of the term-phenomenon: first publication
As far as we know, the term intercultural mediation was first used in the policy reports prepared by the 'Royal Commissioner for Migration Policy' at the end of the 80's in her extensive recommendations for a health policy for migrants in Belgium (KCM, 1989, 1990). ISM in France exists sinds '1970 (Ali Ben Ameur, 2010)
Different terms used
Intercultureel bemiddelaar / médiateur interculturel ('intercultural mediator')
Sociaal tolk / interprète social ('social interpreter, community interpreter')
Gezinsondersteuner ('family supporter', within the context of mother and baby health care centers); this function developed out of the original intercultural mediation project that started in 1990: the target group, however, now also includes other vulnerable groups, especially families living in poverty.
Brugfiguur ('bridgeperson', could also be translated as 'linkworker'), active in the fields of education, social integration (within the context of the so-called 'integration courses' that are organized in the Flemish community and, increasingly, also in the French community).
Médiateurs sociaux ('social mediators') in the city of Brussels and in Wallonia. They realize mediation actions between public institutions and local communities. The aim of the social mediators is also to prevent disorders in at-risk neighborhoods.
Allochtone zorgconsulent (ethnic health care counselor; the Netherlands) VETC (Voorlichters eigen taal en cultuur: educators in the own language and culture)
Femmes-relais médiatrices sociales et culturelles in France ('Link-women', social and cultural mediators') Their work consists for the main part of the welcome(reception), the support(accompaniment) and the orientation of people or families of the district in their contacts with institutions.

Interprète-médiateur in France ('interpreter-mediator') is like a social interpreter but the interpreter-mediator also considers the anthropological, social and ethnic aspects of the people they are working with.

Forms-contexts of IMfi

Most intercultural mediation programs are funded as projects which makes them extremely vulnerable to economic and political changes. Notable exceptions are the 'Intercultural mediation program at the hospitals' and the 'Family support program' at Kind & Gezin. In both cases, intercultural mediation has been structurally integrated in the regular system.

'Social interpreting' has mainly been the domain of non-profit organizations funded by the state. This funding has for some time been under reconsideration; the new government in Flanders wants to limit the use of interpreters: their point of view is that MEM's should, after a number of years either speak one of the national languages or pay for interpreters themselves. Social interpreters are mostly self-employed (and called in when e.g. the NGO needs their services) or are employed by the above-mentioned NGO's which depend on public funding. (This is also the case in France.)

IMfi working for big cities: they have a contract of employment and are paid by the city.

Brugfiguur ('bridgeperson') : mainly active in the sector of education. This project also developed out of the original intercultural mediation in healthcare project (one of tis coordinators used to be the national coordinator of the intercultural mediation in healthcare project). The aim is to establish a better link between the schools and the parents of the MEM-children.

The Netherlands
In the Netherlands, interpreters were until 2012 funded by the state . This is not the case anymore, with as the only exception interpreters working for asylum seekers. Interpreting is now in the hands of private companies: those who need the interpreters have to pay for them.

Ethnic health care counselors have been funded within the context of numerous projects by different departments of the government (Van de Geuchte & Van Vaerenbergh, 2013).Van M

Presentation of the academic literature

The academic literature is fairly limited.

Most studies pertain to the intercultural mediation in health care program at different stages of its development. The effects of this program have been extensively assessed (Verrept 2001, 2008) using mainly qualitative research methods. It was found that intercultural mediation improves the quality of care for migrants and ethnic minorities if adequate use is made of their services. Unfortunately, many health care providers do not rely on intercultural mediators when they encounter a language or culture barrier. Also the uptake of video remote intercultural mediation has been found to be very slow and has met with numerous technical problems which seem to be related to the lack of familiarity of ICT-personnel working at health care organizations with video-conference technology (Verrept, 2012). In a number of research reports, problems and conditions for the adequate

implementation have been described (Verrept, 1995; Verrept, Perissino, Herscovici, 2000). A detailed description of the process of developing standards for intercultural mediation in health care is under submission for the book intercultural mediation that will contain a selection of the presentations given at the First International Conference on Intercultural mediation in health care in Huelva in 2013 (Verrept & Coune, 2015b) .[1]

Bridgepersons: no academic literature available with the exception of a professional profile description developed by the university of Leuven (Op den Kamp, Van Gyes, Desmedt, 2007).

Belgium/the Netherlands
Intercultural mediators / interpreters: text describing the different types of intermediaries (intercultural mediators & interpreters) active in Belgium and the Netherlands in mental health care and the advantages and disadvantages of the different approaches (Bot, Verrept, 2013).

Van de Geuchte & Vaerenbergh (2013) published an article on interpreting and intercultural mediation in health care in the Netherlands and Flanders which, unfortunately, is already outdated (text describes the situation of 2012). It describes the different roles of interpreters and intercultural mediators in health care, as well as the legal/political context of the different projects.

The Netherlands
On ethnic healthcare counselors, an article was published by Van Mechelen (2000) in a series published by FORUM, an institution for Multicultural Development. In this article she discusses the reasons why these intermediaries are employed, what their roles are, which target groups they serve, what their educational background is, how the service is organized and what the added-value of working with these intermediaries in primary care is.

Presentation of the political-legal framing of Imfi

Fundamental texts:

- Universal Declaration of Human Rights of United Nations, 1948
- European convention of saving of human rights and fundamental liberties, 1950
- European social charter, 1961
- International pact concerning the civil and political rights, 1966
- International Convention on the Rights of the Child, 1989
- European charter on the rights of the Child, on 1995

Intercultural mediation in healthcare
In Belgium, a royal decree, stipulates that a certain amount of money is available for intercultural mediation in the regular hospitals budget (since 1999). This project will also be extended to the sector of non-residential care in 2015-16.

The NGO Foyer (Brussels) offers intercultural mediation services in health care, social services and education in the region of Brussels. This project is funded by the Flemish government. It is the continuation of the project that led to the development of the intercultural mediation in health care

[1] This conference was jointly organized by the University of Huelva and the IOM.

program in the hospitals that is now run by the Federal Public Service Health, Safety of the Food Chain and Environment.

'Family supporters' are since 2002 part of the regular structure of Kind & Gezin which is funded by the Flemish authorities.

Social interpreters

Social interpreter services are funded by the regional governments and in addition sometimes by the European Social Fund. In Flanders, the government is also subsidizing a telephone interpreting service + a central coordination unit for social interpreters and translators. In Flanders, reference is made to the social interpreter in the legislation on the integration policy. At the beginning of this year, most of the social interpreting services have been incorporated in a central center for migration, EVA, a private foundation that has been created by the Flemish government (strange as this may seem). In the description of the profession by the Socio-Economic Council of Flanders (2008) it is explicitly stated that the interpreter should always remain 'invisible' and that he can never engage in mediation, even when communication problems arise and he he is aware of their origin.

The Netherlands

Public service interpreting (the term used is simply 'tolk', 'interpreter') used to be funded with money coming from the budget of the Ministry of Justice (until 2005). The actual services were provided by the Tolk- en Vertaalcentrum Nederland (Centre for interpreting and translation, the Netherlands). As a result of political criticism and change, the budget was divided among the different ministries that had competences that necessitated the provision of interpreters. In addition, it was decided that a public tender offer would be launched and as a result the market has now been completely taken over by private companies. Funding of interpreting in health care has been stopped in 2012 (the only exception being interpreters working for asylum seekers).

Stakeholders-Target groups involved

Belgium

Administration (at federal and regional levels), healthcare institutions, government agencies (such as FEDASIL, working with asylum seekers), centers for well-being, justice system, police, NGO's involved in the integration of MEM's. Target groups are MEM's.

The Netherlands

For profit organizations (private companies providing the interpreter services), public services in general, Target groups are MEM's.

Presentation of projects implemented (areas)

Intercultural mediation in health care

In Belgium, a group of medical doctors, medical sociologists and anthropologists, active in both academia and the field, called CEMG (centre for Ethnic Minorities and Health) had been created in the 80's. Their aim was to study and remedy the health (care) problems of migrants and ethnic minorities. In 1988, the Belgian political world was shocked by the sudden success of an extreme right wing party called 'Vlaams Blok'. In their election program, the development of an anti-immigration policy was prominently present. In reaction to this, the government created a 'Royal Commissariat for Migration Policy'. This institution commissioned experts to prepare policy recommendations for the different fields relevant to migration. For health, the CEMG was asked to submit a report. One of its conclusions was that intercultural mediators should be trained and employed in healthcare to cross linguistic and cultural barriers to improve the accessibility and quality of care delivered to ethnic minorities.

These recommendations led in 1991 to the start of the first intercultural mediation in health care project. A three-year curriculum for the training of the mediators was developed. It included formal tuition, learning on the job, and intensive supervision and coaching. After completion of their training, most intercultural mediators continued to work in different sectors of health care.
From 1993-1995 and again in 1997-2000 the project was extensively evaluated (Verrept & Louckx, 1997; Verrept, 2008;). Health professionals, patients and intercultural mediators all confirmed that the introduction of intercultural mediators led to an important increase in the quality of care. All the health professionals stated that the program should be continued and become a regular service available to ethnic minority patients and health staff.
During the second half of the 90's, the intercultural mediation project was largely integrated within the regular structures of the health care system. Intercultural mediation at the hospitals is now structurally funded on the hospital budget and managed and coached by the Intercultural Mediation and Policy Support Unit which is part of the Federal Public Service for Health, Safety of the Food Chain and Environment. This unit is also in charge of the evaluation and continuing education of the intercultural mediators. Interested hospitals receive a separate budget for the employment of one or more intercultural mediators who will be working on their premises. Today about 100 intercultural mediators are employed in 52 hospitals. Together, they carried out over 110.000 interventions in 2013.

Since 2009, experiments have started using video-conference technology to make it possible for intercultural mediators to intervene outside their hospital (and also in primary care centres) without having to travel. This new project was created because it was found that the clientele served at the hospitals was becoming increasingly diverse and that it was unfeasible to provide on-site intercultural mediators for all groups and languages at all hospitals. As a result of this initiative, interested hospitals in Belgium can now rely on the remote services of all the intercultural mediators funded by the FPS Health. This experiment will be rolled out further during 2015-16, especially in the domain of non-residential care.

At the start of our intercultural mediation program in the early 90's, 5 tasks were defined: interpreting, deliberation (with health care providers and/or patients on issues concerning the care process), provision of information to the health care provider to increase his culture competence, health education (for the patient, i.e. providing information on healthcare issues), and advocacy.
After the second evaluation of the program, which consisted of a quantitative survey on the actual tasks executed and extensive participant observation (see Verrept, Herscovici & Perissino, 2000; Verrept, 2008) the task description was updated and reformulated. The tasks mentioned at that time were interpreting, cultural brokering, providing practical help and emotional support to the patients, conflict mediation, advocacy, identification and discussion of problems encountered by individual or

groups of patients with care providers and the provision of health education. At the time of writing, a new task description is being developed that includes linguistic interpreting, facilitation (resolving misunderstandings, cultural brokerage, assist patient and care provider to take up their respective roles) and advocacy.
(Verrept & Coune, 2015a)

Family supporters (Mother & Child Care 'Kind & Gezin)
Concerning this project, we do not have a single academic article, only 'grey literature' produced by the institution itself. 70 family supporters are active today in 32 of the 64 regional teams that provide preventive care to mothers and their children. Their tasks consist of supporting the family's project, supporting the contact between the care provider and the family, and supporting the organisation to provide adequate care. This support is provided during training sessions, case discussions and the pointing out of exclusion mechanisms that hamper care delivery. The main dimension, however, is supporting the family-project which is clearly different from 'normal' intercultural mediation. In this respect, one might wonder whether the family supporter is really an intercultural mediator, or rather a care provider who is using intercultural mediation as a methodology to improve the provision of care to vulnerable groups. (Source: texts provide by Kind & Gezin, 2014)

Setis: (social interpreting)
Areas: Brussels and Wallonia in Belgium

Intercultural mediaton in the cities (Belgium):
Areas: Big cities in Belgium: Brussels, Namur, Liège, Charleroi, Antwerp, …

The Netherlands
As a result of political changes, the number of interpreter-mediated encounters has been dramatically reduced. We also got in touch with the our Dutch colleagues and it seems that projects employing ethnic health care counsellors have been stopped but we should comfirmation of this during the coming days.

France:
ISM**:**
Areas: Paris and Ile de France

Link-women (femmes-relais) social and cultural mediators (France):
Areas: Paris and other big cities in France

Trainings planned and provided

Intercultural mediation (Flanders**)**:
a 3-year program for intercultural mediators was designed and implemented at the beginning of the project in the early 90's
This course was taught at the level of higher secondary education and led to a certificate (not to a recognized degree).
The theoretical training program consisted of 3 modules (1 day a week):

Module 1: language skills
1.1 Native language
1.2 Dutch
Module 2: Working in a multi-ethnic setting
2.1 Social problems
2.2 Intercultural communication and anthropology
2.3 health care
Module 3
3.1 social skills
3.2 health mediation methodology

During their training, the trainees were also employed in different healthcare institutions (3 days a week).

In addition, they participated in on-the-job coaching activities (one day a week).

If wanted, a detailed description of the program can be delivered.

Unfortunately, the schools that offered the theoretical program have stopped doing so because the number of candidates was too low. These days, no comprehensive training program is available for the mediators. The NGO Foyer is still training mediators and organizes training sessions itself.

Within the context of the Intercultural mediation program at the hospitals, we regularly organize training courses, in particular on interpreting and guidelines for the work intercultural mediators in health care[2], as well as on relevant topics such as patient's rights, cultural brokerage, working in mental health care, dealing with conflicts, etc. This is, however, done on an ad hoc basis as our department is basically not in charge of training programs. Intercultural mediators are 2 times a year invited to take part in obligatory supervision sessions during which trouble cases are discussed.

Social interpreters (Flanders):
are trained by the central coordination unit social interpreting and social translation (Centrale ondersteuningscel Sociaal tolken en vertalen). During this 130hrs course, trainees acquire basic interpreting skills and get information on a number of public services (e.g. social services, health care services, education etc.) that might make use of their services. The course in regularly organized and leads to a certificate (not a recognized degree).

Basic training module	**Number of hours**
Module 1	**49**
Registration / introduction	***1***
Interpreting techniques and speaking skills	***27***
Interpreting techniques	12
Speaking skills	6
Note-taking	9
Terminology (part 1)	***6***
Terminology I	6
Deontology	***12***

[2] Based upon the tekst 'Guide for intercultural mediation in healthcare'.

Introduction to deontology

Basic training module	**Number of hours**
Module 2	**81**
Spheres of action (theory)	***21***
OCMW I (Center for social support and well-being)	3
K&G I (Mother and child healthcare)	3
Education I	3
Psycho-social domain I	3
Integration I	3
Healthcare I	3
Different types of residence status and topics related to asylum I	3
Terminology (part 2)	***3***
Terminology II	3
Remote interpreting	3
Difficult conversations	6
Transfer	3
Spheres of action (practice)	***42***
OCMW II (Center for social support and well-being)	6
K&G II (Mother and child healthcare)	6
Education II	6
Psycho-social domain II	6
Integration II	6
Healthcare II	6
Different types of residence status and topics related to asylum II	6
Preparation of certification exam	3

(Source: website of Centrale Ondersteuningscel Sociaal Tolken en Vertalen)

The interpreting-department of at the University of Leuven is offering **a master in social interpreting** Plans exist to start a similar program at the University of Mons. Unfortunately, the most relevant languages are not taught at these universities and one may wonder whether this degree will be useful for those who acquire it and for society.

Setis (French community)**:**

The basic training for new interpreters includes three parts:

- A relational part where are approached the know-how(skills)and the social skills (relational attitude) relative to the function during 4 days
- An informative part concerning sectors and relevant themes for example mental health, regularization procedure, intercultural communication during 3 days
- A practical part concerning how the service works, type of benefits, presentation of the users and coaching on the job during 3 days;

The in-service training consists of 8 hours a month on various themes: supervision sessions, interpreting techniques, improvement of French, thematic modules,…

CBAI

The CBAI in Brussels organizes a training to become developmental agent and intercultural mediator. The training is accessible for individuals older than 24yrs, with (at least) an educational level of junior high school and a sufficient knowledge of oral and written French. The candidates have to pass a selection test.

The training lasts 2 years (750 h): 540h theoretical courses, 150h practical courses and 60h coaching.

Contents:

First year (335h)

- History, sociology and migration policy, and communities in Belgium
- Narratives of migration and/or cultural trajectories
- Intercultural approach I (neurosciences, social psychology, anthropology)
- Theoretical and practical communication
- Techniques of interview
- Management of conflicts and interpersonal negotiation
- Group dynamics
- Workshop of artistic and physical expression
- Writing workshop
- 50h professional practice and report

Second year (415h)

- Intercultural approach II(Sociological and political aspects)
- Intercultural mediation
- Stigmatization of social groups
- Urban policy (of integration, social cohesion)
- Structure of the state
- Collective intelligence (asbl, networks)
- Organizational and institutional analysis
- Mental training
- Project management
- Techniques of animation and meeting management
- 100hrs professional practice and report
- Integrated test

The Netherlands

Interpreters:

Interpreters working for the Tolk- en Vertaalcentrum Nederland, the most important provider of public service interpreting services until 2012, mostly had a bachelor or master's degree in translation and interpreting.

Ethnic healthcare counselors:

Most of the ethnic health care counselors had completed a 2 year course for ethnic minority health educator. This was an informal 2 year part-time program that was taught partly in Dutch and partly in the mother tongue of the participants. The following subjects were taught: health- and education themes, health education techniques, skills to moderate group discussions. To work as an ethnic

health counselor, they had to attend supplementary training courses in conversation technique, one-on-one health education, and the provision of information to Dutch colleagues on ethnic minority patients. These courses were organized by the Landelijk Steunpunt VETC (national office for the mother tongue health educators which was part of the NIGZ; these organisations do unfortunately not exist anymore).

France

ISM

ISM doesn't organize a basic training in interpreting but an in-service training on themes related to the fields of intervention: pediatrics, gynecology, AIDS and sexually transmitted infections, legislation concerning foreigners, asylum legislation, psychological support.

University Paris-Diderot (France)

The university set up a training program to obtain a university degree of interpreter-mediator in social and medical settings. The course is open to the young graduates in translation and interpreting, and to the translators and interpreters of ISM having a working experience of at least 3 years and to the staff of social and medical settings wishing to specialize in intercultural mediation. The candidate has to have a master level in the French language and one at least a foreign language (level test).The courses are spread out over a 1 year-period

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The course program:

Module 1: context and civilization, the important subjects of the otherness (15h)

1. Race and ethnicity, definition, history
2. Ethnicity in France and UK: put into perspective
3. France and minorities, history, integration policies
4. Evolution of the perception of women's role in the society: gender theory
5. Case study on pain perception

Module 2: Translation and interpreting: introduction to the techniques (18h)

1. Practice of consecutive interpretating: approach and practical workshops
2. Introduction to interpreting studies
3. Introduction to sign language interpreting
4. The written mediation-translation: the public letter-writer

Module 3: Specificities and contents of the interpretation – mediation (35h)

1. Evolution and construction of the role of the interpreter-mediator, the history of a job
2. Position of the interpreter-mediator in a therapeutic and medical consultation
3. The trialogue: between interpreting and mediation, ethics and code of conduct of the interpreter-mediator
4. The dialogue with four persons: the interpreter, the migrant child and its parents
5. Workshops: role-playing games, situation scenarios

Module 4: The fields of intervention of the interpreter-mediator

1. Major principles of the French administration
2. Social law
3. Right of the foreigners
4. The hospital and its structures, presentation and terminological approach
5. Practical case: specificity of the department of the infectious diseases at the hospital Saint-Denis
6. The school system, presentation and the terminological approach

In the future, the university would like to organize a Master's degree of two years in interpretation-mediation.

Description of Imfi profile (skills, knowledge, competences)

Intercultural mediators in the health care project (1991-1998; still running in a slightly different form in Brussels, organized by the NGO Foyer)

Knowledge
On the function of intercultural mediator:
core functions (facilitating communication, empowerment)
professional boundaries (accountability, confidentiality, impartiality, role

On the community related to the host country society:
Migration history and its impact on the community
Cultural values within the community
Social status of the community and its impact on health status
Health care in the countries from which the community emigrated
Traditional healing within the community

On health and health care:
Basic knowledge on health
Knowledge of the healthcare system
The client's rights and entitlements towards health care

On services the mediator is working for:
Organization structure and decision-making
Policy and objectives
Position of mediator in the hierarchy
Job-description within the service

Skills
In acquiring and incorporating information:
Observe and analyze from client's, service-providers's and mediator's perspective
Search information/documentation
Classify information
Report information

Language skills:
In the language of the host country
In language spoken in the target group/community

Interpreting skills

In organizing:
Analyze situations and make decisions

Use methods of problem-solving (such as a case-study)
Time management

In communication:
Give and receive feedback
Assertiveness
How to deal with prejudice
How to communicate bad news
How to deal with conflicts

Professional attitudes
Interest and motivation
Empathy and respect
Loyalty to function
Self-assessment
Co-operation
(Taken from Van Dessel Gisele, 'A training model for intercultural mediators', Brussels, VCIM, 1998.

Intercultural mediators in the hospitals
Our intercultural mediators form a very diverse group: some of them completed the 3-year training program described above), others have a background in nursing, philology, social work etc. Nearly all of them (the exception are those who have just started working as a mediator) have completed a 70 hrs course on the IMIA medical interpreting standards + basic interpreting techniques.

Family supporters (Mother & Child Care 'Kind & Gezin)
Many of those working with MEM's have completed the 3 year training program for intercultural mediators. Some others have no specific training according to the text provided to us by Kind & Gezin.

Social interpreters (Flanders)
Linguistic interpreting in the context of different forms of public service provision.

Setis:
Oral linguistic knowledge in one of the national languages (min B2 level of the Common European Reference Frame for the languages)
Linguistic knowledge of the reading (min B2 level)

- Knowledge of the practices and the techniques of searching for information: be capable of using techniques and tools of searching for information
- Knowledge of areas of activity with the aim of understanding the various working contexts
- Knowledge of techniques of interpreting: using 'I' form, using consecutive translation, using note-taking, be able to reproduce a narrative (concentration, listening, analyze, memorize, synthesize, logical return)
- Knowledge of the principles of the communication : verbal and non-verbal communication, intercultural communication, relevant principles of the communication (triangular relation, professional distance, personal and professional limits and emotional management
- Knowledge of the employment regulations and/or the principles of collaboration

Intercultural mediator in the cities (Belgium):

- Capacity of understanding
- Knowledge of the inside of the community with which he works
- Knowledge of the language of the community
- Knowledge of the cultural codes, values and norms shared by the community
- At the personal level, he must be able to aware of his own biographical development and its possible effects undesirable on his professional behavior and deal with these
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France
ISM:

- Master both languages to translate (French and the mother tongue)
- Good knowledge of the culture of the origin country and the French society
- Sufficient knowledge of the terminology and the functioning of the structures in which he intervenes

Link-women (femmes-relais) social and cultural mediators (France):

- Knowledge of different cultural universes
- Master oral and written French and one or more other languages
- Personal commitment in the action with every people whatever their cultural origin may be
- Motivated to intervene in districts
- Want to professionalize and to be recognized as interlocutors and competent partners by public authorities

Eligibility (who is eligible to become Imfi)

Intercultural in health care (project phase)
A prerequisite to be enrolled in the training program was that the candidates had completed lower secondary education + spoke Dutch and their mother tongue. In practice, at the beginning of the program it proved to be very hard to recruit candidates for certain groups, in particular Berbers form Morocco (Verrept, 1995) which led to a low rather low standard especially in the first year.

Intercultural mediation in the hospitals program
The Royal Decree stipulates the requirements to be eligible for funding as an intercultural mediator: reference is made to certain degrees/certificates (intercultural mediator, social interpreter, social work, philology, anthropology, psychology, etc.) + experience in working with diverse populations.

Family Supporters: Kind & Gezin
No literature was found on this subject. In the text by Kind & Gezin reference is made to the fact that 'many have been trained as intercultural mediators or experts through experience'.3

Social Interpreters (Flanders)

[3] Experts through experience is a function developed to bridge the gap between persons living in poverty and public services. It is not limited to MEM's.

According to the website, the only requirement to start the training is to have a B2 level in Dutch. To work as a social interpreter, it is increasingly required to have the certificate 'social interpreting'. But some services still work with persons (sometimes volunteers) who may or may not have completed the training but have not passed the certification test.

Setis :
The interpreter of Setis generally belongs to an ethnic minority. To be able to work for Setis, you should at least have a higher secondary education degree.

Intercultural mediator in the cities:
The intercultural mediators employed by the municipal administration generally belong to one of the larger ethnic minority groups: Moroccan, Turkish and Albanian. No data on selection criteria.

The Netherlands
Interpreters:
No up-to-date literature available. From contacts in the field, we know that requirements are stricter for the more established languages (e.g. Russian) for which stringent criteria can be applied (e.g. have a bachelor's or master's degree in interpreting and translation). For 'smaller' languages, and/or language of groups that have only recently arrived in the Netherlands, criteria are less strict as persons fulfilling the more stringent criteria may be impossible to find. How the new development of the 'liberation of the market of interpreting' has affected hiring policies has, to our knowledge, not been documented in the literature.

Ethnic healthcare consultants
In the literature at our disposal, no clear criteria are found. Only that the persons should speak Dutch and their mother tongue.

France
Link-women social and cultural mediators:
The mediators are immigrants either MEM's, were born/raised in an ethnically mixed family or have lived or worked abroad. This personal or family background related to the domain of migration led to the construction of a cross-cultural identity.

ISM:
The interpreter ISM is not only selected because of their linguistic and cultural knowledge, but also because of their communication competencies: listening, understanding, formulation. He belongs most to an ethnic minority.

Qualifications

No specific qualifications found.

Employment opportunities

Intercultural mediation in health care (including the intercultural mediation at the hospitals program):

Intercultural mediators are mainly employed in the hospitals (100 mediators working at 52 of the approx. 215 hospitals in Belgium). They are salaried employees of the hospitals and are funded by the federal government (for most of them the money is coming from the regular hospital budget). In addition, some of them are funded on the projects 'Intercultural mediation through the internet' (Video-remote intercultural mediation) funded by the federal department for health and RIZIV (the national institute for disability and health-insurance). This last project will be implemented also in non-residential care which will lead to the employment of an, as yet, unspecified number of supplementary mediators.

About 12 mediators are employed by the intercultural mediation in health care project of the Foyer, an NGO active in Brussels.

Intercultural mediator in the cities (Belgium):
A number, unknown to us as no data are available in the literature, of mediators is also employed by city services.

Family supporters (Kind & Gezin): 70.

Bridgepersons (working mainly in education): no data on the number in the literature.

Social interpreters (Flanders):
Most of them are working free-lance (as independent entrepreneurs). Most of them can not make a living out of this activity. A (decreasing) limited number is employed by social interpreting services and a telephone interpreting service. Some social interpreters are volunteers. (based upon contacts with the field, no data found in the literature)

Setis:
The interpreters work for the Setis association. The users of the service are: hospitals, schools, court, the police, social services, migrant services, administrations

The Netherlands
No data on the number of interpreters active in the literature; the number of ethnic health care counselors seems to have been drastically reduced (no recent literature available; information coming from PHAROS).

France
ISM
The interpreters work for the ISM association. The users are: hospitals, schools, social service, borders patrols,….

Link-women social and cultural mediators (France):
The link-women are working for an association or within a municipal service.

Tasks in which an Imfi are involved

Intercultural mediators at the hospitals
Involved in interpreting, facilitating communication and the encounter between individual persons and groups with individual service providers and groups of providers (including cultural brokerage, helping patients/clients take up their respective roles), advocacy (at the individual and group level) (Verrept & Coune, 2015a). In some projects (e.g. in Flemish cities), intercultural mediators are not supposed to interpret (source: telephone conversation, no literature at hand).[4]

Family supporters (Kind & Gezin)
Support the family's project, support the realitonship and interaction between service and families, support the organization and care provider to become more culturally competent.

Social interpreters:
Linguistic interpreting

Intercultural mediator in the cities (Belgium):
The tasks of the intercultural mediator during a meeting/discussion are: Put in perspective the distorted interpretations, work to raise awareness, bring new elements concerning the cultural functioning, empower changes in behaviors. The intercultural mediation has also to increase cultural sensitivity and cultural competence.

The Netherlands
Interpreters:
Linguistic interpreting and some facilitation (including limited degree of cultural brokerage) (Van de Geuchte & Van Vaerenberg, 2013)

Ethnic health care counselors:
Tasks: some interpreting? (not very clear from the literature we have; they were in any case not really trained to interpret but certainly sometimes involved in what we might call 'linguistic facilitiation' or ad hoc interpreting), cultural brokerage, conflict mediation, emotional support, provide support to care providers, assist patients, advocacy. (Van de Geucht & Van Vaerenberg, 2013).

France:
ISM (France):
The interpreters have to execute the following tasks: interpreting by telephone, on the spot, writer publics, written translations and to be able to give legal information by telephone.

Link-women social and cultural mediators (France):

The missions of the link-women are:

- promote the social life by developing links of solidarity and by facilitating the dialogue between the cultures and within the migrant families
- Promote person-centered services in the institutions
- Allow the recognition of the person, his identity, his own history, his specific knowledge
- Inform members of the target group on the functioning , the requirements and the constraints of institutions

Code of professional conduct and standards of good practice

Intercultural mediation in the hospitals: Guide for intercultural mediation in health care (Verrept & Coune, 2015a)

Family supporters: no data found in the literature

Bridgepersons: no data found in the literature

Setis (Belgium):
The deontological code of the interpreter in social domain guarantees the following conditions:

- Duty of discretion, confidentiality
- Objective, complete and faithful return of messages
- Non intervention
- Impartiality
- Limitation and refusal of interventions because of a damaging motive in an important way in the quality of the service(performance) or the non- compliance with the minimal code of ethics of the respect for the person
- Professional secrecy

Social interpreters (Flanders): deontological code available on the website of the Centrale ondersteuningscel Sociaal Tolken en Vertalen)
Similar to that of Setis (see above)

Intercultural mediator in the cities: No deontological code found.

The Netherlands
Interpreters working for the Tolk en Vertaalcentrum Nederland: have deontological code, no data on recent developments in the literature

Ethnic healthcare consultants (the Netherlands): no data in the literature

France
ISM : No deontological code found.

Recognition procedures

Intercultural mediation (Flanders): certificate, but most mediators do not have this certificate.

Social interpreters: certificate social interpreting (Flanders), an increasing number of interpreters holds this certificate. Those interpreters are in Flanders listed in the Flemish register of social interpreters that is recognized by the Flemish authority and the European Social Fund.

CBAI (Brusels): the training organized by the CBAI results in a certificate of capacity and attendance and a certificate of capacity in the management of the cultural institutions delivered by the French community government.

University Paris-Diderot: The course gives an university diploma for interpreter-mediator but this is neither a master's degree, nor a bachelor degree.

Evaluation and profile recognition

Intercultural mediation at the hospitals: yearly assessment by the Intercultural mediation and policy support unit of the Federal Public Service Health etc.

No data found in the literature on the other projects

Setis:
Before the commitment of the interpreters: linguistic level test B2 of the Council of Europe.

ISM (France):
Before the commitment of the interpreters: linguistic level test and capacities regarding communication.

Intercultural mediator in the cities (Belgium):
No evaluation found.

Women-relay social and cultural mediators (France):
No evaluation found.

Technology mediated mediation

Video-remote intercultural mediation program (within the context of health care); video-remote interpreting is being experimented with by at least two community interpreter NGO's.

Social interpreters use telephone interpretation.

Issues to consider

The different functions we label as intercultural mediation in the TIME-project are very diverse in nature. As has been noted in the literature (Martin etc., in countries where both interpreting and traditional intercultural mediation are relatively well-developed (such as Belgium), a lot of completion may exist as well as vehement discussions on what the roles of intermediaries ought to be. This has certainly been the case in Belgium.

One may wonder whether in Belgium intercultural mediation can be called a profession (or a set of different professions). In comparison with other professional service providers, intercultural mediators are very poorly prepared indeed. In addition, persons with very different educational levels work as mediators. Intercultural mediators in health care, in practice, may have very different salaries (depending on their educational level), doing the same work which leads to tensions in teams.

The number of persons making a living as intercultural mediators is not very high: in the past, this argument has been used not to create a separate training by the Flemish government (we had talks with the Flemish government to develop a training program at the bachelor's level.

If we want to have talented, ambitious persons to decide in favor of a career as intercultural mediator, the profession should move beyond the project stage. Becoming an intercultural mediator should make it possible to make a decent living, and enjoy the benefits of a regular job.

Conclusions

Especially for what is traditionally labeled as intercultural mediation, there is a clear need of a regular training program that leads to a regular degree (preferably at bachelor's level, if not master's). This would also be beneficial for what is in Belgium called 'social interpreting'. Regular degrees could lead to more recognition for the mediators, higher quality of services, the certainty for care providers that the persons executing the job have a certain set of skills/competences etc., + might lead to the development of a coherent remuneration policy.

The sector would also benefit as a whole from the development of clear standards for the different types of intercultural mediation.

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