Intercultural mediation in Belgian health care

Hans Verrept
History

Recruitment of migrant workers from Italy … Spain, Greece, Turkey, Morocco

1991: intercultural mediation program

Training program

Intercultural mediators start working at mother and baby care centers, primary care centers, hospitals, …

1999: structural funding for intercultural mediators in hospitals

2009: video-remote intercultural mediation
What is intercultural mediation/the role of the intercultural mediator?

“a professional who is able to accompany relations between migrants and the specific social context, fostering the removal of linguistic and cultural barriers (...) and the access to services” [...] who “assists organisations in the process of making the services offered to migrant users appropriate” (Chiarenza, 2008)

“bridging the linguistic and cultural gap in communication and facilitation of the therapeutic relationship between health professionals and service users (Qureshi, 2011)
“A set of activities that aim to reduce the negative consequences of language barriers, socio-cultural differences and tensions between ethnic groups in health care settings” (MFH, 2014)

Lack of a precise role delineation
“the tasks ascribed to intercultural mediators are many in number, wide in scope and sometimes very delicate”
(Rudvin & Tomassini, 2008)
Why intercultural mediation?

- Language barrier

- Culture barrier → SOCIO-cultural barrier (Greenhalgh, 2006)

- Need for advocacy → weak position of patient vs care provider, interethnic tensions, racism, discrimination (CHIA, NCIHC)
Troubled relationship with interpreting

“Find the 7 differences”

Translation machine approach, conduit model, ‘the interpreter as a ghost’ (Angelelli, 2008, Bot & Verrept, 2013)

“it fails to take into account the socio-cultural, institutional and situational context as well as the actual people in their respective roles and power positions that constitute the working environment of the healthcare interpreter”

(Schäffner, Kredens & Fowler, 2013)
Interpreter as a culture broker

(Kaufert & Koolage, 1984; Kaufert & “Putsch, 1997)

Interpreter as an advocate

… implies actively supporting and/or pleading for the client and sometimes even defending him

(NCIHC, IMIA, CHIA)
Why go beyond linguistic interpreting?

Need to inform the provider about culturally sensitive ways to retrieve information to treat the illness (Hsieh, 2006).

Inuit language interpreters are not only necessary for translation, but also to bring cultural awareness to interactions between patients, family members and Western health carers. (Arnaert et al., 2006)
... paraphrasing or explaining terms, sliding the message up and down the register scale and the filtering of information should be included in the role of the interpreter. Through these activities they can alter the outcome of the interaction, for example, by channelling opportunities or facilitating access to information. (Angelelli, 2008)

... a certain degree of cultural brokering is unavoidable as it is an intrinsic part of any interpreting activity. (Bischoff, 2007; Gustafsson, Norström & Fioretos, 2013)
the familiarity of the interpreter with the healthcare system and the culture of her patient gives her a cultural competence and the tools to interpret not just what is said, but also situations and relations which arise in the encounter between staff and patient. (…) The interpreter may as such have the competence and knowledge that could contribute to improving the treatment. (Gustafsson, Norström & Fioretos, 2013)

Intercultural mediation in health care, from the professional medical interpreters’ perspective (I.De Souza, 2016)
But

When do you go beyond interpreting?

How do you become a culture broker?

Are the different roles compatible?

What are the mediator’s / care provider’s responsibilities?
The ladder model

Incremental model

Verrept & Coune, 2016
Tasks executed by the mediators %

- Interpretation: 60%
- Transmit message: 15%
- Culture brokerage: 5%
- Inform patient: 10%
- Case discussion with HCP: 10%
- Provide practical help: 25%
- Advocacy: 2%
Guide for intercultural mediation

Task description

Principles for the evaluation of intercultural mediation

Standards for the execution of the tasks

Deontological code

Standards for the organisation of intercultural mediation in health care

www.intercult.be
Video Remote intercultural mediation
Countries of origin of the intercultural mediators

1991

2016
Zoek bemiddelaar

Kies een taal: Modern Standaard Arabisch

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Zoeken
• 65 hospitals,

• 74 primary care centers

• 20 medical centers for asylum-seekers
## Strengths and weaknesses

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>‘Hard money’</td>
<td>Budget too limited → offer too limited</td>
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<tr>
<td>Mediators are salaried employees</td>
<td>Lack of flexibility</td>
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<td>High number of patients/care providers assisted by intercultural mediators</td>
<td>Lack of recognized training program at professional bachelor level (TIME-project <a href="http://www.mediation-time.eu">www.mediation-time.eu</a>)</td>
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<td>Large number of mediator with a paramedical background</td>
<td>Low salary</td>
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<td>Community interpreting training</td>
<td>Low status of mediators and their supervisors</td>
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<td>Task description / standards</td>
<td>Too few supervision sessions</td>
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<tr>
<td>Commitment of large number of mediators + supervisors</td>
<td>Lack of systematic equity policy (MED-Task Force)</td>
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Lack of an evidence base