Individuation of Cultural Mediation Practices and Related Skills Needed, Presently Used in the Health Care Services

WP 03
coordinated by
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Final Report

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1. Definitions

Formal or legal definitions of “cultural mediation” do not always exist in all partner countries, with the exception of Portugal and Italy. In Portugal,

“The only legislation that attempts to establish a legal status of the “cultural mediator” is the Law n.º 105/2001, which refers that mediation may be conducted in schools and other public places, through the development of protocols, individual work contracts or consultation contracts, following general work law regarding public jobs/employment. It indicates that people from the ethnic groups of origin of the communities should be preferred and that they should have specific training (while not specified). It highlights that the cultural mediator has the function of collaborating in the integration of immigrants and ethnic minorities, from the perspective of promoting intercultural dialogue and social cohesion” (CRIA report, p2).

Similarly, in Italy,

“In 1989 the law Turco-Napolitano (Legge 6 marzo 1998, n. 40) mentioned for the first time in an official text the character “cultural mediator”, defined as a foreign person with document for at list two years, that have a professional training and certificate” (AFF report, p2).

Despite these formal definitions of cultural mediations, there does not exist any legal chart framing the practice of cultural mediation in any partner country. In France, a legal chart exists that frames the practice of mediation as a profession, along with a code of ethics and deontology. However, this chart does not make any reference to cultural mediation specifically.

Likewise, there are no particular formal definitions of cultural mediation in the context of healthcare specifically. In fact, definitions of cultural mediation are embedded in broader definitions of social mediation as a relational approach seeking to enhance, maintain or re-establish communication between two parties in one given social environment. Cultural mediation (also alternatively referred to as intercultural or transcultural mediation in the French context).

As a result, different approaches to cultural mediation exist in each partner country, some of which are more formalized than others. For example, in Slovenia, although there are no official definitions of cultural mediation, “informal practices can be detected among different profiles: key persons from migrant communities (for example African centre) or (self-organised) migrant initiative (for example of asylum seekers), organisation of erased and homeless, professional medical institutions (clinic for people without health insurance) and so forth” (GMAJNA report, p2). Similarly, in Norway, different notions such as link worker, natural helpers, minority advisor, cultural supervisor and cultural interpreter (NAMKI report, p2). Generally, cultural mediation in partner countries may be related to formal governmental institutions (ie. health services, schools, justice courts, social services), or to grassroots associations (formed by immigrants or not, catering to specific immigrant communities or not).

Cultural mediation involves more than linguistic translation. As most reports pointed out, its function is to bridge between two worlds, two sets of representations. Culture is understood to be
located on both ends of the communication, not simply on the immigrant’s side. Also, the concept of cultural mediation
“must give full significance to cultural aspects in an anthropological way, giving value to cultural identity including religion, tradition and experience. Language aspects are of primary importance including all forms of communication including body language. The concept of identity is defined as a factor of significance. Dialogue between diversities is to be considered an added value to culture resulting from the capacity to develop new cultural relationships in a universal citizenship model” (ALS NA2 NORD report, p2).
A major stake in cultural mediation practice is immigrants’ integration to the host society, rather than their assimilation. That is, cultural mediators enable the confrontation of cultural “explanatory models” on both ends of the communication, by explaining and relating the values and norms associated with such models. The ultimate goal is for interlocutors to be able to identify with one another’s model by way of understanding it. Part of the mediator’s role is therefore to enable a transition.

2. Context and evolutions

For all partner countries, cultural mediation as a practice emerged with the influx of non-European immigrants. However, the shape of immigration groups and of immigration contexts varies across countries. In France, for example, cultural mediation is related to family reunification policies in the early 1980s, which triggered the arrival of illiterate women—most of whom came from north and sub-Saharan Africa—who did not speak French, and who came in increasing contact with public institutions (especially maternal and infant health centers, maternity wards, and schools). While their husbands—male labor workers from the same region who had preceded them in immigrating—had remained secluded in immigrant hostels, limiting their contact with French institutions to their respective workplaces, women confronted French institutional actors not only with language barriers, but with different cultural representations of the body, of health, of childrearing and childbirth practices, etc.

In Italy, on the other hand, although cultural mediation practices seemed to emerge around the same time period, in the 1980s, the immigration context was different. There, the majority of immigrants were

“asylum seekers, forced to leave their native land because of their political activity, which was the reason of their “exile”. Their education was frequently high and they used to consider the activity of mediation as a moral duty” (AFF report, p2).

Cultural mediation was therefore initially linked to professional training, rather than communication assistance in public services. However, with the evolution of immigration policies in Italy, cultural mediation practices increasingly focused on the issue of integration, especially with respect to women and to the second generation, and in the educational, justice, and health fields in particular. In the health field, “the specific theme of prevention, rehabilitation
and assistance to women who have been subject to practices of genital mutilation” was highlighted (ASL NA2 NORD report, p3). A similar focus was noted in Norway, with a need for cultural mediation in health and social services being particularly related to FGM and forced marriages issues (NAMKI report, p4).

In Portugal, cultural mediation seems to have emerged later, in the 1990s. Interestingly, it has focused

“almost exclusively [on] the educational and school context, with the goal of establishing a connection between families and communities, and the school. Hence, the most common mediation type was regulated in a Law n.º 304/98 (of 1998). The mediator appears as a figure that attempts to find solutions to difficulties found in schools, such as early school dropout and social integration difficulties of children and youth from ethnic minority backgrounds. (...) Presently, mediation is still very associated with the notion of “culturally disadvantaged/underserved” communities, often related to social exclusion contexts and school context in which it started. With a few exceptions (“Associação de Jovens Promotores da Amadora Saudável” and the National Centre of Support to the Immigrant - CNAI), intervention areas such as health were not explored, even though it was recognized that mediation would be important in other areas besides education/the school” (CRIA report, p3-4).

Cultural mediation definitions and practices are therefore shaped by their local contexts. Obstacles to cultural mediation practice since it emerged were clearly summarized by the CRIA team as follows (CRIA report, p4):

a) non-professionalization of practice
b) great heterogeneity of mediation practices/interventions/techniques
c) lack of a common training and specific intervention methodologies
d) low technical quality of mediators (consequence of c)
e) no space for reflection on practices, dissemination of good practices and supervision
f) difficult dialogue among mediators and institutions
g) fragile professional identity
h) precarious work contracts for mediators, leading to job abandonment
i) lack of formal acceptance of mediators in institutions and unclear functions in distinct institutional contexts

Because of non-uniform practices, unequal training requirements, and the absence of a regulatory professional body or committee, cultural mediators often lack legitimacy and recognition in terms of professional identity. Although definitions of cultural mediations have evolved, in some places, cultural mediators are still perceived as “interpreters of traditions” and “representatives of the culture of origin” (CRIA report, p5).

Both France and Portugal highlight a lack of a national coordination, capable of disseminating
good practices, development and research of intervention, and their systematic evaluation and supervision.

3. Training

ASL NA2 NORD underlines a major problem Italy’s approach to cultural mediation training in terms of its target trainees:

“There are specialist courses on a university basis, in various faculties aimed at developing mediation skills in students. However, the profession of cultural mediator, aimed to foreign workers to enhance the role of mediation between two cultures – culture of origin and culture of the migration country (in this case Italy) gives a very specific cut to the profile required.

Many courses, mostly in the last decade, have been developed on a Regional level, with authorization to Educational Agencies, with formal recognition by local authorities (through legislation on the recognition of educational agencies who are authorized to give courses). Usually such courses are funded by specific projects through partners who have an interest in developing migration policies. This could create a possible fracture with Italian students, or difficulty to a clear identity of cultural mediators, being aimed exclusively to foreigners and specialized educational centres. On the other hand, it is certainly an important aspect to be recognised by migrant clients as being of the same culture or even simply of being in the condition “foreigner”” (ASL NA2 NORD report, p4).

Except in Slovenia, where not training programmes are reported to exist, in other partner countries, cultural mediation training is divided between independent private or NGO programmes and university curricula. In Norway, for example, there are no formal training programmes, but cultural mediators do receive training within the organizations for which they work, and through experience (“learning by doing”). University programmes in Norway do not offer cultural mediation training, but with the impetus of anthropologists,

“a focus on cultural competence in health care [has developed] since the late 1980s. Various universities and university colleges offer courses in multicultural understanding, multicultural societies, communication with diverse populations etc. This kind of training is mostly aimed at professionals within the majority population. There are also many conferences and seminars during a year with a focus on cultural competence etc. and some of these courses are approved by the different professional organisations as qualifying in different branches of specialisation” (NAMKI report, p4).

In Italy, university courses are developed on a regional level, but a basic typology was identified by the ASL NA2 NORD and AFF:

Course planning
The course offers 600 hours training: 400 of lesson and 200 of apprenticeship. The course lasts one year and every course can have more or less 16 students. The curriculum of the course comprehend: theories and techniques of communication, elements of psychology and transcultural sociology, analysis of needs, elements of law, Italian and Europeans laws about immigration; techniques of observation, cultural anthropology, changes of social context, conflicts mediation, Italian language, social medicine and health education, social politics: to made a networks, theory of services organization, project management.

To be admitted to the course it is necessary:

- to be addressed from at least two years in Italy;
- to have the upper school leaving certificate;
- to pass the entrance examination (if necessary);
- to carry on a motivational interview.

At the end of the course and after a final exam, the student gets a Certificate of professional specialization.

**Learning targets**

The cultural mediators join different cultures and structures, services and local and national institutions. Their objective is to meet answers for immigrants needs of social integration. There isn’t a differentiation of curriculum for cultural mediators that work in different context, but courses exist for a higher training, specifics for some areas. These kind of courses have 200 hours of training.

The courses are available for these areas:

- health system (clinical area);
- school;
- educational area;
- prison.

Since 2000 there are also specific university courses at the Siena University for Foreigners and at the Milan University, both first degree courses in “Cultural and linguistic mediation”.

**4. Cultural mediation in health care services**

As was pointed out earlier, cultural mediation training in Norway emerged from healthcare needs, as in France:

“Since September 2009, Oslo University Hospital, in cooperation with Oslo University College, offers further training in ‘guidance / supervision in multicultural health work’. The course is aimed at employees at the hospitals in the Oslo area. The idea is to develop cultural competence among the participants that can be used as a resource for guidance / supervision among other staff at the hospitals. Cultural competent employees can put multicultural issues on the agenda and also give advice about specific patient encounters that might be perceived as particularly challenging. This specific training is available to
staff with either majority or minority background. They must have a fixed position and have been employed for more than two years, shown interest in diversity issues, and have good communication skills. Among the participants, there are nurses and doctors, but also administrative staff and persons working in other services in the hospitals.

The course gives 15 credits and the students meet 3-4 days at 3 different times during the year. There are different themes for these gatherings:

1. Health, illness, care, and migration
2. Professional practice in multicultural health care – responsibility and roles
3. Competencies in supervision in a multicultural work environment.

There is no other formal training in Norway. As mentioned above, there are many courses at different levels, focusing on cultural competence, multiculturalism, and communication” (NAMKI report, p5).

For other partner countries, cultural mediation in healthcare services depends on the service organization. Some healthcare institutions may offer their own training programmes, while other may call for external organizations to come and train the staff. AFF identifies institutions that resort to cultural mediation, as well as the organization of interventions on site:

“Hospitals; psychiatric and psychological consulting rooms (not all); hospitals for maternal and child health; family advisory centres; I.S.I. centres (consulting rooms that provides basic treatments for immigrants without permit of stay); consulting rooms concerning specific pathologies (i.e. sexual transmitted infections; addictions).

Usually the cultural mediator is not present in the service for all the opening time, but only during some hours each week, agreed with the administration of the health company. In big hospitals the service is on call, that means that there are not mediators for each ward, but – commonly following the principle of the spoken language rather than the one of the country of origin – their presence is required when the operators (physicians, psychologists, nurses etc.) feel it necessary. Of course it can also be required by patients. The situation is a little bit different in smaller consulting rooms, like b), d) and e): in these centres the clinical activity has recourse to a strict collaboration with mediators and their presence is regular. A common practice is to divide the days of the week according to the language and/or to the country of origin: so on Monday there will be the Nigerian mediator, on Tuesday the Moroccan one etc..

In public institutions the activity is regulated by periodical calls for tender for the service of cultural mediation, through which they assign it to a cooperative or to an association of cultural mediators. The call for tender usually establishes the number of hours required for one year or more. In Italy, the Regions have the responsibility to manage the government of costs and the accomplishment of health goals. All Regions, on a local area, are organized in local health companies, called ASL, and in hospital companies, linked to the most important
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“The Ministry of Health recommends the use of cultural mediators in health services, the Ministry of Labour is producing guidelines, the Ministry of Interior, up to this date, even with strong restrictions to illegal immigration, has maintained a space of right to access health services, strongly discussed by the media. This area of work has absorbed, in projects, a strong need for mediation practices” (ASL NA2 NORD report, p6).

However, in the current context of economic crisis, allotting funds for all services has become a sensitive issue. It is all the more problematic as immigration policies everywhere in Europe have become increasingly restrictive, and as the general climate has grown unfriendly to recent immigrant populations, with increasing resentment towards the “undeserving” undocumented. The sponsoring of cultural mediation needs must adapt to this context and tailor its initiatives accordingly.

5. References

Portugal:


Italy:

LINEE DI INDIRIZZO PER IL RICONOSCIMENTO DELLA FIGURA PROFESSIONALE DEL MEDIATORE INTERCULTURALE del Gruppo di Lavoro Istituzionale per la promozione della Mediazione Interculturale a cura del Ministero dell’Interno Dipartimento per le Libertà Civili e per l’Immigrazione Direzione Centrale per le Politiche dell’Immigrazione e dell’Asilo e Unione Europea Fondo Europeo per l’Integrazione di Cittadini di Paesi Terzi dell’Immigrazione e dell’Asilo 2007 – 2013

Figura del Mediatore Culturale e relativo Percorso Formativo

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Riconoscimento di alcune qualifiche professionali regionali tra cui il Mediatore Culturale Regione Campania, DGR 8 ottobre 2003 n. 2843; (Allegato A) “Approvazione delle figure professionali sociali della Regione Campania”; DGR 3 dicembre 2004 n. 2209 (Allegato B) “Certificazione dei percorsi formativi e delle competenze professionali”


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