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Abstract

First, partners BEST, PI and OT agreed on the criteria to be used for the identification of good practices, according to international patterns of good practice definition. These criteria have been applied to practices detected during research (O1-A1 & O1-A3) and 21 good practices have been identified (7 by each partner). The three partners discussed their findings and selected the 10 practices that meet the highest standards of effectiveness and transferability. All partners made suggestions on transfer of the 10 practices selected to their countries.

The 10 good practices selected, referring to IMfI structures, policies, training, employment, or certification, are presented here in more detail, followed by recommendations for transfer to each partner country. The presentation adheres to the pattern:

- Where, by whom and how the practice is implemented
- Why it is considered a good practice
- Resulting benefits
- Necessity of transfer
- Preconditions for a successful transfer
- Suggestions for overcoming possible barriers to transfer

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1. Good practice identification

Good practice identification criteria

The definition adopted for good practices is the one appearing in *Identifying and Sharing Good Practices, SDC Knowledge Management Toolkit (2004)*: “a good practice is one that has been proven to work well and produce good results, and is therefore recommended as a model. ... The essence of identifying and sharing good practices is to learn from others and to re-use knowledge. The biggest benefit consists in well developed processes based on accumulated experience.”¹

In order to choose reliable identification criteria for good practices, research was made on the criteria applied internationally. The main references used were the 2014 FAO good practices template², the ASTDD best practice criteria³, and the criteria applied in the *Good Practices Report Participatory Citizenship in the European Union, Institute of Education, 2012*⁴. We also referred to the best practice criteria applied by partner BEST in previous projects.

After collecting the various criteria, the core criteria were identified, i.e. those that appear in all good practice criteria, regardless of the type of practice. In addition, criteria that apply to specific areas of intervention related to the practices described in the O1 TIME report on IMfI in Europe, such as policies, were detected. The final criteria selection was made according to the type of information available in the O1 report. As a result, the following good practice criteria were selected:

1. **Clear definition of objectives** and/or **activities** to be carried out
2. **Participation of multiple stakeholders**: Demonstrate participation/integration /collaboration of different stakeholders / institutions
3. **Impact / Effectiveness**: The practice has found effective ways to overcome real challenges corresponding to the real needs of the beneficiaries AND/OR significant, tangible benefits/ positive impact have been demonstrated
4. **Sustainability**: the practice has proved to be economically and socially sustainable (or there are very strong indications that it will be) OR/AND benefits have proved sustainable for a certain period of time
5. **Transferability**: The practice can serve as a benchmark and the lessons learned can be transferred OR/AND the practice can be replicated on a larger scale (regional, national, international) OR/AND certain systems can be taken on / serve as a starting point

¹ <http://www.fao.org/capacitydevelopment/goodpractices/gp-definitionsandcriteria/gp-definitions/en/>

² <http://www.fao.org/3/a-as547e.pdf>

³ <http://www.astdd.org/best-practices-definitions-and-criteria/>

⁴ http://ec.europa.eu/citizenship/pdf/report_3_good_practice.pdf

Criteria 1, 3 and 4 were defined as **mandatory criteria**, i.e. information on these is absolutely necessary in order to describe a good practice. Additional, non-mandatory, criteria were selected for certain types of practices:

6. **Adherence to the values** of democracy, human rights, social cohesion and tolerance (for policies and trainings only)

7. **Cohesion** with other implemented policies / **continuity** (for policies only)

Selection of 10 good practices in intercultural mediation

The aforementioned criteria have been applied to practices detected during research (O1-A1 & O1-A3) and 21 good practices have been identified. These practices refer to official national or local policies for intercultural mediation for immigrants (IMfI), structures of IMfI in a country, integration projects involving mediation, training and certification systems, or other forms of intercultural mediator employment. Then the 10 practices that meet the highest standards of effectiveness and transferability were selected. It should be noted that according to the terminology used in each country, different terms may be applied to the services included in the general term IMfI.

It has to be emphasized that good practice identification and selection from among those presented in the initial research reports conducted in the first phase of the project (O1) limited inevitably the findings. Both choice and presentation extent of practices in O1 affected significantly the present task. For certain practices it was not possible within the given timeframes to find sufficient information related to the criteria put. Therefore, practices very good in themselves, may not appear in this report, not because they were not considered noteworthy by the authors, but because of the limitations just mentioned.

The 10 good practices selected are:

1. Intercultural Mediation Program in Hospitals (policy-structure; country: Belgium)
2. Remote Mediation Services in Healthcare (structure; country: Belgium)
3. National Telephone Interpreting Service (structure; country: Switzerland)
4. Training Course for Developmental Agents and Intercultural Mediators (training; country: Belgium)
5. Link Women (femmes relais) as Social and Intercultural Mediators (structure; country: France)
6. University Courses in Interpreting – Mediation (training; country: France)
7. Public Register of Intercultural Mediators (structure; country: Italy)
8. Community mediators train community policing teams (employment-structure; country: Portugal)
9. Training and Certification System for Intercultural Interpreters – Mediators (training-certification; country: Switzerland)
10. Project MiMi (Migrants for Migrants) (integration project; countries: Austria and Germany)

In the description that follows, practices 2 and 3 are presented together, since they refer to similar structures. For all practices, recommendations of transfer to all partner countries are presented. The recommendations for each country have been made by the respective partner(s).

2. Good practice description and transfer recommendations

Good practice 1: Intercultural Mediation Program in Hospitals

Location / geographic coverage: Belgium

Who implements the practice: Intercultural Mediation and Policy Support Unit - Federal Public Service for Health, Safety of the Food Chain and Environment

Category: Policy; structure

Description of practice: Since 1988 the Belgian government sought for ways to improve the migration policy. As part of it, recommendations were made by experts active in both academia and the field (medical doctors, medical sociologists and anthropologists) on how to improve healthcare for migrants. As a result, an intercultural mediation project in hospitals was designed and in 1991 a 3-year training program for mediators was launched. During the second half of the 90's, the intercultural mediation project was largely integrated within the regular structures of the healthcare system. Intercultural mediation at the hospitals is now structurally funded by 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.

Why it is considered a good practice: Throughout the different implementation phases there have been clear objectives and activities. First, in 1991 a 3 year curriculum for the training of mediators was developed, including formal tuition, learning on the job, supervision and coaching. At the start of the project clear tasks were defined for mediators. Task description has been updated and reformulated once in 2008 and again in 2015. These regular updates ensure high relevance and correspondence to current needs.

A Royal Decree clearly stipulates the requirements to be eligible for funding as an intercultural mediator. There is also a clear definition of responsibilities assigned to the coordinating Intercultural Mediation and Policy Support Unit and the participating hospitals.

The effectiveness of the practice has been demonstrated through extensive evaluation in 1993-1995 and in 1997-2000. At the same time, this practice has proved to be highly sustainable, as it is being continuously developed since 1991. The project will also be extended to the sector of non-residential care in 2015-16. Continuing education of intercultural mediators and evaluation of their services is

systematically carried out by the Intercultural Mediation and Policy Support Unit, ensuring smooth and up-to-date implementation.

In terms of transferability, the practice is a typical example of a carefully designed policy with the support of experts and in accordance to the real needs of the final users/ beneficiaries. The conditions in which it is implemented are very common in the EU (increased influx of migrants/refugees; rise of extreme right parties). In the general design of the policy/ practice there are no country-specific peculiarities. The practice can serve definitely as a benchmark and the lessons learned can be transferred. The practice can be replicated in other countries in terms of concept and design, and several systems can be taken on or serve as a starting point.

As a policy, the practice adheres strictly to the values of democracy, human rights, social cohesion and tolerance. The fundamental texts for this policy are:

- 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
- The Belgian Patient Rights Law, 2002

This policy also demonstrates a very high level of continuity and cohesion with other implemented policies. It started to be formed in 1988 and is consistently implemented until today. This policy is part of and harmonizes with the overall migration policy implemented in the country.

Resulting benefits from implementation: Through extensive and repeated evaluation it was demonstrated 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. In 2013 only, the intercultural mediators carried out a total of over 110.000 interventions.

Related documents / references:

<http://www.health.belgium.be/eportal/Myhealth/PatientrightsandInterculturalm/Interculturalmediation/index.htm#.VW7KdrCJiM8>

Verrept H, Coune I. *Developing a guide for intercultural mediation in healthcare in Belgium*, in press, 2015b.

Recommendations for transfer to the partnership countries

Austria

1) *Transfer recommendations*

Necessity / utility of transfer to Austria

The proportion of people living in Austria who show a migration background (i.e. more than 10%, according to Statistik Austria) is directly reflected within patients in Austrian hospitals. Already ten years ago, a study published by the Austrian Health Ministry ("Interkulturelle Kompetenz im Gesundheitswesen, 2005) points out particular challenges in providing high quality health care services to migrants in Austria, provides an analysis of current situation and defined aims and objectives, as well as a program to tackle respective issues. Main pillars of this are aspects of intercultural awareness among hospital managements and staff, communication challenges, deficits in existing educational and training curricula, conflict prevention etc. The Austrian health system being characterized by federalist structures of 9 Federal States (Bundesländer), realizations into practice have, so far, resulted in various regional and local initiatives, which have only partly and temporarily comprised the actual and sustainable employment of cultural mediators in hospitals. Therefore, while there is respective public awareness about the necessity of respective projects and initiatives, there is still striking demand of actually putting such projects into practice.

Aspects of the practice that could be transferred

- Inclusion of the concrete approach of engaging intercultural mediators into existing initiatives and programs (of the nine Federal States of Austria, e.g. Vienna)
- Setting up new projects based on the good practice approach
- Establishment of a central monitoring unit bringing together initiatives coordinated and funded on a regional level, in order to create synergies and outcomes for overall benefits

Recommended replication scale: Public and private hospitals (nationwide), sanatoriums, health care centers, social offices (regulating home care, including to migrants).

Stakeholders that might authorize the replication of the practice: Ministry of Health, regional governments of the federal states (Bundesländer), Ministry of Social Affairs, Austrian Health Insurance Associations and Officials, Chamber of Medical Doctors (Ärzttekammer), Health Insurance Associations and their funding bodies

Stakeholders that might replicate the practice after proper authorization: Hospitals, (public and private nationwide), sanatoriums, health care centers, social offices

(regulating home care, including to migrants), Austrian national association for mediation (öbm)

2) *Preconditions for a successful transfer*

- i) Ensuring central monitoring for funding, coordinating and evaluating the program
- ii) Establish network of relevant stakeholders (incl. regional and local governments)
- iii) Inform and train medical and administrative staff respectively, in order to integrate and intercultural mediators in their work processes and share experience with them
- iv) Spread information to migrants/ refugees and their communities on where to turn for professional support on health issues and the relevant procedures.
- v) Call of interest for experienced intercultural mediators in health care to receive specific training and obtain certification.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Lack of awareness for further initiatives by regional governments already providing similar initiatives on lower scale

Solutions: Information and presentation on the benefits of sustainable and large scale intercultural mediation for all parties involved and public interest in general

Possible barrier 2: Lack of respective networking and share of experience on national level

Solutions: Establishment of centralized coordination, monitoring and evaluation unit, in order to create respective synergies

Belgium

Not relevant as it is already implemented in Belgium.

Germany

1) *Transfer recommendations*

Necessity / utility of transfer to Germany:

There are similar offers in Germany, but the transfer of the work instruments and methods is of interest.

Aspects of the practice that could be transferred: Interesting training material (films, etc.)

Recommended replication scale: Regional

Stakeholders that might authorize the replication of the practice:

Administration of clinics and hospitals - health academies

2) *Preconditions for a successful transfer*

- i) Accessibility of documents
- ii) Exchange of experience

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece

According to research data (2003) in Attica hospitals, 92.3% of the medical staff is offering health care to migrant patients every day. Moreover, 69.8% of the outpatients visiting the hospitals needed an escort in order to communicate their needs and medical problem to the hospital staff due to language and cultural barriers. In addition, it has been found that migrants use less the health care system in Greece compared to natives (31% vs. 45%) mainly due to cultural or religious beliefs and stereotypes, legal status, and lack of information about their rights. Last but not least, large scale refugee inflows in the last 2-3 years have created a numerous population of people of all ages suffering from mental illnesses or problems, in need of specialized cultural-sensitive care. Programs so far implemented for intercultural mediation in health care in Greece have been short-termed, fragmentary and politically-dependent, limiting drastically scope and effectiveness. At the same time, there doesn't exist any unit officially overseeing or coordinating intercultural mediation services at national scale.

Aspects of the practice that could be transferred

- Establishment of a long-term program for hiring qualified intercultural mediators in those structures on permanent basis. Working in the same hospital for long periods of service mediators will become well aware of procedural and bureaucratic issues, easier establish relations of confidentiality and trust with patients and their communities, and develop good professional and collaborative relations with medical and administrative staff.
- Creation of a coordinating unit or entity, providing guidelines and standards for the provision of effective intercultural mediation services. This unit could also organize or commission regular up-skilling activities according to need.

- Extend and enhance existing programs and role of the hospital Social Care Bureaus.

Recommended replication scale: All public hospitals (in rural and district areas), health centers in general, health care facilities of first reception, National Emergency Aid Center (Ambulance Service) and hopefully extended to private hospitals, too.

Stakeholders that might authorize the replication of the practice: Ministry of Health; Ministry of Interior and Administrative Reconstruction-Alternate Minister for Migration-General Secretariat of Population and Social Cohesion.

Stakeholders that might replicate the practice after proper authorization: Hospitals, Health Care Units.

2) *Preconditions for a successful transfer*

- Ensuring sustainability and funding of the program
- Inform and train medical and administrative staff to effectively collaborate with intercultural mediators
- Diffuse information to migrants/ refugees and their communities on where to turn for professional support on health issues and the relevant procedures.
- Call of interest for experienced intercultural mediators in health care to receive specific training and obtain certification.
- Acknowledgement and legal recognition of the intercultural mediator profile and tasks by an evaluation body.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Objections or negative stance towards the usefulness of intercultural mediation by hospital administration.

Solutions: Information and presentation on the benefits of intercultural mediation for the hospital, medical staff and patients as well as for the general public interest.

Possible barrier 2: Distrust and ignorance on behalf of migrants.

Solutions: Diffusion of information on their rights to access health care and on their benefits by using intercultural mediation services; either in person or through their communities.

Italy

1) *Transfer recommendations*

Necessity / utility of transfer to Italy

The transfer is not recommended. In Italy many hospitals implement services like this. This kind of services is funded by the hospitals.

Aspects of the practice that could be transferred

- The training of the mediators through three years updated training programs.

Recommended replication scale: Regional (in Italy healthcare is managed by the Regions).

Stakeholders that might authorize the replication of the practice: Regions and Hospitals.

Stakeholders that might replicate the practice after proper authorization: Hospitals.

2) *Preconditions for a successful transfer*

- Funds.
- Professional intercultural mediators with job experiences in healthcare system.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Lack of funds.

Solutions: In Italy the hospitals entrust the management of intercultural mediation services to companies and organizations with this kind of expertise. Sometimes the hospitals participate at calls for proposals in order to obtain funds and implement intercultural mediation services. A solution to the lack of funds could be the participation of hospitals to calls for proposals at European and national level aimed at facilitating the intercultural dialogue between migrant communities and the host community. A program to be monitored is the European Asylum, Migration and Integration Fund.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland

This good practice seems to be a very important one to transfer to Poland. Even though there are increasingly more immigrants in the country, the public health service does not

have any official program about intercultural mediation. It is known that the health service is one of the most important area to openness to people from foreign countries. Intercultural mediating program in hospitals is going to appear one day in Poland. That is why it is so important to see how it does work in different countries nowadays. As it has been noticed: the conditions in which it is implemented are very common in the EU – this example of good practice would be definitely valuable to transfer to Poland.

Aspects of the practice that could be transferred:

- Cooperation between academic and field experts
- Training program for mediators
- Funding (separate budget) for the intercultural mediation program in hospitals
- Descriptions of the main, clear objectives and activities for the intercultural mediator

Recommended replication scale:

The replication should be finally realized at national scale. But while there is no governmental unit in the Health Ministry responsible only for intercultural mediation, it would be better to start spreading this idea on a regional level.

It is also a good way to inform the academic hospitals that work with the medicine schools in Poland. That can start the discussion about this problem in higher level.

Stakeholders that might authorize the replication of the practice:

- Medicine schools
- Regional health service units

Stakeholders that might replicate the practice [after proper authorization]:

- Private and public hospitals
- Health service organizations
- Ministry of Health Care

2) Preconditions for a successful transfer

- a) Discussion about the topic and presenting this good practice in medical newspapers and publications
- b) A positive opinion of academic and field experts
- c) Open a funding program for mediators
- d) Solve the actual internal problems with the public health service in Poland
- e) Present the good practice to Polish NGOs with lobbying ability

3) Suggestions for overcoming possible barriers to transfer

Possible barrier 1: No budget for this kind of activities

Solutions: Looking for a European funding and projects to start this kind of program

Possible barrier 2: Low interest of the program in the central and regional governments

Solutions: Presenting the practice in media, opening discussions in social media (e.g. Twitter), make a field research in foreign groups in Poland to explore their need of having the possibility of intercultural mediation in public health services.

Portugal

1) *Transfer recommendations*

Necessity / utility of transfer to Portugal:

According to a survey conducted in 2009, which sought to understand some problems faced by immigrants in access to health, it was concluded that some of the problems are related to the irregular condition of immigrants, need for financial and social support, reinforced by the difficulties of communication and relationship. These problems become even more evident with the Roma communities, due to their restricted codes and cultural values. The transfer of this practice into Portugal is recommended.

Aspects of the practice that could be transferred:

- The entire methodology and experience.

Recommended replication scale: In all the valences of the National Health Service (Hospitals, Health Centres, Family Support Units).

Stakeholders that might authorize the replication of the practice: Ministry of Health.

Stakeholders that might replicate the practice after proper authorization: Hospitals, Health Centres.

2) *Preconditions for a successful transfer*

- i) Legal recognition of intercultural mediator figure.
- ii) Creation of stock intercultural mediators with experience working in public services.
- iii) Promote training activities in the area of interculturality and mediation, directed to medical and administrative staff, to improve and strengthen the relationship with immigrants.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Lack of recognition, on behalf of decision makers, of the need for the existence of intercultural mediators in the different valences of the health service.

Solution: Awareness raising meetings on this subject with the different hospital administrations and decision makers.

Good practices 2 & 3: Remote Interpreting/ Mediation Services in Healthcare

Location / geographic coverage: Belgium, Switzerland

Who implements the practice: Belgium: Intercultural Mediation and Policy Support Unit - Federal Public Service for Health, Safety of the Food Chain and Environment; Switzerland: AOZ - Medios

Category: Structure

Description of practice: *Belgium:* After visits to Boston City Medical Centre, where interpreters were called in using videoconference technology, it was decided in 2009 to start experimenting with a similar system to provide video-remote intercultural mediation services for many different ethnic groups. This made possible for intercultural mediators to intervene outside their hospital (and also in primary care centers) without having to travel. The mediators received specific training for remote mediation. Thanks to this approach, in more than 60 hospitals and an increasing number of primary care centers, intercultural mediators can now carry out interventions in more than 20 languages. 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.

For Moroccan-Arabic, Russian and Turkish, intercultural mediators are continuously available on workdays from 9-12.30 and from 13.30-16.30. For the other languages, appointments have to be made. This experiment will be rolled out further during 2015-16, especially in the domain of non-residential care. In September 2015, a new planning tool will be implemented that will make it possible for care providers to check automatically the availability of intercultural mediators.

Switzerland: The Federal Office of Public Health commissioned in the late 00's a detailed concept of a national telephone interpreting service for the health sector. A thorough market analysis was also carried out. Based on the findings of the reports, a new training module was created by INTERPRET related to telephone interpreting.

As a result, in 2011 the National Telephone Interpreting Service (NTIS) was established, run by the placement agency AOZ-Medios and funded by the Federal Office of Public Health. The NTIS operates 24 hours a day, throughout the year. The 12 main languages covered are Albanian, Arabic, Bosnian/Croatian/Serbian, Italian, Kurdish (3 dialects), Portuguese, Russian, Somali, Spanish, Tamil, Tigrinya, and Turkish. However, interpreting services are provided in more than 50 languages upon request.

The NTIS was primarily developed in order to cope with emergencies in the health sector when no IIM could intervene in situ. Nevertheless, the services are used by other institutions as well, reaching a total of approximately 2000 clients from the health, educational and social sector. Telephone interpreting is recommended for short, simple conversations of little emotional content and limited consequences, as well as for emergencies, when interpretation without delay is critical.

The IIM employed at the NTIS are all certified by INTERPRET and adhere to the professional code of conduct. The cost for a call is min. 3 CHF per minute (after the connection to an interpreter) and min. 30 CHF per intervention. An online questionnaire is available to all users in order to provide feedback on the quality of services.

Why it is considered a good practice: There are clear objectives and tasks for these services. Technical requirements were specified. In Switzerland even a market analysis was carried out, in order to ensure correspondence with actual needs and demand. In both countries research was conducted on successful remote interpreting systems applied elsewhere. Good practices were adopted and transferred.

All interpreters received specific training on remote interpreting. As a result, their interventions have been effective and there has been rising demand for their services. Besides demonstrating high social sustainability, remote intercultural mediation services are a cost-efficient alternative to on site mediation.

This practice is easily replicable in other contexts and different scales, and the systems used can be taken on.

Resulting benefits from implementation: Remote mediation answers to problems faced by many healthcare providers with a linguistically and culturally diverse clientele all over the EU. Quality of care is improved and professionals receive support in their everyday tasks involving patients with inadequate competence in the language of the host country.

Related documents / references:

Verrept H. Mogelijkheden en beperkingen van het gebruik van interculturele bemiddeling via internet in de gezondheidszorg. Brussel, FOD Volksgezondheid, 2012.

http://minorityhealth.hhs.gov/assets/pdf/checked/serving_dchhs_report.pdf

<http://www.0842-442-442.ch/>

Recommendations for transfer to the partnership countries

Austria

1) Transfer recommendations

Necessity / utility of transfer to Austria: A need for respective services and facilities can, in the first place, be identified for the numerous rural areas in Austria, where on site intercultural mediation services are fairly often difficult to organize and realize. Many hospitals in rural areas still do not dispose of necessary conditions to meet the challenge of having to offer high quality services among their migrant patients.

Especially in Austrian cities (Vienna, Graz, Linz, Salzburg, Innsbruck), there are considerable for providing interpreting services for migrant patients, or even direct services in migrants' languages. This is backed up by the fact that in cities, the amount of medical staff being able to speak migrant patients' languages is comparatively higher than in more rural areas. It would therefore be of high utility to expand such services into rural regions and areas by making use of approaches described above.

Aspects of the practice that could be transferred: Either of the two practices or a combination of the two in order to ensure nationwide access to interpreting/ intercultural mediation services for the health system and other services.

Recommended replication scale: Particularly into rural areas and regions of Austria characterized by smaller structures and less mobility.

Stakeholders that might authorize the replication of the practice: Ministry of Health; Ministry of Interior and Administrative Reconstruction - Alternate Minister for Migration - General Secretariat of Population and Social Cohesion; Ministry of Infrastructure, Transport and Networks, General Secretariat for Research and Technology. Authorization would make it possible to have a national service with the necessary prestige and validity.

Stakeholders that might replicate the practice after proper authorization: Ministry of Health, regional governments of the federal states (Bundesländer), Ministry of Social Affairs, Austrian Health Insurance Associations and Officials, Chamber of Medical Doctors (Ärztchamber), Health Insurance Associations and their funding bodies, Austrian national association for mediation (öbm).

2) *Preconditions for a successful transfer*

- i) Specific training of intercultural mediators in remote mediation, as well as multiplication and transference of their skills to others, and the use of the indicated technology
- ii) ICT technology and supporting entity
- iii) Permanent funding for the management, maintenance and improvement works of the technology (i.e. platform, registry etc.) – supposedly by regional governments
- iv) Regular information and awareness raising among possible users on the new service, its features and its importance

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Lack of awareness for further initiatives by regional governments already providing similar initiatives on lower scale.

Solutions: Information and presentation on the benefits of sustainable and large scale intercultural mediation for all parties involved and public interest in general.

Possible barrier 2: Lack of respective networking and share of experience on national level

Solutions: Establishment of centralized coordination, monitoring and evaluation unit, in order to create respective synergies.

Possible barrier 3: Lack of training and experience for the management and constant support of the system.

Solutions: Organization of special training courses / training visits for actors involved on respective technical, managerial and qualitative aspects.

Possible barrier 4: Technological barriers and deficiencies on behalf of the users (hospitals etc.)

Solutions: The design of a remote interpreting/ mediation service should include the definition of technical requirements on behalf of the users and other preconditions of successful mediation, as well as respective monitoring and evaluation of these services, in order to provide for necessary maintenance and improvements.

Belgium

Not relevant as it is already implemented in Belgium.

Germany

1) *Transfer recommendations*

Necessity / utility of transfer to Germany:

There are similar offers in Germany, but the transfer of the work instruments and methods is of interest.

Aspects of the practice that could be transferred:

Interesting training material (films, etc.)

Recommended replication scale: Regional

Stakeholders that might authorize the replication of the practice:

Administration of clinics and hospitals - health academies

2) *Preconditions for a successful transfer*

- i) Accessibility of documents
- ii) Exchange of experience

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece: Greece is an insular country with over 2.500 islands, 165 of which are inhabited. Thus it is impossible to offer on site intercultural mediation services according to need. Not to mention that during summer Greece is one of the most popular touristic destinations with large numbers of foreigner visitors, augmenting the need for informed and qualified intercultural mediation services. Moreover, increasing migrant flows of the last years increase the need for qualified intercultural mediators at first reception spots as well as to the aid of various NGOs and other humanitarian organizations. The NGO METACTION (www.metadrasi.org) offers remote interpreting services since 2012, through a computerized call center. A teleconference system has been created, operating in 15 locations throughout the country. It has been quite effective, nevertheless the expansion of these services is clearly needed. Undoubtedly, a National Telephone Interpreting Service and/or institutionalized remote intercultural mediation through video-conferencing would be an important help for medical professionals throughout the country and a valuable option for improving healthcare, reception and other public services. The transfer of this practice into Greece is strongly recommended.

Aspects of the practice that could be transferred: Either of the two practices or a combination of the two in order to ensure nationwide access to interpreting/ intercultural mediation services for the health system and other services.

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice: Ministry of Health; Ministry of Interior and Administrative Reconstruction - Alternate Minister for Migration - General Secretariat of Population and Social Cohesion; Ministry of Infrastructure, Transport and Networks, General Secretariat for Research and Technology. Authorization would make it possible to have a national service with the necessary prestige and validity.

Stakeholders that might replicate the practice after proper authorization: Organizations experienced in the provision of intercultural mediation services, if possible also in the use of

teleconferencing technology. Cooperation among organizations with different facets of expertise in IM could be also very effective.

2) *Preconditions for a successful transfer*

- i) Specific training of intercultural mediators in remote mediation and the use of the indicated technology
- ii) ICT technology and supporting entity
- iii) Collaboration between stakeholders and with similar services in the EU
- iv) Clear usage and payment terms
- v) Permanent funding for the management, maintenance and improvement works of the technology (i.e. platform, registry etc.)
- vi) Extensive information of possible users on the new service, its features and its importance

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Technological barriers and deficiencies on behalf of the users (hospitals etc.)

Solutions: The design of a remote interpreting/ mediation service should include the definition of technical requirements on behalf of the users and other preconditions of successful mediation (conditions in which mediation is going to take place in terms of noise, confidentiality etc.). Given the economic circumstances, it would be advisable to ensure access to the service by making possible the use of the simplest means (i.e. telephone), alongside with the use of more sophisticated technological equipment. The availability of remote technical support could also prove to be very helpful.

Possible barrier 2: Lack of training and experience for the management and constant support of the system.

Solutions: Organization of special training courses / training visits on the technical, managerial and qualitative aspects of remote intercultural mediation in cooperation with similar services in the EU (such as the Swiss or the Belgian services).

Possible barrier 3: Lack of funding to meet the needs in salaries and fees of the staff offering services at the system.

Solutions: A very good option is to adopt the Swiss payment system and charge standard fees per call to the users. This would make the service sustainable and less prone to changes induced by political or economical developments. Another possibility would be to assure funding by national or European sources.

Italy

1) *Transfer recommendations*

Necessity / utility of transfer to Italy

The transfer is recommended only for the telephone interpreting service.

In Italy there are some experiences like this. Programma integra managed two very similar projects named the first 'Sistema Cittadino della mediazione interculturale' (Local System of Intercultural Mediation) and the second 'SITI' and funded by European Commission plus Italian Minister of Interior. The project created a system of intervention of Intercultural Mediations via skype all over Rome districts area. Webcams and skype software were installed in about 80 offices all over the city – mostly social, education and sanitarian services.

The projects were very liked by the institutions but they had not success because of the lack of a good internet connection in the public offices and hospitals involved.

Aspects of the practice that could be transferred

- Telephone interpreting service.

Recommended replication scale: National, regional and local (it depends on the sector of the transfer, e.g. if the sector is the healthcare system, the replication scale is regional).

Stakeholders that might authorize the replication of the practice: Regions (If the sector of the transfer is the healthcare system).

2) *Preconditions for a successful transfer*

- i) Good internet connection in the public offices involved in the transfer.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: The lack of a good internet connection.

Solutions: Implementing the telephone interpreting service.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

There is a similar program in Poland. Of course the scale and connection especially to the healthcare system is different, but the whole idea is present. There is a project started in 2011 called *Infolinia Migrant Info* (eng. Helpline Migrant Info). The project is led by the International Organization for Migrants and takes place mostly on the webpage: migrant.info.pl

The biggest similarity is to use the special phone line, where migrants can ask for every difficult aspects according to their living in Poland. The phone helpline is constantly operated in 4 languages (Polish, English, Russian and Ukrainian). If there is a need for another language, there is the possibility to arrange the phone-talk in other language.

The good practice discussed here is of course wider, and some of its points are very useful also for Polish project “Migrant Info” and for other projects that will run in country.

In general, this good practice in a very good point to make the Polish activities better and step by step establish professional intercultural mediation services, not only a helpline.

Aspects of the practice that could be transferred:

- Video service – not only phone service
- More main languages than 4
- Special attention to the healthcare system
- Including price for mediation into the price of phone calls

Recommended replication scale:

- Existing programs similar to this one. The reach should be general.
- Support smaller institutions (like hospitals) to open their own helpline for migrants

Stakeholders that might authorize the replication of the practice:

- Foreign Office
- NGOs, as International Organization for Immigrants

Stakeholders that might replicate the practice after proper authorization:

- The project “Migrant Info”
- Hospitals
- The Institute for Research on Civilisation

- The center of law help for immigrants
- The “Emigrant” Association in Poland
- Caritas Polska

2) *Preconditions for a successful transfer*

- a) Positive opinion of main stakeholders
- b) The willingness to use this type of help in the immigrants societies
- c) The good cooperation with existing similar programs
- d) Employing competent and professional helpline workers
- e) Open more main languages

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Opinion that the existing helpline is sufficient

Solution: Conduct research about the need for new forms of communication.

Portugal

1) *Transfer recommendations*

Necessity / utility of transfer to Portugal: In Portugal and in other European countries, public services and particularly the health care services are perceived with suspicion and therefore end up becoming physical and psychological barriers. Associated with this factor, there are some others that prevent people availing these services, including physical disabilities, but mostly monetary and legal problems.

The High Commissioner for Migration offers a telephone interpretation service that works only in some languages and only during the day and, for this reason, this is a project that should be transferred to other countries.

Aspects of the practice that could be transferred: Either of the two practices or a combination of the two in order to ensure nationwide access to interpreting/ intercultural mediation services for the health system and other services.

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice: The national authorities.

Stakeholders that might replicate the practice after proper authorization: Organizations experienced in the provision of intercultural mediation services, if possible also in the use of teleconferencing technology.

2) *Preconditions for a successful transfer*

- i) Permanent funding for all the project
- ii) Specific training of intercultural mediators in remote mediation and the use of the technology

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Lack of funding for the management, maintenance and improvement works of the technology, as well as for paying the salaries of all directly or indirectly involved in the project.

Solutions: Assure funding by national or European sources.

Good practice 4: Training Course for Developmental Agents and Intercultural Mediators

Location / geographic coverage: Brussels, Belgium

Who implements the practice: Brussels Center for Intercultural Action (CBAI)

Category: Training

Description of practice: The course for developmental agents and intercultural mediators lasts 2 years (750h): 540h theory, 150h practice and 60h coaching.

The objective of the course is to help participants to:

- develop an intercultural perspective in their field of practice
- analyze their cultural identities and promote synthesis of identity
- develop the capacity to build consensus relationships
- develop the capacity to design and implement collective actions and group projects
- develop an institutional and political vision of their positioning and actions

The course is addressed at individuals that carry a multicultural experience and are engaged in the field of the Brussels social and cultural work, who feel the need to develop their intercultural competence. The course is open to all (job seekers, professionals, social activists, volunteers etc.) interested in the subject and older than 24 yrs, with a minimum educational level of junior high school and a sufficient knowledge of oral and written French.

The content of the training is as follows:

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
- 100h professional practice and report
- Integrated test

The training results in a certificate of capacity and attendance and a certificate of capacity in the management of cultural institutions delivered by the French community government. It is funded partly by the ESF and partly by the ISP (Insertion socio-professionnelle). Participants are not charged for attendance.

Why it is considered a good practice: The course addresses real needs of the multicultural Brussels social and working environment. There are clear training objectives and corresponding contents. The training approach is very interactive and all trainers have experience in a variety of intercultural encounters. There are evaluation and assessment procedures that emphasize on the ability of the participant to apply in practice what has been learned. The combination of intercultural mediation and social development increases the employability of students.

The course concept, structure and content can be easily transferred to many different training settings. The course is designed for the promotion of social cohesion and tolerance. The needs addressed through the course (challenges posed by increased cultural diversity) are expected to continue to exist for the years to come.

Resulting benefits from implementation:

Students are employed in all kinds of jobs in the social domain, mainly as development agents.

Related documents / references:

<http://www.cbai.be/page/63/>

Recommendations for transfer to the partnership countries

Austria

1) Transfer recommendations

Necessity / utility of transfer to Austria: Education and training in Intercultural Mediation in Austria is still somehow unstandardized, rather inhomogeneous and is often embedded in more general programs of mediation. There are several university

programs of different lengths and volumes (most of them being shorter than one implemented by CBAI), that show different focusses and academic approaches. The underlying practice, therefore, could be either a complementary asset to existing programs and initiatives – in particular for its concrete target group - or a model for overall implementation as such.

Aspects of the practice that could be transferred:

- The structure of theoretical and practical training, along with coaching
- The curriculum can also be transferred with adaptations to content and/or additional learning sections in order to meet the real needs of intercultural mediation in Austria. For this, in particular the practical and interactive elements of year 2 of the programme could be adapted as an additional element into existing Austrian programs
- The specific assessment methodology of the programme

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice: Ministry of Education, Regional and local governments of Austria

Stakeholders that might replicate the practice: universities on national, regional level; universities of applied sciences (Fachhochschulen); colleges, Austrian national association for mediation (öbm)

2) *Preconditions for a successful transfer*

- i) Public awareness, recognition and acknowledgement of the role and profile of the intercultural mediation, especially for social work and culture
- ii) Well defined criteria for participation and certification
- iii) Identified funding models for individuals interested in taking the programme (e.g. educational vouchers, support from employment agencies)
- iv) Clear evaluation procedures and criteria recognized by an Evaluation Body
- v) Qualified and experienced intercultural mediation trainers/tutors and respective continuous education for these

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Reluctance by stakeholders to implement and finance such a large-scale training.

Solutions: Awareness raising activities, respective networking; launch of pilot projects (on lower scale, local or regional level) for preparation of larger scale implementation.

Belgium

1) *Transfer recommendations*

Necessity / utility of transfer to Belgium

There can be absolutely no doubt on the need to train intercultural mediators to develop interpreting and intercultural skills. Still, we do not suggest to transfer the training course in its present form. The absence of training in basic interpreting skills is a major shortcoming that may have important consequences for the work in the field. This practice exists in Belgium but should be modified and then replicated at a national scale.

Aspects of the practice that could be transferred

- The whole program could be transferred. We have mixed feelings about the section management of conflicts as we feel that there is a risk of ‘ethnicization’ or ‘culturalization’ of conflicts between persons with different cultural or ethnic backgrounds. With this we mean that such conflicts might be erroneously attributed to ethnic/cultural factors. This might contribute to further stigmatization.

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice: Ministries of education

Stakeholders that might replicate the practice after proper authorization: NGO’s in collaboration with universities and the ministries of education

2) *Preconditions for a successful transfer*

- i) Commitment of the ministries of education, including the recognition of training program (it should lead to a recognized degree)
- ii) Create a link with universities
- iii) Modification of the content of the program: certainly include interpreting training, assess the entry level of candidates (junior high school level is very low), provide remedial teaching for valuable candidates who might not have all the knowledge, competences to be able to participate successfully in the program. Add testing of the skills in the non-national languages.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Shortcomings in the program

Solutions: Adapt the program

Possible barrier 2: Lack of official (degree) recognition, lack of political commitment to the creation of a mainstream training program for intercultural mediators.

Solutions: Lobby with ministers of education.

Germany

1) *Recommendations for transfer*

Necessity / utility of transfer to Germany:

There are many similar offers in Germany therefore we recommend only a part of the concept to be transferred.

Aspects of the practice that could be transferred:

- Development of an institutional and political vision of the IM positioning and actions

Recommended replication scale:

As the requirements are different, we recommend its replication at the regional scale.

Stakeholders that might authorize the replication of the practice:

Lead from higher education institutions, universities, private institutes offering certified trainings.

2) *Preconditions for a successful transfer*

Autonomy, decision making powers are present

precise knowledge of the anchoring process

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Limited possibilities of making choices for the responsible persons, missing interest.

Solution: Precise getting-to-know of German offers.

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece: So far training in Intercultural Mediation in Greece is fragmented, partial, short-termed, not-homogeneous, not academically designed and standardized, not approved by an official Body of Certification. The need for trained and certified IMs is great and urgent especially after the large migration inflows of last years and the circles exploiting migrants.

Aspects of the practice that could be transferred:

- The structure of theoretical and practical training, along with coaching
- The curriculum can also be transferred with adaptations to content and/or additional learning sections in order to meet the real needs of intercultural mediation in Greece. The theoretical aspects of the course could be also presented with the use of distant learning technology.
- The interactive training methodology
- The assessment methodology

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice: Ministry of Culture, Education and Religious Affairs; National Organization for the Certification of Qualifications and Vocational Guidance (EOPPEP)

Stakeholders that might replicate the practice: A joint action or a consortium or in other way collaboration between stakeholders in intercultural mediation and education (i.e. University Faculties in Social and Human Sciences such as the Hellenic Open University, the Panteion University, the Kapodistrian and National University of Athens, National School of Public Administration & Local Government (EKDDA), Ministry of Education etc.) would collaborate towards a common-driven course program that could lead to a degree, a master or other. Interested universities might also replicate the practice on their own initiative. Shortened versions of the course could also be replicated by institutions implementing IM training in the frame of funded projects.

2) *Preconditions for a successful transfer*

- i) Recognition and acknowledgement of the role and profile of the intercultural mediation. This is crucial for the future employment of the IMs to be trained.
- ii) Well defined criteria for participation and certification
- iii) Clear evaluation procedures and criteria recognized by an Evaluation Body

- iv) Scaling curricula depending on previous knowledge and experience of IMs leading to differentiated certification
- v) Qualified and experienced intercultural mediation trainers/tutors
- vi) Training to be combined or offered collaboratively with academic language courses (translation/interpretation)

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Reluctance by stakeholders to institute such a large-scale training

Solutions: Awareness raising meetings with stakeholders in order to help them realize the problems created by the so far implemented trainings for IMs and the urgent need for effective intercultural mediation services.

Possible barrier 2: Funding

Solutions: As far as the course is implemented as a university course or it is replicated in the frame of funded projects, no serious funding problems should occur.

Italy

The transfer is not quite recommended. In Italy there are a lot of training courses addressed at people who want to become intercultural mediators or at intercultural mediators who want to update their competences. This kind of courses is implemented by universities (Bachelor's degree courses and Master's degree courses) and by third sector organizations with an expertise in intercultural mediation issues.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

The extensive course described in a good practice one of the first need to transfer to Polish reality. There is a visible lack of the training led by professional crew – course that gives an official certificate.

The most similar example of this kind of good activity are some university faculties called “Intercultural mediation”. The student learns “Intercultural mediation” obtains a very general knowledge about the situation and changes taking place in modern societies. Identifies and solves the practical and ethical problems associated with the general availability of information, development of international corporations and multicultural



communities. Recognizes the communication problems resulting from the multicultural character of contemporary society and adjusts the ways of transmitting information to the culturally diverse environment. In general the studies are very theoretical and prepares student to work in academic environment, leading researcher and helping administration in intercultural problems.

The biggest lack in the Polish courses about intercultural mediation is the practical activities. Nowadays the student gets the knowledge about intercultural communication, methods and techniques of social research, culture and mediation, work ethic and entrepreneurship in a multicultural society, media studies, intercultural dialogue techniques but there are not improved by practical work with immigrants. That is why the universities do not educate the intercultural mediators but they educate some experts of intercultural mediation.

Aspects of the practice that could be transferred:

- An extensive, practical course for intercultural mediators
- Workshops with experienced intercultural mediators
- develop an intercultural perspective in their field of practice
- practice of building relationship
- recruiting especially people with intercultural experience
- national certificate

Recommended replication scale: local

Stakeholders that might authorize the replication of the practice:

- Foreign Office
- Polish Academy of Science

Stakeholders that might replicate the practice after proper authorization:

- Universities and higher education schools
- NGO organizations that are leading mediation courses
- Schools of mediation (mediation in general not only intercultural one)
- Polish Foundation of Social Diversity
- Professional coaches and tutors in mediation subjects

2) *Preconditions for a successful transfer*

- Create an official study and training program for intercultural mediation trainings
- Find a professional tutors and teachers with a practical experience
- Create a job places for graduates
- Cooperation between universities and other institution in preparing the courses



3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Course diversity

Solution: Prepare the compact training plan to recommend it to many institutions leading those courses

Possible barrier 2: Lack of professional mediator to lead the courses

Solution: Organize the courses for mediation trainers

Portugal

1) *Transfer recommendations*

Necessity / utility of transfer to Portugal: In Portugal, there is no certification in intercultural mediation. The organization that has taken the reins of training in this area has been the High Commissioner for Migration. Recently, it was launched the RESMI - Higher Education Network for Intercultural Mediation, that will have a key role in the certification process. The need for trained and certified IMs is great to ensure a set of common principles and concepts.

Aspects of the practice that could be transferred:

- The structure of theoretical and practical training
- The curriculum with some adaptations in order to meet the real needs of intercultural mediation in Portugal
- The dynamics training methodology.

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice: Ministry of Education and the National Agency for Qualification and Vocational Education

Stakeholders that might replicate the practice: Universities and institutions with experience in vocational training.

2) *Preconditions for a successful transfer*

- i) Recognition of the role and profile of the intercultural mediation.
- ii) Well-defined selection criteria, as well as the evaluation criteria.
- iii) Teachers / trainers with broad experience in the social intervention area.
- iv) Follow-up training.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Lack of interest on behalf of the stakeholders that might replicate the practice

Solution: Awareness raising meetings promoted by the RESMI - Higher Education Network for Intercultural Mediation with that stakeholders in order to make them see that training in intercultural mediation in Portugal has been very fragmented, timely and not certified and it is necessary to counter this move, given the real needs to have mediators certified professionals working in this area.

Good practice 5: Link Women (femmes relais) as Social and Intercultural Mediators

Location / geographic coverage: France

Who implements the practice: Association nationale femmes relais médiatrices interculturelles

Category: Structure

Description of practice: The link-women (“femmes-relais”) are social and cultural mediators in France who organize and accompany encounters between individuals or between individuals and institutions, in order to improve the communication process or to favor the access to rights. The cultural mediation addresses migrants and tries to resolve communication difficulties or conflicts between different value systems. The mediation work consists mainly of the welcome (reception), support (accompagnement) and orientation of people or families of the district in their contacts with institutions. The link-women are working for an association or within a municipal service.

Intercultural mediation by link-women started in the late ‘80s as an initiative taken by migrant women themselves for overcoming communication difficulties with the local institutions. In 1988 the National Association of Link Women – Intercultural Mediators was created. Throughout the years the femmes-relais médiatrices have remained active, further developing the quality and standards of their services.

Why it is considered a good practice: The *National Association of Link Women – Intercultural Mediators* (Association nationale femmes relais médiatrices interculturelles) has a clear mission. A job reference system was first created in 1997. In 2006 this was elaborated, describing in detail deontology, qualitative standards, the mission, the intervention frame, the tasks, and working conditions of the *femmes relais médiatrices*.

This practice demonstrates a high level of participation and migrant empowerment. An important feature is that it stems from the end-users themselves. Networking is systematic, as there are several local associations and a national association of link women. Various stakeholders from the field of social services, adult education, social mediation, public and local authorities contribute in diverse ways to the further development of this activity.

The practice is highly effective because it is absolutely need-oriented. Real life challenges dictate the actions to be taken. Certain governmental programs for social inclusion have been directly inspired by the activity of the *femmes-relais*.

This practice demonstrates a very high level of social sustainability. It is part of other forms of social mediation, well established in France. In terms of transferability, there is a vast bulk of experience and structures that can serve as a benchmark or as a starting point. Since this structure is a grassroots initiative, replication depends largely on individual initiative and effective networking. The

success of the practice is partly related to the supportive context in France, which of course cannot be transferred during replication.

Resulting benefits from implementation: Even though impact is not directly measurable, stakeholders and beneficiaries as well acknowledge the important contribution of link-women to social cohesion, integration, prevention of tensions and even savings for the economy.

Related documents / references:

Les femmes-relais médiatrices sociales et culturelles: des principes déontologiques, un métier, mars 2006, Fédération des associations des femmes-relais de Seine-Saint-Denis, Profession banlieue, Institut régional du travail social de Paris Ile-de-France. Available at http://interkulturnipraxe.cz/wp-content/uploads/2014/01/femmes_relais_msc_principes_deontologiques.pdf
<http://www.francemediation.fr/orki/view/197/historique-de-la-mediation-sociale.html>
http://www.francemediation.fr/images/lang/fr/orki/doc290-article_ash_femmes-relais-1.pdf

Recommendations for transfer to the partnership countries

Austria

1) Transfer recommendations

Necessity / utility of transfer to Austria:

There are various migrant women organizations, associations and initiatives all over Austria (but particularly in cities) offering different services for migrant women and their families, among them intercultural mediation services (often to members of the same ethnic group of nationality). Despite the very active character of many of these organizations, there is a certain lack of central steering, networking and – in particular – exchange of good practice. Some of these organisations have achieved considerable success and implementation rates (e.g. Somm Austria, an organization for providing self-organization of migrant women in Austria, www.somm.at). However, taking over successful elements of the French *femmes-relais* model would be a strong added value for Austrian initiatives as well.

Aspects of the practice that could be transferred:

It is in particular the national association organization of the French model that could be a model for respective Austrian initiatives.

Recommended replication scale: Migrant women communities at local, regional and national level

Stakeholders that might replicate the practice: Austrian Ministry of Internal Affairs, Ministry for Education and Women, Ministry of Social Affairs, social umbrella institutions, women organizations migrant organizations, Austrian national association for mediation (öbm)

2) *Preconditions for a successful transfer*

- i) Good networking among stakeholders, migrant communities and women organizations (of different ethnic origins and communities)
- ii) Awareness and initiative among migrant communities and active organizations

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Lack of awareness for further initiatives by regional governments already providing similar initiatives on lower scale

Solutions: Information and presentation on the benefits of sustainable and large scale intercultural mediation for all parties involved and public interest in general

Possible barrier 2: Lack of respective networking and share of experience on national level

Solutions: Establishment of centralized coordination, monitoring and evaluation unit, in order to create respective synergies

Belgium

1) *Transfer recommendations*

Necessity / utility of transfer to Belgium

The need for mediation in present-day Europe is of course big. We are not in favor though of any initiative that is limited to one gender. Certainly in countries that feature the presence of large immigrant groups coming from cultures that are characterized by strong sexual segregation, it is not wise to limit this kind of action to one gender. So, transfer only seems recommendable if men would also get access to the profession.

Aspects of the practice that could be transferred

- As far as we can tell (information on the project is quite limited), everything.

Recommended replication scale: National

Stakeholders that might replicate the practice: NGOs funded by different governments (one might imagine that all relevant departments contribute to the project; it would be

logical that departments pay in relation to the use they will be making of the mediator services).

2) *Preconditions for a successful transfer*

- i) Political commitment
- ii) Presence of sufficiently developed (networks of) NGOs
- iii) Sustainable funding

Germany

1) *Transfer recommendations*

Necessity / utility of transfer to Germany:

There are still too few separate offers in this field that are focused on the target group. That is why this practice is particularly interesting and suitable for a transfer.

Aspects of the practice that could be transferred:

Focus target group

Recommended replication scale:

National

Stakeholders that might authorize the replication of the practice:

Women's representative of the districts; citizen advice bureau; women's associations with the City Culture Advisory Board

Stakeholders that might replicate the practice after proper authorization:

Administration of women's organisations, NGOs

2) *Preconditions for a successful transfer*

- Dissemination activities, sending of information to the relevant bodies
- Voluntary supporters (installation, translation)
- Financing options by authorities, sponsors

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Financing options

Solution: Cooperation with volunteer organizations

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece: Migrant women in Greece are well organized in ethnic associations or clubs and often offer intercultural mediation services voluntarily to people of the same nationality. They also often care for the younger and eldest members of the family or their community as well as for other women and vulnerable groups in general. Although these organizations are well networked, there is no official institution for organizing these initiatives on a regular basis. And certainly there is no professional profile or specific training required by women taking such initiatives. The practice of link-women offers an alternative to the top-down strategies usually implemented for intercultural mediation. At the same time, structures and context in Greece are not as favorable as in France to support such initiatives. Despite the significant success of *femmes-relais* in France, it is unlikely that such a practice could be established in Greece in the same form.

Aspects of the practice that could be transferred: Migrant women that know Greek well, are already integrated in the Greek society, and are active in supporting other migrants, could strive to become more efficient and professional in their services by following the guidelines and the professional profile applying to *femmes-relais*. At the same time, migrant males that offer support to other migrants could benefit as well from the professional approach adopted by *femmes-relais* in France. Perhaps the job outline and deontology could be translated into the migrant languages in which IMs are active. There should also be a discussion among the migrant communities whether and to what extent they agree on the adoption of a united approach and standards in offering intercultural mediation and support services. Based on such agreements, trainings could be initiated.

Recommended replication scale: Migrant communities at local, regional and national level

Stakeholders that might replicate the practice: Women organizations; migrant organizations.

2) *Preconditions for a successful transfer*

- i) Good networking among migrant communities and women organizations
- ii) Initiative and strong interest on behalf of the migrant communities themselves
- iii) Empowerment of migrant women and associations to participate in the intercultural mediation programs. Municipalities, Councils of Migrant Integration, the General Secretariat for Gender Equality, and the General Secretariat of Population and Social Cohesion (Ministry of Interior and Administrative Reconstruction) could encourage and support migrant organizations in their actions and projects.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Limited awareness on behalf of migrant communities of the opportunities to enhance their services and the related benefits.

Solution: Information and empowerment campaigns by NGOs and/or the stakeholders mentioned above in order to inspire, motivate, and demonstrate the available tools.

Possible barrier 2: Maternity and cultural diversities and stereotypes

Solutions: Providence for daily baby/children care centers, training courses for women and information meetings for their families.

Italy

1) *Transfer recommendations*

Necessity / utility of transfer to Italy

The transfer is not quite recommended.

Aspects of the practice that could be transferred

- The commitment of migrant women in a social service and therefore the capacity of the practice to empower migrant women and improve their social/civic participation.

Recommended replication scale: Local

Stakeholders that might replicate the practice: Third sector organizations.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

The practice is hard to transfer to Poland most of the fact, that the amount of immigrants is still very low. This is very hardly possible to create an immigrants networking area for all ethics group. Most important thing is that almost every ethics group has their own small minority society: they organize meetings, networking, they share experience to one another.

Even though there are some aspects to implement to the Polish politics and it is good to realize this kind of immigrants activity. While the immigrants amount is still growing up in Poland, maybe one day there will appear similar activity.

Aspects of the practice that could be transferred:

- Inspiration for the implemented projects
- Focusing on the fact, that there exist the immigrant's need of gathering and being in touch, share experience

Recommended replication scale: Replication is hardly possible, as mentioned before

Stakeholders that might replicate the practice:

- Immigrants associations and groups
- Immigrants activists

2) Preconditions for a successful transfer

- Need of networking and gathering in immigrant groups

Portugal

Migrant women, usually, already have a strong voice in their communities, and they have often adhered to the community initiatives. Therefore, such practice could not be as pertinent as in France taking into account the main migrant communities existing in Portugal.

Good practice 6: University Courses in Interpreting – Mediation

Location / geographic coverage: Paris, France

Who implements the practice: Paris Diderot University

Category: Training

Description of practice: In 2011 the university set up a one year training program (100 hours) for interpreting-mediation in social and medical settings that leads to a university diploma (DUIM). The course is open to graduates in translation and interpreting, to the translators and interpreters of ISM (Inter Service Migrant Interpretation) having a working experience of at least 3 years, and to the staff of social and medical settings wishing to specialize in intercultural mediation. Candidates have to have a master level in French and in at least one foreign language.

The objective of the course is to form professionals in multilingual mediation in a social and medical environment, in order to ensure communication in difficult situations between foreigners with a limited knowledge of French and administrations, public institutions or associations.

Training Content:

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 interpreting: 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 triologue: 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 (32h)

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 2014 a new master course was introduced, specializing in social and commercial mediation and interpretation (MISC). It is open to anyone with a bachelor degree upon acceptance of the application file, success in a language test, and knowledge of at least 3 languages. The course has a duration of 2 years (700 hours).

The objective of this course is to form experts in the field of linguistic and cultural mediation-interpretation able to work either at the interface of foreign populations and institutional settings or as liaison interpreters providing language support to business development internationally. The content covered is related to interpretation, translation, civilization/ otherness, immigration, oral and multilingual communication. In the second year of the course students have the apprentice status and for certain months work full-time in a professional environment.

According to representatives of the university, a difficulty encountered in the implementation of these courses is in offering an extensive linguistic register and finding qualified trainers for each culture.

Why it is considered a good practice: Both courses have clear objectives and well-defined content. The courses respond to real needs of the French society. The master has obtained recognition by the French Ministry of National Education for 3 years.

The economic sustainability of these courses is rather high. The DU is financed by students or partner organizations, through continuing education. The master course is a state diploma funded by the university and the region as part of the rotation. Teachers are paid by the French State. At the same time, the social sustainability of the practice is very high. In France, the need for mediators-interpreters is increasing. In addition, French law requires institutions to use people who can remove the barrier of language (French law indicates to use interpreters).

Since this practice refers to university courses, transferability level is also very high. It can be easily replicated, serving as a benchmark or a starting point.

Resulting benefits from implementation: There are good employment prospects for graduates, since these courses address real needs of the French society and economy, as explained before. According to the university, the feedback is generally very good: the students are happy with the training both in terms of academic content and in the practical aspects of their profession.

Related documents / references:

<http://www.univ-paris-diderot.fr/sc/site.php?bc=formations&np=MENTIONDIP?ND=1067>

<http://www.univ-paris-diderot.fr/sc/site.php?bc=formations&np=SPECIALITE?NS=945>

Recommendations for transfer to the partnership countries

Austria

1) Transfer recommendations

Necessity / utility of transfer to Austria:

In Austria, there are mainly combinations of university programs for interpreting and intercultural communication, with no specific focus on intercultural mediation. Therefore, the underlying course practice would be of innovative and added value among existing educational offers and beyond, providing newly specialized knowledge and potential activity fields for various experts and interested audiences.

Aspects of the practice that could be transferred: Either of the two programs in their entirety or in parts, with the necessary adaptations to the Austrian context.

Recommended replication scale: national, regional level

Stakeholders that might replicate the practice: Ministry of Education, Regional and local governments of Austria, universities on national, regional level; universities of applied sciences (Fachhochschulen); colleges, Austrian national association for mediation (öbm)

2) Preconditions for a successful transfer

- i) Awareness raising, respective presentations to stakeholders and potentially implementing organizations; launch of pilot projects

3) Suggestions for overcoming possible barriers to transfer

Possible barrier: lack of awareness and commitment

Possible solution: see above for preconditions

Belgium

1) *Transfer recommendations*

Necessity / utility of transfer to Belgium

University courses in interpreting - mediation

Aspects of the practice that could be transferred

Everything

Recommended replication scale: National (which in Belgium implies the collaboration with the regions)

Stakeholders that might authorize the replication of the practice: Universities, ministries of education

Stakeholders that might replicate the practice after proper authorization]: Universities

2) *Preconditions for a successful transfer*

- i) Universities should take a sufficient interest in the domain to create this kind of training program.
- ii) To be sustainable, this would also imply a certain political commitment to the cause. It is the government that should in the end fund (part of) the training program.
- iii) Willingness to create legislation that 'protects' these individuals who successfully completed the course: this implies that the degree or obtained is required to work as an interprète – médiateur.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Willingness in the universities to invest in this kind of training program. Idem for the government.

Solutions: The political context in Belgium is not positive. A few universities offer master programs in community interpreting (unfortunately nearly exclusively linguistically oriented). Still, the University of Mons is starting a program (though not a master's program) that is also called training for interprète-médiateur.

Germany

1) *Transfer recommendations*

Necessity / utility of transfer to Germany:

Certified intercultural mediators in Germany were educated by interculture.de in cooperation with the University of Jena. The training consists on the one hand of a 5-month training “intercultural competence” and on the other hand of a 7-month “specialization in intercultural training”. The events were supported by online teaching contents. They can be used through the internet independent of time and place and can be edited in self-study. The E-Learning is supervised by tutors as well as accompanied by online meetings. The workload of the trainings is about 450 hours (face-to-face events, E-Learning, self-studies).

Aspects of the practice that could be transferred:

- The adaptation of the concept/sub concept in Germany
- University degree/access criteria

Recommended replication scale:

Regional

Stakeholders that might authorize the replication of the practice:

Universities, academies

Stakeholders that might replicate the practice after proper authorization:

Educational institutions

2) *Preconditions for a successful transfer*

- Offer as a postgraduate study

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Financing options / missing interest

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece: In Greece there exist no such university courses so far. It would be an appealing field of specialization for anthropologists, social workers,

psychologists, interpreters, educators, medical staff, and people active in international commerce.

Aspects of the practice that could be transferred: Either of the two programs in their entirety, with the necessary adaptations to the Greek context.

Recommended replication scale: Limited number of universities

Stakeholders that might replicate the practice: Universities

2) *Preconditions for a successful transfer*

- i) Combination of intercultural / social mediation and interpreting with other fields (such as commerce or social work) in order to increase employability of trainees. Although intercultural mediation cannot ensure in itself a living for most intercultural mediators, it is a valuable asset in many fields. As a specialization embedded in bachelor studies it could efficiently meet real needs, without leading to a professional dead-end.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Reluctance on behalf of university administration to introduce a new minor in bachelor studies

Solution: Proper information of stakeholders in order to raise awareness regarding the problems resulting from IMfl trainings so far and the urgent need for professional intercultural mediation services in Greece.

Italy

The transfer is not quite recommended. In Italy there are many training courses addressed at people who want to become intercultural mediators or at intercultural mediators who want to update their competences. This kind of courses is implemented by universities (Bachelor's degree courses and Master's degree courses) and by third sector organizations with an expertise in intercultural mediation issues.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

According to the fact that a solid training program is one of the most important needs in Poland in the intercultural mediation area, this type of course could be found very useful or even necessary. The idea of perfecting skills training can be helpful in creating professional mediation team.

For now, the only perfecting courses are offering for teachers who have contact with foreign pupils in their class. The aim of these courses is to provide participants with very basic information about conflict resolution methods and application of intercultural mediation in working with students from other cultures.

The specificity of intercultural activities requires additional knowledge and awareness of the factors affecting the contact with a foreigner. Intercultural mediation is a type of intervention that is very effective in solving complex problems based on the needs and interests of the parties. Effectiveness is determined by a great education of people who feel comfortable in working with foreigners and know good working practices.

The idea of creating courses that are addressed to people who already have experience in international work, they know the languages and their future in working in a foreign environment, is a good way to create elementary practices to work as an intercultural mediator.

The creation of such advanced groups gives the opportunity for a broad exchange of opinions, experiences and improvement through actual contact with the subject of education.

Aspects of the practice that could be transferred:

- Combination on social and medical settings
- Focus on interpreters and translators who knows more than one foreign language
- Form experts in the field of linguistic and cultural mediation-interpretation
- Full-time job in a professional environment during studies

Recommended replication scale:

- National level: as a benchmark for universities
- Local level: to convince graduates to professionalize their skills

Stakeholders that might authorize the replication of the practice:

- Higher Education Office
- Polish Academy of Science

Stakeholders that might replicate the practice after proper authorization:

- Universities
- Training organizations

- Tutors and coaches
- NGOs

2) *Preconditions for a successful transfer*

- Low cost of studying
- Convince interpreters and translators to improve their ability in context of intercultural mediator
- Find the professional tutors and trainers not only from Poland
- Create a job places for graduates
- Cooperation between universities and other institution in preparing the courses

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Course diversity

Solution: Prepare the compact training plan to recommend it to many institutions leading those courses

Possible barrier 2: Lack of professional mediator to lead the courses

Solution: Organize the courses for mediation trainers

Possible barrier 3: Lack of trust in the topic of cultural mediation

Solutions: Organize the conferences about the subject; convince the media for discussion about intercultural mediation

Portugal

1) *Transfer recommendations*

Necessity / utility of transfer to Portugal: In Portugal, the lack of formal certification and specific training is one of the main complaints of the intercultural mediation professionals. The implementation of a university based training program in this subject should be, definitively, an added value.

The existing training programs are mainly short-term and not specific related with intercultural mediation.

This course would be appealing to a wide variety of professionals, and academics, and also with good employment prospects, as the Portuguese society has growing needs in this area.

Aspects of the practice that could be transferred: The program would be necessarily adapted in themes referring the Portuguese community and reality. Especially the most

representative existing migrant communities (namely PALOP's, like Cape Verde, Angola, and eastern countries) as well as the Roma community – their culture and languages.

Recommended replication scale: National

Stakeholders that might replicate the practice: Universities

2) *Preconditions for a successful transfer*

- i) University acceptance and be able to assemble an experienced group of professors
- ii) Good trainees selection, based on skills, experience and motivation
- iii) Recognition by the Portuguese Ministry of Education
- iv) Eventual collaboration with the main municipalities

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Limited trainees' applications

Solution: Advertise the course at the universities and with the field professionals and guarantee job opportunities.

Good practice 7: Public Register of Intercultural Mediators

Location / geographic coverage: Rome and Lazio Region

Who implements the practice: Rome Municipality; Programma Integra

Category: Structure

Short description of practice: The Public Registry of Intercultural Mediators is a public institute created in 2006 by Rome Municipality in order to monitor the presence of the Intercultural mediators in Rome and in Lazio Region, to check their competences and to propose training courses to update their knowledge. The Municipality requires the enrollment to the intercultural mediators that want to work inside public offices (local level) such as social services, hospitals, schools. Even if the enrollment is not compulsory it is suggested to workers who are interested to work in the local public services. The Registry was created by the City Council Resolution no. 160 of 18 July 2005 in line with the Italian legislation, concerning immigration ('Testo Unico sull'Immigrazione'), that defines the intercultural mediator 'as a figure that works in educational contexts with the aim to increase the measure provided for migrant's integration, such as inclusion, interaction and exchange' (Ministry of Interior, Immigration's code, 1998). The register is the only example of formal roster of intercultural mediators all over Italy.

The requirements to accede to the Registry are:

- a) Foreign citizenship or Italian citizenship obtained by foreign citizens;
- b) Regular permit of stay;
- c) Residence in Lazio Region;
- d) Control, for direct practice, of one mother language and one mother culture different from the Italian language, and certified by adequate certification;
- e) Certificate of attendance of an Intercultural Mediation Course held by the Region or University or non-profit organizations that work in the field of immigration and intercultural mediation;
- f) Certified knowledge of Italian language.

There is a Commission that evaluates the enrollment requests of intercultural mediators. The Commission is composed by:

- A social professional expert indicated by Social Services Department
- A communication officer indicated by Communication Department
- An administrative officer

The Commission is officiated by the Director of Social Services Department or by a Director's delegate. Programma integra is the secretariat of the Registry.

Why it is considered a good practice: The Registry provides qualified mediation services, as each mediator enrolled has to possess specific requirements. Furthermore, the Registry monitors and supervises the presence of intercultural mediators in the territory of Rome, which languages they

speak, their competences and main sectors of intervention. Through a periodic review of the enrolled intercultural mediators, it is possible to check the characteristics of their training: if they are updated or not, if they work only in one field (f.e. health, education, school, social services, minors). Matching these elements with the needs of the territory it is possible to plan and propose courses on different topics.

Resulting benefits from implementation: The Registry demonstrates a very high level of continuity because since 2006 it is implemented every year. The Register is a link between intercultural mediators and the public services that need them, and a tool to monitor the presence of intercultural mediators, to propose them training and courses, and to update their competences. Furthermore, the Register ensures the implementation of effective and efficient intercultural mediation interventions, as each one enrolled is a professional. In 2015 the enrolled mediators were 520 coming from 80 different countries.

Related documents / references:

http://www.comune.roma.it/wps/portal/pcr?contentId=NEW116825&jp_pagecode=newsview.wp&ahew=contentId:jp_pagecode

Recommendations for transfer to the partnership countries

Austria

1) Transfer recommendations

Necessity / utility of transfer to Austria:

Austria is a forerunner in Europe when it comes to legislative conditions and frameworks of mediators in general. The Austrian national association of mediators (öbm) provides elaborate background information on legal aspects about mediation and links to the official list of registered mediators, governed by the Ministry of Justice. This list of registered mediators follows clearly defined and strict conditions (on qualification, pre-conditions, procedures etc.) and is embedded in the federal law on mediation. The list of registered mediators in Austria is available for each of the nine federal states (Bundesländer) and provides information on personal details and qualification/activity fields of each mediator. Intercultural mediation is named as one of several in this official list for a rather small percentage of listed mediators in general. It would therefore be of added value to dispose of separate and concrete lists of IMs in Austria.

Aspects of the practice that could be transferred:

- Creation of a single registry for a certain field and for certain federal states/regions
- Management of these lists (including underlying conditions as in the existing general registration) by the responsible authorities and bodies named above

Recommended replication scale: Regional, national

Stakeholders that might authorize the replication of the practice:

Ministry of Justice, Austrian national association of mediators (öbm)

Stakeholders that might replicate the practice after proper authorization:

Austrian national association of mediators (öbm); educational providers, training institutions (VET, university or other); consultancies

2) *Preconditions for a successful transfer*

- i) Awareness raising, respective presentations to stakeholders and potentially implementing organizations

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Lack of awareness and commitment

Possible solution: See above for preconditions

Belgium

1) *Transfer recommendations*

Necessity / utility of transfer to Belgium

A very relevant project that may be an important step forward towards professionalization and quality assurance in this field.

Aspects of the practice that could be transferred

- Everything.

Recommended replication scale: National scale (which in Belgium would also involve the regional level)

Stakeholders that might authorize the replication of the practice: Authorities, if these are not interested a professional organization of mediators might also undertake this action and try to obtain some recognition by the authorities or the field (as has happened in Flanders).

Stakeholders that might replicate the practice:

2) *Preconditions for a successful transfer*

- i) To be relevant, it implies that authorities take this registry seriously and encourage (or demand) that institutions work with registered intercultural mediators. A certain agreement between different intercultural programs (the field itself is characterized by diversity) on what intercultural mediation is and what an intercultural mediator should know and be able to do.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Preconditions of successful transfer: to be relevant, it implies that authorities take this registry seriously and encourage (or demand) that institutions work with registered intercultural mediators. A certain agreement between different intercultural programs (the field is characterized by extreme diversity) on what intercultural mediation is and what an intercultural mediator should know and be able to do.

Solutions: Lobbying with the authorities will be extremely important. Referring to existing initiatives in this field in other countries may also be helpful. Collaboration between different intercultural mediation programs will be very important.

Germany

Transfer recommendations

Necessity / utility of transfer to Germany:

In Germany, there is a public list of intercultural mediators, which applies nationwide and is not restricted on one region ("mediator DGM"). The list is guided by the DGM - Deutsche Gesellschaft für Mediation. It is not a State Register.

Since 1 March 2010 the recognition of mediators following the DGM education standard is carried out by the Deutsche Gesellschaft für Mediation e. V. On application, the certification committee proves, whether the applicant meets the education standard for quality assurance of practical work that was formulated in § 1 of the DGM-recognition regulation ("DGM-Anerkennungsordnung"⁵) in the version of 20 November 2009. If this is the case, the commission awards the quality label for a period of five years. During the period of recognition, the awarding of the quality label authorizes people to hold the label "Mediator DGM". On request, the recognized mediators can become a part of the mediation register.

Aspects of the practice that could be transferred:

⁵ See more at <http://www.dgm-web.de/anerkennungsverfahren.html>

- Responsibility of the official municipality
- Regularly controllability of the mediator's competences as a quality factor
- Recommended is the transfer / analogue management through state authorities and municipalities

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice:

Berlin Senate, Federal Office for Migration and Refugees (BAMF)

Stakeholders that might replicate the practice after proper authorization:

- Regional authorities
- Administrations, authorities, courts

Preconditions for a successful transfer

- Legal, governmental definition of the authorisation to hold the title "intercultural mediator"

Greece

1) Transfer recommendations

Necessity / utility of transfer to Greece:

In Greece there already exist certain registers for IM. However, the qualifications required for enrolling differ greatly, as do the controlling procedures and accessibility for interested parties. In certain cases there is no guarantee for the professionalism of the enrolled IM. At the same time, the registers are not widely known to potential beneficiaries.

Aspects of the practice that could be transferred:

- Creation of a single registry for a certain region
- Management of the registry by an authorized institution
- Definition of clear enrolment requirements that ensure professional service quality
- Evaluation of inscription requests by competent committees of the managing institution
- Monitoring the IM placement and training by the managing institution
- Proposing up-skilling courses according to established needs

Recommended replication scale: Regional, national

Stakeholders that might authorize the replication of the practice:

- a) National scale: Ministry of Interior; Ministry of Health; Ministry of Citizen Protection
- b) Regional scale: Local authorities (municipalities, regions)

Stakeholders that might replicate the practice after proper authorization:

NGOs involved in immigration issues; training institutions (VET, university or other); consultancies; placement agencies

2) *Preconditions for a successful transfer*

- i) Expressed will and intention by the authorities to use the registry: The creation of the registry should not be part of a short-lived project, but rather part of a national / regional strategy to cope with the challenges posed by linguistic and cultural diversity. There is no point in creating such a registry if the authorities do not intend to use it systematically.
- ii) Transparent authorization procedures: This would contribute to a broad acceptance of the managing organization on behalf of users.
- iii) Clear admission requirements: Requirements that state clearly the residential status, qualifications and certifications of intercultural mediators eligible to enroll will enhance the credibility of the registry. These requirements should be defined according to the Greek context of intercultural mediation.
- iv) Clear definition of IM role: The requirements mentioned before should be connected to the role of the intercultural mediators. Clearly defined roles provide the basis for objective admission criteria and professional mediation services. TIME product O3 *Guide on the Desired IMfI Profile and Related Learning Outcomes* could speed up the process.
- v) Funding: There should be clear funding rules for the managing organization, so that sustainability is ensured. In addition, a clear funding frame for the activities of the mediators would contribute to the establishment of professional relationships.
- vi) Extensive information of possible users: Potential users of the registry, including public services, should receive official information from the authorizing entity so as to be reassured of the official and permanent character of the registry and to be encouraged to use it.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Low prioritization by the authorities. Given the critical economical situation of the country and the consequent social problems, issues related to the integration of foreign citizens might receive little attention.

Solutions: The low cost of the creation and maintenance of a registry, in connection to the significant facilitation of the work of public servants and the improvement of social cohesion through the existence of organized mediation services, might contribute to a more positive attitude towards the issue. In addition, the foundation work provided by projects like TIME, may create certain preconditions of transfer and thus reduce the work required by the authorities.

Possible barrier 2: Funding difficulties, for the same reasons as above.

Solutions: It is well known that the development of an effective structure once is much more cost-efficient than the co-existence of several semi-functioning similar structures. This is an important argument for investing once and for all in the creation of a single registry (regional or national) that will adhere to high quality standards and have increased sustainability. Additionally, according to the experience of Programma Integra, the managing institution of the registry in Italy, the maintenance cost is very low.

Italy

1) *Transfer recommendations*

Necessity / utility of transfer to Italy:

The transfer is recommended, because a register can guarantee the delivery of intercultural mediation services highly professional, indeed the mediators (to enroll in the register) have to possess a certified training and experience. In addition, the establishment of a public register allows to systematize the procedures to contact professional mediators.

Aspects of the practice that could be transferred:

- Improving skills through specific refresh courses;
- Specific requirements to enroll in the register;
- Establishment of the 'ad hoc' committee for the evaluation of applications.

Recommended replication scale: Local, Regional, National.

Stakeholders that might authorize the replication of the practice: Municipalities, Regions and Central government (Ministry of Interior and Ministry of Labour and Social Policy).

Stakeholders that might replicate the practice after proper authorization: local, regional and national entities.

2) *Preconditions for a successful transfer*

- i) Establish clear requirements for enrolment
- ii) Publicize in public institutions the use of intercultural mediators register

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Funds and lack of attention of the Institutions to create a local, national or regional register

Solutions: Management costs of a registry are low, then the Central Government or the Regions (especially those in which pours the largest number of migrants/ refugees) should include funds, as part of the integration policies, for creating and managing an IMs registry, as the professional mediator is crucial in the integration path of migrants (first reception, request of documents, access to health, education, etc.). Furthermore, a professional intercultural mediator is able to facilitate the work of all those involved in the construction of autonomy paths of third-country citizens. Provide organized mediation services would mean a better management of migration flows.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

In addition to important training and the need to develop the profession, a very important missing piece in Poland is regis (list) of intercultural Mediators. It should be carried out by organizations working with immigrants. In the field of judicial mediation, such regis has long been run on the basis of issued certificates. In the absence of a cultural mediator certification, noticed is the lack of registry.

At the moment, and the limited need for such a register intercultural mediation can be a website authorized by the leading organization immigration.

Aspects of the practice that could be transferred:

- A solid and public list of intercultural mediators in Poland
- create links between intercultural mediators and the public services that need them

Recommended replication scale:

- National – there are not many intercultural mediators in the whole country, so it can be country-wide

Stakeholders that might authorize the replication of the practice:

- A big organization experienced with helping immigrants

Stakeholders that might replicate the practice after proper authorization:

- NGOs
- Universities
- Mediation schools
- Trainings centers
- “Willa Decjusza” Assotiation
- Halina Noteć Foundation
- Caritas Polska
- “Oprócz granic” Foundation

2) *Preconditions for a successful transfer*

- Profession of intercultural mediator
- One public platform to collect the names of intercultural mediators

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: If no organization is favorable to authorize this list

Solutions: Show the results of Italy, make an internal campaign – look for the opinion of intercultural mediators, if they would like to have such list

Portugal

1) *Transfer recommendations*

Necessity / utility of transfer to Portugal:

In Portugal, there is no database with the registration of intercultural mediators, because there is effectively still no legal framework for this figure. There are community, socio-cultural, municipal mediators, but it remains unknown how many they are, what their training areas are and what their area of intervention is.

Thus, this public register is very important, especially in countries like Portugal, which have yet to take the step to the recognition and validation of the profession. The transfer is highly recommended.

Aspects of the practice that could be transferred:

- Accession requirements to the Register clear and well defined
- Standardization of criteria for admission of intercultural mediators to Register

- Management and monitoring of the registry by an authorized institution
- Proposing up-skilling courses according to established needs

Recommended replication scale: Regional, national

Stakeholders that might authorize the replication of the practice:

- a) National scale: Ministry of Solidarity, Employment and Social Security, High Commissioner for Migration
- b) Regional scale: Local authorities

Stakeholders that might replicate the practice after proper authorization:

Private Institutions of Social Solidarity involved in immigration issues

2) *Preconditions for a successful transfer*

- i) Recognition and validation of intercultural mediator profession
- ii) Clear definition of IM role
- iii) Funding

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Funding difficulties.

Solution: Having a constantly updated register will increase the effectiveness, efficiency and quality of the interventions of intercultural mediators and thus to medium or long term, the cost / benefit ratio will be lower, becoming thus a cost effective measure.

Good practice 8: Community Mediators Train Community Policing Teams

Location / geographic coverage: Alta de Lisboa and Ameixoeira (Lisbon)

Who implements the practice: Lisbon Municipal Police (LMP); Training and Development Department of the Lisbon Municipality

Category: Employment; structure

Short description of practice:

The Lisbon Municipal Police has been developing in the last years a preventive approach through a community policing training strategy, aiming to prevent and tackle local insecurity problems in close articulation with local partners, residents and community mediators' representatives of all cultural backgrounds in the territory of intervention of the community policing. In this context, the LMP invited in 2009 community mediators to participate in the police officers training that have the mission to implement community policing patrols in Lisbon.

The training of community policing teams involving community mediators takes into account that communities are formed by groups of people who regulate their conduct among each other based on their social and cultural identity. So, the knowledge of that social and cultural identity of the groups within a given community, by police officers, it's critical to the implementation of the municipal security policies. The training provided by community mediators prepares police officers to deal with cultural differences when patrolling a territory with a background of conflicts between different cultural communities between themselves and between the Police.

The one day training session by the community mediators' representatives of the different cultural backgrounds in the community, addresses the diverse codes and practices related to each culture and the critical aspects of the communication between police-residents, aiming to raise police officers awareness for the diverse cultural identities in the territory, and hence, their self-confidence to cope and manage situations of rising conflicts, and to be more prepared to their management and settlement, but mostly, to their prevention.

In the frame of intercultural competences training, community mediators are invited to promote the police officers' reflection and discussion inside the police organization, about culture, identity, attitudes and behaviors adopted in multicultural contexts, stressing the importance of values such as mutual respect, dignity, solidarity and justice and the value of the advantage of cultural diversity.

The steps taken so far, in this training strategy, suggest that the success of this intercultural and mediation approach supported by intercultural skills training, lies in key factors such as the level of integration of the police officers in the community in articulation with the community mediators, the level of support by the police hierarchy and the involvement of all police organization in the training activities in order to facilitate the police approach when intervening in diverse cultural contexts.

After the training in the police facilities, the community mediators keep on articulating with the community policing team in the field, introducing the police team to the population, explaining their mission to the population and the main reasons why the practice being implemented in the territory.

Why it is considered a good practice:

This practice has very clear objectives, directly related to real needs of the population and the community police at the same time. A highly participatory approach was followed in the design of the community policing. The security group of Ameixoeira and Galinheiras (a northern territory of Lisbon), invited residents and local partners to provide their opinion on what profile police officers would need to patrol that specific territory, what kind of knowledge they should have about the territory security constraints, resources, the social and cultural dynamics in it. Then Lisbon Municipal Police took the initiative to include the community mediators in the community policing training course. The general training was designed by the LMP incorporating the inputs of residents (through focal groups), local partners (monthly security group meetings) and community mediators (periodical working meetings), being the community mediators invited to design the training session on intercultural mediation.

This practice has been proven very effective, as it contributes to increased police awareness of the various cultural identities of the territories, developing capacity building to manage community conflicts and a better understanding of the main problems of insecurity felt by the different community groups that usually do not interact with the police, namely from immigrant communities. In 2014 the Council of Europe, through the initiative “Diversity Advantage Challenge”, awarded this practice as one of the 15 best real-life examples of the successful involvement of people from different cultural (ethnic, religious, linguistic) backgrounds in the design of innovative products, services, policies, projects and initiatives.

In terms of transferability, the training of police officers by community mediators can be easily replicated by local authorities that work closely with local security partnerships.

Resulting benefits from implementation: The community mediators training was evaluated by the community police officers as a very important asset to their future work in cultural diverse territories. Communication skills of the police staff are enhanced, facilitating the process of developing a trusting relationship with the population on their daily patrols and enabling them to deal positively with diversity. The police and the residents share responsibility and cooperate in order to enjoy a safer environment. The community itself benefits from increased social cohesion.

Related documents / references:

http://www.coe.int/t/DG4/CULTUREHERITAGE/CULTURE/DIVERSITY/Brochure-DiversityAdvantageChallenge_en.pdf

<http://www.sonetor-project.eu/esicm/myfiles/speakers/Lisbon%20community%20policing%20the%20challenge%20of%20the%20intercultural%20approach.pdf>

Recommendations for transfer to the partnership countries

Austria

1) *Transfer recommendations*

Necessity / utility of transfer to Austria:

Qualification and continuous education & training for Austrian police officers do already include elements of intercultural competence, partly provided by IMs. These are, however, not standardized so far and in some cases show a theoretic focus. Transfer of this practice, if done on larger scale than currently, would provide additional value, especially in terms of its very practical and close to everyday work characteristics.

Aspects of the practice that could be transferred:

- Interactivity and exchange between IMs and police officers
- Adapted contents, individualized to specific needs of certain regions, local environments and departments
- Collaboration of police staff with intercultural mediators for the resolution of frictions caused by cultural and /or linguistic differences among specific populations

Recommended replication scale: Regional, local, depending on specific needs

Stakeholders that might authorize the replication of the practice: Ministry of Internal Affairs, Regional Police Directorates

Stakeholders that might replicate the practice after proper authorization: Regional and local police departments, training providers

2) *Preconditions for a successful transfer*

- i) Awareness raising, respective presentations to stakeholders and potentially implementing police departments;

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Lack of awareness and commitment

Possible solution: See above for preconditions

Belgium

1) *Transfer recommendations*

Necessity / utility of transfer to Belgium

We have no clear opinion on the usefulness or necessity of the transfer of this project. Increasing intercultural skills in the police is undoubtedly useful. But we lack any information on the training of the mediators involved in this project. Still, all data provided seem to indicate that this is indeed a very valuable project. In Belgium, similar interventions involving intercultural mediators have been done in the region of Brussels.

Aspects of the practice that could be transferred

- Everything

Recommended replication scale: National but the actual implementation should be carried out at the local level.

Stakeholders that might authorize the replication of the practice: Ministry of the Interior (in charge of the police)

Stakeholders that might replicate the practice after proper authorization: NGOs that employ intercultural mediators trained in this specific domain.

2) *Preconditions for a successful transfer*

- Political decision
- Presence of intercultural mediators trained in this domain
- Commitment at all management levels of the police to the implementation of this project

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Political; this may not be high on the priority list of policy makers

Solutions: NGOs like the center for equity and the fight against racism might be helpful.

Possible barrier 2: Absence of well-trained intercultural mediators who are able to provide this kind of training

Solutions: Train mediators, not only in intercultural skills but also in training techniques.

Possible barrier 3: Unwillingness in the police: police may not be in favor of this kind of training. They may feel criticized although they are doing their best under difficult circumstances. A subculture that is very negative towards the presence of migrants and ethnic minorities may make the implementation of this kind of project very difficult.

Solutions: take the feelings of the target group (police) into account.

Germany

1) *Transfer recommendations*

Necessity / utility of transfer to Germany:

Possible exchange of experiences, constitution of cooperation, mutual study visits. Because of the social developments, the police needs employees with migration history. For example in North Rhine-Westphalia (NRW), since 2002 intercultural seminars for the police were offered regularly. All police officers from NRW can attend them. The local police administration noticed the necessity to occupy with the topics “intercultural competence”, “demographic change” and “attitudes of young people with migrant background in the law enforcement”⁶.

Aspects of the practice that could be transferred:

- Professional police work - important instrument in the enhancement of competences of police officers in their daily work (for example communication problems in the confrontation with migrants)
- Optimization of the handling of operations through dismantling of misunderstandings in security-related fields
- Pool of trained mediators for the police; these mediators have intercultural competences that are additional to the ones that were given to the police
- Satisfaction of citizens and employees

Recommended replication scale:

- Regional and national; especially in cities with a high share of migrants

Stakeholders that might authorize the replication of the practice:

- Judiciary authorities, Federal Ministry of the Interior (Bundesinnenministerium)
- State offices for education, advanced training and personnel matters of the police

⁶ XENOS-project (*Intercultural qualification and promotion of cultural diversity in the police NRW*): In Germany, since the middle of the 1990s, is it legally possible to incorporate candidates that do not have a German citizenship to the law enforcement, when there are urgent official requirements. This is based on a party political comprehensive consensus that was articulated of the Conference of the Ministers of the Interior since 1993.

Stakeholders that might replicate the practice after proper authorization:

- For example Berlin Senate Department for the Interior and Sports

2) *Preconditions for a successful transfer*

- Flexible modular structure of the trainings that is compatible to the rosters

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Lack of personnel resources within the police and the responsible authorities. In the last years many jobs were cut.

Solutions:

- Creation of a cooperation network including appropriate migrants and mediators with a migrant background
- Use of results of adequate EU-projects
- Common seminars
- Organising contact to the provider until the development of a common project

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece: The Greek Police already employs to a certain extent interpreters / intercultural mediators in first reception, asylum services etc. There have been certain trainings so far aiming at the development of intercultural skills on behalf of the police staff. This training did not include, to our knowledge, Municipality Police forces or the so called Neighborhood Policemen. However, in contrast with Portugal, in Greece the Municipal Police does not actually develop a real relationship with citizens. Transfer of the practice would require big changes in the way Municipality Police works, which is rather unlikely to happen in the near future. Therefore, even though the concept of the practice is very attractive, it seems difficult to be transferred to Greece as it is. Only certain aspects of it could be adapted and introduced, aiming at all police departments and staff that work with migrants / foreign citizens regularly. Certainly it is very useful for any police officer to develop the ability to reflect on and discuss about culture, identity, attitudes and behaviors adopted in multicultural contexts, mutual respect, dignity, and the advantage of cultural diversity.

Aspects of the practice that could be transferred:

- Involvement of qualified intercultural mediators in the training of police staff: Even if intercultural mediators do not design and carry out the training themselves (because of lack of qualifications), it would be very useful to include them in the training session so as to actively interact with police staff and communicate from their perspective the issues involved.
- Content of training, with certain adaptations: This training could be carried out periodically, adjusting to the specific challenges the police staff faces in the particular region or department.
- Collaboration of police staff with intercultural mediators for the resolution of frictions caused by cultural and /or linguistic differences.

Recommended replication scale: Local or regional – in areas of increased ethno-cultural diversity

Stakeholders that might authorize the replication of the practice: Ministry of Citizen Protection; the Greek Police

Stakeholders that might replicate the practice after proper authorization: Regional and local police departments.

2) *Preconditions for a successful transfer*

- i) Determination of the police departments involved to make use of the training provided: No training initiative would make sense if it is not supported by the clear intention to integrate the new approach into everyday practice. Given the strict police hierarchy, this would require a clear top-down adoption and promotion of the concept.
- ii) Funding: this would include not only the training itself, but also the employment of intercultural mediators to collaborate with the police staff when needed.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: The adoption of the practice is mainly a political decision, connected to the overall planning of the police function.

Solutions: Contacts with high ranking officials and policy makers will be needed to present the benefits of the adoption of certain aspects of the practice. Local or regional police departments responsible for areas of high ethnic and cultural diversity could be contacted in order to encourage flexibility and initiative within the given structure and hierarchy.

Italy

1) *Transfer recommendations*

Necessity / utility of transfer to Italy

The transfer is highly recommended.

In Italy police has to face lots of intercultural conflicts in particular in the big cities suburbs. The big cities attract migrants that, because of the very high rent rates of the houses, have to choose the suburbs of the cities. In these areas people with different social disadvantages live very close. In big cities like Rome and Milan a program like this could be not only useful but necessary.

Aspects of the practice that could be transferred

- The entire methodology and experience.

Recommended replication scale: Local and National

Stakeholders that might authorize the replication of the practice: Prefectures

Stakeholders that might replicate the practice after proper authorization: Police Stations

2) *Preconditions for a successful transfer*

- Funds. In Italy there is a serious lack of funds in the public administration and the police stations tools and programs depend on the public funding.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Lack of funds.

Solutions: Involvement of the Prefectures in the participation at European calls for proposals under Asylum, Migration and Integration Fund. In Italy the next calls for proposals are supposed to be launched next September.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

The idea of training of police officers and sensitizing them on issues related to interculturalism and intercultural mediation is very much needed. Therefore, any such

training would be an additional element of education public service in connection with immigrants in the country. Such elements are particularly in high demand today.

However, the level of demand and contact the police with immigrants in Poland and Portugal is definitely different, so certainly proposal may not be reproduced in whole, but only the basic idea can succeed, in addition to workshops. Note, however, that the police is an entity that can often be dealing with intercultural interventions. Therefore, training of mediators by the professional standard is a very important postulate.

Aspects of the practice that could be transferred:

- mediators participate in the police officers training
- training provided by mediators prepares police officers to deal with cultural differences
- raise police officers' awareness for the diverse cultural identities
- stressing the importance of values such as mutual respect, dignity, solidarity and justice and the value of the advantage of cultural diversity

Recommended replication scale: Local, regional

Stakeholders that might authorize the replication of the practice:

- The police general officer

Stakeholders that might replicate the practice after proper authorization:

- Police officers
- Municipal police
- Municipalities of cities with very high percentage of immigrants
- NGOs
- Police newspapers

2) Preconditions for a successful transfer

- Create the scenario for this workshops
- Create a group of mediators who can lead it on the same level
- Openness of the police officers for this thematic trainings

Portugal

1) Transfer recommendations

Necessity / utility of transfer to Portugal: The practice of having community mediators to train community policing teams is a practice that has proved very useful and successful.

It can be transferred in very similar conditions to other cities of Portugal, clearly showing the results and benefits of its implementation in Lisbon.

Good practice 9: Training and Certification System for Intercultural Interpreters – Mediators

Location / geographic coverage: Switzerland

Who implements the practice: Swiss Association for Intercultural Interpretation and Mediation (INTERPRET)

Category: Training; certification system

Short description of practice: INTERPRET has developed and put into place a comprehensive two-level training and certification scheme for intercultural interpreters (since 2002, last revision in 2014). The first level leads to the Swiss Certificate for Intercultural Interpreters INTERPRET (EQF 4), while the second level leads to a Confederate Professional Certificate for Intercultural Interpreters - Mediators (EQF 5). The modules included per level are:

Level A

Module 1: Intercultural interpreting in triologue situations (150 hours, of which 78 hours in class, 9 hours supervision in groups, and 63 hours self-study)

Module 2: Orientation in the educational, social and health system (90 hours, of which 39 hours in class and 51 hours self-study)

Level B

Area A: "Intercultural Interpreting"

Module 3: Telephone interpreting (60 hours, of which 26 hours in class and 34 hours self-study)

Module 4: Interpreting at administration authorities and courts (75 hours, of which 32.5 hours in class and 42.5 hours self-study)

Module 5: Interpreting in psychotherapy (60 hours, of which 26 hours in class, 6 hours supervision, and 28 hours self-study)

Area B: "Intercultural Mediation"

Module 6: Accompanying people in the integration process (75 hours, of which 26 hours in class, 6 hours supervision, and 43 hours self-study)

Module 7: Leading discussion groups in an intercultural context (60 hours, of which 26 hours in class and 34 hours self-study)

Module 8: Leading informational and educational events in an intercultural context (60 hours, of which 32.5 hours in class and 27.5 hours self-study)

Module 9: Contributing to projects in an intercultural context (75 hours, of which 32.5 hours in class and 42.5 hours self-study, including 6 hours of practice in a project)

Final module

Module 10: Role-awareness in acting in different settings (45 hours, of which 26 hours in class – including 6 hours supervision in groups – and 19 hours self-study)

The successful completion of the first two modules included in the training program along with a set of predefined criteria (i.e. proof of knowledge of local official language at min. level B2; proof of knowledge in own language at min. level B2; proof of 50 hours of practice in intercultural interpreting) leads to the recognized INTERPRET certificate, which is the first level of the training scheme. To achieve the second level and thereby obtain the confederate professional certificate for intercultural interpreters, the following criteria should be met:

- 1) A certificate of a completed apprenticeship or an equivalent
- 2) Proof of knowledge of local official language (level C1)
- 3) The INTERPRET certificate
- 4) A certificate of successful attendance of 3 modules from modules 3-9, of which at least 1 module from area A “Intercultural interpreting” and at least 1 from area B “Intercultural mediation”
- 5) Proof of 26 hours of further training
- 6) Proof of 500 hours of practice
- 7) Proof of 26 hours of reflection on practice, of which at least 18 hours in supervision
- 8) A certificate of successful attendance of module 10

Why it is considered a good practice:

As an essential part of a well-designed training, didactic principles had been defined before the implementation of the training scheme. These principles take into account both the needs and special characteristics of the target group and the special requirements of the training object involved. The principles are: Teaching and learning ways adapted to the target-group; systematic self-reflection; flexible modular training; guided practice; rules of equivalence to avoid needless repetition of training; no professional dead-end.

The form, structure and length of the training modules are developed according to the model followed by the Swiss Association for Adult Learning (SVEB), the Swiss national umbrella organization for adult education. For all modules the following information is provided:

- general competence description
- competence testing method
- specific skills to be obtained
- classification of module in the certification system
- participation prerequisites
- learning content
- minimum training hours and allocation to study units (in class, supervision in groups, self-study)
- requirements from training institutions

- guidelines for competence testing
- testing criteria
- repetition of examination and appeals
- characteristics of module certificate and validity duration
- equivalent trainings

Apart from the training provided, clear requirements to achieve the certification and quality assurance standards are put into place. Thereby the high quality of training is ensured and the sufficiency of knowledge, skills and competencies of the professionals who complete the scheme is guaranteed.

The practice can be easily transferred in any other country, based on the fact that the training scheme, prerequisites and accreditation mechanism are already defined, put into practice, tested and successful. Therefore, a lot of professionals can benefit from the scheme available. Nevertheless, the collaboration of accreditation organizations is also necessary, along with the authorities responsible for the recognition of this professional category, in order to establish a concrete added value for the professionals involved.

The training and certification scheme presented sets the basis towards the promotion of social cohesion and tolerance, especially towards people who are at a disadvantage. Empowerment is the basic didactic principle.

Resulting benefits from implementation: The impact of the practice is significant for all parties involved. Intercultural interpreters/ mediators on one hand receive the appropriate type of training to be in the position to undertake their tasks in the most efficient and effective way, and on the other hand receive a certification recognized by the State and all stakeholders. Acceptance of the intercultural mediator services on behalf of Swiss professionals has risen significantly as a direct result of the official training and certification scheme. Quality of services benefits greatly the people (migrants and professionals) who are in need of intercultural interpreting services.

Related documents / references:

<http://www.inter-pret.ch/fr/formation-et-qualification/brevet-federal.html>

<http://www.inter-pret.ch/fr/formation-et-qualification/brevet-federal/modules-de-formation-continue.html>

Recommendations for transfer to the partnership countries

Austria

1) *Transfer recommendations*

Necessity / utility of transfer to Austria:

The introduction of this Swiss model (partly or as such) into the respective and current Austrian educational and training provision would be of added value due to its comprehensive, extensive and practically-oriented approach. It would meet needs especially since the Austrian situation still shows more fragmented and less standardized characteristics. In Austria, there is also still less differentiation between mediation in general, intercultural interpreting and intercultural mediation

Aspects of the practice that could be transferred:

- Differentiation between mediation in general, intercultural interpreting and intercultural mediation
- Structure and practical content of the training modules
- Certification system as such

Recommended replication scale: National, regional

Stakeholders that might authorize the replication of the practice/ replicate it:

Ministry of Justice, Austrian national association of mediators (öbm)

Stakeholders that might replicate the practice after proper authorization:

Austrian national association of mediators (öbm); educational providers, training institutions (VET, university or other); consultancies

2) *Preconditions for a successful transfer*

Very clear awareness and commitment of responsible policy makers, stakeholders and other involved parties. Legal basis (necessary adaptations) prepared

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier : Lacking support of responsible authorities

Solutions: Awareness raising, information campaigns, launch of pilot projects on smaller scale

Belgium

1) *Transfer recommendations*

Necessity / utility of transfer to Belgium

Training and certification are both very important for the development of high quality services and the recognition and further development of the profession. If the integration of training programs for intercultural mediators is not possible in the mainstream education system (leading to bachelor and master degrees), this is a second best solution. In Belgium, this might, unfortunately, still be useful. A very similar system exists already in Belgium for the public service interpreters (who are called 'social interpreters' here).

Aspects of the practice that could be transferred

- Everything

Recommended replication scale: National, implying the involvement of the regions, NGO's

Stakeholders that might authorize the replication of the practice: The authorities (both national and regional) as they will ultimately be funding.

Stakeholders that might replicate the practice after proper authorization: NGOs, professional organization of mediators.

2) *Preconditions for a successful transfer*

- i) Willingness of the authorities to fund NGOs that will be organizing the training and certification process.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Limited or no commitment of authorities to the training and certification of (different types of) intercultural mediators. In practice this seems to be very different from one region to another.

Solutions: Lobbying might help as well as collaboration between different organizations active in this field.

Germany

1) *Transfer recommendations*

Necessity / utility of transfer to Germany: Establishment of the allocation of the present German certificates/ degrees analogous to the EQF.

Aspects of the practice that could be transferred:

- The two-step procedure respecting the facilitated approach to certified degrees.
- Description of competences for mediators allowing a comparison within the EU and questioning the national standards

Recommended replication scale: National, European

Stakeholders that might authorize the replication of the practice:

Bodies responsible for the EQF, certification institutions

Stakeholders that might replicate the practice after proper authorization:

Senate of Berlin

2) *Preconditions for a successful transfer*

- i) The actual need of action, creating demand for mediators with clearly defined competences (mediators are not interpreters, multilingual workers to be found in hospitals etc. are not able to help, migrants don't have automatically intercultural competences)
- ii) Drawing up and analysis of existing M-degrees which are to be obtained in Germany and clarification of their reference to competency acquisition and allocation to the EQF-levels.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier 1: Limited capacities of the responsible bodies, missing demand in comparison with other qualifications and professions.

Solutions: Addressing the committees; exchange with GP 9-actors.

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece: Due to the fragmentation and the high differentiation of training offers in intercultural mediation, the competence and skill adequacy of intercultural mediators in Greece varies heavily from under-qualified to high expertise. No accredited certification exists. The adoption of a complete training and certification scheme, of proven effectiveness and quality, would be a huge step towards the qualitative standardization of intercultural mediator training and the provision of professional, reliable and high-standard mediation services. Formal recognition and certification procedures would increase significantly the acceptance of mediation services on behalf of the professionals and contribute to clearer funding conditions.

Aspects of the practice that could be transferred:

- The distinction between the functions of intercultural interpreting and intercultural mediation
- The structure and content of the training modules
- The certification system

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice/ replicate it: Ministry of Culture, Education and Religious Affairs; Ministry of Interior and Administrative Reconstruction; Ministry of Labor, Social Insurances and Social Solidarity; EOPPEP (national organization for the certification of qualifications)

Stakeholders that might replicate the practice after proper authorization: An umbrella organization or department unit coordinating intercultural mediation issues created or authorized by the respective ministry; training providers who will offer the courses according to the defined standards and contents; EOPPEP for certification procedure. Training providers, including universities, could also offer certain modules in trainings planned for intercultural mediators.

2) *Preconditions for a successful transfer*

- i) Alignment with national regulations for vocational training structures and certification.
- ii) Defining the frame for the training, such as eligibility of training providers, frequency of training, number of mediators to be trained, and funding sources. If there are participations costs for trainees, they should be kept low. The key to the success of the practice in Switzerland was that it didn't lead to a professional dead-end.

- iii) Definition of equivalent learning paths for each module in order to avoid needless repetition of training, and validate training and experience obtained so far.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: The decision for the transfer of the whole training and certification system is one of integration policy design; therefore the practice cannot be transferred without the support of the responsible authorities.

Solutions: The Integration Strategy of Foreign Nationals foresees actions for the promotion of intercultural mediation. There should be close cooperation with the responsible departments of the authorities in order to discuss how this practice could be transferred in the frame of the existing strategy, the benefits of replication and funding issues.

In addition, training providers might replicate certain modules in the frame of related projects so that the effectiveness of the training approach can be tested in the Greek context and adaptations can be recommended according to the experience obtained. This would improve quality of training even before structural changes are made and might function as a bottom-up mechanism for inducing change. However, the sustainability of such initiatives would be limited, compared with top-down strategies.

Italy

The transfer is not quite recommended. In Italy there are a lot of courses addressed at people who want to become Intercultural Mediators or Intercultural Mediators who want to update their competences. This kind of courses is implemented by Universities (Bachelor's degree courses and Master's degree courses) and by third sector organizations with an expertise on Intercultural Mediation issues.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

Certification of intercultural mediator profession in Poland does not exist, but, as experts say, at the moment there is no need to do this. Today, it is only a niche field in our country so the officials decide that it is not necessary to establish procedures of certification.

There are lists of regulation in Poland that let to become the mediator connected to lawsuits, taking part in an official mediation. It let to be the mediator in general (not only the intercultural one).

The official regulations say that that mediator should have the higher education (Master's Degree) and at least 60 hours of mediation issues training. Trainings are leading by some organizations that have also the possibility to create the official list of mediators.

This is the place that can be inspired by this described practice. The organizations that have the permission to certify mediation in general, can use some of those areas and the subjects of courses. When intercultural mediation becomes more popular in society, there will be some certificates for sure to become an intercultural mediator.

Aspects of the practice that could be transferred:

- Certification for intercultural mediators
- Very transparent and clear method of certification
- 3 levels of preparing to become an intercultural mediator

Recommended replication scale:

- Local – for the certifying institutions, to make some benchmark and show how the certifying works abroad

Stakeholders that might authorize the replication of the practice:

- Certifying and supervising mediation institutions

Stakeholders that might replicate the practice after proper authorization:

- Certifying institutions
- NGOs
- Mediators
- Translators
- Mediation students

2) Preconditions for a successful transfer

- The official decision to certify the intercultural mediators, not only mediators in general
- Create clear certification criteria
- Connect the certification with the training and work in intercultural environment

3) Suggestions for overcoming possible barriers to transfer

Possible barrier: the more certification criteria, the less intercultural mediators in Poland.

Solution: The certification procedure could be tested first in other types of mediator certification programs, and then it could be transferred to intercultural mediation.

Portugal

1) *Transfer recommendations*

Necessity / utility of transfer to Portugal: No accredited certification exists in Portugal. Formal recognition and certification procedures would be very useful and would mean a necessarily increment of the quality of the intervention, as well as the social and professional recognition of the intercultural mediators, with a direct impact also in their motivation and professional trust/ reliability.

This statute will also provide an increment in their acceptance as mediation services providers.

Aspects of the practice that could be transferred:

- Content of the training modules, training scheme and structure (with necessarily adaptation), and accreditation mechanism

Recommended replication scale: National

Stakeholders that might authorize the replication of the practice/ replicate it: Municipalities, Ministry of Social Security, Ministry of Internal Affairs and National Agency for Qualification and Vocational Education

2) *Preconditions for a successful transfer*

- i) Alignment with national regulations for vocational training structures and certification.
- ii) Defining the frame for the training, such as eligibility of training providers, frequency of training, number of mediators to be trained, and funding sources. If there are participations costs for trainees, they should be kept low

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Make an accreditation process in Portugal can be a very lengthy and bureaucratic process.

Good practice 10: Project MiMi (Migrants for Migrants)

Location / geographic coverage: Germany, Vienna and Upper Austria

Who implements the practice: Germany: Ethno-medical centre; Austria: Volkshilfe Vienna

Category: Integration project

Short description of practice: In Germany, the starting point for the project *MiMi-Migrants for Migrants* was the insufficient access of migrants to health care due to factors such as language barriers, a differently organized health care system and health insurance. Despite a number of previously launched programs for health promotion and prevention, the group of migrants couldn't be sufficiently reached, in particular the group of socially disadvantaged migrants. From 2003 to 2004 the Ethno-medical center launched the project to facilitate the accessibility of socially disadvantaged migrants through training of mediators as contact persons. Between December 2003 and March 2004, a total of 75 migrants completed a fifty hour training to become intercultural health mediators. The training was free to participants.

The MiMi program recruits, trains and supports individuals from within immigrant communities to become cultural mediators who can help navigate new and different ways of dealing with traditions of health, illness and the body. The goal of the program is to make the German health system more accessible to immigrants, increase their health literacy while simultaneously empowering immigrant communities by prompting their direct participation in the process. The MiMi approach is based on the belief that migrants are experts in their own causes and that as a community, they have experiences and resources that need to be better leveraged.

Candidates for the mediator training are recruited from local immigrant communities and then provided with over 50 hours of training. Once they are certified, they can begin to plan and conduct information sessions. These sessions are tailored to be culturally sensitive for the particular community and are held in their preferred language. The discussion ranges from understanding and navigating the German health system to community specific health issues.

In co-operation with 80 other health related organizations, MiMi also regularly produces and updates a health guide that is available in over 16 languages. This guide provides information on targeted health topics and insight into understanding and navigating the German health system. The goal is to help immigrant communities increase their use of available resources – particularly around preventative care and early check-ups. MiMi regularly monitors and tracks the success of these publications as well as their other programs in order to revise components or specific modules as needed. The result is that the content is regularly updated and continues to reflect the needs of target communities.

Why it is considered a good practice: For the practice different evaluation tools are used. A curriculum and training modules are developed as well as evaluation methods and the project

brochure. By combining a basic training and successive training the mediators acquire additional knowledge and broaden their expertise.

The training follows established quality standards. The teaching materials (signposts and guides, slide sets, PowerPoint presentations, evaluation tools, updates, translations) are provided by the Ethno-Medical Centre. Contents of the training are subjects on migration and health, the development of the German health system as well as a range of prevention topics, e.g. drug abuse, nutrition and physical activity, family planning, pre- and post-natal care, breast cancer prevention and oral health.

In the pilot, financial funds came from the BKK Bundesverband Gesundheitsförderung (Federal Association for Health Promotion). In other locations, funding is coordinated on regional level and comes from public sources, e.g. in Austria by the Federal Ministry for Europe, Integration and Exterior.

The effectiveness of the practice is demonstrated through various prices and a report by the WHO. Within the project the large numbers of reached people, low fluctuation rate and careful evaluation of each project phase proves the effectiveness of the project.

This practice proves to be sustainable, as it is extended continuously on national and international level and adapted to regional needs since its start. Continuing education and specialization of intercultural mediators and extended PR campaigning support the project additionally.

In terms of transferability, the practice is considered a good practice as it responds to current needs of immigration countries with a cultural sensitive approach. At the same time it is coordinated on local level which allows its adaption to regional needs. While the project was piloted in four cities of Germany, it has expanded to 57 locations in Germany. In 2012 the program was initiated in Vienna, Austria, and in 2014 upper Austria.

Resulting benefits from implementation: Accompanying migrants, advanced qualification measures for mediators, multilingual information and culturally sensitive health campaigns prove the success of the practice. Migrants themselves have stated in the evaluations carried out that through the project information related to health was presented in a much more intelligible way to them. Since the project start more than 1000 health mediators from over 40 countries were trained, and more than 32,000 migrants were reached. The health guide has reached more than 150.000 people so far.

Related documents / references:

http://www.ethno-medizinisches-zentrum.de/index.php?option=com_content&view=article&id=28
http://www.volkshilfe-wien.at/mimi_gesundheitslotsInnen

Recommendations for transfer to the partnership countries

Austria

1) *Transfer recommendations*

Necessity / utility of transfer:

The successful practice could be transferred, under very similar conditions, to other regions/federal states in Austria by clearly showing results and benefits of its implementation in Vienna and Upper Austria.

Belgium

1) *Transfer recommendations*

Necessity / utility of transfer to Belgium

This is certainly a project that should be transferred to other countries as we know that low health literacy hampers the effective use of health care (and leads to extra costs for society) and contributes to the existence of health inequities. In the case of Belgium, it would seem to be wise to extend existing intercultural mediation programs to make it possible for them to tackle the issue of health literacy.

Aspects of the practice that could be transferred

- Everything.

Recommended replication scale: National, implying the involvement of the regions, NGO's

Stakeholders that might authorize the replication of the practice: The authorities (both national and regional), health insurance institutions

Stakeholders that might replicate the practice after proper authorization: NGO's, professional organization of mediators.

2) *Preconditions of successful transfer*

- Funding
- Lobbying

3) *Suggestions for overcoming possible barriers to transfer:*

Possible barrier: Lack of interest on behalf of the authorities that should ultimately fund this kind of project.

Solution: Lobbying could prove to be useful.

Germany

Not applicable, as this is a German Good Practice.

Greece

1) *Transfer recommendations*

Necessity / utility of transfer to Greece: The health sector is one of the sectors most hardly hit by the economic crisis. Access to qualitative health services has become more expensive and money invested in information on health issues and preventive medicine has been reduced to a minimum. At the same time, the administrative system of public hospitals has suffered a lot. Given this situation, the replication of the MiMi project in this period of time in Greece seems unfeasible and an expense disproportional to much more urgent needs of the whole population.

However, there is a sector that bears a significant load of the increased social aid needs, and this is the municipal welfare system. The welfare departments of municipalities, including municipal health centers, serve ever growing numbers of locals and foreigners in need. It is in this primary social and health care context that intercultural mediators could be employed to offer significant help to municipality staff and foreigners at the same time. From the existing pool of trained mediators, municipalities with many foreign residents could employ according to their needs intercultural mediators, in order to improve services for all. Through the municipal networks migrant communities could be reached as well for the provision of essential information on health issues. This might include information meetings and training for migrants in their origin languages on a regular basis.

Aspects of the practice that could be transferred:

- Employment of mediators for the provision of information on health issues to migrants – foreign citizens
- Reaching migrant communities for the provision of information on health issues

Recommended replication scale: Local – in municipalities with many foreign residents

Stakeholders that might replicate the practice: Local authorities - Municipalities

2) *Preconditions for a successful transfer*

- i) Employment of high-skilled intercultural mediators: The mediators should meet all the requirements to be hired in the public sector, as municipalities are part of it. A good educational background, preferably in the social or health field, would enable them to have a clear understanding of the issues and procedures involved. At the same time, excellent linguistic skills (oral and written) are required in both Greek and the migrant languages. In areas of increased ethno-cultural diversity, the employment of multilingual mediators would be an important asset and reduce cost.
- ii) Taking advantage of the existing municipality networks of supporting organizations: Municipalities usually network with organizations that provide social support and health services to migrants. Through this network, the services of intercultural mediators could be fully used and more migrants / foreign citizens could be reached, including their communities.
- iii) Ensuring that the services provided cause no irritation to Greek citizens: Due to the on-going economical and social crisis, many social provisions have been cut, causing frustration. The employment of intercultural mediators might be considered a luxury; therefore it should take place in offices that do not intervene with service rendering to Greek citizens and not causing imbalance in the adequacy of services offered to all.
- iv) Regular upskilling of intercultural mediators: Through short training sessions the intercultural mediators need to update their knowledge on current regulations, provisions and administrative procedures.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Funding difficulties. The budget for local administration has suffered heavy cuts in the recent years, a situation unlikely to change in the near future.

Solutions: Municipalities could reduce cost by employing multilingual mediators part-time. Visiting hours for migrants needing help with the language could be specified. In addition, low fees (e.g. 1 euro) could be charged for the provision of this extra service, covering part or the total of the mediators' employment cost. Another alternative would be the development of social entrepreneurship strategies on behalf of the mediators.

Italy

1) *Transfer recommendations*

Necessity / utility of transfer to Italy

The transfer of the practice is highly recommended.

Aspects of the practice that could be transferred

- The peer to peer methodology: trained migrants support migrants with the same needs.

Recommended replication scale: Local, Regional, National.

Stakeholders that might replicate the practice: Third sector organizations and VET organizations together with hospitals and local healthcare services.

2) *Preconditions for a successful transfer*

- i) Adequate funding.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Lack of funds.

Solutions: The project could be funded by the Asylum, Migration and Integration Fund, the European program addressed at migrants and refugees. On national level, the new calls for proposals should be launched in autumn.

Poland

1) *Transfer recommendations*

Necessity / utility of transfer to Poland:

In view of the still small number of immigrants in Poland and the poor of their internal organization, a project of cultural mediators' emergence of ethnic groups can be difficult, but not impossible. National minorities in Poland are dispersed and although they have their permanent clusters, it is difficult to reach organized associations and communities.

But giving a chance to this type of immigrant activity could be crucial, because described practice is a very valuable source of knowledge of a well-functioning system of cultural mediation. Keywords for this form of contact are of course that the mediator speaks a minority language and understands very well the problems in the new environment.



In Poland, there was a project that has already been implemented with very similar characteristics. But it was not a grass-roots project initiated by the community, but responds to the need for the Roma minority. The program was called "Roma education assistants". It introduced Roma assistants to the schools where Roma children learn: to primarily increase the low turnout of students and help meet school duties. Roma assistants have been granted the trust of local communities. The duties of the assistants were also building a good contact between parents and school students, informing parents about the progress of science, and also to control students' attendance and academic progress.

While this has included only the scope of education, it has been a success and to this day the keel assistants working in the institution of school.

As this example shows, the search for mediators in communities or ethnic minority may prove to be a success, hence the good practice is described as the most inspiring, and should find its place in the Polish realities.

Aspects of the practice that could be transferred:

- Recruiting, training and supporting individuals from within immigrant communities to become cultural mediators
- Organizing the discussion and information sessions with immigrants
- Open the intercultural mediation area also for the health care system
- Combining a basic training and successive training

Recommended replication scale: Local

Stakeholders that might authorize the replication of the practice:

- Foreign Office
- Organizations for immigrants

Stakeholders that might replicate the practice after proper authorization:

- Local immigrants' communities
- Schools with a foreign pupils
- NGOs
- Halina Noteć Center
- Willa Decjusza Foundation
- 'Emigrant' Association
- Caritas Polska

2) *Preconditions for a successful transfer*

- Selecting a group of immigrants who want to be intercultural mediators
- Organize the proper system of training



- Create work places for mediators
- Official certification of the intercultural mediator profession
- Find a budget or program to start the trainings and practices

Portugal

1) *Transfer recommendations*

Necessity / utility of transfer to Portugal: The health sector budget in Portugal has been considerably decreased and this may constitute a constraint to the implementation of this project. However, this project should be transferred to other countries because it brings together a set of fundamental and basic aspects of social integration and cohesion.

In Portugal, there are some immigrant communities, including the Chinese and Pakistani, who rarely move to health services and the existence of a mediator within these communities, for example, could counteract this.

Another important indicator is the training and capacity building of these people within communities, as well as increased knowledge on issues related to health.

Aspects of the practice that could be transferred:

- Employment of mediators for the provision of information on health issues to migrants – foreign citizens
- Health guide available in different languages

Recommended replication scale: Local

Stakeholders that might replicate the practice: Local authorities - Municipalities

2) *Preconditions for a successful transfer*

- i) The process of selection of future mediators should be clear, well-defined criteria and based on a previously designed profile, with special focus on personal and social skills and language abilities.
- ii) Continuous monitoring and regular performance of the mediators, their difficulties and constraints.
- iii) Establish partnerships with local community groups, which can work together with the mediators, so as to achieve the greatest possible number of people in health promotion of awareness-raising, for example.

3) *Suggestions for overcoming possible barriers to transfer*

Possible barrier: Funding difficulties.

Solutions: Involvement of the municipalities in the participation at European calls under the EIF – European Fund for the Integration of Third Country's

3. Conclusions

The good practices presented in this document refer to structures, trainings and policies that provide an exemplary framework for the organization of intercultural mediation services and mediator training. This is in line with the overall objective of the TIME project, namely to promote the standardization and professionalization of intercultural mediation in the countries of the partnership. The role different stakeholders can play is highlighted through these practices, proving that effective intercultural mediation services consist an intervention field not only for policy makers, but also for local authorities, public services, training providers, NGOs, migrants and the mediators themselves. Initiative, imagination, flexibility and social sensitivity are only some of the virtues these practices reveal, inviting all those involved to undertake positive action for the burning issue of migrant integration.

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