

RESEARCH REPORT ON INTERCULTURAL MEDIATION FOR IMMIGRANTS IN SWITZERLAND

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National Report on Intercultural Mediation for Immigrants in Switzerland

1. Historical context of IMfl in Switzerland

1.1. *Migrant flow in Switzerland*

After World War II Switzerland has seen a major migrant influx. Since then, over two million people have immigrated to Switzerland or live there as the descendants of immigrants (Federal Office for Migration, 2014). According to the Migration Report 2013 of the Federal Office for Migration (2014), at the end of that year there were 1,886,630 legally resident foreigners in Switzerland, which represent a proportion of 23% to the total Swiss population. 1,279,455 foreigners were EU-28/EFTA nationals (68%); 607,175 were nationals of other states (32%), including 29,602 recognized refugees. 21,465 persons applied for asylum in 2013.

The actual need for IMfl depends largely on the linguistic skills of the migrant population in the Swiss national languages. Immigrants from German, French or Italian speaking countries encounter no special linguistic barriers. Many migrants from other countries have acquired in the course of the years language skills that allow them to communicate efficiently at least in one Swiss national language. According to the Federal Office for Public Health, an estimated 200,000 residents do not understand any of the national languages, in addition to those who already know some of the local language but not enough to communicate in demanding situations (Bundesamt für Gesundheit BAG, 2013b). A total of approximately 700,000 persons do not use as their main language a Swiss national language (ibid).

1.2. *Developments in integration theory and practice*

The course of IMfl in Switzerland has followed to a great extent the international developments in integration theory and practice (Dahinden & Chimienti, 2002). Three main phases in migrant integration theory have determined the role of the state and the existence or forms of community/intercultural interpreting, not only in Switzerland but also in other migrant destination countries (ibid). The first phase was that of the assimilation theory, which prevailed in the Swiss context from 1950-1970. According to this theory, the integration difficulties encountered by migrants are perceived as a deficit on their behalf. Migrants are expected to assimilate the language, the values, customs and traditions of the host country (Gordon, 1964, as cited in Dahinden & Chimienti, 2002). Migrants and public services have to find their own ways to cope with communication problems, while the state and the host society in general have no responsibility to promote equal opportunities or interpreting/mediation services (Dahinden & Chimienti, 2002).

The second phase is dominated by the concept of multiculturalism (1970-1990). From the multicultural perspective, tolerance towards cultural diversity, minority protection and

identity issues are of central importance (ibid). The state has to protect cultural diversity through positive measures (Anthias & Yuval-Davis, 1992, as cited in Dahinden & Chimienti, 2002). In certain countries, as in Switzerland, this may lead to a strong differentiation of IMfl services between parallel institutions and to making available these services only to certain migrant groups (Dahinden & Chimienti, 2002). It was in this context that in 1987 the canton of Basel was the first to create translation services for hospitals; in 1990 the Red Cross in Geneva made its translation services available to hospitals, while the Bern University Hospital established its own interpreting services (Bundesamt für Gesundheit BAG, 2011).

The third phase in the development of integration theory and practice is that of incorporation, characterized by the perception of interculturality (1990 and thereafter). In this approach, pluralism is recognized to be inevitable and that migrant integration requires reciprocal adaptation, i.e. both from the migrants and the host society (Dahinden & Chimienti, 2002). Interventions become service oriented and IMfl is institutionalized and embedded into the general services. Care providers are targeted through awareness raising activities as clients of cross-cultural communication (ibid). In this context, awareness developed in the beginnings of the 1990s that smooth communication between public institutions and their clients cannot be taken for granted in Switzerland, albeit a quadrilingual country (BAG, 2011). It was then that the Swiss Confederation became more active, by coordinating the local and cantonal initiatives, as well as commissioning further research in the field (ibid). From that point on, the Swiss state has played a decisive role in promoting, institutionalizing and supporting IMfl in Switzerland.

Indicatively, in 1996 the Federal Office of Public Health (FOPH) formed a task force in order to coordinate, together with pioneers of regional interpreting projects and experts from academia and practice, the training and employment of IMfl (http://www.interpret.ch/uploads/media/Vereinsgeschichte_INTERPRET.dt_01.pdf). In 1997 an expert group was commissioned by the Federal Council to investigate the issues related to migration. The experts emphasized on the necessity of measures that would promote and facilitate the social integration of allophone inhabitants of Switzerland (BAG, 2011). A year later, the Federal Office for Public Health commissioned the Swiss Forum for Migration and Population Studies (SFM) to compile a baseline report entitled “Translation and Mediation in the Health Sector” (by Weiss and Stuker, 1998). This report provided the ground for the foundation of the Swiss Association for Intercultural Interpretation and Mediation INTERPRET (as it is called now) in 1999, whose exclusive purpose was to promote translation and intercultural mediation in the health, educational, and social sector (ibid). In 2002 the Federal Office for Public Health launched the national program “Migration and Health”. Intercultural translation was named explicitly as a field of action in the national migrant health strategy and specific goals were set for each phase (2002-2007 and 2008-2013). In the frame of this program, INTERPRET was financed to develop training standards, certification procedures and accredited training modules for IMfl (INTERPRET, 2002). Important reports were further financed, both for promoting and evaluating interventions in IMfl, such as “Translation in the Health Sector: Claims and Cost Allocation” by Achermann & Künzli, 2008, were the legal foundation for intercultural mediation in public health was demonstrated; “The Concept of a Telephone Interpreting Service in the Health Sector: Detailed Concept and Market Analysis” by Fritschi et

al, 2009; “Intercultural Translation and Mediation in the Social and Educational Sector: Current Practice and Development Potential” by Calderón-Grossenbacher in 2010; “Employment and Impact of Intercultural Translation in Hospitals and Clinics” by Gehrig et al in 2012.

Intercultural interpreting and mediation is further supported by the 2013-2017 “Migration and Health” strategy. Quality assurance, awareness raising among decision makers and users in hospitals, alternative financing for IMfI services in private medical practice and pharmacies, as well as further support of the National Telephone Interpreting Service, are the priorities set for the years to follow (BAG, 2013b). Research in the field of migrant health and IMfI will also be further supported, for example in problems of migrant access to healthcare, quality of medical care provided, utility and impact of intercultural interpreting. In addition, annual meetings will be organized in order to encourage more research projects in the areas of interest (ibid).

1.3. Current practice of IMfI in Switzerland

The result of this active support policy has been a very well defined, structured and standardized IMfI system, coordinated by INTERPRET, the Swiss Association for Intercultural Interpretation and Mediation. As it will be demonstrated below, the professional profile and intervention scope of intercultural interpreters and mediators are clearly delineated. Training and certification procedures follow thoroughly investigated and widely accepted quality standards. Continuous monitoring and evaluation procedures ensure not only the constant improvement of the services provided, but also the efficient use of resources, while keeping in sight the higher-level issues involved in migrant integration in Switzerland. Awareness raising among possible users of IMfI services is regular part of the IMfI promotion strategy.

According to the Federal Office for Public Health (BAG, 2013b), in 2013 there were 8 institutions providing training for intercultural interpreters and mediators (IIM) and 19 IIM placement agencies. 950 intercultural interpreters had a certification in 2014, of a total of almost 2000 IIM for more than 100 languages (Bundesamt für Migration, 2014). The National Telephone Interpreting Service operates since 2011 around the clock catering mainly for 12 languages (<http://0842-442-442.ch>). 59% of the total interventions take place in the health sector, 26% in social services, 12% in education and 3% in other sectors (Bundesamt für Migration, 2014).

However, migrants and services do not resort exclusively to certified IIM in order to facilitate communication. Non-qualified interpreters are used sometimes, like migrant relatives or personnel that speaks the language asked for but has no relevant profession, or other qualified interpreters are used, i.e. professionals working in the institution who speak the language of the allophone person (Gehrig et al, 2012; Calderón-Grossenbacher, 2010). Nevertheless, the services of professional intercultural interpreters are being used increasingly in all sectors (Calderón-Grossenbacher, 2010). The vast majority of certified IMfI are of migrant origin and 80.9% are women (own calculation according to the lists available at

<http://www.inter-pret.ch/interkulturell-dolmetschende-finden/die-zertifizierten-interkulturell-dolmetschenden.html>).

Given the importance ascribed to IMfl in Switzerland, it is not surprising that there is a significant, ever-growing body of literature available, investigating various aspects of intercultural mediation (BAG, 2011).

2. Definitions and terminology

INTERPRET, the Swiss Association for Intercultural Interpreting and Mediation, provides the official definitions for intercultural interpreting and mediation. Intercultural interpreting is considered distinctive from intercultural mediation, as the definitions reveal (quotes from <http://www.inter-pret.ch/was-ist-eigentlich.html>):

a) Intercultural interpreting

“Intercultural interpreting refers to the oral transmission (usually consecutive interpreting) of the spoken word from one language into another, taking into account the social and cultural background of the conversation participants. It is taking place in a triad-situation – a “dialog of three”. The intercultural interpreter may be physically present on site or be switched into the conversation via telephone.”

b) Intercultural mediation

“Intercultural mediation refers to the mediation of knowledge and information between members of different lifestyles and ways of life. As in intercultural interpreting, mutual understanding across linguistic and cultural hurdles is of central importance in intercultural mediation; however the latter includes further aspects and tasks. Professional intercultural mediators dispose of competences additional to linguistic skills and knowledge about the educational, health and social sector, for example in migrant counselling and support, provision of information, adult education or project work.”

Intercultural interpreting and mediation is differentiated from mediation in business in that the former takes place in a context where power and knowledge imbalance exists between the two conversation parties (INTERPRET, 2002).

A common terminology is used in German and Italian, namely *intercultural interpreting and mediation* (interkulturelles Dolmetschen und Vermitteln/ l'interpretariato e la mediazione interculturale) (www.inter-pret.ch). Until 2013, the term *intercultural translation* was used in German (interkulturelles Übersetzen), but then it was substituted with the more precise term *intercultural interpreting*, since the activity referred to is exclusively verbal (ibid). In French the terms *community interpreting* and *intercultural mediation* are used (l'interprétariat communautaire et la médiation interculturelle) (ibid).

Intercultural interpreting and mediation are addressed to allophone persons. In the following definitions for allophones, the broader one describes the ceiling of allophone numbers (and consequently the estimated need for IIM services) and the stricter one the minimum (Fritschi et al, 2009):

- a) Broad definition: A person whose main language (i.e. the language he/she thinks in) is not the regional language (German, French or Italian); who has provided information during the last census about the colloquial language used at home or at

work/school; whose colloquial language at home AND at work/school is not the regional language.

- b) Narrow definition: A person whose main language is neither a national language of the country (German, French, Italian or Romansh) nor English; who has provided information during the last census about the colloquial language used at home or at work/ school; whose colloquial language at home AND at work/school is neither a national language of the country nor English.

According to these definitions, the estimated number of allophones in Switzerland ranged between 150.000 and 300.000 people in 2007 (Fritschi et al, 2009). The Federal Office for Public Health estimated in 2013 that 200,000 residents do not understand any of the national languages, while a total of approximately 700,000 persons do not use a Swiss national language as their main language (BAG, 2013b).

3. The political and legal framing of IMfl

3.1. *The legal foundation for intercultural interpreting and mediation*

The expert report of Achermann & Künzli (2008) provides the legal arguments for the provision of interpreting services in healthcare. According to the international and constitutional law applicable in Switzerland, access to the public healthcare system has to be free of discrimination. Indicated medical treatment must not be refused to any patient because of his/her poor linguistic skills. Information of a patient must occur in an intelligible way so that the patient can give, with his/her own free will, informed consent to any medical treatment. This obligation holds true for allophone migrants as well, regardless of their residence status. The state has to ensure that the treatment of migrants in public hospitals is not impossible due to linguistic barriers.

According to confederate and cantonal health law (ibid), healthcare professionals are obliged to inform patients on their health condition, the diagnosis, treatment possibilities, advantages and disadvantages, risks, outcomes and cost of treatment, in a complete, clear, and timely manner. Information is considered sufficient when the patient can clearly understand what is involved and provide consent. All cantons require the patient's informed consent to treatment. Although the law of most cantons does not refer explicitly to allophone patients, the existing legislation leads to no other conclusion but the necessity of an interpreter when linguistic barriers exist. The complexity of medical information and the severity of certain interventions indicate the need for proper training and professionalism of the interpreters. Confidentiality of personal health information and the requirement for professional secrecy in health care also speak against the use of non-qualified interpreter services, like family members or support staff.

The refusal of a public health provider to create the necessary infrastructure for the use of IIM services would put them into a legally difficult position (ibid): They would either have to proceed to medical treatment without the informed consent of the allophone patient (which would violate the patient's rights and might lead to prosecutions in the case of damage resulting from the treatment) or they would have to deny treatment for the aforementioned reasons (which would violate the legally established treatment obligation and the principle of non-discrimination).

As far as social services are concerned, the expert report by Achermann & Künzli (2009) demonstrated that no direct right to interpreting for allophone persons can be established either from the confederate law or from the cantonal law on social aid. However, an indirect obligation of the state and the cantons to provide interpreting services can be derived from the constitutional procedural law and the cantonal law on social aid, which is based on the principle of aid provision according to need. The fundamental right of personal freedom and sensitive data protection renders speaks against forcing allophones to resort to friends or relatives for interpreting.

The Swiss Act on Foreigners (Ausländergesetz, 2005, as of 1.2.2014), article 4, states that the confederate integration policy has to enable the participation of foreign residents in the economic, social and cultural life of Switzerland. Article 53 foresees that the Confederation, the cantons and the communities are responsible for creating favorable conditions for equality of opportunities and participation of the migrant population in public life; in addition, initiatives striving at the facilitation of mutual understanding between the Swiss and the migrant population should be supported.

3.2. *The political actors*

Since intercultural interpreting and mediation is part of the official federal policy, the Swiss Confederation, the cantons and the communities are all involved in implementation. More specifically, the *Federal Office for Public Health* (BAG) has financed many studies in the field of IIM. It also subsidizes the training institutions for the development of training modules and language tests (Calderón-Grossenbacher, 2010).

The *Federal Office for Professional Education and Technology* subsidized the development of the confederate examination procedures for the professional IIM certificate (ibid).

The *Federal Office for Migration* supported until early 2014 the placement agencies as part of the integration policy, in order to enhance professionalism in IIM (Bundesamt für Migration, 2014; Calderón-Grossenbacher, 2010). The development of regional placement agencies according to clear quality standards was promoted. The employment of certified IIM was actively promoted, by subsidizing interventions realized by certified IIM at a double rate (Calderón-Grossenbacher, 2010). In 2013 the financial support of the Federal Office for Migration to 13 placement agencies amounted to 1.1 Mio CHF (Bundesamt für Migration, 2014).

The *cantons* and the *communities* provide the legal, structural and regulatory background for the implementation of IIM at regional and local level (Calderón-Grossenbacher, 2010). In 2009 three cantons mentioned explicitly intercultural interpreting in their integration policy laws. In the same year, several cantons and cities had integrated IIM services into their guidelines, integration concepts or other policy plans. The cantons co-finance the regional placement agencies (22 out of 26 cantons in 2009); the participation of third parties in financing is a condition for the subsidies of the state (ibid). Some cantons and municipalities cooperate with the local placement agencies according to specific agreements, for covering interpretation needs, quality assurance, or other issues. The cantons and the communities also contributed significant amounts to training institutions (373,000 CHF in 2007-2009). In 2013, 5 cantons had made service agreements with 6 hospitals for the financing of IIM services (BAG, 2013a).

In 2014 the cantonal integration program (KIP) was launched, which foresees a nationwide strategy in order to pursue specific integration goals in the areas of “Information and counseling”, “Education and work”, and “Communication and social integration” (Staatsekretariat für Migration, 2014). Under the pillar “Communication and social integration”, specific goals are defined for intercultural interpreting

(<http://www.ejpd.admin.ch/dam/data/bfm/integration/foerderung/kip/factsheet-kip-2014-d.pdf>). The overall objective set is that migrants and personnel of regular structures can resort to a placement offer for qualitative intercultural interpreting services in particular situations (complex conversations, very personal issues, and administrative procedures) (ibid). By this the cantons assume the responsibility for the placement agencies instead of the Federal Office for Migration (Bundesamt für Migration, 2014).

4. Stakeholders – target groups involved

INTERPRET, the *Swiss Association for Intercultural Interpretation and Mediation*, is an independent association, founded in 1999 (www.inter-pret.ch). It is operating nationwide and is recognized by the federal services as the contact point for intercultural interpreting and mediation. Many projects realized by INTERPRET are co-funded by federal services. INTERPRET acts as the representative body of all stakeholders in intercultural interpreting: the certified intercultural interpreters, the training institutions, and the placement agencies.

INTERPRET maintains a national center of excellence, which operates as the national reference point in IIM, especially regarding information, documentation, concept definition and publicity work. A Quality Assurance Commission defines the training and certification standards. A registry of all certified IIM Swiss-wide is available at the associations' website.

The *placement agencies* and *training institutions* that were active before the establishment of the qualification scheme for IIM services played an important role in promoting interpreting services and the qualification system (Bednarz, 2009). In the initial phase of the elaboration of the IIM profile and the design of the validation procedures, *professionals* of the educational, social and health sector contributed significantly with their experience, providing the outlook of both potential users of IIM services and training institutions (ibid). The pragmatic and technical approach they adopted was crucial for creating consensus and preventing political obstacles (ibid).

The *Swiss Federation for Adult Education* (SVEB), provided the certification model for professional IIM (INTERPRET, 2002) and played an important role in developing certification regulations and procedures (Bednarz, 2009).

Potential users have been targeted through extensive information campaigns, in order to raise awareness for the need of professional interpreters and the positive effects of enhanced mutual understanding in healthcare and education (Bednarz, 2009). The need to inform and train the users of IIM services on roles and procedures is emphasized by experts (Fritschi et al, 2009). A campaign for the promotion of the new national center for telephone interpreting services was proposed, addressed at decision-makers, administrative staff and final users of interpreting services in healthcare (ibid). Financial benefits, as well as ethical, medical and legal arguments were stressed. A survey among hospitals on the regulation of intercultural interpreting (BAG, 2013a) showed that within 2 years of operation, telephone interpreting services were not used by many institutions for a variety of reasons. Certain hospitals (25.7% of the sample) provided internal trainings for medical and/or nursing staff in IIM issues.

Although *migrants* are the primary beneficiaries of IIM services, the request for such services is usually realized by the Swiss institutions. The migrant population has had so far little, if any, active participation in the formation of IIM services.

5. Projects implemented

Given the clear political support in the establishment and professionalization of IIM, the commissioned research and the authority of INTERPRET to coordinate the development of IIM, most projects implemented in the area in the recent years are viewed by the author as part of the overall strategy leading to the outcomes described in this report. However, in the frame of the national program “Migration and Health” certain projects have been carried out that further contribute to the enhancement of migrant health and are related to translating information material for allophones and promoting the cross-cultural communication competences of Swiss professionals.

A short overview is provided here, according to the balance sheet of the 2008-2013 “Migration and Health” program (BAG, 2013b).

Migrant Friendly Hospitals

The Migrant Friendly Hospitals project was launched in 2002 and aims at developing migrant friendly competence centers. The Federal Office for Public Health supports selected hospitals in designing and implementing related strategies, such as promoting staff competence in caring for patients of different origin, optimizing the employment of intercultural interpreters, and improving both access to and quality of healthcare for migrants.

Center of Competence Migesplus

The Swiss Red Cross has been commissioned to run the national competence center *migesplus* in order to translate and distribute information related to health issues in the main migrant languages. Currently there are 226 publications available in 30 languages on the project website www.migesplus.ch. Both professionals and migrants make frequent use of the services provided.

E-learning Tool “Interaction and Quality”

The Federal Office for Public Health subsidized the development of 3 training modules for professionals in the health sector. These modules are available since 2013 on an e-learning platform at elearning-iq.ch, in German, French and Italian. A module for general health services and reception staff has been developed, one for nurses and one for doctors. The aim is to improve the skills of health professionals in interacting with patients of different sociocultural background and enhance quality of care.

“From Migrants for Migrants”

The national forum for migrant integration educates migrants in health issues, like nutrition, smoking, alcohol, depression etc. Prevention events are organized by multipliers in the respective languages of the target-groups, making use of their associations and networks. This project is effective in addressing migrants who are difficult to access and improving their knowledge in health issues.

Health Guide Switzerland

The *Health Guide Switzerland* helps migrants to find their way in the Swiss health system. Information is provided in 18 languages regarding medical care and health insurance, with regular updates. More than 200,000 copies have been placed so far. In 2012 a special guide for elderly migrants appeared. The guides are all developed by the Swiss Red Cross, under commission by the Federal Office for Public Health. The guides are available at the link: <http://www.migesplus.ch/en/signposts/health-guide/english/>

6. Description of IMfl profile

6.1. *Areas of intervention and tasks*

According to INTERPRET (2002; www.inter-pret.ch), intercultural interpreting is used especially in the areas of education, social services and healthcare. It is defined by a triad situation, i.e. the conversation between three parties. Intercultural interpreters play the role of bridging communication gaps between one or more professionals on the one side and migrants on the other side, when linguistic barriers exist. Sociocultural aspects are mediated as different perceptions are brought to the attention of and explained to the participants, and misunderstandings are cleared. The professional in charge clearly leads the conversation and assumes the responsibility for content. The interpreter has solely the responsibility for ensuring clear understanding to both parties.

Intercultural mediators intervene under commission of professionals, public authorities and institutions, or in the frame of projects. They provide counsel and accompany migrants (be it individuals or families); convey information on policy and social rules of the host country to people of their own community; promote understanding of their community among Swiss professionals. Intercultural mediators may moderate thematic talk-groups; engage in projects in an intercultural context; act as adult trainers in educational events etc. The mediators assume to a certain extent the responsibility for content and processes.

6.2. *Qualifications*

According to the training standards defined by INTERPRET (Mosimann & Velert, 2002, p.p. 20, 21), trained intercultural interpreters should have the following professional, social and personal competences:

- Good to very good linguistic skills in both languages
- Ability to discern between different expressions and linguistic constructions
- Knowledge of professional terminology in area of intervention and ability to translate into everyday language
- Knowledge about communication, principles of conversation and interpreting settings
- Knowledge of and ability to apply the main interpreting methods
- Knowledge of the role, the functions and the ethical aspects of the work of an intercultural interpreter
- Good knowledge of the Swiss structures and extensive knowledge of the structures and institutions in their society of origin
- To have processed the own migration experience and to be aware of cultural and social differences, including the country of origin
- Ability to compare diverse ways of life without judging
- Understanding and sensitivity towards the needs and difficulties of people asking for counsel

- Ability to reflect on their own perceptions, values and norms, and to recognize own prejudices
- To have a positive attitude towards people and enjoy working with them
- To have a strong personality, with the ability to keep the necessary distance both to people of their own nationality and to requirements of professionals, as well as to recognize and accept their own limits
- Ability to handle conflicts, take initiatives, be resilient and self-confident, in order to adapt to different roles and not be wearied out between the different positions

In 2014 INTERPRET published the competence profile of certified intercultural interpreters (with an INTERPRET certificate). The required linguistic skills correspond to level B2 of the European reference system. The profile contains certain specific skills not mentioned above, like (INTERPRET, 2014):

- The ability to retrieve targeted information efficiently
- Knowledge of the principles of the Swiss migration policy, especially the rights and duties of migrants
- Knowledge of structural and personal exclusion and discrimination mechanisms
- The ability to evaluate realistically the own personal, linguistic and professional skills and limits, and act responsibly
- Adherence to professional ethics and especially confidentiality

7. Trainings planned and provided

Several training courses for intercultural interpreters were organized during the 1990's by NGOs active in cooperation and integration policies (Bednarz, 2009). The first course for intercultural interpreters in the health sector was launched in 1996 by the association "Appartenances", which was dedicated to the psychosocial support of migrants (BAG, 2011).

In 2002 INTERPRET published a report, commissioned by the FOPH in 2000, on training standards and modules for IIM, certification procedures and possible financing sources for such trainings. The development of the qualification standards followed a bottom-up approach, with the active engagement of experts in the field (social scientists, adult trainers etc.), IIM, and training centers (INTERPRET, 2002; Bednarz, 2009). The proposed training scheme was adopted, and in 2004-2005 the first training courses started following the new curriculum (Bednarz, 2009).

7.1. *Training concept and principles*

The expert committee defined the specific framing requirements that should be met by the training curriculum (INTERPRET, 2002):

- **Teaching and learning ways adapted to the target-group.** An adult training, resource-oriented, methodology has to be adopted, suitable for adults, with migrant experience, mostly women, forming multicultural classes.
- **Systematic self-reflection.** Techniques for the reflection on and processing of the learners' experiences has to be systematically integrated both in the theoretical and practical training.
- **Modular training.** The living conditions of the target-group (parental responsibilities, unemployment, employment etc.) call for flexible modular training courses.
- **Guided practice.** Practical training with the guidance of experts is of central importance.
- **Rules of equivalence.** For the transition phase from the previous trainings to the new curriculum, rules are defined in order to ensure recognition of acquired knowledge and experience, and to avoid needless repetition of training.
- **No professional dead-end.** In training IIM the fluctuating demand has to be taken into account. It is recognized that the activity as an IIM can ensure only for a few a full-time, long-term professional career. Professionalization of IIM services is pursued for quality improvement and better working conditions.

Empowerment is the basic didactic principle. All trainings provided should pursue empowerment through the following principles and techniques (ibid):

- Participant oriented training
- Involvement of trainees in shaping targets and paths of the training process
- No hierarchy in the class – the trainer and the trainees learn from each other

- Equal treatment of participant languages, countries, genders – creation of opportunities to involve different languages, learning styles and communication forms
- Experience orientation. The training is building on the migrant experience of the trainees, taking into account issues of gender, language, origin etc.
- Empowerment orientation. Reflection on the own experiences will enable the trainees to process successfully conflicts caused by migration and gender, and develop strategies for the improvement of the personal and social life of migrants. Helping people help themselves should also be addressed through the learning process
- Partiality. The migrant perspective has to be integrated explicitly into the training process in order to counteract the disadvantage of migrants. Migrants and women should participate as trainers so that training becomes fairer
- Resource orientated training. Social skills, strengths and other resources of the trainees build the basis for the training process – not their deficits
- Integrative approach. To the extent possible, personal, professional and political education threads are interconnected. The meta-level should also be addressed, by establishing repeatedly a connection between the reality of the participants and the reality of the training organized in a specific social context on one hand, and the targets pursued on the other hand.

7.2. *Training modules*

The training scheme developed for intercultural interpreters and mediators is divided into two levels (all information in this section is from INTERPET, 2002 and www.inter-pret.ch, unless differently stated).

Level A provides training in basic skills for interpreting and mediation in structured situations. Emphasis is put on linguistic and interpreting skills. Successful completion of the modules of level A leads to the recognized INTERPRET certificate (for more information on certification procedures see section below *Recognition procedures*).

Level B includes more modules on intercultural mediation. Trainees learn how to mediate, resolve conflicts, explain and raise awareness through a series of techniques. They are enabled to promote integration not only under commission of authorities but also independently. Successful completion of level B leads to a confederate professional certificate.

The form, structure and length of the training modules are developed according to the model followed by the Swiss Association for Adult Learning (SVEB). 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

The modules proposed by INTERPRET in 2002 underwent certain changes in the course of the years, according to the developments in the field of IIM. The last revision took place in 2014. As for the time this report was compiled, the following training modules were offered:

Level A

Module 1: Intercultural interpreting in trialog situations. Participants learn how to facilitate understanding between parties of different origin in trialog situations, in the educational, social and health sectors. Minimum duration: 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. Competence is acquired in interpreting knowledge about structural and cultural similarities and differences between the respective systems of reference. Minimum duration: 90 hours, of which 39 hours in class and 51 hours self-study.

Level B

Modules 3-5, area A, “Intercultural Interpreting”

Module 3: Telephone interpreting. Participants learn how to ensure understanding between professionals and migrants in short unprepared interventions, especially in the health sector. Minimum duration: 60 hours, of which 26 hours in class and 34 hours self-study.

Module 4: Interpreting at administration authorities and courts. Participants learn how to interpret in administrative and judicial proceedings, possessing knowledge of the structures and processes involved, as well as being aware of the own role. Minimum duration: 75 hours, of which 32.5 hours in class and 42.5 hours self-study.

Module 5: Interpreting in psychotherapy. Participants learn how to make understanding possible during therapeutic conversations between mental health professionals and migrants. Minimum duration: 60 hours, of which 26 hours in class, 6 hours supervision, and 28 hours self-study.

Modules 6-9, area B, “Intercultural Mediation”

Module 6: Accompanying people in the integration process. Participants learn how to accompany and support migrants in the integration process commissioned by and in consultation with professionals. Minimum duration: 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. Participants learn how to promote the integration process of migrants and the intercultural dialog in thematic discussion groups. Minimum duration: 60 hours, of which 26 hours in class and 34 hours self-study.

Module 8: Leading informational and educational events in an intercultural context. Participants learn how to prepare, implement and evaluate short informational and educational events for adults. Minimum duration: 60 hours, of which 32.5 hours in class and 27.5 hours self-study.

Module 9: Contributing to projects in an intercultural context. Participants learn how to contribute with their cross-cultural competence in the design and implementation of projects in an intercultural context. Minimum duration: 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. Participants learn how to act adequately, role-consciously and professionally in different working environments. Minimum duration: 45 hours, of which 26 hours in class (including 6 hours supervision in groups) and 19 hours self-study.

The combination of modules that leads to certification and the practical experience required is described in the section *Recognition procedures*.

Further training is currently offered in the areas of interpreting techniques, terminology, and collaboration between interpreters and experts in the health sector. This training is addressed to those who already have obtained the INTERPRET certificate and is partly subsidized by the Federal Office for Public Health. The Quality Assurance Commission of INTERPET provides the concept, the description, a model design and guidelines for each seminar.

7.3. Eligibility

Eligibility criteria for entering the training have been set up by INTERPRET in order to ensure that the training will lead to the expected learning outcomes within a reasonable period of

time (INTERPRET, 2002). The criteria for entering training at level A are, according to the latest module description in 2014, as follows (www.inter-pret.ch):

- 20 years of age minimum
- Life experiences that permit a differentiated perception of the specific situations faced by migrants
- Adequate linguistic skills both in the local official language and in the interpreter's language(s)

The training institutions are responsible for controlling the eligibility criteria. Linguistic skills (both in the regional language and the language of origin) are proven either by a relevant certificate or through a language test. For modules 1 and 2, B2 level of the European reference system is required, whereas for modules 3-10 oral skills at level C1 are required. In order to enter training at level B, training at level A has to be completed.

7.4. Training institutions

Training itself is not provided by INTERPRET but by training institutions (all information from www.inter-pret.ch). Institutions that want to provide IIM training in one or more of the standardized modules have to apply to INTERPRET. The courses they offer have to comply with the defined standards and guidelines and a recognition procedure is followed. For each module there are specific guidelines from the Quality Assurance Commission of INTERPRET (last version in 2014) covering the required preconditions, learning content, lesson length, supervision, trainer qualifications, learning principles and methods, provisions for missed training parts, content of module certificate, and archiving procedures. As long as all the prerequisites are met, the training institutions are free to configure the modules to local or regional circumstances. In 2014 there were 10 institutions offering one or more standardized modules.

7.5. IIM trainers

For all modules, the main trainer has to have a Confederate Certificate for Trainers or an equivalent (all information from www.inter-pret.ch). Other trainers should have at least a SVEB certificate or an equivalent. The main trainer has to be always present when other trainers or visiting experts provide training. For modules 5-9 the main trainer should have in addition professional background in the specific field. Trainers for module 10 cannot participate in the same year as examiners at the confederate IIM professional examination.

INTERPRET offers the trainers of the IIM modules and visiting experts the opportunity to receive further training in the recent development of IIM in Switzerland (http://www.inter-pret.ch/uploads/media/WB_DozentInnen_130514_1_.pdf). For the period 2014-2015, 5 modules of 3.5 hours each cover the following subjects: a) Intercultural interpreting and mediation – roles and profiles, b) The new professional certificate for IIM, c) Using the TRIALOG learning platform in the training, d) Proving competence in modules 1 and 2, e)

Promoting and testing linguistic skills. These modules can also be attended by supervisors and fellow-workers from training institutions, placement agencies or partner organizations.

7.6. *Online TRIALOG learning platform*

In 2013 the electronic learning platform TRIALOG was created by INTERPRET with the support of the Federal Office for Migration (all information from <http://trialog.inter-pret.ch/>). This platform provides free access to a collection of learning material such as videos, interviews, and research material. It is not designed as an e-learning tool nor does its use substitute the standardized learning procedure. However it is provided as an additional teaching resource that facilitates IIM, trainers and other interested parties to enhance their intercultural competences. The TRIALOG platform is available in German, French and Italian.

The platform is organized into three sections: films, workshop and research. In the *film section* the user can watch films of successful and less successful interventions in trialog conversations, interviews and comments on training and supervision.

In the *workshop* the user can access thematically organized material in order to enhance his/her intercultural competence. Issues of cooperation in a trialog situation and professionalism are addressed, comments of users of IIM services and IIM themselves are presented, possible questions arising from the material are answered. In addition, model lessons and worksheets are provided, videos with full transcripts of the conversation and comments on the quality of the interpreter's intervention as well as videos of conversations from the perspective of Swiss professionals making use of IIM services.

In the *research* section the user can search for information concerning the pre-discussion, the course of the conversation, role transparency, professionalism of Swiss experts and of IIM, the beginning of a conversation, the discussion following the intervention, and organizational issues.

8. Code of professional conduct

In 2005 INTERPRET has released a code of professional conduct for intercultural translators, which was updated in 2013, in order to incorporate the terminology change to intercultural interpreters (as mentioned in *Definitions and terminology*). All information presented in this section is derived from the text of the code (http://www.interpret.ch/uploads/media/Berufskodex_2013_D_01.pdf).

The code is addressed to intercultural interpreters who have the INTERPRET certificate. Its purpose is to protect and regulate the profession of intercultural interpreters, as well as to ensure transparency for both providers and users of intercultural interpreting services. It contains the principles applied to intercultural interpreting, in addition to the rights, duties and professional competences of the interpreters.

a) Principles

The ethical attitude required from intercultural interpreters is to apply the principle of equal opportunities to all people. They have to recognize the inviolable dignity of every human being, whatever the social position, the language, ethnicity, culture, nationality, gender, sex, age, religion, civil status, political attitude, color, sexual orientation, impairment or health condition of a person. Openness towards people with different values and norms is required.

Intercultural mediators are attributed the social task of contributing to equal opportunities and the integration of migrants in a pluralistic society. Their professional activity on one hand facilitates migrant access to public services and on the other hand supports specialists in providing their services both professionally and efficiently.

b) Rights and duties

The rights and duties of intercultural interpreters are summarized as follows:

Transparency – any relations existing to the conversation participants are openly stated.

Neutrality.

Self-responsibility and professionalism – only mandates the intercultural interpreters feel they can handle professionally should be taken over. They should quit a conversation when they feel that they will not be able to keep the code of conduct.

Confidentiality – violation of professional secrecy may lead to legal prosecutions.

Conditions and regulation of conversation – the intercultural interpreters have to make clear the role of all parties involved as well as to explain the objective of the conversation. In order to avoid misunderstandings they may interrupt the conversation and ask for clarifications. They have to declare explicitly complementary explanations they provide as such.

c) *Professional competence*

Completeness and intelligibility

What is said during a conversation has to be transferred in an equivalent and complete manner. The wording and style of speech the interpreters use should be appropriate for the participants of the conversation.

Transcultural competence

Intercultural interpreters are capable of recognizing and properly reacting to structural, social, intercultural or other communication problems.

Quality assurance

In order to enhance the quality of the services they render, intercultural interpreters should ask for feedback after an intervention, exchange experiences with colleagues and pursue further training.

Should ambiguities or conflicts occur on the basis of the code, intercultural interpreters have the right to consult INTERPRET. In case INTERPRET is informed on violations of the code then the Quality Assurance Commission has to examine the incident and is entitled to impose penalties, if deemed necessary.

9. Recognition procedures

9.1. *Transition phase*

Since the training standards and certification procedures were officially defined in 2002, recognition procedures were foreseen for already active intercultural interpreters (INTERPRET, 2002). Equivalents of the newly established modules were determined and validation procedures developed for formal and non-formal learning paths followed by the applicants, as well as for working experience in the field. The validation procedures in the transition phase were subsidized by the Federal Office for Public Health (http://www.interpret.ch/uploads/media/Vereinsgeschichte_INTERPRET.dt_01.pdf).

In 2004-2005 INTERPRET launched an extensive information campaign addressed at active interpreters, in order to present them the new qualification scheme and motivate them to participate in the validation procedures (Bednarz, 2009). 557 applicants submitted their portfolios and until 2005 348 of them received the INTERPRET certificate through the validation procedure (http://www.interpret.ch/uploads/media/Vereinsgeschichte_INTERPRET.dt_01.pdf).

9.2. *Current practice*

As mentioned before, the standardized training procedures implemented nowadays lead to two nationwide recognized certificates (all information in this section is from www.interpret.ch): The **Swiss certificate for intercultural interpreters INTERPRET** (level A, EQF 4) since 2004 and the **confederate professional certificate for intercultural interpreters** (level B, EQF 5) since 2009. The confederate professional certificate is issued by the State Secretariat for Education, Research and Innovation (SERI) after successful participation in a professional examination. The confederate certificate corresponds to higher vocational training. In 2015 the *professional certificate for intercultural interpreters* will be substituted by the modified *professional certificate for intercultural interpreters and mediators*.

In order to obtain the INTERPRET certificate, applicants should have:

- 1) Certificates of successful attendance of modules 1 and 2
- 2) Proof of knowledge of local official language (min. level B2)
- 3) Proof of knowledge in own language (min. level B2)
- 4) Proof of 50 hours of practice in intercultural interpreting

In order to take part in the professional exam and obtain the confederate professional certificate for intercultural interpreters, applicants should have:

- 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

The Quality Assurance Commission of INTERPRET is responsible for organizing and implementing all procedures related to the professional exam. The certificates for the separate modules are valid for 6 years, so that candidate IIM can accomplish their training within an extended period of time.

10. Employment opportunities

Intercultural interpreters and mediators can be employed in a variety of ways. They may be consulted directly by the interested parties or via a placement agency (Calderón-Grossenbacher, 2010). Some cantonal or municipal authorities have their own placement agency in their migrant integration department (ibid). Since 2011 the National Telephone Interpreting Service (Nationaler Telephondolmetschdienst) provides access to IIM services, covering mainly 12 languages, with the possibility to cater for 50 additional languages if needed (<http://www.0842-442-442.ch/>).

Taking up direct mandates is considered more lucrative for IIM (KEK-CDC Consultants, 2010). The average fee for a direct mandate per hour is some 67 CHF, whereas for mandates through a placement agency the IIM receive in average 50 CHF (ibid). However, the total fees charged by the placement agencies (aver. 75 CHF), give IIM the benefit of enhanced access to further training, supervision and other quality assurance mechanisms (Calderón-Grossenbacher, 2010). In the year 2008, it was estimated that half of the interventions was carried out by direct mandates and the other half through subsidized placement agencies (ibid).

The employment proportion of certified vs. non-certified IIM changes in the course of the years in favor of the certified IIM, as a result of information campaigns and the increased recognition of the INTERPRET certifications (Bednarz, 2009). In the year 2006, that is 2 years after the establishment of the INTERPRET certification procedures, there were 460 certified IIM (INTERPRET 2010, as cited in KEK-CDC Consultants, 2010). In 2014, the number had raised to 950 (www.inter-pret.ch). In 2013 the certified IIM (42% of the total) realized the 60% of interventions (Bundesamt für Migration, 2014).

For most IIM, their profession is not a full-time job, but a marginal occupation (Calderón-Grossenbacher, 2010; KEK-CDC Consultants, 2010). The survey carried out by KEK-CDC in 2008 among 311 IIM (78% of which certified) showed that 71% of the IIM were not fully occupied, while they would like to work more. For some IIM the low occupation rates presented a real danger to stop being active in the field (ibid).

In order to establish the prospects and future needs of IMM training and employment, the Federal Office for Public Health (FOPH) and the Federal Office for Migration (FOM) mandated reports thereupon. The aforementioned survey in 2008 led its authors to the conclusion that no need for training and employing new IMM existed, but rather to occupy the already trained one to a fuller extend (KEK-CDC Consultants, 2010). Only in rare languages or languages of new migrant communities was a need seen for trained IMM (ibid). From a different perspective, an increase of implemented interventions in all three areas of education, social services and health was established (Calderón-Grossenbacher, 2010). In 2008 the intervention hours of IMM were estimated to a total of approximately 190.000 (of which 94.965 through subsidized placement agencies according to statistics of the FOM and the remaining according to estimates of direct mandates and mandates through non-subsidized placement agencies) (ibid). Fritschi et al (2009) estimated the need for the period 2008-2013 according to the number of allophone persons residing in Switzerland. According to their calculations and

depending on the definition of an allophone, a minimum of 510.000 hours to a maximum of 1.1 million hours of IIM would be needed per year, which amounts to 3.6 hours per allophone person and year. A clear need for increased professional IIM services was deducted from this data (Calderón-Grossenbacher, 2010). In the balance sheet of the National Program “Migration and Health” for the period 2008-2013 and the priorities set for the period 2014-2017 by the FOPH (BAG, 2013b), the need was stated to further pursue the employment of IIM in medical networks and support the National Telephone Interpreting Service.

The effectivity of other integration policies has to be taken into consideration when estimating the need for intercultural interpreting (Calderón-Grossenbacher, 2010). The active support of migrants in obtaining adequate skills in the local language, manning the public services with cross-cultural teams, and training the staff in intercultural issues is expected to result into a lower need for IIM services (ibid).

11. Technology mediated mediation

In 2007 two placement agencies offered telephone interpreting services, as well as the Baden hospital (Fritschi et al, 2009). Some pilot projects for telephone interpreting had also been implemented (ibid).

In 2009 a report was published by Fritschi et al, commissioned by the FOPH, describing a detailed concept of a national telephone interpreting service for the health sector. A thorough market analysis was also carried out. Besides outlining structural and technical issues, quality assurance was addressed, emphasizing the importance of specific training for intercultural interpreters to be employed (Fritschi et al, 2009). The creation of a new training module by INTERPRET was recommended, a suggestion adopted later on, as it can be seen from the current module offer. It was estimated that interpreting services in 12 foreign languages would cover the needs of the 90% of the allophone population (ibid).

In 2011 the National Telephone Interpreting Service (NTIS) was established, run by the placement agency AOZ-Medios and funded by the FOPH (all information on the NTIS from www.0842-442-442.ch, unless differently stated). 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.

12. Issues to consider

According to the Federal Office for Public Health (BAG, 2013b), *quality assurance* is a major concern in the field of IIM. INTERPRET will continue to receive funding for the further development and use of quality assurance mechanisms. Awareness raising is considered very important, especially in hospitals. A great need for sensitization of decision-makers and users of IIM services in the health-sector has been found. The prevention of a wrong diagnosis, unnecessary treatment and cost, as well as the increased patient compliance with treatment, are stressed as major benefits resulting from IIM. Migrant health and the ability for integration in education, work and the living environment are viewed as interconnected.

Financing of IIM services is another important issue. Still there exists no uniform regulation on covering the IIM expenses in the health sector (ibid). Private physicians cannot charge the patients' insurance companies for IIM services, as there are no such provisions. Two parliamentary proposals have been submitted to revise the health insurance law so as to regulate nationwide the financing of IIM, but both times they have been rejected. Alternative models are asked for in order to cover the cost of IIM services in the private medical praxis, the pharmacies and ambulant treatment.

The *National Telephone Interpreting Service* has not received the expected acceptance in healthcare (ibid). More time and awareness raising is required to introduce it into the complex hospital procedures. Great potential is seen for NTIS use in the health services of jails, medical examinations in migrant reception centers, ambulant services and pharmacies. In the 2014-2017 Health and Migration strategy, measures are taken to promote the financial independence and sustainability of the NTIS, as well as for the support of the proper training of intercultural interpreters.

In addition, *research* for the effectivity and impact of intercultural interpreting is further encouraged by the Federal Office for Public Health (ibid).

Actors in the field see a *need for increased use of IIM services in the social sector* (HEKS, 2013). The financial and structural framing conditions are perceived as insufficient in order to provide professional support according to the needs (Killias, as quoted in HEKS, 2013). Awareness needs to be raised among Swiss professionals of the health sector for the benefits of IIM (ibid).

The Executive Board of INTERPRET expressed in late 2012 concerns on the fact that while clear structures existed for the placement of intercultural interpreters, no such structures existed for the *placement of intercultural mediators*. It was expected that proper structures would emerge through the rising demand for intercultural mediation, enhanced information and standardized training. It was proposed to integrate these new structures into the existing structures of intercultural interpreting placement (<http://www.interpret.ch/interpret/postitionen-und-stellungnahmen.html>).

The financial and administrative factors are in most cases decisive for the use or not of interpreting services (Calderón-Grossenbacher, 2010). The question, how the *interests of*

migrants are taken into account upon deciding whether IIM services are requested, still remains open (ibid).

13. Conclusions

The development of IIM services in Switzerland demonstrates clearly the role of political will and design in integration issues. The role of the Swiss Confederation has been central in the promotion of research and the centralization of IIM services, so as to cater for the needs all over the country. The high prioritization of intercultural interpreting in the political agenda, tied with specific strategic goals, led to tangible and measurable results. The bottom-up approach to the design of the IIM training and accreditation system, combined with the top-down approach to implementation, proved to be very successful. At the same time, other integration measures have been adopted, like language courses and translation of information material, which reduce to some extent the need for IIM.

Notwithstanding the expressed political will, accompanied with a generous financial support, it is noteworthy that significant time was required for IIM to reach a standardized level of training on one hand, and for users to become aware of the necessity of the employment of professional IIM services on the other hand. No matter how systematic an approach and how strong the political determination, for such social structures to develop in a meaningful way considerable time is needed.

The modular structure of the IIM training and certification system has proved to be very effective. Migrants who want to become IIM can acquire the qualifications needed for a certification within a period of 6 years, which takes into account their special living conditions and the challenges they face. Equivalent certificates for all training modules have been defined, so that other learning paths can be validated and unnecessary repetition of training is avoided. Thus, flexibility and quality are ensured at the same time. The content of the training modules has been tailored not only to the requirements of the profession, but also to the characteristics of the target group. Empowerment and reflection are central notions, and training is provided in order to cope with the psychological load of IIM. The recognition of the own limits, be it linguistic or psychological ones, is encouraged, and promoted through the code of conduct. Training that does justice both to high professional standards and the needs of the trainee as a whole bears undoubtedly the mark of excellence.

Awareness raising of stakeholders and potential users of IIM services has proved to be of critical importance for the consequent and sustainable employment of IIM. Stakeholders and users need to know why, when and how to resort to IIM. Training on how to lead a conversation with the help of an intercultural interpreter or mediator is crucial for the success of mediation. Intensive, well-planned information campaigns were carried out in Switzerland in order to promote the use of professional IIM services, as part of a marketing strategy. An important argument for the use of IIM were the resulting benefits – in terms of cost, effectiveness, social cohesion, public health, facilitation of work, quality of services, reduction of frictions.

The incessant pursuit of quality is an important factor for the credibility and sustainability of IIM services in Switzerland. Standardized training and validation procedures create trust in users and ensure that the invested resources are used effectively. Keeping statistical records

and implementing monitoring systems like supervision makes it possible to assess effectiveness, make necessary adaptations and keep sight of the current needs. Although the rigidity of quality standards may differ from country to country, the Swiss model demonstrates the necessity of a quality monitoring system inherent to the IIM structures.

The clear IIM job profile, the certification procedures, the code of contact, the requirements set for IIM trainers and the further training offered to them, all these show that recognition of the IIM profession is not only an administrative issue of granting a certificate. IIM is treated as any other profession – the same principles and standards that apply to vocational training in general apply to IIM as well. This differentiates strongly the approach to IIM in Switzerland from the approach adopted in other countries, where IIM is often viewed as merely a means to deal with linguistic and cultural barriers, and not as a genuine profession.

A striking feature of IIM services in Switzerland is that they are offered to all foreign citizens in healthcare, according to the need and not the origin or the legal status of the patient. This is based not only on international law and humanitarian arguments, but also on health policy arguments. Poor health or contagious diseases affect public health regardless of the legal status of a person. The limitation of IIM services only to legal residents of non-EU countries, as is the case in certain EU member states, creates a serious gap in the quality of treatment of other EU nationals, asylum seekers and illegal residents, and has inevitably impacts on public health.

Last but not least, it has to be mentioned that the Swiss integration policy cannot be taken out of the context of the welfare provisions for the overall population. The administrative, economic and social structures ensure a quality of life for Swiss citizens that is among the highest in the world. The finances that were required to fund the development of IIM were not perceived by the public as a deprivation of Swiss nationals from provisions they were entitled to. The balance between the provisions for the local residents and the migrant population is sine-qua-non for any government. The quality of the IIM training, accreditation and employment system in Switzerland is to a great extent a reflection of the overall quality permeating the Swiss services and structures. Nevertheless, the insight and experience accumulated in Switzerland on IIM can provide invaluable information for the development of IIM in other countries, regardless of their resources.

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