1

Remote intercultural mediation (via videoconference)

Hans Verrept
Intercultural mediation and policy support unit

RIZIV - INAMI

.be

Intercultural mediation in Belgium

- ° 1991

- ‘on-site’ intercultural mediation funded by the state in 47 hospitals

- Reduce effects of linguistic, socio-cultural barriers and of interethnic tensions on the accessibility and quality of heathe care

Limitations

- Lack of flexibilty → ‘superdiverse society’
- ‘Local’ offer is limited

Video-remote intercultural mediation

- Most important languages are available without appointment
  (Arabic, Russian, Turkish)

- > 20 languages available but mediator has to be booked in advance

- Development of automatic booking of mediators

Advantages

All mediators are available for all centers that are connected to our network (>70 hospitals, refugee centers, primary care centers, NGO's)

Limited number of mediators available for some languages (Dari) can be employed in the most efficient way

Travelling times can be avoided (spreading refugees in EU MS)

‘Distance’ is created and may be beneficial to the care delivery process, e.g. in mental health care (Gany, 2006)

Non-verbal cues are only partially most (vs. Telephone interpreting)

Disadvantages

- Reluctance to work with the system
- Technical issues
- Role of mediator is more limited (patient navigation, …)
- Preference among care providers + patients + mediators for on site interventions

Coenen, S. (2012), Video Remote Interpreting (VRI) in de gezondheidszorg: verslag van een literatuurstudie en gesprekken met expert, Brussel : Federale Overheidsdienst Volksgezondheid,veiligheid van de Voedselketen en Leefmilieu, Retrieved June 2, 2016 from http://health.belgium.be/internet2Prd/groups/public/@public/@dg1/@mentalcare/documents/ie2divers/19078997.pdf

Available in Dutch and French.