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Country Report The Netherlands
A Case-study on the Healthcare Sector in the Arnhem-Nijmegen Region

by
Roos Pijpers, Pascal Beckers, Niels Grootjans, Ton van Naerssen, Lars Paardekooper and Lothar Smith

Co-funded by the European Union
COUNTRY REPORT
THE NETHERLANDS

A Case-study on the Healthcare Sector
in the Arnhem-Nijmegen Region

By

Roos Pijpers, Pascal Beckers, Niels Grootjans, Ton van Naerssen,
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The European approach to immigration is traditionally characterized by a sort of “schizophrenia”, generated by the attempt to keep together two contradictory philosophies: the “economicistic” philosophy on which the system of entry (and stay) is regulated and the philosophy of solidarity and equal opportunities. To overcome this paradox, three major changes are necessary: shifting from the perception of migrants as contingently instrumental resources to the conception of their human capital as a structural resource for the economic and social development of European societies by exploiting their skills, knowledges and competences (hereafter SKC); promoting a wider awareness, among different types of organizations (profit, non-profit and public), of the importance and potentialities of Diversity Management strategies; improving the social participation and the civic and voluntary engagement of Third Country Nationals (hereafter TCNs) in view of the construction of an inclusive European society and in order to change the common perception of immigrants as people needing to be helped and assisted.

These three ambitions constitute the challenges addressed by the project DIVERSE – Diversity Improvement as a Viable Enrichment Resource for Society and Economy – supported by the European Commission through the European Integration Fund (Grant Agreement No. HOME/2012/EIFX/CA/CFP/4248 *30-CE-0586564/00-20).

The project, implemented from January 2014 to May 2015, was directed by Laura Zanfrini, coordinated by the research centre WWELL – Work, Welfare, Enterprise, Lifelong Learning – of the Università Cattolica del Sacro Cuore of Milan, and was carried out in 10 EU countries in cooperation with 13 other partners: Associazione Nazionale Oltre le Fronterie – ANOLF, Varese, Italy; Commission on Filipino Migrant Workers, The Netherlands; Fondazione ISMU, Italy; Karlshochschule International University, Germany; MENEDEK – Hungarian Association for Migrants, Hungary; Nova Universidade de Lisboa, Faculty of Social and Human Sciences, Portugal; Radboud University, The Netherlands; Società San Vincenzo de Paoli, Federazione Regionale Lombarda, Italy; Umeå University, Sweden; University of Huelva, Spain; University of Lodz, Poland; University of Tartu, Estonia; University of Vaasa, Finland.

This volume presents the findings of the research activity carried out in Arnhem-Nijmegen (the Netherlands). The final report of the full project, including a synthesis of the ten national reports and of the transnational analysis, is published in the volume “The Diversity Value. How to Reinvent the European Approach to Immigration”, McGraw-Hill Education, Maidenhead, UK, 2015 (freely freely accessible at http://www.ateneonline.it/zanfrini/. A detailed presentation of the project, of its results and of the rich set of materials produced can be found in www.ismu.org/diverse. Both the present report and all the other texts produced reflect the view only of the Authors, and the European Commission cannot be held responsible for any use which may be made of the information contained therein.

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List of abbreviations

AKV-test General Knowledge and Skills test (Algemene Kennis- en Vaardighedentoets)
APL Accreditation of Prior Learning
BIG law Law on the Professions in the Individual Healthcare (Wet Beroepen in de Gezondheidszorg)
BI-test Professional Knowledge test (Beroepsinhoudelijke toets)
CA Collective Agreement (CAO)
CBGV Commission for Foreign Healthcare Graduates (Commissie Buitenlands Gediplomeerden Volksgezondheid)
CBS Statistics Netherlands (Centraal Bureau voor de Statistiek)
CIBG Central Information point for Healthcare Professions (Centraal Informatiepunt Beroepen Gezondheidszorg)
COA Central Agency for Asylum Seekers (Central Orgaan opvang Asielzoekers)
DM Diversity Management
EEA European Economic Area
EU European Union
HBO Higher Education (Hoger Beroepsonderwijs)
IcDW Information Center of Expertise for International Credential Evaluation (Informatiecentrum DiplomaWaardering)
IND Immigration and Naturalisation Service (Immigratie- en Naturalisatiedienst)
KPI Key Performance Indicators
MBO Secondary Vocational Education (Middelbaar Beroepsonderwijs)
MVV Authorization of Temporary Stay (Machtiging tot Voorlopig Verblijf)
NCP National Contact Point for Professional Recognition (Nationale Contactpunt voor Beroepserkenning)
ROC Regional Teaching Center (Regionaal Opleidings Centrum)
RPL Recognition of Prior Learning (Elders Verworven Competenties, EVC)
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<tr>
<th>Abbreviation</th>
<th>Full Name</th>
<th>Description</th>
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<td>SBB</td>
<td>Foundation for Cooperation on Vocational Education, Training and the Labour Market (Stichting Samenwerking Beroepsonderwijs Bedrijfsleven)</td>
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<td>SKC</td>
<td>Skill, Knowledge and Competence</td>
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<td>TCN</td>
<td>Third Country National</td>
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<tr>
<td>UAF</td>
<td>Agency for Refugee Students (Stichting voor Vluchteling-studenten)</td>
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<td>UWV</td>
<td>Agency responsible for granting social benefits (Uitvoeringsinstituut Werknemersverzekeringen)</td>
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<tr>
<td>VMBO</td>
<td>Preparatory Secondary Vocational Education (Voorbereidend Middelbaar Beroepsonderwijs)</td>
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<td>VS</td>
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Executive Summary

From the 17th century and onwards, the Netherlands developed as an immigration country with a generally tolerant view on the presence of minorities. Since then, minorities arrived in different waves, at first from surrounding countries, and after the Second World War from former colonies and sending countries such as Morocco and Turkey. In the last decades, societal views towards immigration and integration in the Netherlands have changed due to a growing awareness that more migrants than expected would stay rather than return home. Today, there has been a growing emphasis on the need of migrants and minority groups to assimilate into Dutch society. This has been accompanied by a tightening of migration laws and policies, stipulating conditions for entry, stay, residence and paid employment for various categories of migrants.

In 2012, there were 8,533 Third Country Nationals (TCNs) living in the Arnhem-Nijmegen region, this is 1.78% of the total population in the region aged between 15 and 65. Most TCNs originated from respectively Turkey (29%), China (12%) and Morocco (7%). Slightly more than half of the population TCNs are women (54%) in comparison with men (46%). Also slightly more than half of the population of TCNs are aged between 15 and 34 years (51%). Between men and women there are no major differences in age categories. The majority of the TCNs have lower education (57%) as highest attained level. Between men and women there are little differences. More women have attained tertiary education (20%) in comparison with men (14%). Looking at the age categories, TCNs that are older have a lower education level, than TCNs who are younger.

TCNs living in the Arnhem-Nijmegen region often have a regular job (79%). This percentage is lower than the share of native Dutch in the same region in this type of job (86%). In addition, compared to the native Dutch, TCNs more often have temporal work and stand-by work. TCNs often work in trade, transport & hospitality (29%) and business services (27%). The native Dutch are less well represented in these economic sectors with respectively 24% and 14%. Almost one third of the TCNs are paid
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employees (29%). This percentage is higher among native Dutch (56%). 14% of the TCNs are a recipient of welfare benefits and 32% had no income at all. For native Dutch these percentages are respectively 2% and 6%.

General Programmes are the most common education field among TCNs (51%). In addition, engineering, manufacturing and construction (8%) and business and administration (8%) are important education fields. The native Dutch were the most active in General Programmes as well (35%). Other important education fields are engineering, manufacturing and construction (12%), health and welfare (12%), business and administration (11%) and services (10%).

**Recognition of qualifications and competences acquired through formal, non-formal and informal learning**

This section of the report presents the analysis of TCNs’ SKC recognition. From this analysis, it can be concluded that the Netherlands has a well developed national infrastructure for foreign diploma recognition. There are two important institutions at the national level in charge of foreign diploma recognition. The first, Stichting Beroepsonderwijs en Bedrijfsleven (SBB, the Foundation for Cooperation on Vocational Education and Industry) is the institution in charge of the recognition of vocational diplomas. The second, Nuffic, is in charge of the recognition of higher education diplomas. They operate on the basis of the principle that diplomas can be recognized if ‘no substantial differences’ are found and from the idea that ‘differences are accepted rather than neglected’.

From the expert interviews, it can be concluded that this diploma recognition practice has been a source of frustration among TCNs who find it hard to accept that their degrees are devaluated, even if they have sometimes already worked in their profession after graduation. Similarly, work experience abroad is not always evaluated and in fact neglected. For many experts, it would make sense to move in the direction of a full autobiographic account and an aptitude test of current skill sets, taking the individual as a starting point, as opposed to recognizing the university that issued the diploma or the country where work experience was obtained.
The Dutch system has made considerable steps in this regard. For the healthcare system – the chosen sector of this study – individual learning programmes are offered to TCNs who miss certain SKC. Policies with regard to the recognition of non-formal and informal learning have particularly been geared to the development, experimentation and evaluation of supporting measures alongside formal recognition. In particular, the accreditation and recognition of prior learning (RPL) has expanded notably. In the Netherlands, an RPL-procedure can be followed at the offices of various recognized providers of RPL in various sectors, for which the quality standards are assessed on the basis of a nationally recognized quality code. An RPL-procedure results in an ‘experience certificate’. It is based on the assessment and recognition by one or more accredited practitioners and compared to a nationally recognized competence standard. This standard shows which knowledge and skills a person should possesses after finishing a vocational or higher education to be able to effectively practise a profession in a specific sector. This certificate can be shown to employers, or it may be used to make an appeal to exam committees of education programmes for exemption of (parts of) education programmes or direct (full) certification (APL). Sections 2.3 and 2.4 show various examples of RPL-procedures that are currently in use.

The analyses suggest that in good economic times, RPL is often associated with the inflow and promotion of workers. During these times, RPL is offered to employees to enhance individual career development within the organization. By contrast, in times of economic hardship, RPL is associated with exit. This implies that RPL is offered by way of compensation to employees who are laid off. Sectors in which learning and the management of cultural diversity are high on the agenda, in which the right to RPL has been incorporated in the collective labour agreement, or sectors that face increased qualification criteria, have high potential to capitalize on RPL. However, in practice, various steps still need to be made so that more employers and exam committees will accredit the experience profile. The best practice to achieve this, as is explained in sections 2.3 and 2.4, is to develop partnerships with employers, education institutes, local governments (preferably the departments Social Affairs and Employment and Wellbeing), UWV (agency responsible for granting social benefits) and TCNs.
Management of cultural diversity in regional organizations

For the analysis of DM practices, 18 representatives from ten organizations were interviewed. Eight of these are healthcare organizations, one is a municipality, and one is a bank. Seven are public/ non-profit organizations, and three are profit organizations. The healthcare organizations in the sample include two hospitals, two large providers of long-term care, one smaller provider of long-term care specializing in clients with an immigrant background, a welfare organization, a large pharmaceutical company and a large producer of semiconductors used in medical technology. One of the hospitals is a university teaching hospital, which employs TCNs dominantly as medical researchers, the other is a general hospital. The municipality of Arnhem is one of the largest public employers in the region. It runs a number of partnership programmes with the general hospital designed to create work opportunities for immigrants. The bank (ABN-AMRO bank) was added to the sample because we had problems finding enough profit organizations. Also, it is considered as a best-practice organization in the Netherlands with regard to diversity management, which allows for a comparison with the policies and practices found within the regional healthcare organizations. The bank is headquartered in the capital region of Amsterdam.

For the organizations in the sample, there are two main reasons to hire TCNs. First, TCNs are increasingly seen as an important category of workers, be they foreign researchers or second generation migrants employed as care workers. By employing TCNs, an organization can strengthen its competitiveness. In the case of the research organizations, this is because TCNs fulfil important job vacancies. For the care-providing organizations, this is closely related to the second reason to hire TCNs: adaptation to a client base that is increasingly multicultural. In these organizations, a ‘matching’ takes place between the language and cultural skills of TCNs and clients who voice a demand for these particular skills. In addition to these two main reasons, respondents provided ample examples of how the work of TCNs has led to more holistic and creative ways of research, patient treatment and banking.

The organizations use both formal and informal recruitment channels. Informal channels include the professional international networks of researchers. Further, one of
the care providers and the general hospital recruit TCNs through the social networks of employees (family members, neighbours or friends).

The organizations use a variety of diversity management practices. A majority of these practices is developed in an ad-hoc fashion by individuals who deeply care about cultural diversity. As it stands, the municipality, the bank and one of the large care providers are the only organizations with policies for cultural diversity.

The first practice concerns buddy programmes, through which new TCN workers are teamed up with employees, often TCNs themselves. Buddies can help TCNs understand and cope with common misconceptions, and make sure they do not reinvent the wheel when working out how to participate in professional situations and social events. At the care providers, the buddies have a social as well as a functional responsibility since new TCN workers are not always qualified yet. Until they are, buddies take the lead. A second practice is to set up a ‘diversity team’ responsible for the creation and dissemination of knowledge about cultural diversity. The specific roles and tasks of these teams are found to be rather different. At the bank, diversity team members act as role models, counsellors, advisors and trainers. At one of the care organizations, the diversity team is organized as an internal labour pool of employees with expertise on cultural diversity. These employees can be asked to help out with specific diversity issues. A third practice is the use of so-called ‘cultural mediators’: employees who are committed to spreading intercultural awareness within the organization in an organic, bottom-up way. They are responsible for identifying issues or problems related to cultural diversity and bringing them out on the table. Where possible, they may suggest holistic or non-western ways of treatment. Most cultural mediators have an immigrant background themselves.

Most organizations offer training programmes related to cultural diversity. ABN-AMRO bank is by far the most comprehensive in this respect. It offers trainings programmes to staff members, team managers and HR staff. Training topics vary from practical issues, such as giving handshakes, but also to more intricate issues such as increasing your visibility at the department. The other organizations offer training programmes that are not explicitly about cultural diversity, but it can be made a topic for discussion.
The ongoing commitment of the Board of Directors of an organization is crucial for the success of diversity initiatives. Formal commitment can take the form of joining societal initiatives to promote diversity, issue a formal statement, or defining Key Performance Indicators (KPIs). Initiatives that are not backed by the Board run a constant risk of being removed from agenda’s and, as a consequence, are more difficult to implement. This has happened in the organizations that do not have a formal diversity strategy or policy, and/or have been faced with budget cuts.

A number of difficulties can be identified with regard to the implementation of diversity management practices. First, cultural diversity is not prioritized due to time pressure. Co-workers have trouble embedding diversity in their working routines. For team leaders and higher-level managers, diversity is not always a priority either. It makes a difference whether a manager has a personal interest in diversity, or whether there are business reasons to consider diversity. Also, when cultural diversity is part of career development and training programmes that managers are obliged to take, they are not always very well motivated for the topic. Second, cultural diversity is often seen as something that is supposed to develop spontaneously and therefore cannot be engineered. The argumentation behind this view is twofold: first, since there are no concrete, tangible problems related to intercultural awareness, there is no pressing need to focus on diversity; and second, since we live in multicultural societies, with time, intercultural awareness in organizations will increase. Both arguments seem to echo an underlying, more normative argument that in organizations it should not be necessary to have a diversity policy. A third difficulty is organizational complexity. For the bank, it is a challenge to communicate diversity policies and practices developed at the company headquarters to local banks. The diversity practices developed at the Nijmegen branches of the two companies are not systematically transferred to other branches in the Netherlands and abroad, and vice versa. Fourth, internal stakeholders react differently to the issue of using cultural and language skills to reach professional outcomes. In some situations, otherness is appreciated and adds to someone’s professional profile. But otherness can be (made) suspicious as well, e.g. when co-workers fuel the idea that a colleague is hired mostly on the ground of his/her cultural assets. Even if there are good reasons to increase language and cultural competence within an organization, this is a struggle for both TCN and native Dutch personnel.
Thus far, attention to diversity management within the organizations in the sample has produced two concrete societal outcomes. First, through the collective efforts of the care providers and the welfare organization, several dozens of TCNs have been given the opportunity to get qualifications in the healthcare and welfare sectors, and to acquire practical working experience as volunteers or paid employees. A number of these people have since embarked on a professional career. Second, through the same efforts, notably through overcoming cultural taboos surrounding psychological help and practical life support, many TCN patients have been enabled to receive the care and attention they are legally entitled to.

In sum, attention to cultural issues within diversity management policies among healthcare organizations in the Arnhem-Nijmegen region is growing, but, as it stands, limited to particular key figures. Compared to ABN-AMRO bank, especially the lack of sustainable organizational commitment and strategic/policymaking attention is remarkable. Board commitment is jeopardized because of budget cuts and shifts in priority. Further, there appears to be a perceived trade-off between emphasizing diversity or emphasizing individual professional qualities.

The difference between the healthcare organizations and the bank can be explained by a combination of regional and sectoral effects. The capital region has a more diverse population than the Arnhem-Nijmegen region. Organizations located in the capital region, such as ABN-AMRO, became aware of future changes in the composition of their workforces long before organizations in the Arnhem-Nijmegen region, and have been trying to anticipate these changes since. Also, for a bank, it was easier to tap into the market of clients with an immigrants background. For organizations in the healthcare sector, especially those involved in care for older people, people with psychological problems or people with disabilities, clients with an immigrant background have only recently become a target group.

**Participation of TCNs in volunteer work**

The fourth part is based on 18 interviews mostly with TCNs and TCN volunteer employing organizations in the municipality of Nijmegen and various reports concerning volunteer work in the Netherlands and Nijmegen. In line with the Dutch
Volunteer Policy Commission in its policy paper on volunteers in the Netherlands (2002), in our report ‘informal care’ is not considered voluntary work since this takes place within the private sphere of family, friends or acquaintances. In 2012, an estimated 38% of the Dutch participated in volunteer work. This percentage has dropped since in 2002 when it reached its height with 46%. At the municipal level of Nijmegen it appears that around 40% of the population is doing volunteer work. A total of approximately 70,000 voluntary activities are carried out, mostly with regard to sports and neighbourhood and school activities. There are no data available on volunteer work done by TCNs, but the general opinion, and also the impression of the researchers, is that they are underrepresented in formalized volunteer work. The reasons for this are the appeal of the TCN families and communities to engage in informal volunteer work, and cultural and language barriers. For the remainder of the analysis it was useful to make a distinction between TCNs who obtained Dutch citizenship (often resulting in dual citizenship) or received a permit to stay (temporary or permanent) and TCNs who stay in asylum centers.

TCN migrants

By law foreigners and TCNs are allowed to do volunteer work in the Netherlands. Exceptions concern individuals who are in the first stage of the procedure for a residence permit and are not asylum seekers. Motives that play a role for voluntary work in Dutch organizations are leisure, gaining experience in learning Dutch customs, ways of working and/or language, and voluntary work as part of a career trajectory. There are however two regulations in place that add to the thresholds for TCN volunteer activities. First, the local UWV, the agency responsible for granting social benefits, applies the principle that volunteer work should not displace paid work. This regulation particularly disadvantages TCNs, since the level of unemployment is higher compared to native Dutch and EU citizens. Second, TCNs who do not have free access to the labour market are only allowed to do volunteer work if the employer possesses a so-called ‘volunteer statement’. However, to obtain permission for a volunteer statement, an employer needs to go through a
substantial bureaucracy, among others signing for ‘liability (in case of injury or theft). This prevents organizations from employing TCNs.

There are many TCN associations, in the Netherlands as well as in Nijmegen. The key features are that they usually concern associations of first generation migrants. The main objectives of these organizations are to offer possibilities of social exchange. Yet, although claiming to be national associations, there are often cleavages along the same political, regional and ethnic lines as in the countries of origin. The major motives that play a role in TCN voluntary work within TCN associations are leisure, feeling at ease meeting (former) compatriots, support to migrant newcomers, staying in contact with country of origin, support to region of origin by setting up small development projects, political aims and lobbying for example for migrant rights. Volunteer work within TCN associations is usually informal, although this is not by definition the case.

Asylum seekers

In a 2013 report called ‘Lost Time’ (original title: ‘Verloren Tijd’), a commission of the Ministry of Security and Justice acknowledged that asylum seekers in one way or another have to remain active and are encouraged to volunteer. In practice, however, there are many obstacles such as cultural barriers and the Dutch language. Due to lobbying of national organized civil society organizations, the most recent policy (September 2014) prescribes that voluntary work by asylum seekers is allowed within environmental organizations that are dependent on voluntary work (this concerns work in the open air) and within nursing and care homes, provided the work does not compete with paid work.
1 Introduction

The Netherlands has the ambition to gain a competitive edge in the global knowledge economy. At the same time, similar to most European societies, it faces demographic challenges. In 2040 it is expected that for every two working persons (aged 15-64), there will be one person in the retirement age (aged 65 or older) (Statistics Netherlands (CBS), 2014). For these reasons, it is essential that the skills, knowledge and competences (SKC) of all workers in the Netherlands are fully used, including those of migrants.

Below, we present some key figures on TCNs in the Netherlands and the region Arnhem-Nijmegen including their labour market status. More detailed insight is rendered by the set of tables contained in annex 1. As table 1.1 shows, the working age population in the Netherlands was approximately 11 million. Within this group are approximately 277,000 Third Country Nationals (TCNs) legally residing in the Netherlands (table 1.2). In 2012, there were 8,533 Third Country Nationals (TCNs) living in the Arnhem-Nijmegen region, this is 1.78% of the total population in the region aged between 15 and 65. Most TCNs originated from respectively Turkey (29%), China (12%) and Morocco (7%). Slightly more than half of the population TCNs are women (54%) in comparison with men (46%). Also slightly more than half of the population of TCNs are aged between 15 and 34 years (51%). Between men and women there are no major differences in age categories. The majority of the TCNs in the Netherlands have lower education (59%) as highest attained level (table 1.3). Between men and women there are little differences. More women have attained tertiary education (20%) in comparison with men (14%). Looking at the age categories, TCNs that are older have a lower education level, than TCNs who are younger.
Table 1.1 - Key figures of the population in the Netherlands and the region (2012)

<table>
<thead>
<tr>
<th></th>
<th>The Netherlands</th>
<th>Count</th>
<th>The region Arnhem-Nijmegen</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>16,780,736</td>
<td></td>
<td>716,457</td>
<td></td>
</tr>
<tr>
<td>Total population (age 15-65)</td>
<td>11,077,308</td>
<td></td>
<td>480,595</td>
<td></td>
</tr>
<tr>
<td>Total native Dutch population (age 15-65)</td>
<td>8,774,383</td>
<td></td>
<td>393,692</td>
<td></td>
</tr>
<tr>
<td>First generation migrants (age 15-65)</td>
<td>1,163,551</td>
<td></td>
<td>41,360</td>
<td></td>
</tr>
<tr>
<td>Second generation migrants (age 15-65)</td>
<td>740,476</td>
<td></td>
<td>29,624</td>
<td></td>
</tr>
</tbody>
</table>

Source: Statistics Netherlands, own calculations

Table 1.2 - Third Country Nationals by top 5 nationalities in the Netherlands and the region (2012)

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Count</th>
<th>Share of the total TCN population</th>
<th>Count</th>
<th>Share of the total TCN population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkish</td>
<td>65 568</td>
<td>24%</td>
<td>2455</td>
<td>29%</td>
</tr>
<tr>
<td>Chinese</td>
<td>23 640</td>
<td>9%</td>
<td>1036</td>
<td>12%</td>
</tr>
<tr>
<td>Moroccan</td>
<td>39 978</td>
<td>14%</td>
<td>638</td>
<td>7%</td>
</tr>
<tr>
<td>Indonesian</td>
<td>10 467</td>
<td>4%</td>
<td>444</td>
<td>5%</td>
</tr>
<tr>
<td>US citizen</td>
<td>13 050</td>
<td>5%</td>
<td>335</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>123 995</td>
<td>44%</td>
<td>1277</td>
<td>43%</td>
</tr>
<tr>
<td>Total</td>
<td>276 658</td>
<td></td>
<td>8533</td>
<td></td>
</tr>
</tbody>
</table>

Source: Statistics Netherlands, own calculations

Table 1.3 - Education level TCNs and native Dutch aged 15-65 in the Netherlands and the region (2012)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>TCN The Netherlands</th>
<th>Dutch The Netherlands</th>
<th>TCN The region Arnhem-Nijmegen</th>
<th>Dutch The region Arnhem-Nijmegen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower education</td>
<td>59%</td>
<td>31%</td>
<td>57%</td>
<td>29%</td>
</tr>
<tr>
<td>Intermediate</td>
<td>23%</td>
<td>41%</td>
<td>26%</td>
<td>39%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>18%</td>
<td>29%</td>
<td>17%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Source: Statistics Netherlands, own calculations
TCNs living in the Arnhem-Nijmegen region often have a regular job (79%). This percentage is less high than the share of native Dutch in the same region in this type of job (86%) (table 1.4). In addition, compared to the native Dutch, TCNs more often have temporal work and stand-by work (table 1.4). TCNs often work in trade, transport & hospitality (29%) and business services (27%) (table 1.5). The native Dutch are less well represented in these economic sectors with respectively 24% and 14%. Almost one third of the TCNs are paid employees (29%). This percentage is much higher among native Dutch (56%). 14% of the TCNs are a recipient of welfare benefits and 32% had no income at all. For native Dutch these percentages are respectively 2% and 6%. Moreover, as table 1.7 shows, TCNs to a far larger extent than the native Dutch are employed on the basis of specified time contracts (50% versus 26% respectively), which makes their socio-economic position more vulnerable to changes of the economy. General Programmes are the most common education field among TCNs (51%). In addition, engineering, manufacturing and construction (8%) and business and administration (8%) are important education fields. The native Dutch were the most active in General Programmes as well (35%). Other important education fields are engineering, manufacturing and construction (12%), health and welfare (12%), business and administration (11%) and services (10%).

Table 1.4 - Job type of TCNs and native Dutch aged 15-65 in the Netherlands and the region (2012)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager large shareholder</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Trainee</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Law social work provision job (WSW-er)</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Temporary worker</td>
<td>8%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Stand-by worker</td>
<td>7%</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Regular job</td>
<td>81%</td>
<td>87%</td>
<td>79%</td>
</tr>
</tbody>
</table>

(n=99,866) (n=65,278) (n=2,818) (n=257,795)

Source: Statistics Netherlands, own calculations
### Table 1.5 - Economic sector of activity of TCNs and native Dutch aged 15-65 in the Netherlands and the region (2012)

<table>
<thead>
<tr>
<th>Sector</th>
<th>TCN The Netherlands</th>
<th>Dutch</th>
<th>TCN Arnhem-Nijmegen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture forestry &amp; fishing</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Mining industry &amp; energy</td>
<td>11%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Construction</td>
<td>2%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Trade transport &amp; hospitality</td>
<td>32%</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Information &amp; communication</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Financial services</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Renting buying &amp; selling of real estate</td>
<td>0%</td>
<td>1%</td>
<td>n.a.</td>
</tr>
<tr>
<td>Business services</td>
<td>31%</td>
<td>13%</td>
<td>27%</td>
</tr>
<tr>
<td>Government &amp; public services</td>
<td>1%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>Education</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Health &amp; social work</td>
<td>7%</td>
<td>18%</td>
<td>11%</td>
</tr>
<tr>
<td>Culture recreation &amp; other services</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

(n=99,866) (n=65,278) (n= 2,818) (n= 257,795)

Source: Statistics Netherlands, own calculations

### Table 1.6 - Social economic position TCNs and native Dutch aged 15-65 in the Netherlands and the region (2012)

<table>
<thead>
<tr>
<th>Position</th>
<th>TCN The Netherlands</th>
<th>Dutch</th>
<th>TCN Arnhem-Nijmegen</th>
</tr>
</thead>
<tbody>
<tr>
<td>employee</td>
<td>33%</td>
<td>57%</td>
<td>29%</td>
</tr>
<tr>
<td>manager large shareholder</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>self-employed</td>
<td>4%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>other work</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>recipient unemployment benefits</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>recipient welfare benefits</td>
<td>11%</td>
<td>2%</td>
<td>14%</td>
</tr>
<tr>
<td>recipient other social benefits</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>recipient disability pension</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>recipient old age pension</td>
<td>1%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Studying with income</td>
<td>4%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Studying without income</td>
<td>6%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>No income other</td>
<td>33%</td>
<td>6%</td>
<td>32%</td>
</tr>
</tbody>
</table>

(n= 276,658) (n=100,000) (n= 8,533) (n= 393,678)

Source: Statistics Netherlands, own calculations
These TCNs face different constraints with regard to labour market entry. For example, in order to be eligible for a work or residence permit (or an extension of it), TCNs must meet strict income criteria. Furthermore, as a result of a tight labour market, approximately one third of young native Dutch in the beginning of their career are currently settling for jobs for which they are overqualified (Berkhout, Prins and Van der Werff, 2012; Kaemingk, 2012). In these circumstances, many TCNs would benefit from a well-functioning legal framework for the recognition of skills, knowledge and competences (SKC), and organisational commitment to diversity management (DM) with the aim to facilitate recruitment and retention of TCN staff and volunteers.

This introduction discusses the results of the DIVERSE research conducted in the Netherlands. The research on SKC recognition has been carried out throughout the Netherlands as there is a single national legal framework for the recognition of SKC. The research on DM-policies and practices and TCNs involvement in volunteer work was carried out in the region comprising the two medium-sized cities of Arnhem and Nijmegen located in the south-east of the country. Due to the strong presence of the healthcare sector in this region (providing 11 percent of TCN jobs in the region and 21 percent of all jobs in the region) and some effective attempts in this sector to facilitate TCNs’ entry into the labour market, a large part of this research is focussed on the healthcare sector. Further, diversity will become a major issue in this sector as the proportion of non-western immigrants aged 65 years and above in the Netherlands will increase from 4 percent in 2012 to 23 percent in 2060 (Garssen, 2011).
1.1 A general landscape of Third Country Nationals (TCNs) migration

When considering the last five centuries the history of the Netherlands may be characterised as quite steeped in migration, and international migration notably. In understanding how these waves of migration have come about it is perhaps good to start off with the general perspective that Dutch society, and its governing bodies, have always been considered as generally tolerant of the ‘other’. This relates to enduring generally liberal notions around topics such as sexuality, religious belief, drug use, the position of political minorities, the need to provide development aid, and so on (whereby it needs to be noted that each phenomena has its own timeframe). By extension this also included a generally tolerant view on the presence of foreigners in the Netherlands. The last decade has seen this perspective succumb to new nationalist agendas of a growing minority, not helped by various global political events that have provided the necessary fuel for polarised discussions on what a ‘Dutch’ culture might (need to) be, through topics such as the a so-called Islamization of society, and the benefits versus costs of migrants.

A distinction can be made between 4 periods in understanding the changing pattern of migration. The first part concerns the first 20 years of the 20th century and revolved around the neutrality of the Netherlands during the First World War. This saw an influx of political refugees from the countries around it. This included some 900,000 Belgians, although some years after the end of the war most had returned home again. In the period leading up the Second World War some 30,000 Jews fled Germany, but also Russia, seeking haven in the Netherlands. They were joined by some 7000 political refugees fleeing the increasingly repressive regimes in Germany in particular, but also in Russia, Hungary and Austria (amongst others).

The third wave of migration follows on the Second World War and concerned the independence of most colonies of European countries, including the Netherlands. For the Netherlands the repatriation from newly independent Indonesia and Surinam were prime issues. In the case of Indonesian independence led to an overall balance of 273,000 people who came back to the Netherlands more than those who left the Netherlands for Indonesia. A specific group of concern in the political turmoil that came with the reluctant acceptance by the Netherlands of Indonesia’s independence, was that
of the Moluccans, many of whom had fought for the Dutch in the independence war of Indonesia. The promise made to them that their residence in the Netherlands would be temporary was never kept and thus by the late 20th century there are still some 40,000 Moluccans living in the Netherlands, including an increasing third generation. (Lucassen & Penninx, 1999, pp. 37-41).

For Surinam the graph in figure 1.1 shows how in the past 40 years some 185,000 Surinam born emigrants, and their 157,000 descendants have taken up living in the Netherlands, notably after the declaration of independence in 1975, and again in the period 1979-1980, when it became clear that the free movement of people between the two countries would be disbanded by the Dutch government within a short period of time (ultimately this never materialised fully and in the 1990s some 30,000 Surinamese were still let into the Netherlands) (CBS, 2014; Vijf Eeuwen Migratie, n.d.).

**Figure 1.1 - Immigration and emigration statistics between Surinam and the Netherlands**

![Graph showing immigration and emigration statistics](image)

*Source: Adapted from CBS, 2014 in Vijf Eeuwen Migratie, n.d.*

The fourth wave, which most directly precedes the immigration of TCNs on which this report focuses, has its historical roots in the so-called ‘guest worker’ programmes initiated first in the end 1940s to delve ore in the mines of Limburg, in the south of the
The Netherlands. For this work Italians were recruited. With a booming economy during the 1960s recruiters also moved to Spain, Yugoslavia and Greece to find workers, also for non-industrial work. By the 1960s Turkey, Morocco and Tunisia had also come to be included as destinations for these recruiters. In this recruitment the Dutch state played quite an active mediating role, for instance making its involvement mandatory for recruiters in 1968 as a measure to ensure that there would be a healthy balance between economic needs and the quantity of migrants recruited to come to the Netherlands (including those remaining). The idea with these guest worker programmes was that the opportunity to earn valuable Guilders in the Netherlands for some years with which to initiate improved or more diversified livelihood activities upon return to their countries of origin. Lucassen and Penninx (1999, pp. 59) argue that whilst this perception might have held true for those drawn out of the cities, for whom investments in their place of origin was well possible and immediately conceivable (and desired), for those recruited from the rural interior a return, even with some capital, was more unlikely, as their future would still be relatively bleak. An alternative return to an urban domain in their countries of origin was only sometimes conceived as possibly by these migrants and in any case required much higher levels of savings to do so. To this end it should have also come to little surprise to the Dutch government that many of these migrants from rural regions preferred to remain in the Netherlands, also by bringing their families over to join them here. Van Eijl (2009) has broken down the emigration statistics for the period 1949 to 2000 to a relative proportion, doing so per 5 years and by regional origin, in figure 1.2.
What can be immediately discerned from figure 1.2 above is that migration from immediately neighbouring countries has seen a relative decline over the past half century. By contrast immigration into the Netherlands by nationals of so-called ‘other countries’, i.e. the TCNs of this report, shows a shift in historical ties and economic rationales of migrants. Massey (2003) argues that generally this increase is due to the effects of globalization, which helped to facilitate quicker and safer movement around the world. However for Western Europe the end of the cold war of the 1970s also had the effect of uplifting political opposition to migration by strong states in various countries of Eastern Europe (Massey 2003; Jennissen & Nicolaas 2014). For the period since the turn of the century Jennissen and Nicolaas (2014) report, on the basis of data of the national statistics bureau CBS, how there is an interesting shift taking place in the balance between western and non-western allochthonous populations (visualised in figure 1.3). One explanation for this shift relates to an increasing influx of education-oriented immigrants from other parts of Europe, alongside lesser skilled labourers from countries such as Poland and Romania. The concomitant reason for a shift in relative inflow concerns the increasing demands from migrants for legal immigration, and
sharpened control, where this concerns family reunification, asylum requests, etc. (Jennissen & Nicolaas 2014, pp. 26).

In reports on migration, such as that of Jennissen and Nicolaas (2014) attention is, quite logically, also given to emigration statistics and not only immigration statistics. This is important not least to correct the prevailing popular image that the Netherlands is undergoing a constant and rapid growth of its population due to migration, which is considered to potentially upset or endanger its welfare model, but also the socio-cultural status quo of its society. These are indeed much-debated topics in politics, media and popular debate. However in this report, given the focus of the overall project on diversity management and the position of TCNs - which links more logically to immigration - we will not further discuss the role of emigration. At the same time we will make one point here, which is that an increasingly alienating, even hostile, social and working environment can never be conducive for attracting and keeping migrants—whether skilled or unskilled – and this could be seen in the nature of emigration statistics.

Figure 1.3 - Immigration to the Netherlands (2000-2012)

Source: Adapted from CBS, 2014 in Jennissen & Nicolaas (2014)
The gender dimension

Whilst numerous dimensions can be provided to give certain refinement to an analysis of the current migration situation for the Netherlands, and the position of TCNs in particular, one dimension of importance is that of gender, to which this last paragraph is then devoted.

Figure 1.4 below shows the participation of women in overall immigration to the Netherlands. The figure at first sight shows a general balanced participation of women, with a fluctuation between 47.4% and 50.9% (Jennissen & Nicolaas, 2014). Yet closer observation reveals some patterns. First, the expansion of the guest worker programmes in the late 1960s to Turkey, Morocco and Tunisia, led to subsequent family reunification as these immigrants realised that their prospects would be brighter when remaining in the Netherlands. Fluctuations in recent data are attributed to the proportion of asylum seekers versus labour migrants in the total number of immigrants. In the case of asylum seekers the share of women is higher, whilst labour migration still tends to be male dominated.

Figure 1.4 - Participation of women in immigration (1948-2000)

Source: Adapted from Statistiek van de buitenlandse migratie (CBS, 1948-1981); Maandstatistiek van de bevolking (CBS, 1982-2001), in: van Eijl (2009)
1.2 A brief description of the legislative framework at national level for paid and voluntary work by TCNs

Lucassen and Penninx, in their book ‘Newcomers, Descendants, Dutch’ (original title: ‘Nieuwkomers, Nakomelingen, Nederlanders’, 1999) argue how migrants – immigrants in particular, have been labelled by Dutch society and the state in a great many different ways. Labels used include: foreigner, 'third country national (in Dutch: derdelander), stranger/alien (in Dutch: vreemdeling), ethnic or religious minority, allochtonous, guest worker, refugee, etc. These different labels denote various legal and/or social constructions. All have changed in their status over time, shifting from general acceptance and use, also societally, to becoming more and problematic, particularly for taking on discriminatory undertones in how they get used. Thus they may be too undifferentiating of differences by generation of migrants (indeed, the very term 2nd or 3rd migrant is problematic in ‘othering’ a group by virtue of the migration activities of prior generations. To that end media reports describing criminals, for instance, has become quite elaborate in avoiding terms that might point to certain categories of people and be implied as racial. A striking example of a concept that produces different sentiment as to its usefulness is that of the allochtonous (1st and 2nd generation), and its binary ‘brother’ autochtonous (native, 3rd or higher generation). As it states on the website of the National Public Health Compass, which is run by the Ministry of Health, Welfare and Sport, “nationality has become a less workable indicator for ‘being a stranger’ (National Public Health Compass, 2014)” as in the 90s the percentage of non-Dutch nationals decreased due to naturalizations, yet the share of foreign born obviously did not change. For this reason The Central Bureau on Statistics (CBS) changed their definition of allochtonous in 1996 to, as Bouma, Coenen & Kerckhaert (2011, pp. 15) explain as follows: An allochtonous person is someone of whom at least one parent is born outside the country. By default then the third generation is automatically autochtonous. However societal use has also extended the term to third and later generations. Furthermore in popular language the category Non-Western is primarily used to denote persons who have some of their genetic origins in Africa, Latin America and Asia (including Turkey), but excluding Indonesia and Japan. Clearly these kinds of
distinctions can produce societal friction and it has resulted in considered and well-defined use by the national government. Indeed, as a matter of course Lucassen and Penninx then suggest the term ‘newcomer’ in their book as a way of finding a neutral term to define immigrants. Simply put ‘newcomer’ refers to population members who have not been staying in the territorial space of the given country before. Whilst such a definition provides a new option for giving an identity to (im)migrants, it too has its limitations as they also readily point out, not least that the concept does not distinguish between a judicial and more socio-economic status to immediately understand the formal dimensions to migration (1999, pp. 8-9).

Below we elaborate on the legislative framework for migration in the general sense, and more particularly for TCNs.

1.2.1 Migration laws

As Groenendijk, et al. (2000) have pointed out, the roots of current Dutch immigration law can be traced back to the Aliens Act of 1965 as well as the related Aliens Circular. The latter provided clear instructions to executive agencies of the government such as immigration authorities and the police. In 2001 a revised act came into force. This revision is referred to as the Aliens Act of 2000 (in Dutch: Vreemdelingenwet 2000). The general procedure for those applying for a residence permit is that such ‘aliens’ must apply with the Dutch embassy or consulate for a so-called ‘authorization of temporary stay’ (machtiging tot voorlopig verblijf, MVV). To be eligible, the Dutch government requires of such aliens that they can prove they have documents that prove their identity, have not been convicted in the past for criminal activity, and that they have sufficient funds to make a living with.

In the information sheets and online brochures of the Dutch government (cf. the website of the Immigration and Naturalisation Service (IND) of the Ministry of security and Justice: information addressing various categories of immigrants are set out, including: students (and post-graduate students), family, au pairs and other exchange persons, employees, EU citizens, short-stayers, asylum seekers, and permanent-residence
applicants. In conceptual terms these categories are not exclusive, consider for instance employees and EU citizens (IND, 2014).

In working our way towards the category of TCNs and particularly those who are looking for employment, we turn to the category of ‘employees’. Once selected a distinction is seen between: highly skilled migrants, employees (again), seasonal work, and self-employment. More specific categories also mentioned here are: post-graduates seeking work, scientific researchers and highly educated (PhD or Master’s degree) wishing to orient themselves on the Dutch labour market (for the duration of 1 year).

Sticking with our general category of ‘employees’ we arrive at the subpage ‘Working as an employee’. In figure 1.5 the stipulation on the position of TCNs observed here is outlined.

**Figure 1.5 - TCN specific conditions of the Dutch government with work application**

Quite subtly, the third country national is defined here by the IND as being non-EU member state nationals, i.e. as a category of exception, not of inclusion. Indeed, this also
emerges when looking at the actual definition provided by the IND of a Third Country National which we provide below just to show the nature of the definition:

“If a citizen of the European Union (EU), European Economic Area (EEA) or Switzerland is living in the Netherlands, their family members who are not EU/EEA or Swiss citizens also have the right to live here” (Source: IND, 2014).

In other words, the TCN is a non-specific category, it is simply a container definition applying to all who are not EU or EEA members, or Swiss. Thus where the distinction allochtonous vs. autochtonous mostly marks a distinction between being ethnicity – ‘stranger’, (relative) ‘newcomer’, or in other words ‘not originally from here’ – the Immigration and Naturalisation Service (IND), like the EU, operates on the basis of nationality.

1.2.2 Obtaining a work and residence permit

In terms of legal practicalities Apap (2002, pp. 320-1) argues that the Netherlands needs to come to terms with the fact that it has been in a privileged situation to attract foreign nationals to work in the country despite imposing various bureaucratic hurdles. For one, the application process implies that candidates are to remain outside the country, and for instance are not allowed to attend meetings, until the work permit has been processed. A further condition is that certain skills and assets need to be held to fill a vacancy that could not attract any suitable Dutch or EU national. Applying candidates also need to be between 18 and 45 years old. Again, as explained above, exceptions are being made for higher skilled migrants, for instance highly educated migrants who want to orient themselves on the Dutch labour market (see Box 1 ‘Admission and work schemes for highly educated and knowledge workers’).

An MVV is issued to all persons who meet the prior requirements for a residence permit. Upon arrival the ‘alien’ needs to visit IND offices to exchange his/her MVV for a temporary residence permit. This will be granted at that moment, if the requirements posed are still met.
It is important to note that for TCNs applying for a certain function the Dutch work permit is employer-specific. I.e. moving from one company to another is only possible if the new company is able to secure a work permit for the candidate. Finally, the employer needs to provide a salary that is above the minimum wage (see Box 1: ‘Admission and work schemes for highly educated and knowledge workers’).

Some organisations - so-called ‘recognised referents’ - offer easier and faster admission procedures for obtaining work and residence permits (two weeks as opposed to seven). This status is given to organisations by IND who already have experience with hiring TCNs. These organisations are exempt from sending certain documentation to the IND about the TCN. Often a declaration by the employer that the candidate fulfils all admission and residence criteria is sufficient. In addition to organisations that hire knowledge workers, also Au-Pair organisations, organisations that aim for cultural exchange, education institutes and academic institutes can become a recognised referent. In order to become a recognised referent, organisations have to follow a procedure which can be quite costly.

Having worked in the Netherlands for three years with a work permit it is then usually possible for an individual to gain free access to the Dutch labour market. I.e. they are allowed to take up any lawful employment and thus are no longer required to have an employer-sponsored work permit. Finally, having worked and had a valid work permit, as well as a temporary residence permit, for 5 years, it is usually possible to obtain permanent residency.

1.2.3 Obtaining a voluntary work permit

Finally, for those who cannot obtain paid employment (directly), voluntary work is important alternative route to develop relevant skills and experience that can increase the TCN’s chances on the paid labour market.

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1 For the public register, see: https://ind.nl/zakelijk/openbaar-register
2 For more information: see https://ind.nl/Documents/3075.pdf.
By law foreigners and TCNs are allowed to do volunteer work in the Netherlands. Only individuals who are in the first stage of the procedure for a residence permit, and are not asylum seekers, are not allowed to do volunteer work. All other foreign nationals residing lawfully in the Netherlands (for the purposes of Article 8 of the Immigration Act 2000) may do volunteer work.

There are however regulations that are relevant for TCNs volunteer activities. At present, unemployed people have the right as unemployment claimants to receive social welfare benefits, the management of which is the responsibility of the ‘Uitvoeringsinsituut Werknemersverzekeringen’ (UWV; Agency for Implementing Employee Insurances). However, the UWV applies the principle that volunteer work should not displace paid work. In practice, this rule prevents anyone with an unemployment benefit to volunteer in many activities, for example in keeping the house clean of an handicapped elderly (since this is the task of a professional social helper). By consequence, many good examples of civic participation are in practice not allowed. This regulation particularly disadvantages TCNs, since their level of unemployment is higher compared to native Dutch and EU citizens.

TCNs who do not have free access to the labour market, such as immigrants who are in the Netherlands due to family reunion or asylum seekers, are allowed to voluntary work only if the employer possesses a volunteer statement (VS). Organisations or institutions willing to offer voluntary work must possess such a certificate if they wish TCNs who are not authorised to work in the Netherlands to do voluntary work. The certificate is issued only to perform certain activities or functions, and not in the name of the alien. A volunteer statement will be issued upon request by the UWV if the activities are unpaid, serve a common good and the concerned organisation is not aiming at profit making. To obtain permission for a volunteer statement, an organisation needs to go through a substantial bureaucracy among others signing for ‘liability (in case of injury or theft). Also, the VS is only valid for 5 years and for the specific task-description described in the VS. If the task changes, the VS is no longer valid.

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3 For an overview of all legal steps: [http://www.vrijwilligerswerk.nl/?content=/17/Wet- en_regelgeving](http://www.vrijwilligerswerk.nl/?content=/17/Wet- en_regelgeving)
To add to the difficulties faced by organisations who are willing to employ TCN volunteers, the UWV has a mixed interest in allowing TCNs to do voluntary work. On the one hand, UWV will not allow a TCN (without documents) to do voluntary work in case of job replacement. On the other hand, it can help the TCN to gain the skills needed for obtaining paid work (if it obtains a work permit), which is ultimately the goal of UWV. The solution is found in what is often described as ‘forced voluntary work’. This applies to those who are not ready (mentally, verbally) to obtain or apply for paid work. They are free from the duty to apply for jobs but are obliged to do voluntary work instead.

1.3 Reader

As becomes clear from this introduction, it is quite problematic to apply the container definition of ‘TCN’ based purely on non-EU, non-EEA or non-Swiss nationality in the Dutch context of immigration and (labour market) integration of ethnic minorities. On the one hand Lucassen and Penninx (1999) do strike a chord when they say that ‘newcomers’ share largely similar experiences with regards to legalising their stay (prior and upon arrival), obtaining work permits, obtaining the obligatory health insurance, subscribing to a municipality, diploma recognition, learning Dutch language, etc. Yet, on the other hand, substantially different legal trajectories are laid out for different newcomers depending on their education level. Furthermore, in line with Van Houtum (2010) who discusses for the case of the EU the phenomenon of blacklisting of ‘negative countries’ (the so-called ‘white and black’ Schengen list) in relation to issuing of visas, the authors found that also for the case of the Netherlands considerable qualitative difference exists between nationals of OECD and non-OECD countries⁴ in the difficulties to obtain a visa. Also, the definition of TCN excludes naturalized persons (including double passport holders), yet barriers to obtain and maintain a paid job, including the issues of SKC recognition and knowledge of effective DM practises among employers, also apply to naturalized persons. In fact, as Van den Broek (2009) shows, discrimination on the basis of ethnic background and last names during hiring

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⁴ Nationals of Australia, Canada, Japan, Monaco, New Zealand, Vatican City, the United States of America and South-Korea do not require a visa (MVV) prior to entering the Netherlands.
procedures, also extends to the second generation. Finally, the definition of TCN excludes irregular migrants (‘undocumented migrants’) who have not subscribed to a municipality or have overstayed their visa.

The issues of SKC recognition, DM practices and volunteer work will be discussed in the three subsequent chapters. As SKC recognition applies for the most part to newcomers to the Netherlands, we have based our findings mostly by looking at first generation migrants. Our findings on DM practises are also for the most part based on organisations working with 1st generation migrants. The chapter on volunteer work takes into account 1st, 2nd and higher generation migrants as the authors found substantial differences in motives and type of activities between generations. In the final chapter, the main findings for each of these parts will be summarised, and a number of overarching conclusions will be drawn tying the three parts together.

Box 1: Admission and work schemes for highly educated and knowledge workers
In recent years the Dutch government has implemented several policies that have facilitated settlement and work of highly qualified migrants in the country. These policies do not strive to compare specific foreign and Dutch educational and professional qualifications relevant for specific occupations, but they rather set crude minimum standards to define the group of highly qualified migrants that is then granted favourable treatment in settlement permissions and labour market access.

For foreign students, the Netherlands offer two ways to stay in the country for up to 12 months after their graduation to search for highly-skilled employment. The procedures for these policies are illustrated in figures 1.6 and 1.7 below. The Seeking work after graduation admission scheme is meant for students with a bachelor’s or master’s degree from a Dutch university. On the awarded residence permit graduates can take up any employment without requiring a work permit, while looking for a job as a highly-skilled migrant. The second admission scheme is the admission scheme for highly educated persons, which is not targeted exclusively at graduates from Dutch universities. Through this scheme master’s and Ph.D. degree holders from top-200 universities worldwide (Times Higher Education World University Rankings, QS World University Rankings or Academic Ranking of World Universities) can stay in the Netherlands to look for highly-skilled employment. Admission is regulated through a points-system, which considers the applicants’ age, education and success indicators. The indicators for success in the Netherlands include previous employment in the Netherlands, a degree obtained in the Netherlands or another country signed up to the Bologna declaration as well as Dutch and English language skills. Fulfilling at least one of these requirements awards the applicant five points. Applicants have to be between 21 and 40 years old to receive the five points for age. The majority of points is awarded for the respective degree the migrant holds. 25 points are granted for a master’s degree and 30 for a Ph.D. To qualify for this scheme 35 out of the total of 40 points have to be obtained. After the residence permit is granted people in this category can only work if the employer meets the criteria for a labour market test and acquires a valid work permit. Ultimately the goal for both categories is to find highly-skilled employment in the field of study (Nuffic, 2014).
Figures 1.6 - Immigration procedures for non-EU nationals seeking work in the Netherlands. The orientation year option for recent graduates.

<table>
<thead>
<tr>
<th>Orientation year for graduates seeking work after graduation</th>
<th>Orientation year for highly educated migrant seeking employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>level of graduation</td>
<td>bachelor’s or master’s</td>
</tr>
<tr>
<td>programmes and universities included</td>
<td>diploma obtained from recognized Dutch higher education institution</td>
</tr>
<tr>
<td>deadline for submitting application</td>
<td>immediately upon graduation, following Dutch residence permit for the purpose of ‘study’</td>
</tr>
<tr>
<td>maximum duration of stay</td>
<td>one year; residence permit cannot be extended only changed to another residence permit</td>
</tr>
<tr>
<td>access to Dutch labour market during stay</td>
<td>free to work, no work permit required</td>
</tr>
<tr>
<td>minimum salary to qualify as “highly skilled migrant”</td>
<td>Purpose: to find a job within the search year which pays €27,336 gross per annum</td>
</tr>
<tr>
<td>application form to be used</td>
<td>“Application residence permit without MVV or change to purpose of stay”. Can be downloaded from the IND website: <a href="http://english.ind.nl/Brochures_en_Formulieren/index-formulieren.aspx">http://english.ind.nl/Brochures_en_Formulieren/index-formulieren.aspx</a></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>other requirements</td>
<td>not applicable</td>
</tr>
</tbody>
</table>

Source: Nuffic, 2014
orientation year option for recent graduates. Illustration of the point system

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
<th>Documents to submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Education (max. 30 points)</td>
<td></td>
<td>copy of diploma (Dutch institution) or diploma evaluation issued by Nuffic (foreign institution)</td>
</tr>
<tr>
<td>- PhD degree</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>- master's degree</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>2: Age (max. 5 points)</td>
<td>5</td>
<td>birth certificate</td>
</tr>
<tr>
<td>3: Indicators for success in the Netherlands (max. 5 points)</td>
<td>5</td>
<td>contract or employer’s declaration, proof of enrolment, diploma, declaration of language institute, diploma</td>
</tr>
<tr>
<td>- previously employed in the Netherlands (minimum 6 months)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>- previously studied in the Netherlands (minimum 6 months)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>- command of Dutch as a foreign language at A2-level</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>- command of English at IELTS 6.0 level</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>- bachelor’s, master’s, or PhD degree obtained in country that has signed up to the Bologna declaration</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Source: Nuffic, 2014

Coming to, or in this case, rather staying in the Netherlands as a temporary migrant is possible in the Knowledge migrant scheme, which became operational in 2005. As of 1 July 2015, a highly-skilled migrant is to be employed in the Netherlands with a gross monthly income (excluding holiday bonus) of at least € 4189 or € 3071 if he/she is below 30 years old. Excluded from the income requirement are scientific researchers, medical doctors in training and visiting lecturers at institutions of higher education in the Netherlands. The residence permit of a highly-skilled migrant is granted for the duration of the employment contract, up to a maximum of five years. Application for this scheme is since January 2014 administered through the (future) employer of the knowledge migrant, who needs to seek recognition as recognised sponsor by the national government prior to being able to file an application. The income threshold for knowledge migrants is, in general, rather high, making it hard to fulfil the requirement for recent graduates at entry-level positions. With the lower threshold at € 2201 specifically for foreign graduates of Dutch universities, the policy-makers are actively trying to get young, highly-skilled workers, which were educated in the Netherlands, to stay and apply their knowledge and skills in the Dutch labour market (IND, 2015).
2 Recognition of qualifications and competences acquired through formal, non-formal and informal learning

2.1 Introduction

In the past decade and a half, policy efforts with regard to the recognition of SKC in the Netherlands have been geared at the development and evaluation of supporting measures alongside formal recognition. In particular, the recognition of prior learning has taken a flight since the launch of a national knowledge center - Kenniscentrum EVC - to raise awareness of the possibilities for accreditation and recognition of prior learning and to stimulate the use of available instruments.

The adequate valuation of foreign credentials of TCNs is of vital importance to the Dutch economy, which is a small-open economy deriving much of its strength from many internationally operating companies and institutions and from a large pool of highly qualified workers from abroad. Given this international nature of a great share of economic activities in the country that is only gaining in importance, the availability of professionals with intercultural skills and international exposure is a strategic asset that can be explored for economic gains. The Dutch population, owing to its long history of colonial heritage and labour migration in the post WWII period, includes a large group of individuals with foreign background whose competencies are not yet adequately used. This group has large economic potential if it is better integrated in the labour market so that the Dutch economy fully benefits from its present skills and competencies.

In the context of the aging population, notable labour market shortages are foreseen in specific sectors, an important one being the healthcare sector. This sector faces specific challenges that are expected to increase in the future. These relate to finding sufficient numbers of adequately qualified professionals to work in jobs that will be more demanded due to the aging and more culturally diverse population. Examples are found in the personal care occupation in private homes. Despite this growing demand, these jobs will be less attractive as governments have less financial resources to dedicate to the healthcare sector and costs of care per capita are rising due to ageing and
technological advances. Thus, it will become more difficult to find suitable workers to do these jobs as our findings in this report’s section on diversity management will further illustrate.

2.2 A brief description of the process of data collection

2.2.1 Methodology

This part of the research sets out to answer two questions:

- How is the Dutch system of SKC recognition formally designed (legislative, administrative and policy regulations) on the national and regional levels?
- How is this translated to actual practices of skill recognisers, how are these experienced and what implications does this have for individual TCNs living in the Netherlands?

The first question can be answered by desk research, collecting statistical data from various official sources and analyzing the mandates and websites of relevant actors and institutions shaping the Dutch SKC recognition system. The experiences of SKC recognition practices and their implications for individual skill recognisers and TCNs, which is the second question, can only be uncovered through an iterative process of desk research and direct interaction with the makers, implementers and users of the system.

In order to understand the full context of both questions, the research team has proceeded to collect qualitative data for both questions simultaneously. Experts and TCNs were approached through 13 semi-structured in-depth interviews with little pre-existing knowledge on the matter by the research team. These interviews lasted about 1 to 1.5 hours.

Conducting exploratory interviews in an early stadium also proved beneficial. The early involvement of leading SKC experts enabled the research team to swiftly identify the point of departure for the discussion on SKC recognition in the Netherlands – one which has well developed in the last years.
2.2.2 Methods

Interview respondents were found by using the snowballing method and via internet search. In many cases interviewees provided numerous referrals of other relevant experts and TCNs to be consulted for the purpose of data collection. The qualitative data has been audio-recorded and transcribed. In Annex C an overview is given of the experts and TCNs consulted with information on their function (if applicable), organisation and main themes discussed during the interview. Respondents were generally ready willing to provide relevant information for the purpose of this study and proved to be very committed throughout the interview. Unfortunately, Nuffic, which is an important actor in SKC recognition in the Netherlands, could not be consulted as its employees were unavailable to interview due to ongoing reorganisation.

2.2.3 Analysis

The data collected through desk research and interviews were contextualised by linking it to findings of prior research as well as to the findings resulting from our own analysis of quantitative secondary data of Statistics Netherlands (triangulation). The findings of the latter analyses on the presence of TCNs in the country and Arnhem-Nijmegen region as well as their labour market position were presented in the introduction section of this report. As explained in the introduction, the analyses were based on secondary data originating from the CBS the year 2012.

2.3 Recognition of foreign diplomas

2.3.1 The recognition of foreign diplomas: A historical perspective

International labour and educational mobility is no new phenomenon, likewise the issue of foreign diploma recognition has been occupying national and regional governments for several decades by now. The first international agreements on foreign
diploma recognition date back to the 1950s and policy developments can roughly be grouped in four phases (Scholten and Lokhoff, 2008; Van der Welle, 2013, pp. 120-121):

1950-1970: equivalence of diplomas
In this period the recognition of foreign diplomas was based on the principle of equivalence: A foreign diploma was recognised if the evaluation indicated that the curriculum leading up to the foreign diploma was almost identical to the Dutch curriculum. This method eventually became untenable with increasing student and professional mobility and increasingly diverse offers of education programmes.

1980s: focus on recognition goal
During the 1980s policy focus in foreign diploma recognition shifted from the equivalence principle towards a more goal-oriented approach paying close attention to the level, functions and corresponding rights of a foreign diploma. According to this new approach a foreign diploma was recognised if no large differences were found between the foreign curriculum entitling to this diploma and the Dutch curriculum for the specific goal of the recognition. The latter could be either academic or professional recognition.

1990s: starting from the notion of differences
In the 1990s the dissimilarity perception gained popularity among policy makers, which embodied the belief that foreign and national education systems are inevitably different, but that these differences - if not substantial - can be seen as an enrichment. Accordingly, foreign diplomas can be recognised if no substantial differences are found and given differences are accepted rather than neglected. This is the guiding principle on which today’s international agreements on diploma recognition are based on.

2000 - present: development of supporting measures alongside formal recognition
In the past decade and a half, policy efforts have particularly been geared at the development, experimentation and evaluation of supporting measures alongside formal recognition. In particular, the accreditation and recognition of prior learning has taken a flight with the launching of a national knowledge center - Kenniscentrum EVC - to raise awareness of the possibilities for accreditation and recognition of prior learning and the
stimulation of use of available instruments. This latter development deserves full attention in section 2.4.

2.3.2 Recognition practices of foreign formal qualifications

The Netherlands has a well developed national infrastructure for foreign diploma recognition, whereby a distinction is made between recognition of foreign education diplomas and the recognition of professional qualifications. For each of these, different procedures for qualification recognition are in place and different institutions are involved.

a. foreign education diplomas
With regard to recognition of foreign education diplomas, two centers of expertise decide on the recognition of foreign educational diplomas at the national level, whereby the competent authority is determined by the level of the educational diploma concerned. SBB (the Foundation for Cooperation on Vocational Education, Training and the Labour Market) is in charge of credential evaluation at the level of senior secondary vocational education (MBO), including adult education, and preparatory secondary vocational education (VMBO). Nuffic is in charge of credential evaluation at the level of higher education (universities of applied science and research universities) and general secondary level education. These authorities operate one central desk, the Information Center of Expertise for International Credential Evaluation (IcDW), to which applications for credential evaluation can be submitted and which functions as a central information point for individuals and organisations. Moreover, SBB and Nuffic are important partners advising professional bodies in charge of diploma recognition in regulated occupations on the comparability of foreign diplomas as is explained in the section on professional qualification recognition below (Nuffic, 2014).

A credential evaluation is a written statement that indicates in which way foreign diplomas and study programmes are valued in the Netherlands. If possible, a detailed and systematic comparison with Dutch educational programmes is done. In cases of substantial differences between the educational programmes in the two countries, only a general comparison is made. The statement is an indication of (usually the highest)
degree a person has obtained. The written statements have advisory status only, meaning that no rights can be derived from these documents (Van der Welle, 2013, pp. 126; IcDW, 2014). When it comes to the recognition of foreign diplomas the following aspects are taken into account (Scholten and Lokhoff, 2008; Van der Welle, 2013, pp.123-124):

- "formal criteria: International treaties, agreements, conventions, national regulations;
- functional criteria: Goals and rights attached to the specific foreign education;
- process criteria: Preparatory training, selection criteria, educational system, content of education;
- preconditional agreements: Role of government.”

b. professional qualifications obtained abroad
To find suitable employment in the Dutch labour market, it can be beneficial for TCNs to have their professional qualifications obtained abroad recognised. In the Netherlands, several professions are regulated (e.g. doctors, nurses, lawyers), meaning that permission by the competent authority is required to be legally entitled to practise them. In case of non-regulated professions, TCNs can contact the IcDW operated by SSB and Nuffic to have their foreign diplomas recognised.

In case of regulated professions TCNs are required to contact the competent authority to be informed about the applicable procedures, rules, required documents, and costs to have their foreign credentials recognised and to be able to practise their profession in the Netherlands. Each competent authority applies its own set of criteria, which may vary by country of origin and occupational group (see Box 2 A sectoral illustration of credential recognition: Regulated professions in the healthcare sector’ below for a detailed case study on credential recognition in the healthcare sector). A notable difference exists between foreign credential applicants holding diplomas from an EEA country or Switzerland and those with diplomas from other countries. For diploma holders from the former group of countries the European Directives 2005/36/EC and Directive 2013/55/EU are binding, in which these countries have reached agreements on the recognition of foreign professional qualifications with the aim to facilitate professional mobility in Europe (Bishoen and Welbergen, 2014; European Parliament and Council, 2013). However, these directives are only relevant for TCNs under certain conditions, including that they have obtained their professional diplomas in one of the
participating countries or that they have demonstrated their professional expertise in another member state for several years at least.

Roughly speaking, towards the aim of foreign credential recognition, several common requirements are specified by the competent authorities: the completion of an application form, a personal identification document (identity card or passport), a certified copy and/or credential evaluation of the diploma, evidence of recent practical experience, declaration of good health and good behaviour. To assist TCNs in navigating their way to the relevant authority, Nuffic operates the National Contact Point for Professional Recognition (NCP) in the Netherlands, an EU initiative, and runs a website providing information on regulated professions and contact details of the competent authority. The actual application for foreign qualification recognition, however, is administered directly by the competent authority, so Nuffic merely takes up the role of knowledge broker. Competent authorities may take the decisions that: (1) the applicant is granted immediate admission to practise the profession in the Netherlands; (2) he/she is granted permission subject to fulfilling specific additional requirements or; (3) he/she is not granted permission (Van der Welle, 2013; IcDW, 2014).

Box 2: A sectoral illustration of credential recognition: Regulated professions in the healthcare sector

The healthcare sector is an interesting illustration to show how credential recognition works in the Netherlands in a highly regulated labour market setting including many regulated professions. As of 1 December 1997 the BIG law (Law on the professions in the individual healthcare) entered into force introducing requirements of professional qualifications of practitioners to guarantee patient safety in the sector. Chapter IV (articles 41-46) concern the access of foreign diploma holders to the Dutch labour market in a large number of occupations. To be able to work in the Dutch healthcare sector in many occupations, they ought to meet the quality requirements specified by the Dutch government and have their diploma evaluated by the Dutch ministry of Health, Welfare and Sport administered by the government agency CIBG. Annex B provides an overview of all regulated healthcare professions by law.

In the BIG law a distinction is made between occupations with protected titles (article 3 occupations) and occupations for which the educational diploma preparing for the occupation is protected (article 34 occupations). In non-regulated healthcare occupations no Dutch labour market restrictions to foreign diploma holders apply. For article 3 occupations, professionals ought to register in the national BIG register to be able to work in the Netherlands. This concerns the occupations of doctors, dentists, pharmacists, healthcare psychologist, psychotherapist, physiotherapist, midwife and nurse. The national BIG-register falls under the responsibility of the Dutch ministry of Health, Welfare and Sport and is administered by the government agency CIBG. It aims to provide transparency about the
qualifications of the care providers and their entitlements to practise their profession. The register is publicly accessible online or by telephone. Practitioners in regulated occupations with diplomas obtained abroad can only be registered in the BIG-register once the minister has declared that the candidate possesses the relevant professional qualifications. In a similar fashion, with regard to the article 34 occupations, foreign diploma holders working in the Netherlands may only use their educational title once they have received the before declaration by the minister that they possess the relevant professional qualifications. However, no registration in the BIG-register is required for the latter group.

The ministry has appointed an independent commission, the Commission for Foreign Healthcare Graduates (CBGV) advising the minister on matters to do with the recognition of foreign qualifications in regulated occupations (article 3 and article 34 occupations in BIG law). Generally speaking, this commission makes recommendations about the content of education courses and trainings a candidate has followed and judges if they are equivalent to the qualifications of entry-level professionals in the Dutch system (CBGV, 2014). For the occupations doctors, dentists and nurses the commission’s recommendations are based predominantly on a written assessment developed to test the candidate’s specific qualifications relevant for the professional practice in these fields in the Netherlands. For all other regulated professions the assessment is centered on a portfolio documenting the candidate’s professional merit. If necessary, the CBGV corresponds with Nuffic and SBB to seek an appraisal of the education level of a specific course or training followed. As of 1 December 2013, the CBGV carries out the assessment of foreign credentials through 23 commissions of specialists in the relevant professional field with appointed members from educational institutions and professional associations.

There are three distinct procedures towards recognition for healthcare professionals with foreign qualifications who want to work in regulated occupations in the Dutch healthcare sector, depending on the origin of the professional and his/her qualifications and the occupation itself. These procedures are: (1) automatic recognition of qualifications; (2) the recognition procedure of professional qualifications; and (3) the procedure of the certificate of competence. The most important aspect determining which of the before procedures is to be followed in foreign credential recognition is the country that the diploma was issued. A distinction is made between EEA countries or Switzerland and other countries. For the former group the European directive 2005/36/EG is applicable, subject to the candidate holding citizenship of one of these countries, and procedures 1 or 2 are followed. For all candidates from other countries procedure 3 is followed (CBGV, 2014).

Procedure for recognition of diplomas from EEA countries and Switzerland

Foreign credential recognition for candidates from EEA countries and Switzerland is largely shaped by the requirements of Directive 2005/36/EG, which departs from the basic principle that professionals have the right to freely practise their occupation across Europe, with some restrictions applying in the case of regulated occupations. The directive determines how member states ought to recognise foreign qualifications obtained in the other signatory countries. The basic principle hereby is that European diplomas ought to be recognised in the receiving member state unless this state can demonstrate that the migrant does not possess the qualifications required by law to practise the specific profession there. The migrant files an application for the recognition of his/her professional qualification, after which the qualification is either automatically recognised as in the case of doctors, dentists, nurses, midwives and pharmacists (directive 2005/36/EG requires automatic recognition for these occupations), or the recognition procedure of professional qualifications is followed for other regulated professions. According to the European directive (European Commission, 2005), the Dutch government is not
authorised to judge the content of the applications. Thus, the CBGV may only evaluate if the application meets the formal requirements to fall under the directive and evaluates if the education programme followed abroad is equivalent to the Dutch one qualifying for the specific occupation or if substantial differences exist. If the latter is not the case, the foreign credentials are recognised. In case substantial differences exist, the commission advises the minister to not yet recognise the foreign credentials and the candidate is asked to complete a trial period under supervision (‘aanpassingsstage’) or take a practice test (‘proeve van bekwaamheid’) to demonstrate his/her qualifications in practice (the latter is not permitted in the case of doctors, dentists, pharmacists, midwives and nurses).

Procedure for recognition of diplomas from countries other than EEA or Switzerland

Holders of diplomas from non EEA countries or Switzerland are evaluated using the procedure of the certificate of competence as here the European directive is not applicable, so Dutch laws and regulations are relevant. In these cases the candidate needs to prove by means of a portfolio and through written examination that he/she possesses the relevant qualifications required to practise a specific occupation in the Netherlands. The portfolio consists of the application form, certified copies of diplomas, proves of followed education and training programmes, proves of acquired professional experience (if relevant) and a CV. Two tests are central in this assessment procedure, the general knowledge and skills test (AKV) that all applicants are required to take and the test of professional knowledge (BI) that is required for doctors, dentists and nurses. The AKV test precedes the BI test and needs to be passed prior to taking the BI test. The objective of the AKV test is to identify if the foreign professional possesses the general knowledge and skills necessary to practise his/her profession in the Dutch healthcare sector. There are two versions of the test, one for academic occupations (doctor, dentist, pharmacist, healthcare psychologist, psychotherapist and clinical physicist) and one for lower and non-academic occupations. The first version of the test has the following elements: (1) Dutch language and communication skills; (2) English reading skills; (3) ICT skills; and (4) Knowledge of the Dutch healthcare system. The second version of the test contains the following elements: (1) Dutch language and communication skills; (2) English language skills; (3) ICT skills; and (4) Knowledge of healthcare expressions and terminology in Dutch. After successful completion of the AKV test, foreign diploma holders wishing to practise the occupations of doctors, dentists and nurses take the test of professional knowledge (BI test) on the basis of which the CBGV assesses the professional qualification of the foreign diploma holder. For other regulated occupations in the healthcare sector, the assessment of the candidate’s professional qualifications is done on the basis of his/her portfolio. The conclusion of the commission can be that the professional qualification of the applicant is equivalent, nearly equivalent or not equivalent. In the first case, the commission’s recommendation leads to the recognition of the foreign professional qualification and the candidate can register in the BIG-register (article 3 occupations) or is allowed to use his/her education title in the Netherlands (article 34 occupations). In the case that the qualification is nearly equivalent, the commission recommends that the candidate follows additional education or to complete a trial work period of maximum six months under supervision. If the foreign qualification is considered not equivalent, the application is rejected by the commission. If meaningful, the commission provides recommendations on how the candidate may reach the required level of professional qualification (CBGV, 2011).

Length and costs of procedures

The length of the recognition process differs between the three procedures depending on whether or not the CBGV needs to evaluate the content of the application and whether the application involves participation in written examination or a portfolio evaluation is carried out. The processing time starts
as soon as the complete application has been received and is concluded within three months with a possible extension of one month of which the applicant is informed if applicable. The procedure may be delayed in case any documents are missing or if additional information is required. In case the written examinations are part of the procedure the applicant receives a provisional decision by the commission 12 weeks after the results of the assessment or 14 weeks after the results of the AKV test have been issued.

The costs of the recognition depend on the procedure followed and the level of the occupation concerned. The applicant needs to take three categories into account: (1) costs of the general knowledge and skills test (AKV) and costs related to a possible resit of parts of the test; (2) costs of the professional knowledge (BI) test; and (3) registration costs for the BIG-register if applicable. The AKV test costs €650 for university graduates and €200 for holders of higher professional (HBO) and secondary vocational education (MBO) qualifications. Resit costs, with a maximum not exceeding €525, per part of the test for university graduates are: Summary and presentation €250, Interview and report €200, Reading proficiency in English €100, Knowledge of the Dutch healthcare system €100. The respective costs for holders of higher professional and secondary vocational education qualifications are: Dutch language €95, English language €95, Knowledge of healthcare expressions and terminology in Dutch €35, with the total not exceeding €225. The costs of the professional knowledge (BI) test are €1700 for doctors, €1500 for dentists and €400 for nurses. The costs for BIG-register registration is €85 if applicable (BIG-register, 2014).

### 2.3.3 Presentation of the existing studies about TCNs’ SKC recognition: diplomas and qualifications

To the best of our knowledge, no comprehensive overview on TCNs’ SKC recognition including statistics is available for the Netherlands. However, a number of studies shares insight on this issue and is therefore presented below.

Through our collaboration with the CBGV, we gained access to some valuable statistics on TCNs’ formal SKC recognition in regulated healthcare professions that are presented in tables 2.1-2.4 below. Table 2.1, 2.2 and 2.3 show the advice given by the commission on article 3 and article 34 occupations for applications from non-EEA countries nor Switzerland, some of which are predominantly based on the test of professional knowledge (BI) others on portfolio evaluation as required by the different procedures. The figures show that in the great majority of cases the foreign qualifications are not considered as equivalent to the relevant Dutch qualifications entitling to the practice of the occupation in the Dutch healthcare sector. This is particularly the case for article 3 occupations with protected title by Dutch law. For article 34 occupations, for which the educational title giving access to the professional practice is protected, the cases of non-
equivalence also largely outnumber those of equivalence, but not to such a large extent as for article 3 occupations. On the overall, however, the message is clear, the legal restrictions with regard to required professional qualifications form a substantial barrier for TCNs to practise their occupation in the Netherlands (CBGV, 2013; CBGV, 2014a).

Table 2.1 - CBGV advise on article 3 occupations based on BI test, non-EEA countries, 2012 and 2013

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Equivalent</th>
<th>Not equivalent</th>
<th>Total advises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>8</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>Dentist</td>
<td>21</td>
<td>16</td>
<td>37</td>
</tr>
<tr>
<td>Nurse</td>
<td>9</td>
<td>32</td>
<td>41</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>80</td>
<td>118</td>
</tr>
</tbody>
</table>

Sources: CBGV, 2014a; CBGV, 2013

Table 2.2 - CBGV advises on article 3 occupations based on portfolio evaluation without BI-test, non-EEA countries, 2012 and 2013

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Equivalent</th>
<th>Nearly equivalent</th>
<th>Not equivalent</th>
<th>Total advises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Healthcare psychologist</td>
<td>3</td>
<td></td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Psychotherapist</td>
<td>2</td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Midwife</td>
<td></td>
<td></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>2</td>
<td>24</td>
<td>34</td>
</tr>
</tbody>
</table>

Sources: CBGV, 2014a; CBGV, 2013
Table 2.3 - CBGV advises on article 34 occupations based on portfolio evaluation, non-EEA countries, 2012 and 2013

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Equivalent</th>
<th>Nearly equivalent</th>
<th>Not equivalent</th>
<th>Total advises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy assistant</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Dietician</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ergotherapist</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Skin therapist</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Clinical physicist</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Speech therapist</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Oral hygienist</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Optometrist</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Orthoptist</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Podiatrist</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Diagnostic radiographer</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Therapeutic radiographer</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Dental technician (denturist)</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Nurse in individual healthcare</td>
<td>19</td>
<td>12</td>
<td>26</td>
<td>57</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>15</td>
<td>33</td>
<td>72</td>
</tr>
</tbody>
</table>

Sources: CBGV, 2014a; CBGV, 2013

Table 2.4 below shows the drop-out percentages of applicants from non-EEA countries and Switzerland throughout the CBGV evaluation procedure for the regulated professions of doctors and dentists for which applicants’ professional qualifications are assessed by means of the general knowledge and skills test (AKV) and the test of professional knowledge (BI). The findings are strikingly similar: For both occupations more than one-third of the applicants drops out of the procedure of formal SKC recognition even before taking the first test, the AKV test. 75% and 80% of the candidates respectively pass the AKV test of doctors and dentists, which enables about half of the original applicants to continue to the BI test. About 5% of candidates for both occupations drops out of the procedure prior to taking this test and 5% of doctors and 11% of dentists fail the test. This leaves 43% and 44% respectively of the original doctor and dentist applicants to complete the assessment procedure being either admitted to a complementary education trajectory or directly to BIG-register registration (CBGV, 2011; BIG-register, 2014).
Table 2.4 - Drop-out percentages during evaluation procedure of doctors and dentists, May 2011

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% per step</td>
<td>% that continues with procedure</td>
</tr>
<tr>
<td>Applications to commission</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Drop-outs</td>
<td>37</td>
<td>36</td>
</tr>
<tr>
<td>Takes AKV-test</td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>Chance to pass AKV-test</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Can continue to BI-test</td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>Drop-outs</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Takes BI-test</td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>Rejection after BI-test</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Admission to complementary education trajectory or direct BIG-register registration</td>
<td>43</td>
<td>44</td>
</tr>
</tbody>
</table>

Source: Translation from Table 15, pp. 33, CBGV, 2011

A relevant project titled An Intercultural Fundament (‘Een Intercultureel Fundament’) initiated by the employers’ organisation for residential and home care and infant and child health clinics (Actiz) and the Association of Care for People with Special Needs (VGN) aims to foster the intercultural competences of employees. As a major problem of TCNs is that their foreign qualifications are systematically downgraded by employers as a consequence of prevailing negative prejudices on the quality of education in developing countries, TCNs may benefit from this initiative as employers and colleagues learn to value cultural differences and become more sensitive to their intercultural judgement. Some concrete outcomes of this initiative are the development of intercultural trainings for employees of member organisations, the development of an e-learning module and informative content on the partners’ websites, and the development of an intercultural competence profile for employees working in the member organisations (Schirmbeck and Koster, 2013).

5 The number of doctors and dentists that these percentages refer to is 96.
Another relevant study by Roosblad (2005) evaluates the experiences with the recruitment of nurses abroad. Among others, it describes the experiences and difficulties of foreign nurses in the Dutch healthcare sector and suggests some measures that employers and trade unions can take to assist this group. Most notable difficulties of these nurses in practising their profession in the Netherlands relate to experiencing racial discrimination on the workfloor. Another problem is that migrants are taken advantage of by commercial selection bureaus that tend to pay lower salaries than were originally promised. 100 foreign nurses are interviewed in this research of which a quarter originate from Indonesia and somewhat less than half from outside the EU. Few of these nurses are members of the trade unions, whereas the latter might actually play an important role in finding better working conditions. Trade unions might offer supportive services, as language courses, offer information about work in the healthcare sector and relevant employment law and regulations. Also, the trade unions can aid the process of gaining intercultural understanding, can stimulate equal treatment of foreign and Dutch personnel in the healthcare sector and support the recognition of foreign diplomas.

In the report titled ‘Migrants to Work’ Frouws and Buiskool (2010) discuss labour market entrance barriers of TCNs in receiving countries, amongst which the Netherlands, due to recognition problems of qualification and diplomas. The authors stress the importance of fair foreign credential recognition procedures in enabling TCNs to fully benefit from their knowledge and competencies gained abroad. According to the authors, as a consequence of employers tendency to undervalue foreign credentials (educational diplomas and labour market experience), highly-skilled TCNs with tertiary education often end up in lower position jobs where they are de facto overqualified (Jean et al., 2007). Also, bureaucracy and procedural inflexibility were mentioned as problems TCNs encountered in finding suitable employment in receiving countries, whereby upward mobility of TCNs is hampered by poorly functioning matching procedures of employment agencies requiring them at times to accept jobs below their level of qualification. The authors identify some good practises in the Netherlands, which foster foreign credential recognition of TCNs: (1) The Central Agency for Asylum Seekers (COA) carries out skills assessments for each accepted asylum seeker, which entail detailed descriptions of the person’s professional experience. The initiative also
involves the development of a personal development plan to identify relevant professional opportunities in the Dutch labour market. Apart from the COA initiative, the Dutch Ministry of Health, Welfare and Sport supports the career development of highly qualified refugees wishing to pursue a career as doctor or dentist by offering specific training programmes for this group. Similar initiatives were setup in other regulated occupations, e.g. for technicians and teachers.

A look into the issued temporary work permits (TWVs) for TCNs specified by the employment position might reveal some insight in the qualifications that this group brings to the Netherlands and that is recognised by employers. As shown in Table 2.5 below, by far most work permits issued in the period 2007-2010 were for positions in horticulture. Also many permits were issued for the positions of cooking/preparing food and serving food and drinks (catering), ICT development and consultancy, and research and analysis (INDIAC, 2010; Van der Welle, 2013, pp. 137).

<table>
<thead>
<tr>
<th>Table 2.5 - Top 5 work permits by position type, 2007–2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Type</td>
</tr>
<tr>
<td>Working in horticulture</td>
</tr>
<tr>
<td>Cooking/preparing food (catering)</td>
</tr>
<tr>
<td>ICT development and consulting</td>
</tr>
<tr>
<td>Research and analysis</td>
</tr>
<tr>
<td>Serving food and drinks (catering)</td>
</tr>
</tbody>
</table>

Sources: UWV 2011 (Table 4.3) in Van der Welle, 2013, pp. 137

2.3.4 Problematic issues and possible improvement strategies

As Schuster, Desiderio and Urso (2013) describe, a general, all-encompassing problem of SKC recognition for TCNs in the Netherlands and other countries is that employers are not familiar with the qualifications that are obtained through education or work abroad and can therefore not judge their equivalence to qualifications in the Netherlands. As a consequence, employers in many cases downgrade these credentials, as their perception might be negatively affected by the low scores tertiary education
institutions in third-countries tend to obtain in global rankings. This practice results in a systematic underutilization of SKC of TCNs in the labour markets of receiving countries. In principle, establishing international standard referencing systems for educational or professional qualifications, such as the EQF are an important step forward in improving international comparability of diplomas. Also, within the EEA the system of national contact points for the recognition of foreign professional qualifications is a valuable initiative, however this system does not include third-countries, so TCNs generally do not belong to the beneficiaries of this system. Several studies show that foreign diplomas, prior learning and work experience are not fully recognised in the Dutch labour market. Refugees in particular encounter this problem often lacking relevant official documentation to prove their qualifications. Apart from this, their long waiting times to receive their formal status before which they cannot work and their language problems make it rather difficult to find suitable employment in the Netherlands (Klaver and Odé, 2005). A study by UAF (2010) under 234 refugee doctors in the Netherlands illustrate that in many cases having a degree in medicine as well as work experience in their origin country does not enable them to practise their profession in the Netherlands. Many medical specialists end up working in different specializations than those they were trained for in their origin country (Van der Welle, 2013).

With regard to the recognition procedures of formal qualifications, access to these procedures for TCNs is likely conditional on their costs. As our findings from regulated professions in the healthcare sectors have shown, these costs vary largely between the three procedures followed, between diploma holders from EEA countries and Switzerland and those from other countries, and between occupational groups. Although, the reasoning behind this distinction of groups when it comes to costing is not entirely clear to us, in part these differences seem to be justified on the basis of complexity of the written exam taken by the candidate (AKV and BI exam). However, irrespectively of the reasoning, the costs may imply a barrier to completing the recognition procedure, particularly for foreign diploma holders of non-EEA countries and Switzerland.

Apart from the direct costs of the procedure, a more important barrier to credential recognition of TCNs is the complexity of the procedure for this groups, which tends to
be considerably higher than for diploma holders of EEA countries and Switzerland, as our findings from the regulated professions in the healthcare sector in Box 2 have illustrated. For TCNs the procedure of the certificate of competence is generally applicable, in which the foreign diploma holder needs to prove by means of a portfolio and for some occupations by sitting written examinations that he/she possesses the required professional qualification to work in the Dutch healthcare sector. As our findings for this sector have also shown, a small share of TCNs actually manages to complete the recognition procedure. Herfs (2013) presents low completion rates of foreign doctors and comes up with the following factors that might explain this outcome: (1) The absence of a general preparation trajectory; (2) the lack of English language courses at university language institutes preparing for the C1-level; (3) the lack of information points at medical faculties; and (4) the high costs for participation in the assessment procedure. We share the author’s concern regarding points (1) and (4). However, our own findings as part of this research suggest that points 2 and 3 are less relevant, certainly for the case of the region Arnhem-Nijmegen.

Finally, research by Scholten and Lokhoff (2008) on the use of the APL portfolio tool by highly skilled migrants (including TCNs) to document their level of qualifications obtained abroad has identified a number of shortcomings of the tool for this group (Van der Welle, 2013, pp. 135):

“(1) It has proven difficult for immigrants to come up with proper evidence of acquired competences abroad. Working experience in the Netherlands is a lot easier to prove. However, only few of the highly skilled migrants using the portfolio had had the opportunity to acquire work experience in the Netherlands; (2) Good Dutch language skills are necessary for developing a proper portfolio. This can be an obstacle for immigrants; and (3) ‘Double judgement’: it is not possible to focus exclusively on working experiences and informal learning during the APL procedure. The migrants will also be assessed about issues they were already examined about in their country of origin.”

It can be stated that the current system of credential recognition functions well, though more so for higher educated than for lower educated TCNs. A good practise is the so-called ‘job-seeking year’-programme, which gives recent graduates more flexibility with regard to the high income criteria for obtaining a work permit that normally apply to
highly skilled migrants. Another good practice is the opportunity for organisations who have experience with attracting TCN personnel to receive the status of ‘recognised referent’ from the Immigration and Naturalisation Service (IND), which eases the recruitment procedure. Migrants could ‘target’ these organisations as they are allowed easier recruitment procedures and likely to be more open to diversity\(^6\). However, it can be pointed out that both procedures are complex to understand and that both TCNs and employers mention they find it difficult to obtain accessible information about recognition options, pathways and alternatives. Yet, the research found that the migrant’s first contact point is crucial in the pathway to recognition, it is recommended that an on-line tool is developed that is designed to help migrants and employers shift information about the various institutions, methods and tools available to them in the Netherlands that can help recognise TCN’s SKC. Due to sheer heterogeneity of the group TCNs living in the Netherlands, in terms of nationality, skills (language, information finding, ICT, independence), education, migration motive, years spent in the Netherlands, etc., it is recommended that this tool takes the career ambitions of migrants as a starting point, as well the needs of employers.

2.3.5  Examples of practices found in the implementation of recognition of formal qualifications at national and regional level

Two organisations operating at the national level are the Central Agency for the Reception of Asylum Seekers (COA) and the Adency for Refugee Students (UAF) are relevant with regards to recognition practices.

COA is responsible for reception, supervision and departure from the reception location of asylum seekers coming to the Netherlands. For accepted asylum seekers and before they are transferred to the municipality, the COA conducts skills assessments giving a clear overview of their SKC and helps them draft a personal development plan (Frouws and Buiskool, 2010) The Third Part of this report goes into further details on how budget cuts (such as the letting go of the activities coordinator) reduced the possibilities for the COA to get to know their inhabitants’ SKC.

\(^6\) https://ind.nl/zakelijk/openbaar-register
The UAF is an organisation that supports higher education refugees to find work or studies matching their competence level. They assist clients to learn Dutch and helps them in the process of qualification recognition. UAF has an independent position from the government, unlike the IND and Nuffic. In 2013, the UAF supervised 2,962 refugees, of which 1,446 participated in a preparatory project, 1,138 were enrolled in a study and 215 found a job (UAF, 2014). As Broeder, Spotti and Stokmans explain, the UAFs non-governmental status gives them “the right to assess the migration story of the client, do a screening of its educational and professional certifications, assess together with the client him/herself the immediate needs and from there move on to building a pathway of development (2011, pp. 4)”.

Broeder et al. found among key figures they interviewed at UAF that even if Dutch language proficiency remains the first hurdle, also adapting to Dutch or (Western) European business culture is perceived difficult. Part of this is developing a relevant professional network. Consequently, some enrol for a study which is too high for their Dutch proficiency while others choose to open an own business, often building on the ethnic network they have (ibid). Also from own interviews (see boxes below), it shows such business are not often what migrants desire most.

From own interviews we found that recognition practises on a local level and in non-regulated sectors are rather different. SKC of TCNs are frequently reduced to a lower Dutch equivalent of their foreign degree and their work experience obtained only in the Netherlands. Even if research shows that most learning occurs on the job (Borghans, Golsteyn & de Grip, 2006), interviews held with a job mediator at a major job agency in the Netherlands shows that prior learned SKC obtained in the home country a regularly totally disregarded (e.g. not included in their internal CV database), even if it concerns multiple years of work experience. For job mediators it is difficult to cross-reference every work experience abroad on CVs due to money (calling abroad) and time constraints. Secondly, Dutch language abilities and ability to ‘work Dutch’ are considered the most important SKC, rather than making a biographical account of someone SKC. As Box 3 ‘The role of negative image of TCN’ explains, this has also to do with image of TCNs.
Box 3: The role of negative image of TCN

Twie has a vast migratory background and is originally born as a member of the Chinese minority in Indonesia. Fleeing from the anti-communist purge in the 60s, her family moved to Suriname. Later she moved to the Netherlands, Nijmegen, for studies. She returned to Suriname after its independence and took up a function of executive within a Ministry and a woman organisation. In later life she moved back to the Netherlands and found work in a woman organisation. When the Dutch Ministry of Women's Emancipation was dissolved she and all others turned unemployed, she applied for social welfare at UWV. She quotes the client manager there: “So little lady, what else have you done besides primary school?”

Another example of failing to recognise a TCN talent and SKC is provided by Marie, see Box 4 ‘From university teacher to sorting underwear with homeless, mentally ill and drugs addicts’ below. As Van Hinsbergen, a social researcher at Movisie explains: “We know how to increase participation and emancipation, but in reality many face a hard wall when looking for work. You can have a 1000 documents, certificates and proofs of attendance, [but] often only the formal degree counts”. This is the reason the Netherlands is sometimes described as a ‘diploma-society’.

Box 4: From university teacher to sorting underwear with homeless, mentally ill and drugs addicts

Marie lives 10 years in the Netherlands, speaks good Dutch and sends her three children to Dutch schools. She holds a university degree in biology from the Democratic Republic of Congo and worked for a couple of years as university teacher. She carries with her a large portfolio with numerous language certificates, proofs of (voluntary) work experience at Dutch organisations, such as the Refugee Council and the HAN University of Applied Science, and her evaluated education credentials by Nuffic. She has recently been admitted to follow a master at the International Institute for Social Science (ISS) in the Hague, a renowned higher education institute. In an interview with two other TCN woman she explain her experience with the Dutch formal system:

“We all have many degrees. I'm from Congo, I have my portfolio, but my degrees don't count. Recognition is zero. I followed a five year degree in Congo with ‘Excellent’ grades. Nuffic reduced my degree to ‘two years applied science [HBO] with a teaching direction. [...] As an intellectual I say ‘I do not trade my degree in’. Since my degree is not recognised, I decided to learn the language. Is it possible to learn the language in six months as non-intellectual? No, but I did! [she shows numerous Dutch language certificates]. I also did the admission exam at the faculty of biology in Leiden. Is it possible to obtain a propaedeutic diploma in six months? [she shows she did that]. I completed my propaedeutic diploma in Social Legal Services in less than half a year without knowing Dutch fully. There they also told me, ‘please go to the university, you do not belong here’. [...] I completed this study with 85% based on an oral and written exam. [...] But now I also have to apply for work from the UWV. Throughout my five years of study I
volunteered at the Association for Victim Aid [Slachtofferhulp]. Although [Dutch] people who came in after me got paid work, I haven’t because their excuse is always that my language skills aren’t good enough. Now I am forced to work in the social workplace under supervision of Social Affairs agent where I work with homeless persons, addicts and mentally handicapped. When a retired agent asked me at the social workplace if he could see my CV, he said that he was sure there had been made a mistake, but that he had no idea whom to call”.

Also, even if TCN possess the right starting qualifications, they do not always know how to find their way in the Dutch way of applying for work, as is shown in Box 5 ‘Orientation on the job market’.

**Box 5: Orientation on the job market**
Masha, a young immigrant from Iran with a four-year university degree in geology and few years work experience, explains she is searching for work in her field since arrival in the Netherlands a couple of years ago. She has a hard time finding out what her options are, who relevant employers are for her, how to approach them and who to contact for guidance in this. She is unsure how to draft her CV or other documents as in Iran she usually gets invited for interviews where applications are less formal. She has learned Dutch on her own as she is not eligible for free language courses as her husband has an income. Since she is no refugee, she can’t fall back on national and local services provided by the UAF or the Refugee Council Netherlands (RCN, Vluchtenlingenwerk). Currently she awaits the evaluation of her degree by Nuffic, but is also interested in doing a new study to increase her chances.

**Lessons learned**
TCNs in such a situation, and more generally those with a distance to the labour market, often benefit most from work-and-learn programmes. Such programmes are usually partnerships between local governments (preferably the departments Social Affairs and Employment and Wellbeing), education institutions, employers, UWV and more. They often follow an integrated or sector-approach (in Dutch ‘ketenbenadering’) and offer participants strong coaching and training on the job. They allow for customised, flexible solutions to complex situations that include needs of both employer and candidate. The Netherlands, and Nijmegen, has seen a number of such programmes. They have been rather successful but require lots of energy, money and commitment by all relevant stakeholders and strong coordination and ownership.
An example of such a programme implemented in the region of Nijmegen was the Talent Tour of spring 2013, which targeted 10 persons with a distance to the labour market. As the Netherlands no longer implements minority policy (its policy rather treats all persons residing in the Netherlands the same), this programme is a relevant in the context of TCNs. Talent Tour was a cooperation between a large healthcare institute Zorggroep Maas en Waal, UWV Nijmegen and UVW Rivierenland. For the third time since 2010 Zorggroep Maas en Waal offers participants to see every department of the organisation - from kitchen to recovery - where they work on their competences. The department of Social Affairs and Employment of the municipality Nijmegen was closely involved in the selection of candidates and organised information meetings on possible trajectories. Recent alumni shared their experience. This meeting was attended by 50 persons and all of them had the opportunity to make an appointment with a career advisor, which 40 persons did. From these meetings, 18 were selected and presented to Zorggroep Maas and Waal, and before the selection of the final 10 participants, all were given trainings on first impressions, elevator pitches and general presentation. Finally, 8 persons have successfully completed the programme, whom all will start an education Nurse level 3 (Leren en Werken Regio Arnhem Nijmegen, 2014).

This programme was successful as an employer was committed, involved right from the start while selection was implemented thoroughly and on a small level. The following case provides an example of a programme targeting women with an allochthones background, which was for a number of reasons less successful.

In 2008 and 2009 eight regional work and learn pilots in the healthcare sector were implemented by the Ministry of Health, Sport and Wellbeing, municipality, Regional Teaching Centers (ROCs), UWV and various healthcare institutions in 2008 and 2009 (Tromp and Klaver, 2010). This programme aimed to curb labour shortages (which was expected at the time in the sector) through the recruitment and selection of woman with an allochthones background (phase 1, 660 for all pilots together), to assist them to gain missing SKC (phase 2) and finally offer them an learn and work placement (phase 3, 598 in total). The role of municipalities was to recruit candidates and to entitle them to keep their social welfare while participating in the project. Healthcare institutions (the employers) were responsible for making available placements. The number of employers, placements and goals varied between the pilots which in turn depended on
the number vacancies per institute and the local partnership. The result differed between pilots, while most achieved their recruitment goals, most dropping out occurred in phase one; the selection of candidates for phase 2. Whereas, Haaglanden en Flevoland did achieve their goals, Amsterdam, Rotterdam, Utrecht, Eindhoven, saw respectively 80%, 70%, 65% and 50% dropping out before phase 2. These four cases experienced further dropping out of in between 11%-20% during phase 3 while only Flevoland had no drop outs. A number of recurrent challenges prevailed (ibid):

**Difficulties connected to participants:**
1. Personal problems and difficult home situation (combination household and work)
2. Lack of childcare
3. Wrong image of work and different expectations of work
4. Long waiting times for limited educations places (resulting in drop outs)
5. Lack of supervision
6. Insufficient knowledge of Dutch language

**Difficulties connected to employers:**
1. Mismatch between desired quality by employers and the level of recruited candidates. It proved hard to find candidates with higher skills.
2. Due to reforms in the sector there was no priority by employers to invest in employees with different cultural codes which requires a long term approach. Just like municipalities, employers are inclined to work for short-term goals.
3. Employers find it hard to prognose future staffing needs
4. Difficulties to commit more employers in the programme.
5. Insufficient guidance of candidates via job coaches.

The latter four can benefit from assured long-term commitment by the national government to provide (financial) incentives to employers to invest in sustainable approaches. Other steps that have been mentioned are “combining legal actions to combat discrimination with communication campaigns raising awareness on how migrants enrich the countries of destination (Frouws and Buiskool 2010, pp. 134).
Lessons learned connected to the wider programme:

Based on the evaluation report by Tromp and Klaver (2010) and on own interviews with two healthcare institutions, the following is important in work and learn programmes with allochthones:

1. Cooperation based on clearly defined ownership and responsibility (vertical cooperation) between all project partners on an equal level (horizontal cooperation) is crucial.
2. Placing the needs of employers central at the very first stages is crucial.
3. Employees should be willing to go further than only hiring an allochtone for the short term, but also adapt their operations connected to diversity.
4. Municipalities are crucial in seducing employers to commit, for example through subsidies (Frouws and Buiskool, 2010).
5. Recruitment should be smaller, less hasty and more targeted. For example, a study by Van den Broek (2014) gives an example where Dutch hospitals hired operation room assistants India, through recruitment bureau’s, in less than a week, which were more concerned with quantity than quality.

The study ‘Migrants to Work’ by Frouws and Buiskool (2010) add to this:

6. One-size-fits-all programmes do not work. This puts into question whether the Dutch policy targeting ‘persons with a distance to the labour market’ is effective to TCNs.
7. Including migrant organisation
8. Allowing more tailor-made flexibility in the programme (also mentioned by one Nijmegen based healthcare organisation).

In sum, even if it can be concluded that job placements goals are insufficiently reached, it did put diversity management and interculturalisation of personnel on the agenda within employers, which is crucial for future placements of allochtones in the future (Tromp and Klaver, 2010). In this respect, a final project by the UAF and SEBA Cultuur Management is noteworthy called Sustainable and Diverse (Duurzaam en Divers). It came out of the observation that TCNs not only face difficulties entering the labour market, but also keeping their job, which forces them to reapply for UAF support. The project aimed to find recurrent problems on the work floor for migrants and employer
that prevent full use of TCN competences. The website of Duurzaam en Divers\(^7\), offers a wide range of tips and advice for employers and TCN employee to understand each other better.

### 2.4 Recognition of qualifications and competences acquired through non-formal and informal learning

Although non-regulated professions offer TCNs a set of opportunities to work in the Netherlands, these opportunities are reduced considerably when TCNs fail to have their formal SKCs recognised. In this situation, the recognition of Prior Learning (RPL) can provide an alternative assessment route for TCNs. RPL is a well-developed system in the Netherlands. The Ministry of Education, on behalf of the Ministry of Social Affairs and Employment and the Ministry of Economic Affairs, is responsible for the quality assurance of the Dutch system of RPL. The Dutch Knowledge Center for RPL works under the guidance of the Dutch Ministry of Education and is charged with the dissemination of knowledge about RPL. Since 2012, the right to RPL has been included in a number of collective agreements (CAs). In these CAs, for example, it is stated that employees have the right to do a RPL procedure every five years, or that the employer must pay (part of) the costs of a RPL-procedure, which can range from €700 - €1500 per person depending on the complexity of the procedure. In the past, a number of financial measures such as tax discounts and funds were available, but no longer exist.

A RPL-procedure usually starts with the development of a portfolio, in which a candidate collects all of his or her experiences, including, whenever possible, proofs of these experiences (see table 2.6 below). Then, these experiences are compared to a relevant national competence framework used in formal education (in Dutch: CREBO and CROHO) or in a specific sector. The next step is the assessment phase, where an assessor or expert in a specific job field describes the competence of a candidate based on aptitude tests or criteria-based interviews (where candidates are asked for their response or reaction in specific situations). This step results in an Experience Certificate (EC). As yet, no rights can be derived from an EC; ultimately it is up to exam committee

\(^7\) [http://www.uaf.nl/Duurzaam_en_divers/index.html](http://www.uaf.nl/Duurzaam_en_divers/index.html)
or employer to acknowledge this recognition (validation). The way a RPL procedure should be implemented is stipulated in the Quality Code RPL\textsuperscript{8}, which includes the aims of RPL, the rights of candidates following the RPL-procedure, the steps taken during the development of the portfolio, the roles of assessors and trainers, the roles of recognised RPL-providers (organisations providing RPL-procedures according to the Quality Code) and how they are assessed, and specific advice on how to organise RPL within organisations (Kenniscentrum EVC, 2014). Currently there are around 50-70 recognised providers\textsuperscript{9} that offer RPL-procedures.

Table 2.6 – Steps of a RPL-procedure

<table>
<thead>
<tr>
<th>Step</th>
<th>Recogniser</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Precondition: identification of career goals and finding the right RPL-provider</td>
<td>Candidate (self-assessment)</td>
</tr>
<tr>
<td>1. Documenting experiences and comparing to relevant national competence framework (Prior Learning Profile)</td>
<td>Candidate</td>
</tr>
<tr>
<td>2. Assessment and recognition by experts of (Experience Certificate)</td>
<td>Field expert/assessor (offered by recognised RPL-provider)</td>
</tr>
<tr>
<td>3. Accreditation (capitalizing on Experience Certificate)</td>
<td>Employer or exam committee</td>
</tr>
</tbody>
</table>

Source: own elaboration of the authors

With respect to the labour market integration of TCNs, the weakness of the current procedure lies in the validation of portfolios. First, it has been difficult to create a sense of urgency among exam committees and employers to accredit portfolios. For employers, a commitment to RPL implies an investment in time and resources. For educational programmes, this commitment implies an exemption of parts of a programme, which has consequences for their income from tuition fees, and an acceptance of the idea that the level of SKC defined in their competence frameworks can also be learned outside formal education. Also, as RPL often leads to employees feeling more confident and interested to increase learning on the job, employers might need to reorganise daily task divisions (Kaemingk, 2012). For some organisations this can be an

\textsuperscript{8} The Quality Code can be found on: \url{http://www.kenniscentrumevc.nl/evc-professionals/images/toolbox/kwaliteitscode-EVC/leaflet_kwaliteitscode%20evc_codes.pdf}

\textsuperscript{9} The EVC-register of recognized providers: \url{http://www.kenniscentrumevc.nl/werknemers/vind-eve-procedures}
intended outcome, but other organisations could lose employees or could face demands for higher salaries (Kaemingk and van Kippersluis, 2012).

Second, RPL is affordable mostly to those who are already employed (some CAs include rights to free or heavily discounted RPL procedures). People who are unemployed have to pay themselves.

Third, in order for RPL-providers to organise RPL in a way that reaches the desired quality, organisations need to implement a minimum number of procedures per year (Kenniscentrum EVC, 2013). From an evaluation report by the Dutch Inspection for Education in 2012 of the functioning of Dutch RPL mentions shortcomings in the quality of RPL and experience certificates (Kenniscentrum EVC, 2013). Causes were insufficient internal quality control by recognised providers and lack of external supervision. Second, the report mentioned a lagging quantity of RPL-procedures. In order for organisations to develop good practices and provide the desired quality, a substantial number of procedures should regularly be implemented. Van den Dungen and Pijls (personal communication, 14 April 2014) say that it can pose challenges for providers to organise RPL, the marketing and acquisition thereof, when one day over thousand employees desire a RPL procedure while the next year none applies. Also, the number of providers is lowering as a result of associated costs and increased quality demands (quality code) (ibid). This would also apply to organisations working with TCNs. Here, the appointment of a number of recognised RPL providers that are specialised in RPL for TCNs could be helpful. These providers could work together in mapping relevant competence standards for sectors in which TCN often find work, such as the healthcare sector, logistics, construction or agri-business, cleaning or service. To successfully use RPL in the case of TCNs, it is important that before starting the procedure the candidate has a clear idea of his or her career ambitions (Van den Dungen and Pijls, personal communication, 14 April 2014). Competences that highlight TCNs unique migration trajectories could include “intrinsic motivation (e.g., self-generated willingness to learn and work), and extrinsic motivation (e.g., responsiveness to external pressures from others, the reward of a diploma or mandatory requirements) of TCNs, including the key competences that people need in fast developing societies” (Frouws and Buiskool, 2010). These can for example be: adaptability to a new economic, working, social, cultural and language environment, ability to find and absorb
information, dealing with resistance and stress, pro-activeness, independence, persistence, intercultural competence et cetera. If done the right way, an RPL procedure could be highly beneficial for TCNs (see Box 6 ‘Relevance of RPL for TCNs’ below)

Box 6: Relevance of RPL for TCNs
Recently RPL has been associated as an instrument to upscale employees to fulfil the criteria in cases professions become regulated or as an emergency tool in the face of layoffs (Knowledge Center EVC, own interviews). However, additional factors apply to TCNs with regards to their labour market position, making RPL particularly relevant for them.
First, many TCNs, particularly refugees, do not possess or have difficulties obtaining proofs of formal diplomas, qualifications, birth certificates and experiences that they obtained outside the Netherlands. On the other hand, many new experiences and competences can potentially be gained as a direct result of migration trajectories (adapting to a new cultural environment). Second, as 2.3.4 and Part Three of this report elaborate, difficulties to convince Dutch employers of the value of their formal and informal work experiences obtained outside the Netherlands is difficult. Ironically, contrary to Dutch natives who see their foreign work or study experience recognised as a plus on their CV, (foreign) work experience obtained by TCNs in their country of origin or transit is often considered inferior. TCNs consulted during this research also mention they are not always knowledgeable of their career goals, potential routes to reach these goals in the Netherlands, nor are they aware of the fact how they can use their earlier voluntary, non-formal and informal learning as selling points (personal branding).
Third, TCNs have frequently not mastered the ‘Dutch way of applying for jobs’ which includes self-presentation (e.g. showing up alone in a job interview as opposed to being accompanied by a Dutch speaking friend/language-buddy), behaviour and the proper use of a well written CV which not always plays an equally important role in other countries. Fourth, TCNs that are already employed in the Netherlands are, according to Van den Broek (2009), exposed to forces of subconscious and unintended discriminatory and exclusionary practises on the work floor by the Dutch majority employees. Exclusionary mechanisms such as selective perception, perceptual distortion and personification connected to ethnic diversity is explained further in Part Three.
Last but not least, a hurdle of a more recent nature, TCNs working in the Dutch healthcare sector, the focus sector of the Dutch DIVERSE research, are particularly in a precarious situation. The Netherlands is witnessing grave austerity measures and reforms of the healthcare sector. Firstly, responsibility for health care is decentralised from the national level to the local (municipality) level. Secondly, the local government is retiring from the healthcare sector and instead now follows a participatory approach to informal care (thuiszorg). This has resulted (and will continue to do so) in the laying off of many healthcare workers. It only assumes responsibility for healthcare if an appeal can be made that the required care cannot be provided by family, friends or neighbours. The ‘Algemene Wet Bijzondere Ziektekosten’ (AWBZ or Exceptional Medical Expenses Act). Connections with voluntary work, please refer to Part Three of this report.
E-Portfolios - from pictures to movies

Finally, the format for describing competences is relevant in the context of TCNs. E-portfolios allow easy adaptation and accessibility at any place. This allows adding new competences and proofs of experience such as new language skills. For TCNs who decide to move to another country this is important. EPortfolios are also helpful for those experiencing language barriers as the use of pictures and movies allow a more autobiographical presentation. Kaemingk (2012) compares the paper portfolio with a picture (or snapshot) and an ePortfolio with a moving picture (movie), showing the path a person took. In 2012 the Ministry of Social Affairs and Employment started a number of ePortfolio pilot projects that involved the Agency for Implementing Employee Insurances (UWV) and reintegration policy (Ministry of Social Affairs and Employment, 2011). A study evaluating four pilots concluded that ePortfolios improve competence-awareness and is implementable to a wide variety of users, but that improvements can be made in awareness of the benefits among the wider population, the transferability of competence language (a municipal competence language standard is proposed) and user friendliness as participants of pilots experience technical difficulties and difficulties with choosing the right information to present. Strong guidance is also needed (Bureau Bartels, 2013). Lastly, a special association has been founded called ePortfolio Support (StePS) that aims to be a platform where all innovations on ePortfolios can be found.

2.4.1 Presentation of studies on RPL and effectiveness of RPL for the region’s labour market

In the report ‘The Power of VPL’ Duvekot et al. (2014) present statistical information on the use of ‘Ervaringscertificaten’ in the validation procedure of prior non-formal and informal learning in the Netherlands. According to the authors, in the period from 2007-2010 the number of issued certificates increased substantially from 9,000 to 22,300. In 2011 this number dropped to 17,900 due to the crisis and it has remained stable in the years thereafter (Stuivenberg, Kans and Van der Aa, 2012; Kenniscentrum EVC, 2014). An estimate 80-90% of these certificates (period 2007-2009) were issued for user groups at the MBO-levels (VET-school, branche or sector qualifications), the remainder for user groups at the HBO-level (universities of applied science). The purpose for which people
make use of this certificate varies between the groups. For the MBO user group is used to gain access to a diploma programme at this level, to be exempted from specific courses and to obtain a diploma altogether. User at the HBO level utilize the certificate to gain access to a diploma programme at this level or to be granted exemptions of courses in the Bachelor phase.

The study by Ecorys (Stuivenberg et al., 2012) not only provides the statistical information about the use of the Dutch validation procedure of RPL as cited by the above study of Duvekot et al. (2014) but it also shares complementary insight in the outcomes of this procedure. About one-third of the participants in the validation procedure directly obtains the desired diploma certifying a specific level of educational or professional qualification. Next to this, about half of the candidates pursue additional education at the institution offering the RPL validation procedure and about three-quarter of those candidates eventually obtained the desired diploma. The procedural flexibility is an important feature here as in three-quarters of the cases a personalised approach determined by the individual situation of the candidate was followed. An issue of concern is the actual valuation of the diploma among employers as it is by no means self-evident that the diploma actually results in the candidate getting the desired job, despite his/her proven qualifications. This issue is currently subject of further study.

A news article published by Nijmegen Online discusses the experiences with the ‘Ervaringscertificaat’ in the region based on an interview with Bärbel Boselie, an expert working for the regional employment office UWV WERKbedrijf and Servicepunt Zorg en Welzijn Nijmegen (Nijmegen Online, 2010). In the cities of Arnhem and Nijmegen that form the economic heart of the region that is central in this study, nearly 3,500 people have followed a study-work trajectory since 2009, in which the ‘Ervaringscertificaat’ can serve as a valuable tool to document the professional qualifications gained herein. More than 1,500 of these trajectories were followed in the healthcare sector, a sector of vital economic importance in the region providing about 22% of regional employment in 2013 (Province of Gelderland, 2014). According to Boselie, the popularity of the ‘Ervaringscertificaat’ in the region can be explained by the rising demand for higher qualified workers in certain occupations in the healthcare sector as a consequence of population ageing and increased professional standards in
the sector. Many people use this tool to prove their professional qualifications as it is less costly than following formal education. Examples are the care professions for handicapped and aging people, private home care services and childcare services. In these professions being able to document one’s professional qualifications can open doors to new labour market opportunities for part-timers and people who were unemployed before.

A general evaluation of the effects of the use of APL for individuals and organisations has been conducted by Stoel and Wentzel (2011) on behalf of the Dutch Ministry of Education, Culture and Science and the Ministry of Social Affairs and Employment. A large scale study was carried out among 331 individuals having received an APL certificate in 2010 with participants describing the following effects (Van der Welle, 2013, pp.134):

- 76 per cent of the respondents acquired new knowledge within a year after receiving the APL certificate.
- 59 per cent of the respondents report to have gained insight into their strengths and weaknesses.
- 54 per cent of the respondents report to have gained more confidence.
- 47 per cent of the respondents have started an education.
- 44 per cent of the respondents report increased changes on the labour market over the past year.
- 44 per cent of the respondents have acquired a diploma over the past year.

The above study also included a survey of 163 participating organisations documenting the following effects (Van der Welle, 2013, pp. 134):

- 32 per cent of the respondents state that APL definitely leads to better/higher qualifications or skills for the employees.
- 31 per cent of the respondents state that because of APL career opportunities for employees have improved.
- About a quarter of the respondents state employees have improved professional skills (28%) or their flexibility/employability has improved (25%).
- 23 per cent of the respondents report improved mobility and turnover of employees.
The evaluation by Stoel and Wentzel suggest particularly positive effects of the use of APL for labour market outcomes for age group between 40 and 50 years and for individuals who have worked for a maximum of two employers.

2.4.2 Experiences implemented at the regional level for the recognition of informal/non formal competences

Successful experiences

RPL in the Netherlands is most often said to be effective for those who feel ‘locked’ in their current or previous function, who as a result of recognition often feel more appreciation of their experiences and become more motivated to increase new learning (Stoel & Wentzel, 2011). However, for TCNs, particularly newcomers, RPL responds to a some key challenges such as described in Box 6 ‘Relevance of RPL for TCNs’. Research shows that those who do a RPL-procedure are more self-aware and confident to have a stronger grip on their career (options), regardless of whether RPL directly leads to employment or qualification. It also gives a more autobiographical account. Van den Dungen and Pijls (Personal communication, 14 April 2014) gives an example of an Italian woman who, before she did RPL, use to reply the question ‘what work experience do you have’ with ‘I worked as a sewer’. After a thorough intake interview it turned out she worked at a haute couture atelier of Gucci, which gave another perspective of her skills.

The best example of an organisation who applied RPL successfully is Rockwool. Rockwool who won the European Validation Prize 2013. It actively applies RPL to their staff, including Moroccan youth with limited possibilities to climb the employment ladder. Rockwool has applied RPL to competence standards which they specifically developed for functions within Rockwool. As a result, the 500 employees who made use of RPL say they felt a stronger sense of belonging to the company. 450 employees obtained a degree in vocational education (MBO) purely based on their work experience in process technology, logistics, mechanical engineering, electro technology. Thales Nederland, a defence organisation, has won the ‘Golden Experience Certificate 2008’ award for applying RPL on higher education levels (HBO). Together with the
Windesheim University of Applied Sciences, Thales offered RPL procedures to all 700 personnel with an MBO degree in the organisation and included the right to RPL in their CA. All employees were invited to an information meeting which 150 attended and 100 directly subscribed for the RPL procedure that same day. They were grouped according to their study field and worked three months on their portfolio with the help of trainers. At least 50 have completed the procedure. Of these at least sixteen persons have started a shortened education programme. Thales describes itself as a learning organisation and stimulates their staff to take responsibility and to take charge of their own career, asking them questions such as ‘Do you feel you are still in the right place?’ and ‘Where will you be in ten years?’. According to Thales the effect of RPL matched very well their HR-goals. Thus, in addition to being open for empowering their staff, this case was successful because involvement of a higher education institute enables direct APL.

An example where RPL was actively integrated into a labour market participation initiative for persons of 18 years and above was the national project ‘Learn and Work’ by the ministries of Social Affairs and Employment (SZW) and Education, Culture and Science (OCW). Learn and Work is regionally implemented and stimulates and supports employers, employees, citizens, the private sector, education institutions, UWV and municipalities to enable lifelong learning, to raise qualification degrees and thus to increase labour market participation. The learn and work programme Arnhem
and Nijmegen targeted job seekers, persons who transition from work-to-work and persons who lack relevant entry qualifications due to their deviant learning style. By 2009, around 3,500 persons had done a learn and work programme in Arnhem and Nijmegen, of which 1,500 were in the healthcare sector (Kenniscentrum EVC, 2014). Besides offering dual learning programmes, the experience certificate is used to recognise prior learning. Part of the learn and work programme was the 2010 regional campaign ‘Give your experience more weight’, which was implemented by the municipalities of Nijmegen and Arnhem in cooperation with RPL experts of ROC Nijmegen (Regional Teaching Center). It promoted the experience certificate among employers, job seekers and employees.

A last example of good practice was the project ‘Empowerment of women through RPL’ that ran from 2007-2009 in six Dutch cities, including Nijmegen. It followed a sectoral approach that included organisations such as Empowerment Center RPL, Dutch Council for Refugees Netherlands, Movisie and six local departments of the Dutch Council for Refugees. This project was part of the larger initiative ‘Thousand and one Strengths’ (Duizend en één kracht) that ran four years whereby 26 municipalities, migrant and voluntary organisations and voluntary work centers joined hands to innovate approaches to activation and participation of 50,000 allochthones woman (Movisie, 2014). The innovative aspect of Thousand and One Strengths was that it connected with already existing activities of women’s organisations, voluntary centers, reintegration bureaus, neighbourhood centers and welfare institutions and aimed to improve, add or combine activities. The goal of ‘Empowerment of women through RPL’ was to improve the societal participation of allochthones women by raising their awareness of their competences and to help them use these competences to obtain paid or unpaid work. Box 8 ‘Example of good practice RPL: Sudanese refugee’ below shows an example of this. Movisie, Refugee Council Netherlands and Empowerment Center RPL were in charge of activities on the national level, such as development of RPL materials, coordination of local activities and responsibility for project management (acquisition, administration, evaluation and reporting). The local Refugee Council departments were in charge of implementation. Local teams consisted of one paid project coordinator and voluntary project mentors. The later were the contact persons and coaches of allochthones woman. The results are that 180 successfully completed the
project and became more aware of how to communicate their competences to potential employers. There was a wide diversity among participants in terms of education, language-competence, age, work experience and home-situation, but interestingly the group experienced this as valuable as participants could help and motivate each other. Although the report does not mention specific outcomes for Nijmegen, it states outcomes were comparable to that of Utrecht, where seven women found paid work and eight women started an education. In Amsterdam, where one participant became co-owner of a massage salon, one found work as Arabic translator and six others started an education in healthcare and transport. Also a handbook on the methodology has been developed and is freely accessible. Finally, lessons learned from working in a sectoral approach (consortium) are that written agreements on task division and common goals before the start of the project could be improved. Now the organisations were evaluated on their individual targets which left little time for cooperation. None of the pilots were prolonged (Movisie, Refugee Council Netherlands and Empowerment Center RPL, 2010). In fact, van Hinsberg of Movisie explains that a crucial success factor for such projects are ownership of the project aims, clear agreements, involving employers in time, municipalities (particularly Social Affairs and Employment), education institutes and students. She also stresses that one central partner should be end responsible.

Box 8: Example of good practise RPL: Sudanese refugee
Iman is a Sudanese woman and refugee living in the Netherlands for 15 years with her husband and children. She describes her refugee experience has been difficult and frustrating. Her husband completed higher education in Sudan, but had to accept a lower educated job in a meat processing factory in the Netherlands. Iman has recently completed higher education in social care, after her initial Sudanese medical degree could not be transferred to an equal Dutch degree. Currently Iman is searching for work. Their plan is that when Iman finds work in the healthcare sector, the husband can also start an education. In the process of applying for work, Iman says she initially felt hesitant to tell others about her prior learned experiences, including voluntary work activities such as care for two new refugee families and co-writing a research on the perceptions of the Dutch care system among migrants, as she heard from others that this could lead to discrimination. In participating in a workshop organised by the Radboud University Nijmegen which was also attended by Knowledge Center RPL and the Foundation for Refugee Students (UAF), she said that it was an eye-opener for her that she could use her prior learned experiences to present herself better. For example, her experience could be directly relevant for a committee of Nijmegen municipality who set out to learn
Unsuccessful experiences
From interviews the researchers found that money can play a negative role. Some RPL providers approached RPL-procedures as an one-size-fits-all and a goal on its own, because full procedures generate most income. In other instances, RPL is not accredited by the accredited institution because this would lead them to lose income (less education fees) or because of regit thinking (Van den Dungen & Pijls, 14 April 2014, personal communication) among exam committee professors. They say that they often consider prior learning only valid if they know exactly what health workers learned, how they learned it and where they learned it (see for example Box 9 ‘Example of malpractice RPL: a Surinamese woman’). This is best exemplified by tropical doctors, who after completing their basic programme in the Netherlands often choose to work 4-6 years in a developing country. Having gained unique experience and worked under various difficult situations, they return with the wish for a shortened programme for their specialization. The response by the Royal Dutch Medical Association (KNMG) has been rather than granting this wish, these tropical doctors have been ‘deformed’ - in for example dealing with patients - and instead should follow an even longer programme than regular students.

Box 9: Example of malpractice RPL: a Surinamese woman
Saskia arrived in the Netherlands when she was sixteen. She speaks fluent Dutch with no distinct accent and followed higher education in social work. She has been teacher at Hanze University of Applied Sciences (HBO) and advisor at a center for societal development. She has done a wide variety of volunteer work such as at the labour union in the members parliament and completed an education in public administration. However, she did not manage to keep paid work and instead was forced to start her own business, out of frustration of not being able to find work within a ‘normal’ organisation. Her experience is that the image of TCN plays a role as well as a disbelief of her prior learning.

“That migrants do not get hired is not because they forgot to mention in a job interview that they have been a car mechanic. A migrant is simply not asked to show all his papers, including recognition of prior learned experiences [an experience certificate], even if it would show he is able to repair a car. He simply doesn’t have the right diplomas and is not believed”. “Instead there is the direct prejudice ‘oh, he is black, than he is
probably stupid’”.

Saskia gives an example of a job she applied for where diversity and intercultural competence was important. “What do you see? The Dutch girl with almost no work experience got the job because she has been in Africa once for an internship. With equal profiles, who will get the job?”

2.5 Concluding remarks about Part Two

Even though foreign diplomas of TCNs can be recognised if ‘no substantial differences’ are found and from the idea that “differences are accepted rather than neglected”, the later has been a source of frustration among TCNs who find it hard to accept that their degrees are devaluated, even if they have sometimes already worked in their profession after graduation. Similarly work experience abroad is not always considered in evaluations.

The European Commission requires all EU member states to have a system of validation of non-formal and informal learning in place by 2015 (Schuster et al., 2013). It can be stated that the Netherlands has not only achieved this goal, but can be described as one of the leading countries in this respect (Van den Dungen & Pijls, 2014, personal communication). However, RPL is only effective if employers or exam committees of education institutes (university, HBO, MBO) take up RPL-certificates and accept this as relevant starting-qualification for the vacancy or education placement (APL). As Van den Dungen says: “If an instrument lacks institutional, policy or political embedding, the instrument is useless”. Crucial is “How to anchor it within organisations? For this recognition of the principles of RPL is crucial”.

Finally, in line with the abolishment of integration or minority policy, the debate seems primarily focussed on shortcomings and ways to align migrants to the Dutch formal system. This leaves little attention to potential benefits migrants bring with them. A next step could be to take a better look at the “intrinsic motivation (e.g., self generated willingness to learn and work), and the extrinsic motivation (e.g., responsiveness to external pressures from others, the reward of a diploma or mandatory requirements) of third country migrants, ... including the Key competences that people need in fast developing societies” (Frouws and Buiskool, 2010, pp. 135). This would require a more autobiographical
screening of TCN that emphasises the learning trajectories and careers (including skills gaps) (ibid) of TCNs. Similarly, identifying key competences connected to most migrant trajectories could add to this, such as: adaptability (to a new economic, working, social, cultural and language environment), ambition, overcoming social resistance, information finding efficiency, pro-activeness, independence, stress-resistance, persistence, intercultural competence, international experience, etc. Furthermore, appointing a number of recognised RPL providers that are specialised in RPL for TCN could develop expertise in including such competences in the experience certificates. These providers could also work together in mapping relevant sectors, or companies that have successful experiences with TCN, which have these competences and diversity management more generally high on their agenda. The next part of this report will elaborate further on this.

2.6 Summary of Part Two

The Netherlands has a well developed national infrastructure for foreign diploma recognition. SBB is the institute in charge of recognition of vocational diplomas and Nuffic for higher education diplomas. They operate on the basis that diplomas can be recognised if ‘no substantial differences’ are found and from the idea that ‘differences are accepted rather than neglected’. The latter has been a source of frustration among TCNs who find it hard to accept if their degrees are devaluated, even if they have sometimes already worked in their profession after graduation. Similarly work experience abroad is not always evaluated and in fact neglected. A full autobiographic account and an aptitude test of current skill sets, taking the individual as a starting point, as opposed to recognizing the university who issued the diploma or the country where work experience was obtained, would be important. The Dutch system has made considerable steps in this regard. For the healthcare system – the chosen sector of this study - individual learning programmes are offered to TCNs who miss certain SKC. Policy efforts with regards to recognition of non-formal and informal learning have particularly been geared at the development, experimentation and evaluation of supporting measures alongside formal recognition. In particular, the accreditation and
recognition of prior learning (RPL) has taken a flight. In the Netherlands, an RPL-procedure can be done at various recognised providers of RPL in various sectors, whose quality standards are assessed against a nationally recognised quality code. A RPL-procedure results in an ‘experience certificate’. It is based on the assessment and recognition by one or more accredited practitioners and compared to a nationally recognised competence standard. This standard shows what knowledge and skills a person should posses after finishing a vocational (MBO) or higher education (HBO) education or if it wishes to work in a specific sector. This certificate can be shown to employers or used to make an appeal to exam committees of education programmes for exemption of (parts of) education programmes or direct (full) certification (APL). Sections 1.4 and 1.5 show various examples of RPL-procedures. The general pattern is that in economic good times, RPL is often associated with promotion and inflow, while in economic hard times, RPL is associated with exit. Sectors that have learning and cultural diversity management high on the agenda, where the right to RPL has been incorporated in the CA or sectors facing increased qualification criteria, have high potential for capitalizing on RPL. However, in practise steps need to be made in order for more employers and exam committees to accredit the experience profile. The best practise to achieve this, as 1.4 and 1.5 explain, is to develop partnerships with employers, education institutes, local governments (preferably the departments Social Affairs and Employment and Wellbeing), UWV (Executive Institute for Employee’s Insurances) and TCNs.
3 Management of cultural diversity in regional organisations

3.1 Introduction

Compared to diversity management in the realms of gender and age, academic research on the management of cultural diversity within organisations has been limited in the Netherlands. To date, most research on cultural diversity has focused on discrimination of non-western migrants on the Dutch labour market. Compared to native Dutch workers and immigrants from EU and OECD member states, immigrants from non-western countries have a significantly higher chance to be unemployed, even if they possess the same levels of education and skill attainment (Netherlands Institute for Social Research, 2010).

A distinction can be made between discrimination in recruitment processes and discrimination in employment settings. Experimental research has demonstrated that job candidates with a non-western immigrant background, notably Moroccans, are rejected more often (Blommaert, 2013; Andriessen et al., 2010). In a study among 75 recruiters and HR officials, a number of explanations were found, including language skills and presentation at job interviews (Netherlands Institute for Social Research, 2010). Here, deviations from the norm, such as having an accent or wearing a headscarf, can cause rejection. Another reason is that CVs of immigrants are often considered not fit the ideal-type: a steady accumulation of work experiences, not too many job or career switches. This is striking given the fact that immigrants experience problems staying employed after a probation period or temporary contract has ended (ibid).

Immigrants of non-western descent who have a job experience discrimination, too. Around 40 percent of these immigrants reported experiences with discrimination (Otten and van der Zee, 2011). Indeed, the majority (40 percent) of complaints received by anti-discrimination offices in the Netherlands concerns discrimination in employment settings (Netherlands Institute for Social Research, 2010).

But what causes discrimination? Drawing on the field of social psychology, Van den Broek (2009) argues that these processes are often characterised by the mechanisms of selective perception, perceptual distortion and personification. Selective perception
refers to selections of reality made on the basis of what fits and what escapes the dominant frames of reference. Perceptual distortion refers to the tendency to negatively assess ways of acting and behaving that fall outside these frames of reference. Finally, personification entails that problems such as cultural misunderstandings are ascribed to individuals rather than contextual factors. These mechanisms apply to a range of problem cases across a diverse selection of organisations, including a steel production plant and a ministry (Van den Broek, 2009). A 2014 study by Van den Broek on operation assistants from India who were temporarily employed in surgery rooms in Dutch hospitals yielded similar conclusions. Ways of acting and behaving dissimilar to the norm were criticised, and benefits of employing foreign workers, who could cast a fresh eye on Dutch surgery room routines, were ignored.

The Netherlands Institute for Social Research (2010) has identified four different motives for Dutch organisations to engage in diversity management: competitiveness in times of labour market shortages; enhancing workforce creativity and, by extension, productivity; enhancing the integration of non-western migrants in Dutch society; adapting to multiculturalism and diversity among the client base.

For employees with an immigrant background, a ‘multiculturalist’ approach to diversity management works best in the sense that this approach recognises and values difference between workers, including differences in terms of communication and dealing with particular tasks (Otten, Jansen and de Vroome, 2014). On the contrary, for the native Dutch majority in organisations, a ‘colour blind’ approach is preferable as it values individual performance (ibid). An ‘all-inclusive multiculturalist’ approach directed at all employees (as proposed by Stevens, Plaut and Sanchez-Burks, 2008) could be a promising alternative according to experimental research (ibid), but remains to be tested in practice.

3.2 Methodology

3.2.1 Selection of case study organisations

We selected ten organisations for the part on Diversity Management. Seven are public and non-profit organisations, and three are profit organisations. Eight are healthcare organisations, one is a municipality, and one is a bank.
Public and non-profit organisations

There are two hospitals in the sample. The first hospital is Radboud University Medical Center, a large university teaching hospital located in the city of Nijmegen. With over 200 TCN staff, this organisation is the largest employer of TCNs in the region. A majority of these TCNs work as researchers. The second hospital in the sample is the general hospital Rijnstate, located in the city of Arnhem. At Rijnstate, doctors work in partnerships of self-employed. Although the patient care provided in general hospitals is publicly funded, the partnerships have some control over the price of medical treatments, and are in full control over the division of profits that is made. Also, decisions about inviting a new hospital doctor to join a partnership are made by the partners. Joining a partnership is expensive: new partners have to pay fees up to 250,000 euro’s.

The municipality of Arnhem is one of the largest public employers in the region. It runs a number of partnership programmes with local organisations, such as Rijnstate Hospital, designed to create work opportunities for immigrants and other vulnerable labour market groups.

In addition to the two hospitals, our sample features three other providers of patient care; ProPersona, Dichterbij and Zahet. ProPersona is one of the largest providers of mental healthcare in the region. It offers acute psychological assistance as well as long-term mental healthcare. The organisation consists of a number of sub-organisations located nearby hospitals and at semi-enclosed estates at the fringes of cities and villages. This resembles the organisational structure of Dichterbij, which specialises in care for people with multiple disabilities. The organisation offers homecare (in the case of mild disabilities), as well as long-term care and assistance at semi-enclosed estates. Both ProPersona and Dichterbij have a long organisational history that can be traced back to times when institutions for long-term care in the region were run by the Catholic Church. The third care provider included in the sample, Zahet, differs from the previous two in that it has been established only in 2008, is much smaller in terms of client base, and has only one physical location, for day care. Zahet specialises in day care and home care to older clients, notably, though not exclusively, to clients with an immigrant background.
The last public/ non-profit organisation in the sample is Inter-Lokaal, a welfare organisation established in the 1980s with the goal to enhance the participation of immigrants in society and the labour market. Initially, the organisation offered practical assistance, such as filling out forms or informal advice and coaching. Since then, the organisation has gained a reputation in the region for initiating a number of long-term projects with the aim to help immigrants find their way to paid work in the welfare and healthcare sectors. Two projects are worth mentioning in particular. The first is an in-house training company, where TCNs, as volunteers, can gain practical working experience doing the aforementioned consultation work. The second is the now finished ‘Maatwerk in kleur’-project (translates as ‘Colour made to measure’, ibid), which targeted TCNs who obtained a higher or academic degree in their country of origin, but had trouble accessing the Dutch labour market, e.g. because their degrees were not recognised. Through close collaboration between Inter-Lokaal and the University of Applied Sciences in Nijmegen, the Maatwerk in kleur-project offered them a chance to upgrade their skills and gain practical work experience at the same time. For this study, we interviewed one former participant of this project: the founder and director of Zahet.

**Profit organisations**

The two regional firms in the sample are Synthon and NXP semiconductors. Synthon is a pharmaceutical company that operates internationally but is headquartered in the region. Until recently, the company was active in the market for generic medicines only. Due to a strategic decision to enter the market for biopharmaceuticals (new medicines) taken a couple of years ago, the company is now growing at great pace. The specific nature of the research jobs within Synthon imply that the company is recruiting many new staff members from abroad at the moment. To support its biopharmaceutical activities, Synthon is funding PhD and postdoc research at Radboud University and universities abroad. In 2014, the company granted a talent scholarship to a first-year student in life sciences. It goes without saying that these initiatives contribute to the wider visibility of Synthon among talented students of both Dutch and TCN origin.

The plant of NXP semiconductors located in Nijmegen used to be a unit of Philips, the large producer of consumer electronics. In 2006, Philips sold its semiconductor division to a consortium of investment partners who stood at the basis of the new company NXP.
semiconductors. At the time of writing, NXP operates internationally and, although it is a Dutch company, its board of directors consists mostly of US nationals. The products made by NXP semiconductors are used in a wide range of end products including medical applications, such as domotics. Like Synthon, NXP recruits a large share of its personnel from abroad, either directly, or through the recruitment of foreign students enrolled in Dutch universities and polytechnics.

ABN-AMRO bank is headquartered in Amsterdam. It operates internationally, both in retail banking and in international finance, although its international activities have been scaled back in the aftermath of the global financial crisis. There are local offices in most towns and (larger) villages, including many in our case study region. ABN-AMRO has an active diversity team that promotes diversity at all levels of the organisation. The team is based at the Amsterdam headquarters but serves all Netherlands-based offices. Its activities are fuelled by input and ideas from a diversity board consisting of high level staff from different corners of the organisation. Further, diversity is among the Key Performance Indicators of the bank’s board of directors. Due to the population diversity in the Amsterdam area, cultural diversity among the bank’s headquarters’ employees is growing and expected to continue to grow in the near future.

Since Dutch law prohibits an organisation from demanding information about nationality and ethnicity from its employees (this can be solicited on a voluntary basis only), the organisations have at best a partial overview of cultural diversity. Further, they do not clearly differentiate between immigrant workers from within and from outside (TCNs) the EU. Yet, the policies and practices with regard to cultural diversity apply foremost to 1st generation immigrants represented in an organisation.

For an overview of respondents, see Annex C. A majority of respondents concerned HR officials; mostly working in strategic positions or combined strategic and hiring positions. In the larger organisations, such as the Medical Center and NXP semiconductors, there are HR officials especially charged with the recruitment of foreign staff. A second category of interviewees concerned people who are directly concerned with diversity management. For example, for the interviewed staff at ProPersona, Dichterbij and ABN-AMRO, promoting diversity is among their core tasks. As will be explained later, these staff members can be part of a dedicated team focusing on diversity, or be made responsible to promote diversity within a team of colleagues.
In particular, these interviews revealed interesting insights into the connections between promoting diversity on a day to day basis and formal policies backed by the board of an organisation, and the possible flaws inherent in not establishing such connections. A third group of interviewees concerned directors and managers, including the director and founder of Zahet and the Chief Scientific Officer (CSO) at Synthon. We interviewed only one careworker, at Zahet.

3.3 Reasons for resorting to TCN personnel

3.3.1 Labour shortages

Despite the focus on one sector, as could be expected, the reasons for resorting to TNC personnel are multiple. For the two companies Synthon and NXP semiconductors, and the various research departments of Radboud University Medical Center, the search for highly qualified and specialised researchers is an important motivation. As the inflow of Dutch students into scientific and technical study programmes has been low in the past decade, this search is oriented towards foreign researchers. The need to fulfil specific vacancies is so high, that the two companies see no problems in recruiting workers from ‘difficult’ countries – difficult in the sense that it takes a lot of paperwork to actually get them over to Nijmegen. For NXP, for example, this has been the case with a research from Iran, a country that is blacklisted by national (and international) security agencies because of possible misuse of certain chemical technologies. As a consequence, candidate employees from Iran need to go through a costly and time-consuming security check before they can be found eligible for a work permit. In this case, NXP did not hesitate to go through the extra trouble to hire the researcher in question. It should be noted, however, that NXP HR staff are used to asking potential staff to apply for a certificate of conduct, including the Dutch staff. The procedures for hiring workers from ‘difficult’ countries are just more complex in this respect.

Due to the changing regulatory environment with regard to healthcare in the Netherlands, the public organisations face problems retaining medical and caring personnel, rather than labour shortages. The only function characterized by a shortage is the function of psychiatrist. Unfortunately, the requirements for becoming a
psychiatrist are very strict, and obtaining the necessary (additional) qualifications can take many years.

3.3.2 Language/cultural ‘match’

For Zahet and, to a lesser extent, ProPersona, a main motivator to hire TCNs is to establish a good language and cultural ‘match’ between a patient or client and an individual careworker. This refers to the conveniences for patients and clients of being addressed in their mother tongue, especially for vulnerable patients. Many clients with a migratory background specifically ask for care workers who speak their language. Establishing a good match can be convenient for many reasons, for example for older migrants who need day care, or for asylum seekers facing an acute mental crisis. An Iranian-Dutch psychologist working at ProPersona explains that having been an asylum seeker herself helps to assess the psychological problems of asylum seekers. In particular, she can relate to the stress stemming from their migration experience. An additional reason to engage in language/cultural matching is that subsidies for language interpreters have been cut back in recent years.

The share of immigrants who seek psychological assistance is slowly but surely growing. This is due to the fact that the regional population is becoming more culturally diverse, but also because members of some immigrant groups are less weary today than in previous times to take the step to call for psychological help. In this sense, ProPersona sees a potential market in immigrant clients. This, in turn, is a reason to consider language and cultural assets in selection procedures. Yet the organisation faces a dilemma in this regard: selecting people on the basis of their ability to match with clients may overemphasise their otherness. Both TCN employees and their native Dutch co-workers feel uncomfortable with the idea that people might be hired on the basis of criteria other than their professional skills, knowledge and competences.

Without a doubt, the advantages of this kind of matching have been used the most by Zahet, the small organisation specializing in day care and home care for, especially, older people of immigrant descent. Zahet’s policy is to hire people because they match clients, even if they do not (yet) have the right qualifications. In their trial period, the new employees are teamed up with a qualified colleague in order to become acquainted
with the work. After the trial period, a new employee is enabled to take courses and get (or upgrade to) the required qualifications. One of the advantages of this approach is that it offers concrete possibilities to enter the labour market to TCNs who do master the Dutch language very well (yet).

3.3.3 Better professional outcomes

The advantage of having a culturally diverse staff of care workers is more comprehensive than a matching language and/or cultural background alone. As a psychiatrist from ProPersona argues, there is a cultural aspect to diagnosing and treating patients. In the Netherlands and, arguably, elsewhere in the Western world, it is usual to try and come to a diagnosis as quickly as possible, using highly standardised sets of criteria, and to issue a plan of treatment that is more or less developed for that particular diagnosis. In some other cultures, it is rather more usual to offer a holistic way of treatment, as it is not deemed necessary or appropriate to come to a precise diagnosis for a specific psychological problem. Within culturally diverse teams of care workers, it is more likely that multiple possible treatments strategies will be explored to the benefit of professional practices and patients alike.

A similar argument is brought forward by the Chief Scientific Offer of Synthon. At Synthon, culturally diverse teams of researchers will be able to produce more alternative research routes on the basis of literature and experimental research. There is a cultural aspect to this; as the CSO explains, Dutch researchers are sometimes too quick to conclude that there are not enough interesting data coming out of a particular experiment to warrant continuation of the present research. Some foreign researchers prefer to scrutinise the data twice before discarding a line of research, only to discover promising alternative lines instead. Yet there is also a functional element inherent to diverse research teams. Foreign researchers have been educated and trained in different ways than Dutch researchers, specializing in different themes and research approaches. Including their views in daily research operations contributes to a more holistic approach, as well as more eye to detail.
3.4 Characteristics of TCN personnel

3.4.1 Roles and functions assigned to TCN personnel

Researchers medical doctors and nurses
The roles and functions vary from organisation to organisation. The two hospitals employ TCNs as medical doctors and nurses. In the past, nurses were hired through bilateral programmes between the Netherlands and countries such as South-Africa, Ghana and the Philippines (at the moment there are no such programmes running). Radboud University Medical Center employs TCNs as researchers as well. TCNs who want to become a hospital doctor can move from the research centers to the treatment centers, which are two separate entities within the hospital organisation. Also Rijnstate Hospital employs TCNs who used to work as a researcher at Radboud. At present, however, TCN mobility from research to patient care is very low. There are several reasons for this. One has to do with the dominant culture at the research departments, which revolves around temporality, or, in other words, the idea that moving on is the most logical step to make progress in your career. Indeed, most people working at the research departments stay only for a bounded period of time to complete a PhD research, postdoc or assigned research project. New researchers, both from the Netherlands and from abroad, internalise and reproduce this working culture by considering follow-up research positions elsewhere as the most feasible if not the only option. A second important reason is language. From our interviews we learnt that to be able to work in patient care in the Netherlands, understanding and speaking Dutch at a level that would be sufficient for (most) patients is not enough. In the treatment centers, where the working language is Dutch, TCNs must be able to understand and communicate safety instructions in Dutch, and to complete paperwork in Dutch.

Psychologists and psychiatrists
At ProPersona, TCNs are employed as psychologists and psychiatrists. By and large, the organisation can be sub-divided in a division that provides basic mental healthcare, including crisis care and psychological counselling, and in a division that provides long-term care. As a rule, psychologists work in both divisions, psychiatrists only in the long-term care division.
Care and social workers
Inter-Lokaal, Zahet and Dichterbij employ TCNs who opted for a professional career in the healthcare sector after obtaining a residence permit. Formally, they are employed as care or social workers. These two categories include a large number of roles and functions. In the Netherlands, care work is performed at different levels of complexity and responsibility (see SKC part). There is considerable variation in assigned tasks and roles. Examples are: taking care of a group of disabled children, taking care of one or two children with more profound disabilities, and providing home care to elderly. Social work entails an even broader spectrum of roles and functions: developing day care activities for elderly, supervising a group of teenagers or adults with mild to more serious disabilities, calling at vulnerable people’s homes (a function called mobile or ambulant worker), counselling, helping out with paperwork, et cetera.

Catering and cleaning staff
Rijnstate Hospital employs TCNs in a range of low-skilled jobs, ranging from cleaning jobs and jobs in the distribution of medical supplies to front desk and catering jobs. The hospital has made a strategic decision not to outsource these and other services in order to provide work to people who have difficulties finding a way to enter the labour market.

Public officials
The municipality of Arnhem employs TCNs in a variety of policymaking departments. Interestingly, many TCNs who are currently working for the municipality started working at a department for ‘newcomers and citizenship affairs’ that now no longer exists. Although there was no explicit policy to hire TCNs at the time, there were mechanisms in place that ensured a relatively high share of TCN staff. The department was managed by a person with an immigrant background, whose name appeared in vacancy texts. This has possibly attracted TCN job candidates. Also, the nature of the work done within this department required an understanding of the problems of Arnhem’s immigrant population, and, to be able to communicate with migrants without proper knowledge of Dutch, the availability of a number of native speakers of the languages of the most important immigrant groups (Turkish, Moroccan Arabic).
These two mechanisms may have resulted in a bias in selection processes. This time around, this bias may have benefitted rather than disadvantaged some of the TCN job applicants.

High-level and management staff
Although a comprehensive overview of the number of TCNs working with the organisations in the sample is lacking, it is clear from the interviews that only a minority of TCNs are employed in higher staff and management functions. At Radboud University Medical Center, the only organisation which has been able to provide more detailed statistics, the vast majority of foreign employees work as researchers. Medical doctors (A.M.S.) and medical doctors in training (A(N)IOS) constitute another large category. Only a minority is employed as a professor, the highest-level function fulfilled by TCN staff. The only other evidence we found of TCNs in high-level positions are the US nationals on the board of directors of NXP semiconductors – the headquarters of NXP are located in Eindhoven, a city outside the case study region.

3.4.2 Perceptions of personnel towards diversity and perceptions of co-workers/supervisors towards TCN personnel

According to the representatives of several of the organisations in our sample, their organisations are ‘colour blind’ (Van den Broek, 2009). Cultural difference, it is said, does not play a role at the workplace. However, after probing them a little more, they produced ample examples of how the ‘otherness’ of TCNs and other staff with a migration background does play out in organisations. One of the examples is closely connected to the argument to hire people partly (or fully, in the case of Zahet) on the basis of the language and cultural skills they bring to the organisation (the ‘matching’ argument). This can be a sensitive issue in organisations, for the idea that a colleague might be hired on the basis of his or her cultural rather than professional competence can make co-workers suspicious. Indeed, the Iranian-Dutch psychologist from ProPersona has experienced such uneasy feelings. But even among migrant workers language/ cultural matching is a controversial issue: she has friends (from a migrant family, like herself) who would not accept a job offer even if it played a minor role.
It is important to note, however, that the otherness of TCN staff can be an asset as well. At Synthon a specific group of researchers is assigned the task to develop new lines of research. At some point in this process, they must convince their co-workers and supervisors of the viability of this new line of research. In terms of presence and performance, TCN staff can be perceived as more convincing, for example because they showcase a charming English accent or typical looks, such as a turban and a groomed beard and moustache.

In the organisations in our sample, cultural diversity and otherness more broadly are more often perceived as problematic, than as advantageous. Indeed, there are a number of practical problems associated with cultural diversity. Even in organisations where the working language is English, foreign employees may feel left out of informal chats and discussions at the coffee machine and in between meetings. There is a certain degree of cultural closure present and perhaps, indeed, necessary, in these organisational settings, allowing native workers to let off steam, yet possibly excluding foreign workers. The following section presents a number of attitudes and competences of TCN personnel that are specifically perceived as positive or negative.

3.4.3 Specific attitudes/competences possibly observed, and appreciated/not appreciated, in TCN personnel

From the perspective of a Dutch employer, it is appreciated if TCNs bring something extra to the organisation; e.g. particular professional knowledge or particular styles of work. A good example is the meticulous way of looking at data that some foreign researchers bring. A passive attitude towards co-workers and supervisors is not appreciated in TCN personnel. Such a passive attitude consist of a number of traits. Giving a weak instead of a firm handshake is considered as passive. Keeping silent instead of speaking out can also be considered a passive attitude. In Dutch organisations, personnel is expected to think along with co-workers and supervisors, and express their opinion about a professional or interpersonal issue in a lucid and pro-active way. Being invisible instead of visible is another trait that is considered as passive. Being visible implies speaking out at team meetings and discussions, and showing up at the offices of supervisors and managers to address a particular issue. The reverse, being invisible, can become a
problem when you want to move on in the organisation. However, not all TCNs have been socialised into adopting a pro-active attitude. It is interesting to note that some of the traits considered as positive and negative border on cultural clichés. The passive attitude of colleagues from Asian countries, for example, is contrasted with the alleged pro-active and direct attitude of Dutch workers. Although respondents acknowledge that there are plenty of Dutch workers who do not feel comfortable being assertive and direct themselves, foreign workers may be perceived to be falling short on these fronts more easily than their Dutch co-workers. On the other hand, an overly demanding attitude is not appreciated either. This is the case, for example, when HR-staff feel like they are being treated as servants by TCN personnel. Being overly demanding does not fit with the relatively flat organisational hierarchies in the Netherlands. These imply that you can speak up to your boss, but you can’t boss around supporting staff.

One of the representatives at Radboud University Medical Center speaks of what he calls ‘differences between habits of minds’. For example, he perceives differences on how certain new arriving TCN doctors think about issues such as gender roles and associated hierarchies, hierarchies between doctors and nurses, the recognition of medical problems (i.e. whereas Dutch patients sometimes downplay the seriousness of pain or symptoms, in other countries it is common to show these more explicitly), separation between church and state, attitudes towards homosexuality, and openness about and diagnosing of mental illnesses (what is considered a mental condition in the Netherlands is not always recognised as such in other countries). Finally, Dutch doctors prefer strict adherence to procedures and protocols while some TCN doctors are inclined to make up a prognosis right away.

3.5 HRM practices

3.5.1 Communication strategies, styles and practices (internally and externally)

Here, again, on the basis of the numbers of people interviewed we cannot draw firm conclusions about the extent to which proclaimed communication strategies and styles exist in practice. Therefore, we decided to probe our respondents about if and how
'issues' related to cultural diversity are addressed within the organisations they represent.

There are various ways in which personnel is enabled to speak out about what goes on in the organisation. These ways vary from highly formal to highly informal. A formalised strategy is the appointment of a counsellor, to whom employees can turn for advice on sensitive issues, e.g. regarding the behaviour of co-workers and supervisors. However, according to our respondents from the municipality of Arnhem and Synthon, only a handful of people take the step to seek advice from a counsellor. This could be the case because problems are solved in other ways, or are not recognised. However, it is also possible that a cultural aspect is at stake: in Dutch organisations, rightly or wrongly, involving a counsellor implies that there must be a ‘big’ problem, or that a problem has run out of hand, and people trying to solve it have ‘failed’. The respondent from the municipality, a counsellor herself, explains that the number of complaints are usually too small to be taken as a sign of structural problems in the organisation. Nevertheless, counsellors are sometimes involved to address problems related to cultural diversity, as is evidenced by a handful of examples provided by the Arnhem respondent.

Again, teams, as organisational units, appear to be important. With the exception of some of the care workers employed at Dichterbij and Zahet who work in one-to-one relationships with patients and clients, most of the roles and functions relevant to this study concern team roles. Most teams are large enough to comprise a variety of identities, personalities and communication styles (and in this sense they can be a source of conflict), but are generally small enough to create the kind of mutual understanding that prevents disagreements and minor problems from escalating. Also, for (sensitive) team leaders, the relatively small size of a team allows them to discuss emerging problems at an early stage. A noteworthy practice developed at Synthon, not limited to the issue of cultural diversity alone, is to have regular (two-weekly) one-hour meetings between team managers and team members to keep each other up to date of achievements and emerging issues/problems.

Arguably the most informal line of communication within the organisations is between individual employees and secretary staff. Secretaries are among the first to sense that
there may be an issue at hand in a team, or that an individual employee is not doing well.

Regarding the issue of communicating about cultural diversity, the diversity team at ABN-AMRO deserves a special mention. One of the tasks of the three members of this team (a fourth member will be added in the near future) is to serve as counsellors for problems related to cultural diversity. However, contrary to how the role of counsellor is normally fulfilled within Dutch organisations, to lower the threshold to seek advice, the team members keep a high profile within the bank. A number of strategies are used to increase the visibility of the team, also to local offices outside the capital region. First, on a diversity web-page information can be found about diversity policies and activities organised around the issue of diversity. Second, in a full-fledged, irregularly published diversity magazine (see figure 3.1), the bank’s progress in becoming a diverse organisation is discussed in a positive and light-hearted way. Third, the three team members appear at in-house events frequently, showcasing best practices of how diversity is managed, both within the organisation and between (local) banks and clients. Fourth, the team members go out to present and discuss the bank’s views and best practices at diversity events across the country, and to give interviews to (on-line) media. As will be explained in more detail in later sections, this pro-active approach works so well because it is duly backed by the highest levels of management within ABN-AMRO.

11 [http://service.abnamro.nl/doordieversity/index.html](http://service.abnamro.nl/doordieversity/index.html)
3.5.2 Criteria and methods for personnel recruitment and insertion (in general and specifically towards TCNs)

Formal recruitment
The two companies, Synthon and NXP semiconductors, recruit new staff by publishing formal vacancy texts on their websites or in professional journals. Both companies are looking for the candidate whose skills, knowledge and competences matches the job criteria best. Nationality or country of origin of an aspirant employee do not matter in this respect. This implies, on the one hand, that the companies are not explicitly looking for TCNs; if a Dutch candidate is found the most suitable, he or she will be hired. On
the other hand, as explained above, if a foreign candidate is found the most suitable, the companies will take all the necessary steps to hire that person. In principle, difficult visa and work permit procedures do not pose unbridgeable barriers in this respect. Both companies are recognised by the IND (National Immigration and Naturalisation Service) as ‘recognised referent’. The Radboud University Medical Center does not have the financial resources to outsource legal procedures yet has a relatively large HR staff concerned with recruitment and insertion for the (highly international) research departments alone. Regular HR officials are concerned with European staff. In 2012, an International Office was established to facilitate the recruitment and insertion of TCN staff.

Scholarships are a common formal way for Radboud University Medical Center to employ new TCNs. Currently, for example, the prestigious ‘Science without borders’-programme launched by the government of Brazil offers good opportunities for Brazilian PhDs and postdocs to work at the Medical Center.

Within organisations employing TCNs who are second generation migrants with double citizenship, such as ProPersona, there are no striking differences between recruitment methods for native Dutch personnel and TCN personnel. As argued above, in some cases or in view of some roles and tasks there may be a ground to consider the language and cultural competences of aspirant workers, but this has not yet been made explicit in recruitment criteria, not least because the issue of language/ethnic matching is delicate for both native and TCN workers.

Through a project partnership between Dichterbij, Inter-Lokaal and other regional providers of care and welfare (called Dünya Dichterbij), Dichterbij has employed a number of TCNs in the recent past. The project partners committed themselves to employing TCNs, if necessary by creating extra (temporary) positions. More information about Dünya Dichterbij is provided below.

Rijnstate hospital is involved in a partnership programme with the municipality of Arnhem and other local employers. This is an important formal channel to find suitable candidates for jobs in the lower rungs of the hospital organisation, such as cleaning, catering and logistics.
Informal recruitment
Care provider Zahet recruits some of its TCN staff through the professional networks of the director and the personal networks of care workers. Informal recruitment is important for Radboud University Medical Center as well, and, albeit to a lesser extent, to the two companies. This takes place through the professional networks of researchers, developed and sustained by going to international conferences and co-operating with partner universities in international research consortia. Another noteworthy informal recruitment method is practiced by Rijnstate Hospital. For low-skilled work, Rijnstate does not place job advertisements. Instead, new personnel is recruited through the personal social networks of employees. This implies that people can ask a family member, neighbour or friend who is looking for a job. Most of these aspirant workers are employed by an in-house staffing agency. Provided there are enough vacancies, this allows them to try different sorts of jobs. Finally, a best practice developed by the diversity team at ABN-AMRO concerns the organisation of in-house events for financial and economics students with an immigrant background. Through these events, students are introduced to the activities of the bank and its working culture. The events take place at the bank’s headquarters at the ‘Zuidas’, the most prestigious corporate real estate space in the Netherlands, located just to the South of the city-center of Amsterdam. By organising these events, the diversity team intends to lower the thresholds for students to apply for a position at ABN-AMRO after graduation; many of these students would otherwise consider the bank to be too ‘alien’ to them: too elite, and above all, too white. The team tries to show students that the organisation is already culturally diverse to a certain extent, and that there is no need for them to feel out of place.

Internal recruitment
When a staff position opens up at Inter-Lokaal, people who are working for the organisation as a volunteer can be considered eligible candidates. There are two limitations in this respect, however. First, Inter-Lokaal is but one of various possible employers, all former partners in the Dünaya Dichterbij project, where TCN volunteers can apply. Compared to Dichterbij and these other project partners, the size of the paid staff at Inter-Lokaal is very small, so there are not many positions to apply for in the
first place. Second, the paid jobs at Inter-Lokaal concern highly educated work (project management, team management, acquisition work, lobby work), for which normally only TCNs who completed the ‘Maatwerk in kleur’-project would qualify.

As a consequence of the various rounds of reorganisation, the municipality of Arnhem has gained ample experience with internal application procedures in the past years. There are no special arrangements for the retention of TCN staff in these procedures. TCNs, e.g. those working at the former department for newcomers and citizenship, are expected to manage on their own. According to the representatives of the municipality we interviewed, this has indeed been the case and TCNs are now working in different departments of the municipal organisation. Unfortunately, for reasons of confidentiality, no numbers could be provided.

Insertion of staff
This section will concentrate on the insertion practices of organisations hiring TCNs directly from abroad. All three organisations employing foreign researchers have developed advanced practices for the recruitment and insertion of personnel. In the case of NXP semiconductors and Synthon, financial resources are available to minimise the hassle for new employees – as well as for the company. Both companies call in the assistance of specialised lawyers to arrange visa and work permit processes. De facto, the paperwork is fully outsourced. New employees receive assistance from HR staff in finding a place to live before they arrive, and in registering with the municipality after arrival. In some cases, a specialised agency is hired for these and other tasks, such as collecting a new employee from the train station or the national airport and preparing homes and apartments, e.g. by arranging furniture and stuffing the refrigerator. The companies do not organise special induction days. All new employees are taken on a tour of the premises, which includes lengthy safety instructions. Getting these instructions across to all new employees is prioritised to organising separate or additional events for new TCN staff.

Again, the Medical Center cannot afford to hire expensive agencies every time a new researcher arrives, but has developed a set of practices to facilitate the insertion of foreign staff. Basic information is published on a website: www.radboudumc.nl/OverhetRadboudumc/IO/Pages/default.aspx. Further, in June
2014, the International Office organised a very first induction day for foreign staff. At this event, a ‘buddy’ programme was launched, developed by the International Office in close consultation with diversity experts. The programme entails that new staff members from non-European cultures will be teamed up with staff members who have been with the Medical Center for a period of at least six months. On the indication of foreign/international staff members, the buddies at the research departments of the Medical Center are also foreigners, as this ensures a more equal exchange of experiences. The buddies can help new staff members understand and cope with common misconceptions, and make sure they do not reinvent the wheel when working out how to join in on team meetings and lunches. At the departments concerned with hospital patient care, a buddy programme exists where a TCN doctor is coupled with a first year’s student (often much younger) in the first year. Later, the TCN is matched to a fourth to sixth year student. This is evaluated very positively as both the Dutch student and the TCN are new to the study environment and possibly the city of Nijmegen.

At Zahet and Dichterbij, the buddies have a social as well as a functional responsibility since new TCN workers are not always qualified yet. Until they are, buddies take the lead.

3.5.3 Personnel training and development practices (in general and specifically towards TCNs)

With the exception of ABN-AMRO, none of the participating organisations have implemented personnel training and development specifically for TCNs. ABN-AMRO offers trainings where TCNs can learn how to ‘navigate’ the organisation. More information on ABN-AMRO’s training programmes is provided in section 3.6.5 Some of the other organisations offer Dutch language courses mentioned to facilitate workplace insertion.

3.5.4 Performance assessment practices (in general and specifically towards TCNs)

None of the participating organisations have implemented performance assessment practices specifically for TCNs. However, TCNs struggling with cultural issues or cultural understandings can raise these at performance appraisals, or are invited to
bring these out on the table. One of the strategies applied in this respect is 360-degree feedback, which implies that employees are assessed by their colleagues, including their managers, but are also invited to reflect, in a confidential way, on the leadership styles and performance of their managers. Conversely, performance issues that are possibly related to cultural issues, such as not speaking up ‘enough’ according to Dutch cultural codes can be brought up by the management and HR staff present at the appraisal. In these cases, management and HR will work together with the TCN to identify possible solutions. Critically rethinking these practices, it would appear that the dominant strategy is to gently coach TCNs into complying with Dutch organisational cultures. Yet, from what we heard, this is done in a way that is respectful to TCNs and their experiences – although we have not been able to verify this. As we will indicate below, some, though not all, of the participating organisations offer training to managers about the issue of cultural diversity, and how to deal with it in a sensible way.

3.5.5 Remuneration and other incentive mechanisms (in general and specifically towards TCNs)

From the organisations that hire TCNs on the basis of language and cultural matching of employees and clients (Dichterbij, ProPersona, Zahet), Dichterbij is the only one where, in cases, qualified TCN care workers have been offered attractive pays to come and work for the organisation. When the demand for TCN care workers increased, this measure was taken in an ad-hoc fashion; it is not a matter of standard policy. As a manager of Dichterbij explains, because the requested language and cultural skills were scarce among native employees, wage inequality was considered an acceptable incentive. Also at Synthon, attractive pays can be offered in order to recruit or retain workers with skills that are in demand. Here, professional skills are concerned, not language or cultural skills. In particular, higher-level staff recruited through a headhunting office can be paid more than staff members who have built a career within the organisation. Within organisations, it is important to carefully manage these forms of inequality to be able to strike a balance between the job satisfaction of ‘old’ employees and the appeal to scarce research or managerial talent from outside the organisation.
Of a different kind is ABN-AMRO’s policy, where diversity is one of the Key Performance Indicators (KPI) set for the Board of Directors. In total, five (5) percent of the Board’s total remuneration package is associated with objectives and tasks related to diversity. At five percent, diversity is not the most important KPI, but it is nevertheless a strong signal that diversity matters within the organisation, even at the highest level. Among the KPIs set for the Board of Directors of Radboud University Medical Center is gender diversity in top-level positions. In 2009, the Medical Center signed a charter called ‘Talent to the top’, agreeing to increase the share of female professors, department heads, high-level managers and directors. The other large care providers in the sample, Rijnstate Ziekenhuis, ProPersona, and Dichterbij, as well as the two companies, have not signed this charter.

3.6 Diversity management practices and initiatives

3.6.1 The origin and evolution of diversity management practices

For most of the organisations, the development of diversity management practices can be traced back to internationalization, both within the organisation and in the wider Dutch society. The first organisation to notice this and act upon it is ABN-AMRO bank, which has been developing diversity management practices for over 15 years now. In the past decades, the bank has witnessed a diversification of its client base, from holders of ordinary accounts to private banking clients. Also, today, more and more students of immigrant descent opt for educational programmes in economics and finance, and are therefore potential future bank employees. As is repeatedly mentioned by the representatives from Dichterbij, ProPersona and Zahet, the growing share of clients with a migration background is a key motivation to recruit more TCNs, too. Clearly, this potential has opened up at a later stage than the immigrant client potential of ABN-AMRO, as disabilities and mental problems used to be a taboo among immigrants. Today, however, these organisations benefit from the fact that it is now easier to discuss these issues, and from the fact that second generation migrants are less inclined to provide care to family members and friends. In the city of Nijmegen, internationalization in healthcare is in no small part due to the ground-breaking work
of Inter-Lokaal, which has been catering to the needs of immigrants since the 1980s. Through their activities, many TCNs have been enabled to receive the care they were legally entitled to, but had not solicited. In addition, several dozens of TCNs have been enabled to enroll in an education programme or embark on a professional career in healthcare.

Yet, at the same time, more cultural diversity in the organisation implies more problems caused by cultural differences and misunderstandings. The problems listed by the organisations’ representatives include being late or missing appointments altogether, failing to be ‘visible’ enough to impress team managers and department heads, or being excluded from informal social talks and events. Often, these problems are caused by language barriers. At other times, problems are caused by cultural traits. Where these traits are an expression of class hierarchies, clashes with Dutch organisational cultures and hierarchies abound: one of the HR staff members of the Medical Center recalls the PhD from a privileged family who ‘wouldn’t stop complaining and issuing orders’ – a ‘clear’ case of someone not able or willing to comply with Dutch organisational hierarchies.

TCNs who are not recruited directly from abroad, but have gone through complex immigration and re-settlement trajectories before finally being entitled to work, are in double jeopardy. Most of them have been inactive for a very long time and need a proper re-socialisation to be able to function in the workplace. In the case of jobs involving irregular working hours, evenings and weekends, an additional complicating factor lies in the fact that TCNs sometimes lack the organisational, personal/social or financial resources to arrange child care or transportation to the workplace.

On the other hand, at the receiving end, organisations were not prepared for cultural diversity either, in the sense that they were not prepared to invest in TCN who struggled to find their way in Dutch organisations and a working life more generally. This has resulted in the loss of otherwise talented TCN employees and, by extension, in losses on financial and staff investments.

All of the above developments combined can be considered the main drivers behind current diversity management practices.
3.6.2 Main actors in the starting and development of the process

‘Claims makers’
In most organisations, diversity management practices can be traced back to the activities of individual employees concerned with the issue of cultural diversity. A good example is the psychiatrist-anthropologist working at ProPersona. Due to his dual educational background, he is interested in intercultural relations and to some extent predisposed to signal cultural conflict within the organisation. His motivation to ‘do something’ with the issue of cultural diversity was triggered by a striking case of othering he witnessed one day: in front of a group of colleagues, a young female Dutch-Moroccan psychologist is confronted with the unfounded charge of having been hired solely on the basis of her ethnicity. Over the years, he has addressed the issue of cultural diversity in various corners of the organisation, an effort that has yielded varying degrees of success but produced concrete results nevertheless: one of the most notable is the appointment of cultural mediators at ProPersona. As his interest in cultural diversity further developed, he became an advocate of a more comprehensive approach to psychological treatments, taking seriously, and indeed benefitting from intercultural competences. At present, he is the head of a team of experts on trans-cultural psychiatry, a sub-field in psychiatry that caters to the needs of patients with ‘different’ cultural backgrounds. Yet potentially, all patients, including the native Dutch, could benefit from the insights and expertise of this team.
Throughout our visits to the participating organisations, we encountered several highly motivated individuals committed to spreading the word about cultural diversity. Interestingly, these people can be found working at various organisational levels; from the manager of Dichterbij and the CSO of Synthon to the director (and former Inter-Lokaal project participant) of Zahet. They managed to get (some) organisational support to foster cultural diversity, have developed a range of temporary and more lasting diversity projects and, most importantly, they are able to get others enthusiastic about diversity. Thus, in the organisations studied, diversity management practices have grown out of bottom-up initiatives and calls for more attention to cultural diversity.
HR staff (officials and strategic advisors)
HR staff are another important category of actors involved in promoting cultural diversity and developing diversity management practices. The larger organisations included in the sample have different categories of HR staff, from officials charged with the insertion of new staff members to HR advisors involved in high-level appointments and strategic advice to board members. At NXP semiconductors, Radboud University Medical Center and Rijnstate Hospital, each organisational unit (be it a research department or medical specialization) has one, two or more HR officers working on the recruitment and insertion of new staff members. Only NXP and Radboud University Medical Center have HR officials charged especially with the insertion of foreign or TCN staff. A majority of TCNs working at Rijnstate Hospital have either worked in the Netherlands before (e.g. as researchers at the Medical Center in Nijmegen), or are employed via the partnership programme with the municipality of Arnhem. In these cases, recruitment procedures can be less complicated compared to hiring someone directly from abroad. Further, Radboud University Medical Center has a large department of HR advisors concerned with the development of HR strategies and policies, including the Medical Center’s diversity policy. This department features different bodies of expertise, such as sustainability (sustainable HR management practices), gender diversity, and labour market inclusion. The staff responsible for the latter policy domain, which traditionally focuses on people with disabilities, told us that they intend to develop policies aimed at the inclusion of refugees in the near future. Interestingly, the issue of cultural diversity has not received special attention yet within this department.

From the interviews, it became clear that even though the HR staff we interviewed has a Dutch cultural background (the only exception being the Arnhem municipality official, who is from Brazil), and an HR educational background (the notable exception being the International Officer of the Medical Center, who is a geographer), they have grown into their roles as gatekeepers of cultural diversity in organisations. Many of them have made important contributions to the development of training programmes (see below). Some of them have become experienced trainers in the field of cultural diversity. ABN-AMRO’s diversity team is formally part of the HR department; the team manager reports to the head of the HR department.
Diversity experts

Several organisations have called in the help of professional diversity experts to build training programmes or materials (e.g. toolkits) around the issue of intercultural awareness. The International Office at Radboud University Medical Center, for example, has cooperated with academic experts on intercultural communication. ProPersona has made use of training material developed by a (publicly funded) institute for multicultural affairs. ABN-AMRO initially used specialised external consultants to develop and implement training programmes, but today, the majority of training events are delivered by the members of the diversity team.

In the city of Nijmegen, the local branch of the University of Applied Sciences in the Arnhem-Nijmegen region has been a key contributor to many initiatives, ranging from the two Inter-Lokaal projects mentioned to a more recent initiative like DünYa Dichterbij (see below). Notably, this body of expertise has provided initiatives with a concrete (step-wise) methodological and analytical background, identifying key actors, lines of collaboration, and elements/ building blocks for nascent diversity strategies (e.g. Dries and Hoffman, 2008). Experts from the University of Applied Sciences and experts/ claims makers from organisations such as Dichterbij, Zahet and Inter-Lokaal, and also the municipality of Nijmegen have been in close contact for years. De facto, these actors form a community of practice around the issue of intercultural awareness.

Boards of Directors

In some of the organisations, the Board of Directors is explicitly concerned with diversity management. At ABN-AMRO and the Medical Center, this commitment is formalised in KPIs and written statements. At Dichterbij, initiatives in the field of cultural diversity are linked to the director responsible for empowerment. At Synthon and NXP semiconductors, the Board of Directors is not formally concerned with the management of cultural diversity. The same applies to Rijnstate Hospital. At ProPersona, there is an ongoing discussion about whether the Board of Directors should take the lead, or whether the organisation should diversify in a more organic way (Orriëns et al., 2014).

The commitment of the Board of Directors is crucial for the success of diversity initiatives. Formal commitment of the Board by signing a charter, defining KPIs or
otherwise helps to motivate claims makers and spread the interest in diversity within the organisation. Initiatives that are not backed by the Board run a constant risk of being removed from priority lists and, as a consequence, are more difficult to implement in a sustainable way, as has been the case at ProPersona, where members of the board have expressed their interest on multiple occasions yet have not proceeded to formalise this interest. As it stands, ProPersona’s claims makers have to seek ways to renew the interest for diversity in the organisation time and again. This situation is not likely to improve any time soon due to the present budget cuts in healthcare, that are resulting in new rounds of reorganisation and a reconsideration of priorities.

For NXP semiconductors and Synthon, the situation is a bit different. Here, activities and incentives are implemented to bind foreign researchers to the companies (ranging from staff insertion activities to career development opportunities), and it would seem that taking care of diversity issues at various levels of the organisation is part and parcel of these binding efforts, despite the fact that there are no formal policies.

Further, the municipality of Arnhem presents a special case in this regard. Legally, based on integration and citizenship policies, municipal authorities are expected to set an example when it comes to employing a diverse workforce. However, the objectives and quota set accordingly are not binding in the sense that members of the city council are not held accountable for (not) meeting quota in the same way as the directors of the other organisations are.

Finally, as the representatives from ABN-AMRO assert, formal commitment is only seen as legitimate by actors within and outside the organisation when the interest expressed is genuine. It is not enough as a ‘carrot and stick’ approach for Board members.

3.6.3 Formal statements on organisational commitment to diversity management

A formal statement about diversity at ABN-AMRO in English is available at www.abnamro.com/en/careers/expertise-areas/diversity/index.html. English-language information about the gender diversity charter signed by both ABN-AMRO and Radboud University Medical Center is available at www.talentnaardetop.nl. The charter itself is only available in Dutch. Both organisations have formal statements
about the different areas of diversity in which they are active. As was mentioned before, the Medical Center has not developed formal policies for cultural diversity yet. At the same time, the research departments and especially the International Office are strongly committed to promoting cultural diversity and cultural awareness. The reason for this discrepancy can be traced back to the hospital’s organisational structure. Of old, the staff of HR strategic advisors is serving the units and departments concerned with hospital patient care, and is not principally concerned with the research departments, which are physically located in different parts of the hospital campus. Also, the patient care departments employ much less international staff (let alone TCN staff) than the research departments, where the issue of cultural diversity has gained importance in the same way as it has at Synthon and NXP.

A similar observation about how an organisation’s history feeds into how diversity is practiced can be made for NXP semiconductors. NXP does not have a tradition in diversity for the reason that it operates in a sector which is traditionally the domain of male employees. Even today, compared to medical or biopharmaceutical research, the electronics sector still employs relatively few women. By extension, since there is no tradition in gender diversity, there are no formal statements about cultural diversity either. It is interesting to add that since NXP’s independence from Philips, the Board of Directors has quickly internationalised and now comprises several US nationals, who are possibly more attuned to managing diversity. However, according to the HR manager we interviewed, this does not immediately show in the company’s formal policies.

On the website of Dichterbij (www.dichterbij.nl/web/show/id=331285), an overview is published of past and present (from 2010 and onwards) activities with regard to cultural diversity. The published information, available in Dutch only, mostly concerns the client perspective: achievements to systematically pay attention to the needs of patients and clients with an immigrant background.

In 2009, the municipality of Arnhem published an internal policy brief on the issue of cultural diversity. The paper included a statement about the importance of diversity and proposals to raise intercultural awareness among higher-level policymaking staff, and to increase the diversity of the municipality’s workforce. Unfortunately, due to the ongoing reorganisations, the policy brief has seen little follow-up in the past years.
Interestingly, the proposal to invite at least one candidate with an immigrant background for a job interview in all recruitment and selection procedures was rejected by the municipality’s advisory board on multicultural affairs, based on the argument that affirmative action would bring harm to the image of immigrants among the wider population of Arnhem. Rijnstate Hospital and Synthon do not have formal statements about cultural diversity. The same applies to Zahet and Inter-Lokaal, the smallest organisations in the sample, yet for these organisations, cultural diversity is core business.

3.6.4 Practices aimed at recognizing and valorising diversity with regard to gender, age, sexual orientation, disability, family status, religious background and other possible aspects

The most comprehensive package in terms of recognizing and valorising diversity is provided by ABN-AMRO. The bank tries to be sensitive to diversity and social safety issues for all employees. Its policies include statements on all the forms of diversity mentioned above. In the interviews, even the issue of social safety for transgender employees came up, which is remarkable given the fact that societal acceptance of transgenders in the Netherlands is still in its infancy. Yet, at ABN-AMRO, there is no neat distinction between ideological and business case reasons to foster diversity. For example, since helping others features prominently in the Quran, bankers with an Islamic background are said to provide more altruistic financial advice to clients, e.g. by advising investment funds from competitor financial institutions. Equally, in general, female bankers are said to be less inclined to take irresponsible financial risks. Service-oriented and responsible bankers are beneficial to the organisation in the realms of customer relations, corporate finance and sustainability, and also image-building.

We encountered various approaches to valorising age diversity within organisations, though this tends to be formalised less often than gender diversity, or is embedded within wider career development policies, such as the senior research positions created by NXP. At Zahet, we spoke to a Dutch-Antillean healthcare worker who was employed with the organisation in her mid-fifties, when she did not have the right qualifications yet. When we interviewed her, she was enrolled in the last of two teaching programmes rendering her these qualifications, and felt extremely motivated to add a few more working years to her career.
As mentioned before, Radboud University Medical Center has advanced policies with regard to gender diversity. Whereas the signing of the charter is the formal expression of the commitment to gender diversity, the organisation has implemented a number of initiatives to meet the charter’s objectives. One of these is a buddy programme through which aspirant unit leaders and department heads are teamed up with female role models. An ongoing issue for debate within the organisation is to what extent it needs more excellent people rather than more excellent women. For this reason, a career development programme designed for female doctors has been put to halt, although at the time of writing this report, the programme was being renewed.

At both hospitals included in the sample, the Medical Center and Rijnstate Hospital, the work-life preferences of younger medical staff members are slowly but surely changing organisational cultures, too, including a culture to work exceptionally long hours (70+ on a weekly basis). Younger employees are more inclined to share job and family responsibilities, and to opt for part-time employment contracts. It is expected that in time, these developments will positively influence gender equality in the hospitals.

3.6.5 Practices aimed at recognizing and valorising diversity with regard to TCN personnel and their combination with practices devoted to other types of diversity

Diversity teams
Both ABN-AMRO and Dichterbij have diversity teams set up, through the roles and tasks of these teams are rather different. ABN-AMRO’s team consists of three, and in the near future four, employees specializing in diversity issues. As was explained above, the team members act as role models, counsellors (to employees), advisors (to high-level management) and trainers. At Dichterbij, the diversity team consists of local directors (e.g. the director of the Nijmegen branch of Dichterbij) and unit leaders. This team meets at least bi-monthly to discuss strategic and emerging diversity issues, such as the need to add employees with a different cultural background to a particular team or unit. In addition, the organisation is in the process of establishing an internal labour pool of employees with expertise on cultural diversity. In the near future, it will be possible to call in these employees on an hourly basis to help out with specific diversity issues.
In addition to its diversity team, ABN-AMRO has a so-called diversity dashboard, which consists of high-level managers, including the leader of the diversity team and the bank’s HR manager. The dashboard functions as a gatekeeper for diversity within the organisation, defining new diversity priorities on a quarterly basis.

Dedicated organisational unit
The diversity team and the internal labour pool at Dichterbij were preceded by Dünya Dichterbij, the project partnership between Dichterbij, Inter-Lokaal and other regional providers of care and welfare mentioned in the beginning of this report. Even though the initiative carried the name Dichterbij, it was not formally part of the organisation. Instead, Dünya was created as a network organisation to which each project partner contributed staff hours and financial resources. Employment subsidies made up for a large part of the funding. The overall ambitions of Dünya Dichterbij were to tailor the provision of care and welfare to the needs of clients with an immigrant background, and to provide opportunities to TCNs pursuing a career in welfare or healthcare. From the beginning, Dünya Dichterbij was supposed to be a temporary initiative. After discontinuation, the diversity experience gained would be incorporated by the project partners. Discontinuation occurred in 2013, somewhat earlier than expected, after two important employment subsidies were cut.
Arguably, Dünya Dichterbij was the most visible manifestation of the community of practice around cultural diversity that exists in the city of Nijmegen. The approach toward diversity within Dichterbij very much draws on the expertise gained in the Dünya years. This includes not only practical expertise but also the overarching diversity perspectives crafted by experts from the University of Applied Sciences.

Cultural mediators
Earlier in this report, we briefly touched upon the cultural mediators appointed by ProPersona. Cultural mediators are present employees, e.g. psychologists, who are committed to promoting cultural diversity in the broadest sense of the term. Although this is an additional, and not a core task, cultural mediators are quite visible, if only because they use the term and a specially designed logo in e-mail signatures. Most cultural mediators have an immigrant background themselves, and may be role models...
for others. In addition, they are responsible for identifying intercultural issues or problems and bringing them out on the table. Where possible, they may suggest holistic or non-western ways of looking at behaviours and disorders. Through the mediators’ activities, intercultural awareness can spread across the organisation in an organic, bottom-up way. This approach can be seen as an alternative to the diversity team at ABN-AMRO and the labour pool of diversity experts under construction at Dichterbij.

Training programmes
Most of the organisations included in the sample offer training programmes associated with cultural diversity. Again, ABN-AMRO appears to be the most comprehensive. The bank offers training programmes to staff members and team managers, but also to HR staff, in order to avoid selective bias in recruitment processes. Training topics are manifold. Attention goes out to practical issues, such as giving firm handshakes, but also to more intricate issues such as increasing your visibility at the department. The expertise gained thus far allows the team members to develop programmes themselves, with minimal support from external experts.

NXP semiconductors adopts a slightly different approach. The company offers sensitivity trainings in team settings of which cultural awareness can be or can become a part. The advantage of this approach is that the otherness of TCN staff is not overemphasised.

According to the representatives of Dichterbij, achievements in the realm of cultural diversity are the result of all personnel development and training programmes, not just of the practices and materials produced by Dünya Dichterbij.

At Radboud University Medical Center, the International Office is developing a toolkit to foster intercultural learning within the research departments.

Quota
As part of integration and citizenship policies, the municipality of Arnhem is legally obliged to actively aim at a more diverse workforce. The overall aim defined by the municipality is that at least 5 percent of the workforce should consist of employees with an immigrant background and people with disabilities. It is estimated that around half
of this quota is reached. Further, at least 20 percent of internship students must be people of immigrant descent. At present, $3/4$th of this quota is reached.

ABN-AMRO has set quota for the employment of female staff members, at all levels of the organisation, starting from 50 percent at the internship level. The diversity team is currently in the process of creating an overview of actually existing cultural diversity in the various layers of the organisation.

3.6.6 Difficulties emerged in the design and implementation of diversity management practices addressed to TCN personnel

A number of difficulties can be identified with regard to the implementation of diversity management practices. One of these entails that cultural diversity is not prioritised. At the level of teams, time pressure is a major issue. As the psychologist from ProPersona explains, her co-workers have problems finding the time to think through diversity issues occurring at the workplace, let alone embed diversity in their working routines. For team leaders and higher-level managers, diversity is not always a priority either. Clearly, it makes a difference whether a manager has a personal interest in diversity, or whether there are business reasons to consider diversity. When cultural diversity is made part of career development and training programmes that managers are obliged to take, they are not always very well motivated for the topic.

Even when diversity practices exist, it is a real possibility that efforts are put to a halt, temporarily or indefinitely, due to budget cuts. This is what happened at the municipality of Arnhem, where ongoing budget cuts have resulted in multiple reorganisation rounds. At the time of writing this report, the organisations involved in patient care were confronted with serious budget cuts, too. However, the outcomes for diversity management practices need not be negative. According to the manager of Dichterbij, the Board of Directors has decided to continue focusing on diversity for the time being, if only not to lose sight of potential TCN patients.

Also, cultural diversity is often seen as something that is supposed to develop spontaneously and cannot be engineered. The argumentation behind this view is twofold: first, since there are no concrete, tangible problems related to intercultural awareness, there is no pressing need to focus on diversity; and second, since we live in multicultural societies, with time, intercultural awareness in organisations will increase.
Both arguments seem to echo an underlying, more normative argument that in organisations it *should* not be necessary to have a diversity policy. Research conducted within ProPersona has shown that such a line of reasoning, swinging back and forth between reasons to engage in diversity and reasons not too, is effectively holding back the development of a more formalised diversity policy (Orriëns et al., 2014).

Organisational complexity can pose additional difficulties. For an organisation such as ABN-AMRO, it is a challenge to communicate diversity policies and practices developed at the company headquarters to local banks. Although internal visibility is a key focal point, it is possible that problems caused by cultural misunderstandings fail to be recognised, or never make it to the diversity team. What goes on in ABN-AMRO’s international offices largely bypasses the diversity team in Amsterdam. The same appears to be the case for NXP semiconductors and Synthon. The diversity practices developed at the Nijmegen plants are not systematically transferred to the plants abroad, and vice versa.

Both ProPersona and Dichterbij have multiple regional treatment facilities and office locations. Again, this makes it difficult to transfer ideas and best practices to other locations. There are cultural mediators at most ProPersona locations to keep an eye on the issue. At Dichterbij, two influential claims makers and former staff members of Dünya Dichterbij toured the various local offices to spread the word about diversity. Even for Radboud University Medical Center, which is located on a central hospital campus, establishing formal lines of communication between the HR strategy department and the research departments where cultural diversity is practiced, is difficult.

3.6.7 Reactions of internal stakeholders (e.g.: co-workers, supervisors, top executives, union representatives) and external stakeholders (e.g.: organisations in the same sector, suppliers, public authorities, civil society actors, customers)

Internal stakeholders react differently to the issue of othering/ overemphasizing someone’s cultural assets. In some situations, otherness is appreciated and adds to someone’s professional profile: think of the case of the Indian researcher pitching new possible lines of research. But otherness can be (made) suspicious as well, e.g. when co-workers fuel the idea that a colleague is hired mostly on the ground of his/her cultural
assets. Even if there are good reasons to increase language and cultural competence within an organisation, this is a struggle for both TCN and native Dutch personnel. It is similar to the ambivalence found at management level about the desirability of diversity policies in organisations that are supposed to be ‘colour blind’.

For organisations in the healthcare sector in the Arnhem-Nijmegen region, clients with an immigrant background are a growing and therefore interesting target group. Since many of these clients express a clear preference for care that is culturally sensitive, the interest in cultural diversity among the staff of these organisations has increased as well. Although some of the organisations are competitors, and new specialised organisations (Zahet) are emerging, there is a relatively high spill-over of knowledge between organisations, if only because representatives know each other from diversity events and previous positions. As argued above, the Dünya Dichterbij initiative has played an important role here.

ABN-AMRO is a member of AGORA\textsuperscript{12}, a network organisation for companies and public institutions engaged in the management of cultural diversity. One of the aims of this organisation is to pool resources in order to sensitise and train staff members, and to exchange best practices. In future, the ambition is to facilitate cross-organisational research on the effects of diversity management.

3.7 Actual and potential impacts of diversity management practices and initiatives

3.7.1 Impacts on, and especially benefits for, the organisation and their possible assessment

The language/ cultural matching that has occurred in the various organisations providing patient care has clearly had an impact in the sense that they managed to reach out to patients and clients with an immigrant background. As this is a target group that is growing in size, being able to tailor care to the needs of these patients will positively influence the competitiveness of these organisations.

Unfortunately it is too early to determine the impact of the efforts made by the international office at the research departments of Radboud University Medical Center.

\textsuperscript{12} \url{http://agoranetwork.nl/} (information in Dutch only)
One concrete achievement is that cultural diversity is now brought under the attention of the HR strategic department, which is responsible for discussing diversity objectives with the Board of Directors. For the two companies a number of benefits can be identified, such as valuable experience with employing TCNs from the most ‘difficult’ countries as well as the ability to signal possible problems related to cultural diversity at an early stage. A possible benefit deriving from this may be a good reputation among foreign researchers looking for a job; which is precisely what these companies hope to achieve. In the past, the good reputation of the former department for newcomers and citizenship affairs at the municipality of Arnhem has attracted several TCNs, some of whom are still working for the municipality. None of the organisations has made attempts to measure the impact of diversity management. ABN-AMRO has preliminary attempts to conceptualise these benefits in form of flow charts, connecting diversity management to business outcomes.

3.7.2 External economic and social impacts

Through the collective efforts of the partners of Dünya Dichterbij and parallel initiatives taken by Inter-Lokaal, several dozens of TCNs have been given the opportunity to get qualifications in the healthcare and welfare sectors, and to acquire practical working experience as volunteers or paid employees. A number of these people (unfortunately we could not find out precise numbers) have since embarked on a professional career, the director of Zahet representing one of the most successful examples. The partnership between the municipality of Arnhem and Rijnstate hospital is part of a larger incentive programme involving several local employers. This suggests that there may be a similar societal impact in the city of Arnhem, although we did not systematically analyse this. Importantly, the increased attention to patients and clients with an immigrant background has not only been good for business and for job opportunities for TCNs; through overcoming cultural taboos surrounding psychological help and practical life support, many of these patients have been enabled to receive the care and attention they are legally entitled to.
3.7.3 Internal and external communication about the impacts of diversity management practices

ABN-AMRO is the only organisation which has adopted a more or less systematic approach to communicating the impact of diversity management internally, by means of incentive prizes and its diversity magazine. Previously in this report, a summary of its activities in terms of external outreach was provided.

Both Dünya Dichterbij and the ‘Maatwerk in kleur’-project implemented by Inter-Lokaal have been awarded incentive prizes and subsidies from national level funding institutions. Information brochures (Dutch-language only) about both initiatives are still available from the respective web-sites of Dichterbij and Inter-Lokaal.

3.7.4 Prospects of organisational commitment to diversity management in the near future

Despite the budget cuts, it is expected that the commitment to diversity among the organisations involved in patient care is sustainable, as patients and clients with an immigrant background are considered an important target group and, as has been demonstrated, a diverse workforce is needed to deliver the care required for and expected by these patients. Despite being on the brink of a reorganisation round, the Board of Directors of Dichterbij has even formalised this commitment.

Inter-Lokaal is anticipating a merger with three other providers of social welfare services in the region. Due to the present healthcare reforms combined with previous cutbacks, it is no longer possible to maintain an independent organisation. At present, it is unclear in what ways the expertise about cultural diversity gained at Inter-Lokaal will be embedded within this new organisation.

At Radboud University Medical Center, the HR strategic staff is hoping to bridge the gap to the research departments, and consider cultural diversity more systematically in its diversity policies. More than bringing together two distinct forms of diversity management, this will be an effort to bring together two organisational cultures. Whereas the policies developed in the realm of gender diversity and sustainability aim to consolidate the long-term career perspectives of employees, the working culture at the research departments revolves around temporal contracts: the dominant idea is that you move on after a project has ended. A future ambition of the Medical Center is to
bind foreign researchers to the organisation for a longer period of time. Encouraging the transition from research to patient care is part of this ambition.

3.8 Discussion and conclusions about Part Three

For healthcare organisations in the Arnhem-Nijmegen region, the reasons to engage in diversity management correspond with the motives identified by the Netherlands Institute for Social Research (2010). Increasingly, TCNs are seen as an important category of workers, be they foreign researchers or second generation care workers. By employing TCNs, an organisation strengthens its competitiveness. In the case of the care-providing organisations, this is closely related to the second motive: adaptation to a client base that is increasingly multicultural. Language and cultural matching offers TCNs (additional) possibilities to find work, and clients the opportunity to receive care in a way they find comfortable. What became clear from our study is that language/cultural matching and similar business rationales to hire TCNs are not always accepted by co-workers and peers, as it overemphasises otherness and, possibly, downplays the professional qualities of TCNs.

Although enhanced creativity is not yet a major motivation to recruit TCNs, when probed, our interview respondents provided various examples of how the work of TCNs has led to more creative ways of doing research and thinking about treatment trajectories. The motive to enhance the integration of non-western immigrants in Dutch society was most clearly visible in the policies and practices of Zahet and Inter-Lokaal, whose ideas have disseminated to other organisations through initiatives like Dünya Dichterbij.

Attention to cultural issues within diversity management policies among healthcare organisations in the Arnhem-Nijmegen region is growing, but, as it stands, limited to particular key figures or organisational components. Compared to ABN-AMRO bank, which was one of the first large Dutch companies to engage in diversity management, especially the lack of sustainable organisational commitment and strategic/policymaking attention is remarkable. Radboud University Medical Center is the only organisation that has set objectives to increase gender diversity, but is only beginning to
recognise cultural diversity in its policies. Board commitment in other organisations is jeopardised because of budget cuts, reorganisation rounds and shifts in priority. Further, there appears to be a perceived trade-off between emphasizing diversity (or, adopting a multicultural approach to diversity management) or individual professional qualities (adopting a ‘colour blind’ approach). This trade-off corresponds to the dilemma identified in a previous study on diversity management in Dutch organisations (Otten et al., 2014): the multicultural approach is most beneficial for TCN workers, the colour-blind approach for native workers.

The most advanced practices were found at ABN-AMRO as well. These include the organisation of in-house days for students with an immigration background, training HR staff to avoid selective perception and perceptual distortion, training TCNs to deal with Dutch organisational cultures, and co-establishing a network of other best-practice organisations. Nevertheless, a wealth of good practices exist within the healthcare organisations in the sample, from which links to formal policies could be established in the future. With regard to recruitment and insertion, these practices include training of TCNs, although this is mostly limited to language training aimed at understanding the basics of the Dutch language, buddy programmes, and hiring TCNs through the social networks of employees, which occurs at Rijnstate Hospital and Zahet. With regard to retention, attention is paid to diversity in performance appraisals and training programmes of work teams and team managers. Some of these trainings are specially designed to enhance intercultural awareness, in other trainings, diversity can be (made) an issue.

But what is the reason why the regional healthcare organisations lag behind the policies and practices of ABN-AMRO? In discussing this issue with our respondents, several explanations came up. First, the differences are due to fact that the capital region has a more diverse population than the Arnhem-Nijmegen region (rehearse key data from introduction). Organisations located in the capital region, such as ABN-AMRO, became aware of future changes in the composition of their workforces long before organisations in the Arnhem-Nijmegen region, and have been trying to anticipate these changes since. It is also possible that there is a spill-over effect between ‘Zuidas’ offices, in the sense that the competition for multicultural talent provides a strong incentive to professionalise company diversity policies and ways of communicating about diversity.
The second explanation for the differences found are sectoral differences between healthcare and, in this case, finance. For banks like ABN-AMRO, it was easy to tap into the market of clients with an immigrants background: everybody needs a bank account. For organisations in the healthcare sector, especially those involved in care for older people, people with psychological problems or people with disabilities, clients with an immigrant background have only recently become a target group. Furthermore, the financial sector has a stronger international orientation than the healthcare sector, despite that fact that operations abroad have been scaled back. At ABN-AMRO, diversity management seems to be influenced by a global (or at least Anglosaxon) business culture that sees diversity as a ‘natural’ corporate responsibility. In the end, it is most likely a combination of these two elements, geography and sector of activity, that explains diversity outcomes. In the case of NXP semiconductors, for example, the combination of an international orientation and the fact that consumer electronics is a male-dominated sector explains that attention to cultural diversity is ahead of attention to gender diversity.

In general, organisations attach a great importance to teams, as these are considered the most viable organisational unit to foster productivity and creativity, through the development of good working relationships and camaraderie. Preferably, teams should consist of employees with diverse backgrounds and personalities, and cultural diversity is considered to be part and parcel of a diverse team. This is due to the growing diversity among the regional population, hence an organisation’s potential labour pool, as well as the need to attract particular research, professional, language or cultural skills. Yet it is at the level of teams where problems related to cultural diversity first emerge: different expectations about organisational hierarchy, cultural closure at the coffee machine, different approaches to time management, et cetera. However, it is also at the level of teams where solutions can be found, or directions for solutions signalled to HR staff and managers. Indeed, new roles (HR staff specializing in TCNs, cultural mediators), organisational units (international offices, counsellors, teams of experts) and partnership programmes have been created to assist TCN workers and promote cultural diversity. Again, however, if these roles and units are not formalised, it may be difficult to perform and/ or maintain them.
Finally, in this research, we were not able to verify whether the problems related to cultural diversity we identified within the participating organisations are a sign of more serious discriminatory practices. As previous studies have shown, around 40 percent of immigrants of non-western descent face employed by Dutch organisations experiences some form of discrimination (Otten and van der Zee, 2011; Netherlands Institute for Social Research, 2010). More comprehensive research is needed to find out whether there might be a difference in perspective between our current informants, of whom only a minority are TCNs, and TCNs themselves. Having said this, our research offers some clues as to how language and cultural difference might result in exclusion from healthcare jobs. There have been serious problems to re-insert TCNs in working environments where irregular working hours and shifting time-tables dominate, not least because the jobs, functions and roles are completely new to these TCNs. Further, language is a crucial issue. The ability to speak, read and write Dutch is a key requirement for TCNs who wish to work in patient care, to be circumvented only by means of advanced hiring practices (such as those developed by Zahet). Yet, on the basis of our findings, it is well possible that even qualified TCNs who speak the language well are found to be too ‘different’ to fit in, a criterion which is implicitly used in mechanisms of selective perception, perceptual distortion and personification. This may explain why TCNs have a higher chance not making it through probation periods (Netherlands Institute for Social Research, 2010).

3.9 Summary of Part Three

We selected ten organisations for the part on Diversity Management. Eight are healthcare organisations, one is a municipality, and one is a bank. Seven are public/non-profit organisations, and three are profit organisations. The healthcare organisations in the sample include two hospitals, two large providers of long-term care, one smaller provider of long-term care specializing in clients with an immigrant background, a welfare organisation, a large pharmaceutical company and a large producer of semiconductors used in medical technology. One of the hospitals is a university teaching hospital, which employs TCNs dominantly as medical researchers, the other is a general hospital. The municipality of Arnhem is one of the largest public
employers in the region. It runs a number of partnership programmes with the general hospital designed to create work opportunities for immigrants. The bank (ABN-AMRO bank) was added to the sample because we had problems finding enough profit organisations. Also, it is considered as a best-practice organisation in the Netherlands with regard to diversity management, which allows for a comparison with the policies and practices found within the regional healthcare organisations. The bank is headquartered in the capital region of Amsterdam.

For the organisations in the sample, there are two main reasons to hire TCNs. First, TCNs are increasingly seen as an important category of workers, be they foreign researchers or second generation migrants employed as care workers. By employing TCNs, an organisation can strengthen its competitiveness. In the case of the research organisations, this is because TCNs fulfil important job vacancies. For the care-providing organisations, this is closely related to the second reason to hire TCNs: adaptation to a client base that is increasingly multicultural. In these organisations, a ‘matching’ takes place between the language and cultural skills of TCNs and clients who voice a demand for these particular skills. In addition to these two main reasons, respondents provided ample examples of how the work of TCNs has led to more holistic and creative ways of research, patient treatment and banking.

The organisations use both formal and informal recruitment channels. Informal channels include the professional international networks of researchers. Further, one of the care providers and the general hospital recruit TCNs through the social networks of employees (family members, neighbours or friends).

The organisations in our sample use a variety of diversity management practices. A majority of these practices is developed in an ad-hoc fashion by individuals who deeply care about cultural diversity. As it stands, the municipality, the bank and one of the large care providers are the only organisations with policies for cultural diversity.

The first practice concerns buddy programmes, through which new TCN workers are teamed up with employees, often TCNs themselves. Buddies can help TCNs understand and cope with common misconceptions, and make sure they do not reinvent the wheel when working out how to participate in professional situations and social events. At the care providers, the buddies have a social as well as a functional
responsibility since new TCN workers are not always qualified yet. Until they are, buddies take the lead.

A second practice is to set up a ‘diversity team’ responsible for the creation and dissemination of knowledge about cultural diversity. The specific roles and tasks of these teams are found to be rather different. At the bank, diversity team members act as role models, counsellors, advisors and trainers. At one of the care organisations, the diversity team is organised as an internal labour pool of employees with expertise on cultural diversity. These employees can be asked to help out with specific diversity issues.

A third practice is the use of so-called ‘cultural mediators’: employees who are committed to spreading intercultural awareness within the organisation in an organic, bottom-up way. They are responsible for identifying issues or problems related to cultural diversity and bringing them out on the table. Where possible, they may suggest holistic or non-western ways of treatment. Most cultural mediators have an immigrant background themselves.

Most organisations offer training programmes related to cultural diversity. ABN-AMRO bank is by far the most comprehensive in this respect. It offers trainings programmes to staff members, team managers and HR staff. Training topics vary from practical issues, such as giving handshakes, but also to more intricate issues such as increasing your visibility at the department. The other organisations offer training programmes that are not explicitly about cultural diversity, but it can be made a topic for discussion.

The ongoing commitment of the Board of Directors of an organisation is crucial for the success of diversity initiatives. Formal commitment can take the form of joining societal initiatives to promote diversity, issue a formal statement, or defining Key Performance Indicators (KPIs). Initiatives that are not backed by the Board run a constant risk of being removed from agenda’s and, as a consequence, are more difficult to implement. This has happened in the organisations that do not have formal diversity strategy or policy, and/or have been faced with budget cuts.

A number of difficulties can be identified with regard to the implementation of diversity management practices. One of these entails that cultural diversity is not prioritised due to time pressure. Co-workers have trouble embedding diversity in their
working routines. For team leaders and higher-level managers, diversity is not always a priority either. It makes a difference whether a manager has a personal interest in diversity, or whether there are business reasons to consider diversity. Also, when cultural diversity is part of career development and training programmes that managers are obliged to take, they are not always very well motivated for the topic. Another difficulty is that cultural diversity is often seen as something that is supposed to develop spontaneously and therefore cannot be engineered. The argumentation behind this view is twofold: first, since there are no concrete, tangible problems related to intercultural awareness, there is no pressing need to focus on diversity; and second, since we live in multicultural societies, with time, intercultural awareness in organisations will increase. Both arguments seem to echo an underlying, more normative argument that in organisations it should not be necessary to have a diversity policy.

Organisational complexity can pose additional difficulties. For the bank, it is a challenge to communicate diversity policies and practices developed at the company headquarters to local banks. The diversity practices developed at the Nijmegen plants of the two companies are not systematically transferred to other plants in the Netherlands and abroad, and vice versa.

A third difficulty is that internal stakeholders react differently to the issue of using cultural and language skills to reach professional outcomes. In some situations, otherness is appreciated and adds to someone’s professional profile. But otherness can be (made) suspicious as well, e.g. when co-workers fuel the idea that a colleague is hired mostly on the ground of his/ her cultural assets. Even if there are good reasons to increase language and cultural competence within an organisation, this is a struggle for both TCN and native Dutch personnel.

Thus far, attention to diversity management within the organisations in the sample has produced two concrete societal outcomes. First, through the collective efforts of the care providers and the welfare organisation, several dozens of TCNs have been given the opportunity to get qualifications in the healthcare and welfare sectors, and to acquire practical working experience as volunteers or paid employees. A number of these people have since embarked on a professional career. Second, through the same efforts, notably through overcoming cultural taboos surrounding psychological help and
practical life support, many TCN patients have been enabled to receive the care and attention they are legally entitled to.

In sum, attention to cultural issues within diversity management policies among healthcare organisations in the Arnhem-Nijmegen region is growing, but, as it stands, limited to particular key figures. Compared to ABN-AMRO bank, especially the lack of sustainable organisational commitment and strategic/policymaking attention is remarkable. Board commitment is jeopardised because of budget cuts and shifts in priority. Further, there appears to be a perceived trade-off between emphasizing diversity or emphasizing individual professional qualities.

The difference between the healthcare organisations and the bank can be explained by a combination of regional and sectoral effects. The capital region has a more diverse population than the Arnhem-Nijmegen region. Organisations located in the capital region, such as ABN-AMRO, became aware of future changes in the composition of their workforces long before organisations in the Arnhem-Nijmegen region, and have been trying to anticipate these changes since. Also, for a bank, it was easier to tap into the market of clients with an immigrants background. For organisations in the healthcare sector, especially those involved in care for older people, people with psychological problems or people with disabilities, clients with an immigrant background have only recently become a target group.
4 Participation of TCNs in volunteer work

4.1 Introduction

Involving TCNs in volunteer work is important for both symbolic and practical reasons. It conveys a positive message about the willingness of a receiving society to make use of TCNs’ capacities. At the same time, it enables TCNs to obtain work experience and knowledge about local working cultures. As explained in the general introduction of this report, TCNs residing in the Netherlands are legally allowed to do volunteer work. In practice, however, there are various bureaucratic constraints that impede this participation. This particularly disadvantages TCNs who wish to be involved in volunteer work, since the level of unemployment among TCNs is relatively higher compared to native Dutch and EU citizens (Statistics Netherlands, 2014).

In this part of the Dutch DIVERSE report we use the following expressions interchangeably:

- local and municipality
- migrants and allochthones (not necessarily TCNs)
- native Dutch and autochthones

Also, a distinction has been made between:

- TCNs who obtained Dutch citizenship (often resulting in dual citizenship) or received a permit to stay (temporary or permanent);
- TCNs who stayed in asylum seeker centers;
- undocumented TCNs.

Data collected concern the first two categories. In reporting on asylum seekers below, we indicate this with NB.

This chapter continues with a brief description of the methods and sources used for data collection. This is followed by an overview of the policy framework with regard to

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13 Exceptions concern individuals who are in the first stage of the procedure for a residence permit and are not asylum seekers (for example newly arrived spouses of TCNs). For an overview of all legal steps: http://www.vrijwilligerswerk.nl/?content=/17/Wet- en_regelgeving
formal volunteering developed at the national and regional level. This chapter will elaborate volunteer work done by TCNs in transnational community organisations, ‘non-ethnic’ voluntary organisations and an asylum center.

4.2 Methodology

4.2.1 Selection of TCNs associations leaders, leading experts and local actors at regional level

In total 18 interviews have been carried out and 15 reports have been studied for this part of the DIVERSE project report. The small number required a careful selection whom to interview. Considering the fact that one of the researchers of this part of the report is already active for years in studying and participating in the development of ideas, ideologies and practices of TCN associations in the Netherlands, the researchers choose to approach the topic by primarily interviewing representatives of organisations with experience in recruitment, voluntary placement and employment of TCN volunteers. This enabled the researchers to get into contact with institutions and organisations in the Nijmegen region that employ TCN-volunteers such as a municipal welfare organisation, a neighbourhood hobby center and an open air museum. It also helped us to assess which sectors employ, or have higher chances to employ, TCN-volunteers such as elderly care, care for people with disabilities and nature conservation and sectors that do not (or rarely), such as scouting and childcare. An interview with a large elderly care organisation enabled us to obtain an insight in how TCN volunteers are involved in the health sector, the focus sector of this country report. In addition, to understand the legal and policy context in the Netherlands, representatives of the municipal ‘Adviesraad voor Allochtonen’ (Advisory Committee for Allochthones), the local section of the ‘Centraal Orgaan Opvang Asielzoekers’ (COA; National Center for Reception Asylum Seekers), a national operating health NGO (called Pharos) and leaders of two local TCN associations (concerning Afghans and Armenians) have been interviewed. For a full list of interviewees, see Annex C.

4.2.2 The process of data collection
Data has been mainly collected in the municipality of Nijmegen. The municipality of Nijmegen has around 168,000 inhabitants (2013), of which 10 per cent can be considered as TCNs. Since this component of the DIVERSE project allowed for only a small number of interviews, it was considered useless to spread the interviews over the wider region, including the municipality of Arnhem. There are no reasons to assume that the situation concerning TCN volunteer work differs between the two municipalities (population slightly smaller than Nijmegen).

Data has been collected through semi-structured interviews, consulting websites of relevant organisations and associations and reading municipal and national statistics and reports. The research team began with interviewing a staff member of ‘De Vrijwilligerscentrale’ (The Volunteer Center Nijmegen), the major municipal organisation that mediates between organisations and (potential) volunteers. This started a snowballing process. At the same time, the research team began working on developing a list of organisations that potentially work with migrant volunteers\(^\text{14}\). Next, these were approached using a standard letter (sent by email), which could be adapted to different organisations, asking for an interview of one hour at their location. In case of non-response, the organisation was called the next week. Interviews have been carried out by two qualified Radboud University researchers.

The municipality and municipal supported agencies were very responsive. The same applied for organisations operating on the national level. A reason for this could be that at the national level a similar kind of research concerning asylum seekers was under way in cooperation with two municipalities, one of them in Nijmegen. The experience with organisations employed with volunteers was diverse. While we were welcomed by some, others did not see the value of this explorative research or were perhaps afraid of critical remarks. The approached TCNs associations were willing to cooperate. A special case on a local football club Quick 1988’ is presented below.

4.3 **An overview of the phenomenon of formal volunteering at national and regional level**

\(^{14}\) The long list included organisations and experts specialised in diversity management, skills recognition and voluntary work. The list includes 120 organisations, including contacts from outside Nijmegen area.
4.3.1 A brief description of the policy frameworks of formal volunteering and of the existing measures to support voluntary organisations and to promote voluntary work at national and regional level.

In the Netherlands an explicit policy to promote voluntary work does not exist but an extensive legal system does exist (see 1.2.3). At the moment of writing this report, there is a dialogue taking place on volunteer work policy for asylum seekers between civil society organisations Pharos and Nederlandse Organisaties Vrijwilligerswerk (NOV; Dutch Organisations for Volunteer Work) and the Ministry of Security and Justice. The NOV is an umbrella organisation that dialogues with governmental agencies.

The Dutch ‘Commissie Vrijwilligersbeleid’ (Volunteer Policy Commission) defined volunteer work in its policy paper on volunteers in the Netherlands (2002) as follows:

“Work in any organised context, voluntarily and unpaid, carried out for the benefit of other people or society without the person who is doing the work is dependent on it for his or her livelihood”

‘Organised context’ indicates that the focus is on formal volunteering work. In line with the national policy paper, in this part of the report ‘informal care’ is not considered voluntary work since this takes place within the private sphere of family, friends or acquaintances. The main difference between voluntary work and informal care is that the latter is the result of something unplanned that happens and requires assistance based on a sense of social obligation. Admittedly, in the Netherlands there is an increasing consciousness of the importance of informal volunteer work. This is because (current and expected) cuts in the national budget specifically hit social work and healthcare. In the past years, two municipal supported organisations engaged in social work (‘Het Inter-Lokaal’ and ‘Tandem’) were forced to lay off substantial number of

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15 NOV is the interest group for voluntary work in the Netherlands. For example, voluntary organisations are now no longer required to adhere to the Safety at Work Act (ARBO). NOV also lobbied for volunteer work by asylum seekers.

16 The municipal policy paper ‘Hulp om de Hoek’ (Help around the corner) concerns the policy of the Nijmegen municipality concerning informal care.
paid staff. The ‘Algemene Wet Bijzondere Ziektekosten’ (AWBZ or Exceptional Medical Expenses Act) implies a drastic healthcare reform. Two processes are important. First, healthcare provision is in the process of decentralization from the national to the local level government. Second, the local government retreats from the health sector (see also Box 7 ‘RPL in a reforming health sector’). Following what the government calls ‘a participatory approach to health care’, new policies aim to shift greater efforts and responsibilities to citizens. The new system holds that, if possible, citizens are required to take care of themselves, their family members, friends and neighbours. Only if this proves to be impossible, an appeal can be made to the local government to provide care. In other words, a greater emphasis is placed on informal care, opening up doors for voluntary work.

Additionally, the municipal policy paper ‘Meekantelen’ (Tilting With) on voluntary work in Nijmegen 2012-2016 (Municipality Nijmegen, 2012) notes that:

1) some types of voluntary work show similarities with obligatory work;
2) reimbursement of travel costs and ‘holiday money’ might be a form of ‘hidden’ payment;
3) a trend exists to offer ‘work experience placements’ or ‘paid internships’ to unemployed graduates, against a remuneration which is less than half of the minimum wage.

In this context, we distinguish three types of formal volunteer work:

1. Voluntary work in the sense of the above definition;
2. Voluntary work as part of internship and training and occasional volunteer work;
3. Occasional volunteer work, more specifically participation in neighbourhood activities (although it could also be collecting for charity).

The second type is a specific (and debatable) one and needs some explanation. Since 2011-2012, all students in secondary social work education are required to follow internships with the aim that they will be acquainted with volunteering and unpaid work for the benefit of the Dutch society and learn to know other social groups and organisations in society. There are currently around 3,400 social internships in
Nijmegen annually\(^\text{17}\). In this respect, the municipal supported organisation ‘Het Inter-Lokaal’ is relevant to mention (see Box 10 ‘Het Inter-Lokaal’).

**Box 10: Het Inter-Lokaal**

Inter-Lokaal is a municipal supported organisation which helps people in vulnerable socio-economic situations. It considers itself as a colourful organisation, which considering the fact it started as a guest worker service center in the 70’s, is not surprising. Het Inter-Lokaal considers itself as a ‘learning-working company’, meaning that it combines learning and working. Usually they work with people with little access to the labour market due to a lack of formal education, a flawed knowledge of Dutch language and lack of experience at the Dutch labour market. Depending on the individual situation, Het Inter-Lokaal offers temporary labour experience jobs, voluntary work, and internships. These are often combined with training and courses. The activities center around youth, family and social participation. Inter-Lokaal employs around 100 people of which 32 are paid staff. The others are volunteers (type 1) or students (type 2). Many volunteers are TCNs. A former project called ‘Tailor Made Work in Colour’ focuses on allochthones and aims at the development of competences and skills of TCNs.

**NB.**

From 2000-2007, the national government supported and financed voluntary work for asylum seekers and TCNs in reception centers. From 2007 however, the national reception policy for asylum seekers intentionally became more ‘sober’, meaning that until an asylum seeker has received a residence permit, he or she should be fully available for the procedure or return (e.g. not engage in voluntary work). In a 2013 report called ‘Verloren Tijd’ (Lost Time), a commission of the Ministry of Security and Justice commented that this ‘sober policy’ implied that asylum seekers had to remain idle and not spend time and energy on integration, learning the Dutch language or getting attached to the Netherlands. In many of the reception centers voluntary work opportunities were reduced and paid voluntary work coordinators laid off (Adviescommissie voor Vreemdelingenzaken, 2013)\(^\text{18}\).

After the publication of the report the Ministry of Security and Justice acknowledged that some voluntary work activity during the waiting phase of the procedure can be beneficial for asylum seekers. Now residents in asylum centers are encouraged to volunteer in community centers, football clubs, environmental organisations and

\(^{17}\) However, it seems that the current national coalition government intends to abolish these internships from the school year 2015-2016.

\(^{18}\) The report was presented to the House of Representatives by the Directorate – General for Matters concerning Foreigners in a letter dated 13-09-201
elderly homes (recreation activities, not services that are carried out by paid personnel). As the director of the COA declared, it makes no sense when people sit all day looking through the windows and become depressed. He stressed it is important to allow asylum seekers to be active which could help them to make the next step, in the Netherlands or in their country of origin.

4.3.2 A brief presentation of the existing statistics and studies about formal volunteering at national and regional level

Two studies (Schuyt, Bekkers & Gouwenberg, 2013; Schuyt et al. 2007) are available that offers some insight in formal volunteering work at the national level:

- In 2012, an estimated 38% of the Dutch participated in volunteer work. In 2002 the percentage was 46 and has dropped since.
- Contrary, in 2012 volunteers spend an average of 21 hours per month volunteering, compared to some 17.2 hours in 2004.
- Most volunteers can be found in the sports sector (11% of the population), church and religion (7%) and health, recreation, hobbies and schools (5% each).
- Most volunteers are engaged in administrative tasks (such as office work), advice and training or transportation. Increasingly fewer volunteers are involved in fundraising.
- Volunteers have specialised in recent years and now focus on a smaller number of tasks. The part of volunteers that deal with three or more types of jobs has decreased by about half in 2002 to just over a quarter in 2012.
- Compared to the average Dutch citizen, volunteers are older, have more often a religious background, are relatively higher educated, and are characterised by a “pro-social’ attitude‘ (more altruistic, inclined to care, etcetera). They are motivated to learn, led by certain norms/values among others self-affirmation. Notwithstanding the rise in unemployment, career perspectives are less important in the motivation to volunteer than one would perhaps expect.
At the municipal level it appears that around 40 percent of the population is doing volunteer work (36% of the male adults; 43% of the female adults). In terms of training, it confirms the finding at the national level that less volunteering is done by the people who are low or very low educated.

In total, there are approximately 54,000 volunteers in Nijmegen. As a result of that some people are active in several fields, the total number of volunteer activities approximates 70,000. Salient findings are:

- Middle-aged men are overrepresented in sport clubs
- In neighbourhood activities women are more present than men. Also the highest age group are overrepresented here.
- In schools woman, mostly in the middle age group, are overrepresented

4.4 TCNs civic participation and TCNs volunteering in non-ethnic voluntary organisations at national and specifically at regional level

4.4.1 Main features of TCNs civic participation and voluntary work

TCNs who obtained a residence permit participate to a lesser degree than native Dutch in formal volunteer organisations (Klaver, Tromp and Oude Ophuis, 2005). According to the authors, based on surveys in four large cities in the Netherlands, around 20% of TCNs participated in volunteer work compared to 40% of native Dutch. These percentages do not include family or community care and/or ethnic associations. Unfortunately, recent figures are not available.

The following impression is based on own experiences and on the interviews undertaken as part of the DIVERSE research:

- TCNs seems to be overrepresented in informal voluntary work (anecdotally this seems reasonable to assume but by our knowledge it has never been researched accurately). See also 4.4.2 and 4.4.3.
- TCNs are mainly active in sport and religious organisations.
- TCNs are well motivated to engage in social work as part of their training, since they know that it will increase their socio-economic integration and chances in the labour market.
- As for occasional neighbourhood activities, the general picture is a gendered one; male TCNs seem more active in transport or building of temporary shelters (if needed), while women cook, sell clothes, bracelets and so on.

**NB.**
At the local level, the Nijmegen Volunteer Center is currently exploring which organisations are willing to receive asylum seekers as volunteers.

### 4.4.2 Factors and conditions promoting or hindering TCNs volunteering and civic engagement.

At the regional level, government agencies are usually well aware of advantages of promoting TCNs volunteer engagement. For civic organisations, the picture is diverse, some follow a kind of diversity policy, others not. In the latter a vicious circle might occur: since there are no TCNs volunteers, the clients will also be predominantly native Dutch. Examples of this we encountered during the research include Scouting Netherlands and a regional social support organisation called de ‘Hulpdienst’ (Assistance Service). According to Scouting Netherlands, unsuccessful attempts in attracting young TCNs can be explained by the fact that scouting has associations with a particular social class in the countries of origin. At the Hulpdienst, an organisation for voluntary support services, especially for the elderly, volunteers are walking with clients, doing grocery shopping and maintain gardens and so on. The organisation disposes of some 400 volunteers, including seven with a non-Dutch nationality (unclear whether they are or not EU passport holders). Apparently, the organisation carries no diversity policy (due to reorganisation of de Hulpdienst it was not possible to interview the manager).

In addition to the limitations for unemployed TCNs to do volunteer work already mentioned in 1.2, the following challenges were observed during interviews:

- Unfamiliarity with the concept of formal volunteering (as opposed to informal care for the extended family or kin);
● In schools and sport associations TCNs are not always familiar with Dutch traditions. Parents are not aware of the usefulness of volunteer work for their children;

● Social bottlenecks e.g. being the only TCN in a Dutch organisation;

● Priority given to paid work, since unemployment level is high

● Little time is left for volunteering after taking care of children;

● Home sickness or traumatic experiences can make it mentally hard to be active for TCN organisations.

● Tribal differences can play a role.

● The task descriptions of volunteer vacancies change (see 1.2 and Box 11 ‘Waalboog I’)

**Box 11: Waalboog I**
The foundation ‘Waalboog’, an organisation for care, welfare and housing mostly – but not only - for the elderly, offers day programmes to its clients. It has around 400 volunteers of which around 25 are TCN. The foundation is conscious of the need for a more diverse staff as some of the clients don’t speak Dutch. Motives for recruiting TCNs mentioned by the respondents at Waalboog include a sense of social responsibility towards society (everyone deserves a chance) and being able to connect to an increasingly diverse client population who speak little to no Dutch. For example, TCN volunteers have organised and provided day programmes, even if few of the clients are TCN.

Possibilities for doing volunteer work at Waalboog among TCNs is decreasing as a direct result of current healthcare reforms. Whereas previously TCN volunteers could be placed in any of the locations of Waalboog they are now limited to two locations. Due to the current healthcare reforms, people in need of health support are first assumed to be assisted through informal care at home, provided by friends, family or neighbours. Only when their condition becomes more severe they become eligible for being admitted to the homes. In other words, at the moment of admission to the residences, the patient’s condition deteriorated to such an extent, often a combination of physical and mental illnesses, that its healthcare needs are too complex for volunteers to handle. Hence, clients are handed over to healthcare professionals and social, leisure and cultural activities previously organised by TCNs occur less frequently.

NB.
As a general rule, the government’s stance on asylum seekers is to facilitate their return migration. Consequently, the national government’s current approach is to activate and ‘empower’ asylum seekers, which it believes contributes to their willingness to return home, through offering them short courses in car repair, painting, carpeting, reading and writing, languages, body care, hairdressing, swimming, wielding, sewing and so
Asylum seekers are encouraged to do unpaid work and, if possible and allowed, voluntary work.

Case asylum seeker
One of our respondents was a refugee from Afghanistan and did not speak Dutch or English. He stayed for three years already in the detention center and was three days a week active in repairing bicycles, one day in giving lessons in sewing and shoemaking (both unpaid) and one day he volunteers at the open air museum Orientalis.

4.4.3 Forms and specificities of TCNs participation in voluntary and civic organisations/initiatives (with a particular attention to the possible role and specificities of second generations).

As we have seen, in general the participation of TCNs in Dutch voluntary and civic organisations and initiatives is less than that of autochthones. It should however be noted that for elderly and handicapped care, volunteer work is often arranged within the (extended) family, and it is less customary to rely on available formal care institutions. This has to do with traditional TCNs values but also with the care institutions some of which are not accustomed or equipped to meet the ethnic diversity of their clients (food, prayer rooms). TCNs are also often active in informal transnational community (diaspora) organisations.

The following is mainly based on anecdotal evidence (since to our knowledge no systematic empirical research has taken place).

- First generation female TCNs participate more in voluntary organisations than male, although this might vary by region of origin (e.g. participation of sub-Saharan women is higher than that of woman from the Middle East.
- Second generation TCNs can play a role as brokers of voluntary work, since they are more accustomed to the norms/values and institutions of the Dutch native society.
- An interesting aspect that has not been researched so far is the behaviour of TCNs who have an autochthone partner.
4.4.4 Specific motivations underpinning TCNs involvement

The following motives play a role in voluntary work activities among TCNs in migrant and TCN organisations and associations:

- Leisure, feeling at ease meeting with (former) compatriots;
- Giving support to migrant compatriots, specially newcomers;
- Staying in contact with the country of origin by way of movies, inviting speakers and so on;
- Support to the region of origin by setting up small development projects;
- Political aims connected to the political situation in the country of origin;
- Lobby in host/settlement country, for example for migrant rights.

Motives that play a role for voluntary work in Dutch organisations are:

- Leisure. The participation of male TCNs will be high in sport associations, and that of women in care institutions;
- Integration by gaining experience in learning Dutch customs, ways of working and/ or language (Box 12 ‘Case Tandem’);
- Voluntary work as part of a career trajectory and improvement of CVs. It was mentioned that voluntary work is a good way to explore motives, options and career goals. However, not all TCNs we spoke were aware that their voluntary work activities could improve their chances on finding paid work. One respondent even thought that mentioning her volunteer work experience – one which was in fact highly relevant for the sector she wishes to work in – could seem unprofessional;
- Wellbeing. The level of unemployment is high among TCNs, especially among the young and recently arrived migrants. Voluntary work may strengthen the feeling of having an aim in life and contribute to fighting physiological and overall health problems. In some occasions, TCNs, in particular refugees or those with a traumatic experience, are stimulated to do voluntary work (see box 13 ‘Case Waalboog II’).

19 Besides voluntary work sports and hobbies are considered as good practices in the fight against stress, traumatic experiences.
It should be noted that specific TCN motivations vary by ethnicity, gender, age and kind and activity of voluntary work/organisation. For example, female voluntary work in Dutch institutions can be motivated by the wish to break with the traditional customs of their community of origin. For young TCNs the motive of voluntary work as part of a career trajectory is obvious when it can be combined with training e.g. internship.

**Box 12: Case Tandem**

Tandem is a welfare organisation that aims to give every resident the opportunity ‘to join’ the Nijmegen society: children and their parents, youth and adults. Tandem is organised around three programme’s: youth work, parent and child activities (with education as core activity) and community work. Tandem employs some 100 paid staff: youth workers, community workers, ‘neighbourhood mothers’ and the like. It has six centers and activities at 40 locations and works together with neighbourhood residents, self-help organisations, and partner organisations. It organises women by way of sewing and cooking groups. For example, Home-Start is a programme that provides free support in child education and practical matters to parents with a child below the age of seven. This is done by volunteers, who are trained by Tandem. The volunteers visit the parents each week to give emotional and practical support. Volunteers are also needed for activities such as sport activities for the youth, support to single parent households, community concerts, and children holidays. TCNs are usually not structurally active as volunteer but participate incidentally, for instance by building scaffolds, cooking and the like before and during neighbourhood events. Tandem estimates that the number of volunteers at 200, 50 of whom are TCNs (Turkish, Moroccan, Somali). Of these 95% is female, mostly 35 year or older. So called ‘active neighbourhood residents’ are not considered as volunteers.

**Box 13: Case Waalboog II**

Five years ago, in the nursery home Waalboog, a Somalian refugee woman who was heavily traumatised and exempt from solicitation-duty contacted Waalbook with the wish to do volunteer work. Today she volunteers as a host for a group of inhabitants during day-programme sessions. Her competences are described by the volunteer coordinator as being able to host a group, to provide coffee, tea and own baked cakes, to read newspapers to inhabitants and to play games (Jeu de Boules) with them. She is said to be proactive in how she learns the language from inhabitants (she asks for example ‘do I pronounce this word good?’), she stands up for herself, is able to work beyond her tasks and is overall known and popular among inhabitants.

### 4.4.5 Presentation of one or more relevant and successful experience/s implemented at regional level

**Case Hobby workshop**
The workshop is located in low income neighbourhood. It started its activities 37 years ago and over the years developed in a typically male dominated matter. After some problems in 2006, a reform occurred and ‘soft hobby’ activities have been introduced. Now we can define the ‘Hobby Werkplaats” as a facility that provides inhabitants of a low-income area with a place and tools to carry out their hobbies: carpentry, metalwork, repairing bicycles, sewing, computer work, gardening and the like. Thresholds to participate are low. It has 200 participants of which on average 60 will come per day. Some 15 per cent are allochthones both 1st and 2nd generation). The workshop is run by a board, paid staff and 40 volunteers who give courses, clean the premises, bring newspapers around and more. All have a volunteer contract, some of them volunteer as part of their training and some 20 per cent are TCNs. Thus the workshop is a meeting place of native Dutch and TCNs.

Case Soccer Club Quick
In May 2010, the Board of the soccer club announced that it would set up a waiting list for all new migrant youth players who wish to join the club. They could participate in training but were excluded from playing matches. Quick has 550 members of whom 80 percent of them are immigrants. To “balance the membership between natives and immigrants”, the football club wanted to reduce this rate to 50 per cent. According to the Board, native Dutch felt less comfortable with the club. The club also complained about overdue payments of fees and the behaviour of some of the immigrant youth players: “The large number of immigrants leads to a shortage of volunteers, because immigrant parents are less committed to the club”.

The Municipality of Nijmegen reacted quickly and disapproved the intended quota because it contradicts the Equal Treatment Act. It stressed that the solution should remain within the limits of the law. In the weeks after, a constructive dialogue took place between the Board of the soccer club and the Municipality. The soccer club confirmed that non-compliance with club standards and values is the core problem, which include behaviour inside and outside the lines, membership agreements, and engagement and involvement of parents. Quick decided to withdraw the decision, and the Municipality and several local organisations volunteered to assist in finding and implementing an appropriate approach. These included ethnic minority organisations,
semi-public social organisations, the local professional soccer club (NEC), the Football Association Importance Nijmegen, and the Royal Dutch Football Association (KNVB). In February 2013, the chairperson of the club said the following during a television interview: “I see people around me who are all involved at the club. The framework has been extended. We have a new coordinator. The atmosphere improved considerably and parents along the line are approachable. We have had help from the municipality, Sportservice Nijmegen and the KNVB, but ultimately you have to do it yourself.”

4.5 TCNs’ “ethnic” associations and civic participation through them

4.5.1 Legislative framework concerning TCNs’ associations at national, regional and local level (with a particular attention to supporting and impeding/discriminatory factors)

TCNs are free to form associations; in this they meet the same supporting and impeding factors as ‘native’ Dutch. Impeding factors might concern organisations with fascist ideologies and practices. However, in the past the ultra-right organisation “Grey Wolves” (of Turkish origin) was free to operate in the Netherlands.

4.5.2 Main features of TCNs “ethnic” associations and their activities (with a particular attention to the possible role and specificities of second generations)

Main features of TCNs (or ‘ethnic’) organisations and their activities are that:

- they usually concern associations of the 1st generation of migrants;
- their main objective is to offer possibilities for social exchange. To this could be added the objectives of social support to ‘newcomers’, their integration in the Dutch society and maintaining links with the country of origin, for example by way of small scale development projects;
- they could be informal and formal as well. The latter occurs if there are specific objectives such as propagating certain social, political and religious ideologies. Moreover, formalization (e.g. registration at a Chamber of Commerce) is needed to obtain subsidies;
they are often gendered in favour of males. Hence, the constitution of women associations;

- although usually claiming to be national associations, there are often cleavages along the same political, regional and ethnic lines as in countries of origin.

There are of course exceptions, depending on history and size of the group of TCNs. For instance, in the case of Turkish and Moroccan TCNs, the 2nd and 3rd generations are represented in sports associations. Another specific case concerns the Moluccans (from the eastern part of Indonesia) who, due to their migration history that dates back from the fifties and is linked to decolonization, still maintain a strong identity and relations with their region and communities of origin. One of the local TCN associations that we interviewed for this explorative research concerned an Armenian woman who defined herself as 2nd generation and who started an association with mostly 1st generation migrants as participants (weekly gatherings).

4.5.3 Specific motivations underpinning TCNs’ associations

Motivations can be derived from the major features mentioned in the foregoing section: they can be social, economic or political. What specifically characterises TCNs associations (and what definitively differs from non-TCNs associations) is their bilateral transnationalism. This means that the country of origin during gatherings and meetings in the country of settlement (the Netherlands) is always present, as is shown by the language used, the food, songs etcetera. Members of TCNs associations are usually willing to integrate in the Dutch society but attach high value to their original identity. On the other hand, they consider closer integration as a necessity for the future of their children.

TCN associations are important in receiving newly arriving compatriots and/or members of their ethnic group. Integration concerns a broad spectre of attitudes, behaviour, norms and values. To begin with, the communication with representatives of Dutch refugee or welfare institutions may already imply the start of an ‘integration process’. In learning how to communicate, TNC associations can facilitate. For example, by pointing out that it is characteristic of the Dutch to communicate open and direct what one thinks or feels, something which migrants often find impolite, is something
TCN associations can help getting accustomed to. For children, integration happens by way of the Dutch school system and playing with Dutch children. One of our respondents mentioned that one of her ethnic friends did not understand her child’s new behaviour who kept silent, kept its arms crossed and stamped its feet. This is for Dutch children a way to express anger, something which was new to her. She learned this through sharing experiences with other members of the association who have stayed longer in the Netherlands\textsuperscript{20}. Ultimately, integration should lead to the development of a sense of belonging to the Dutch society. Voluntary work by migrant TCNs might be interpreted as such.

4.5.4 \textit{Factors and conditions facilitating or hindering TCNs’ associations}

During the eighties of the last century the Dutch government agencies supported and subsidised initiatives of TCN associations that supported ‘integration while maintaining own identities’ (the ideal of a multi-cultural society). A turn in the political climate at around the turn of the century coincided with occasional outright xenophobia and the phasing out of subsidies. Currently, the government has abolished minority policy and instead framed unemployed migrants as ‘persons with a distance to the labour market’. Since the first of January 2015, everyone who can work but needs assistance in this, falls under the Law on Participation (Participatiewet). For TCN associations, this means that they have to redesign their fundraising strategy as, depending on the municipality, special minority subsidies are increasingly phased out.

4.5.5 \textit{Role of the sending countries (e.g. through embassies, Ministries of emigration) in the promotion and functioning of TCNs’ associations}

\textsuperscript{20} The Iranian Dutch describes the experiences of asylum seekers on how to become active and develop a sense of belonging and solidarity with the Dutch society in her report ‘Kleine stappen van grote betekenis’ ('Small steps of great importance').
The role of sending countries is prominent in many cases where it concerns politically affiliated TCN associations.

A relatively new phenomenon is the support given by special Diaspora departments or ministries in countries of origin to TCN associations, born from the idea of that nation's stretch outside the nation-state and/or the importance of migrant remittances to the country of origin. An example we found was the support given by the Armenian Ministry of Diaspora to an Armenian association by offering schoolbooks. An outspoken example is the Philippines. It offers a model of multi-stakeholder involvement in migration issues and contacts between the Embassy and Filipino Groups are regular. It should be noted that this is in line with the remittances policies of the World Bank and IMF.

4.5.6 Transnational activities promoted by TCNs’ associations and their links with sending countries

Transnational activities by TCNs’ associations concern cultural activities, small scale development projects and – sometimes – political activities, for instance to protest against human rights detainees. Small scale projects usually concern educational and health activities. Some projects are successful, others fail to be sustainable.

At the national level, an example is a school near Accra set-up by the Ghanaian organisation Bokemei (Amsterdam). The example is particularly interesting because this initiative has been gradually and patiently built up with small amounts of donations. Another example that works at a larger scale is the Somali HIRDA, which started a small hospital and is supported by Oxfam/Novib. At the local level, within the range of the value of 1000-4000 Euro, there are many initiatives to support communities in countries of origin.

Dutch TCN associations active in what is called “Migration and Development’ initiatives are organised in two umbrella organisations: Dutch Consortium of Migrant Organisations (DCMO) and Diaspora for Development (DFD). They are supported by

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the Dutch donor (development cooperation) agencies Cordaid and Oxfam/Novib. In wider perspective this support is significant for the efforts to establish forms of cooperation between state agencies, development cooperation organisations and migrants’ business and professional networks is of great significance. In the Netherlands, we find various TCN associations partnering the Ministry of Foreign Affairs in a range of initiatives. Examples include the African Diaspora Policy Center (bridging African migrant communities and policy makers at EU level), and the SEVA Network Foundation (development activities based on Hindu philosophy). These cooperations take place within a broader framework of a network that holds a diversity of actors.

Lastly, the Philippine migrant organisation Pasali presents an interesting case of an organisation that wishes to share experiences with other migrant organisations through bilateral transnationalism. Pasali started an agricultural project in the southern province of Mindanao and now searches for an expansion of the project by cooperating with the Turkish Dutch organisation ‘Samenwerkende Moslim Hulporganisaties’ (SMHO; Cooperative Muslim Aid organisations). If this initiative succeeds, they will work within a triangular transnational partnership (the Netherlands, the Philippines, Turkey).

4.6 Discussion and conclusions about Part Four

4.6.1 Concerning the definition of ‘volunteer’

The researchers followed the definition of ‘volunteer’ as proposed by The Dutch Volunteer Policy Commission in its policy paper on volunteers in the Netherlands (Commissie vrijwilligersbeleid, 2002). It considered volunteer work as: “Work in any organised context, voluntarily and unpaid, carried out for the benefit of other people or society without the person who is doing the work is dependent on it for his or her livelihood”. “Organised context” indicates that the focus is on formal volunteering work. In line with the national policy paper, ‘informal care’ is not considered voluntary work in this report since this takes place within the private sphere of family, friends or acquaintances.
However, we admit that this view is debatable for at least two reasons:

- Specially among TCNs, informal volunteer work within the own ethnic community is important;
- Recent health reform measures and budget cuts implies a shift from professional care to informal voluntary care.

4.6.2 Concerning TCN volunteer work

Data of TCN volunteer work are not available, but the general opinion, and also the impression of the researchers, is that they are underrepresented in formalised volunteer work. Reasons are the appeal of TCN families and communities to engage in informal volunteer work, and cultural and language barriers. In-depth research into this matters is called for.

4.6.3 Concerning national law and regulations

By law foreigners and TCNs are allowed to do volunteer work in the Netherlands. Exceptions concern individuals who are in the first stage of the procedure for a residence permit and are not asylum seekers (usually newcomers because of family reunion). There are however regulations that add to the thresholds for TCN volunteer activities:

- The local agency responsible for granting social benefits (UWV), applies the principle that volunteer work should not displace paid work. This regulation is understandable but particularly disadvantages TCNs, since the level of unemployment is higher compared to native Dutch and EU citizens.
- TCNs who do not have free access to the labour market are only allowed to volunteer if the employer possesses a volunteer statement. However, to obtain a volunteer statement, an employer needs to go through a substantial bureaucracy, among others signing for ‘liability (in case of injury or theft). This prevents organisations from employing TCNs.
4.6.4 Concerning TCN associations

There are many TCN associations, in the Netherlands as well as in Nijmegen. Their main features include that they are usually associations of the 1st generation of migrants, their major objectives are usually to offer possibilities of social exchange and, although claiming to be national associations, there are often cleavages along the same political, regional and ethnic lines as found in countries of origin.

TNC associations are important in receiving compatriots and/or members of their ethnic group. They have a special role in the TCN integration process, including getting accustomed to a broad spectre of Dutch attitudes, behaviour, norms and values that facilitate communication in the Netherlands. Members of TCN associations are usually willing to integrate in the Dutch society if only because they consider closer integration a necessity for the future of their children.

On the other hand, what specifically characterises TCN associations is their bilateral transnationalism and attachment to the country of origin. This means that the country of origin during gatherings and meetings is always present, as is shown by the language spoken, the food, songs, interior decoration, etcetera. TCN associations are important to preserve certain traits of their identity in the country/region of origin.

At the local level, the Nijmegen municipality, like many other local governments, acknowledged the necessity and value of TCN associations. Unfortunately, the current trend of cutting national and local budgets means less financial support for TCN associations.

4.6.5 Concerning TCN motives for voluntary work

Motives that play a role for voluntary work in Dutch organisations are leisure, gaining experience in learning Dutch customs, ways of working and/or language, and voluntary work as part of a career trajectory. Major motives that play a role in TCN voluntary work in TCN associations are leisure, feeling at ease meeting (former) compatriots, supporting migrant newcomers, staying in contact with country of origin, supporting the region of origin by setting up small development projects, political aims and lobbying for migrant rights.
4.6.6 Concerning asylum seekers

In a 2013 report called ‘Verloren Tijd’ (Lost Time), a commission of the Ministry of Security and Justice acknowledged that asylum seekers should, in one way or another, remain active and are encouraged to volunteer. In practice, however, there are many obstacles such as cultural barriers, financial barriers (for example for local communication or mobile communication) and the Dutch language. Due to lobbying of national organised civil society organisations, the most recent policy (September 2014) prescribes that voluntary work by asylum seekers is allowed in environmental organisations that are dependent on voluntary work (this concerns work in open air) and in homes of the elderly if the work does not compete with paid work. It should be noticed that many of the problems associated with the danger of inactivity and apathy of asylum seekers is caused by the rather long procedure to obtain a permit to stay, (whether temporary or permanent) and the government’s policy that retention centers should have a sober character with regards to activities and self-deployment activities.

4.6.7 Overall conclusion part four

The overall conclusion is that there is a lack of more detailed and specific information with regard to TCN associations and TCN voluntary work in the region, and a lack of a local vision and coherent policy on TCN volunteer work. An exception is volunteer work for asylum seekers, as this is formulated at the national level. Especially, the economic recession and the accompanying cuts in the national and local budgets as well as the healthcare reform call for such a vision and policy.
4.7 Summary of Part Four

This part of the Dutch DIVERSE report is based on 18 interviews, held mostly with TCNs and organisations that have TCN volunteers in the municipality of Nijmegen. 15 reports concerning volunteer work in the Netherlands and Nijmegen have been consulted. The majority of the respondents were very co-operative; only in a few cases, the two researchers received negative replies.

The municipality of Nijmegen counts for some 168,000 inhabitants (2013), of which 10 per cent can be considered as TCNs. The researchers made a distinction between:

1. TCNs who obtained Dutch citizenship (often resulting in dual citizenship) or received a permit to stay (temporary or permanent);
2. TCNs who stay in asylum seeker centers;
3. Undocumented TCNs.

Data collected concern the first two categories. The researchers followed the definition of ‘volunteer’ as proposed by The Dutch Volunteer Policy Commission in its policy paper on volunteers in the Netherlands (Commissie Vrijwilligersbeleid, 2002). It considered volunteer work as:

“Work in any organised context, voluntarily and unpaid, carried out for the benefit of other people or society without the person who is doing the work is dependent on it for his or her livelihood”

“Organised context” indicates that the focus is on formal volunteering work. In line with the national policy paper, in our report ‘informal care’ is not considered voluntary work since this takes place within the private sphere of family, friends or acquaintances. In 2012, an estimated 38% of the Dutch participated in volunteer work. This percentage has dropped since in 2002 when it reached its height with 46%.

Most volunteers are to be found in the sports sector (11% of the population), followed by church and religion (7%), health, recreation, hobbies and schools (5% each). Most
volunteers are engaged in administrative tasks (such as office work and administration), advice and training or transportation. Increasingly fewer volunteers are involved in fundraising.

At the municipal level of Nijmegen it appears that around 40 per cent of the population is doing volunteer work (36% of the male adults; 43% of the female adults). In total, there are approximately 54,000 volunteers in Nijmegen, although some people are active in several fields. Therefore, a total of approximately 70,000 voluntary activities are carried out, mostly with regard to sports (especially men) and neighbourhood and school activities (predominantly women).

Data of TCN volunteer work are not available, but the general opinion, and also the impression of the researchers, is that they are underrepresented in formalised volunteer work. Reasons are the appeal of the TCN families and communities to engage in informal volunteer work, and cultural and language barriers.

TCN migrants

By law foreigners and TCNs are allowed to do volunteer work in the Netherlands. Exceptions concern individuals who are in the first stage of the procedure for a residence permit and are not asylum seekers.

Motives that play a role for voluntary work in Dutch organisations are leisure, gaining experience in learning Dutch customs, ways of working and/or language, and voluntary work as part of a career trajectory.

There are however regulations that add to the thresholds for TCN volunteer activities.

- The local agency responsible for granting social benefits (UWV), applies the principle that volunteer work should not displace paid work. This regulation particularly disadvantages TCNs, since the level of unemployment is higher compared to native Dutch and EU citizens.

- Further on, TCNs who do not have free access to the labour market are only allowed to volunteer work if the employer possesses a volunteer statement. However, to obtain permission for a volunteer statement, an employer needs to go through a substantial bureaucracy among others signing for ‘liability (in case of injury or theft). This prevents organisations to employ TCNs.
There are many TCN associations, in the Netherlands as well as in Nijmegen. Main features include that they are usually associations of the 1st generation of migrants, their major objectives are to offer possibilities of social exchange and although claiming to be national associations, there are often cleavages along the same political, regional and ethnic lines as in countries of origin. Major motives that play a role in TCN voluntary work in TCN associations are leisure, feeling at ease meeting (former) compatriots, giving support to migrant newcomers, staying in contact with country of origin, giving support to the region of origin by setting up small development projects, political aims and lobbying for example for migrant rights.

Asylum seekers
In a 2013 report called ‘Verloren Tijd’ (Lost Time), a commission of the Ministry of Security and Justice acknowledged that asylum seekers in one way or another have to remain active and are encouraged to volunteer. In practice, however, there are many obstacles such as cultural barriers and the Dutch language. Due to lobbying of national organised civil society organisations (the earlier mentioned NOV and Pharos), the most recent policy (September 2014) prescribes that voluntary work by asylum seekers is allowed in environmental organisations that are dependent on voluntary work (this concerns work in open air) and in homes of the elderly if the work does not compete with paid work.
5 Final conclusions

The Netherlands offers various opportunities for TCN professionals; yet, only on the condition that TCN job seekers or employees are willing and able to demonstrate SKC. The Netherlands has a rather strongly developed national legal infrastructure for the recognition of credentials that are obtained abroad. However, the system has a number of flaws, as is experienced by TCN workers and is acknowledged by experts in the field. TCNs who are in the process of obtaining recognition of their qualifications often find out that their qualifications are, in the end, not considered as equal to the relevant Dutch qualifications. This can be a frustrating experience, especially for TCNs who have relevant work experience within their broader profession. Where compliance with the legal system for formal diploma and qualification recognition is a problem, alternative methods for recognition of prior learning (RPL) become relevant. RPL is a relevant alternative route for TCNs to gain access to the labour market in situations where they do not meet the requirements of the formal procedures for the recognition of foreign diplomas and qualifications. In the Netherlands, a well-developed system exists. Within this system, due attention is paid to the valorisation of non-formal and informal learning. A key challenge identified by experts is the commitment of educational institutes and employers to valorise these learning experience as part of broader initiatives to foster cultural diversity.

The investigation of policies and practices with regard to the management of cultural diversity in ten case study organisations in the Arnhem-Nijmegen region indeed showed that systematic attention to this issue is still limited. Within these organisations, DM practices are often developed by individuals who are strongly committed to cultural diversity and who act as anchors of these practises in the organisation. These individuals often have an immigrant background themselves and/or they are visionaries seeing the value added of a diverse workforce for organisational performance. Successful practices include diversity teams, in which knowledge about cultural diversity is bundled and shared within the organisation, buddy programmes that help TCNs to integrate into an organisational culture and training programmes designed to raise intercultural awareness. As it stands, due to time pressure and a lack of commitment from the side of higher-level management, not all of these practices
prove to be effective. However, with the growing diversity of the population of the Arnhem-Nijmegen region, the client base of the healthcare organisations in the sample is also diversifying. This, in turn, is likely to strengthen the case for diversity management in the near future. A question that needs to be addressed by many organisations is how to move from relatively isolated sets of practices, developed by individuals or teams, to a more integrated vision on cultural diversity. On the one hand, such a vision should be sensitive to the fact that colour blind approaches can seriously hamper the integration of TCNs into Dutch organisations (Van den Broek, 2014). On the other hand, it should be open to the consideration that overemphasising the cultural “otherness” of TCNs may not be found desirable by TCN employees themselves.

Volunteer work can be a strong tool to improve TCNs chances of paid employment, especially in a setting of mutual support, when organisations that provide volunteer work understand that by helping a TCN to develop certain competences, organisational processes can be improved, and vice versa, when TCNs develop their personal ambitions while engaging with voluntary activities. In this process, TCNs are enabled to discover or develop a professional identity, which is recognised foremost on the basis of their contribution to the organisation - in contrast to their nationality, legal status, ethnic origin, work status (unemployed) et cetera. However, the role of volunteer work should not be overstated, as formal regulations (e.g. Dutch employment law) currently hamper TCNs’ involvement in volunteer activities. Moreover, the relation between involvement in volunteer work and obtaining paid employment is unclear.

This report has illustrated the current state-of-art with regard to the recognition of SKC in different stages of labour market integration of TCNs in the case of the Netherlands. In this effort we looked at the “frontdoor” to recognition, by studying relevant legal and institutional frameworks for the recognition of formal SKC as well as informal and non-formal learning, and by looking at the recognition of these competences on the workfloor. Also, we looked at the “backdoor” to recognition for TCNs aiming to gain entrance to the paid labour market through involvement in volunteer work. Even though important initiatives have been taken by national authorities by harmonizing international credential recognition, by local organisations by developing alternative routes to the recognition of prior learning (RPL), and by employers by introducing effective diversity management practices, many competences of TCNs remain unused.
in the Dutch labour market. Tapping more effectively into the economic potential of this group might provide the Netherlands with the human capital it requires to become a key player in the global knowledge economy.
6 References

ABN-AMRO. (n.d.) Cover mix magazine: ‘Meer diversiteit?, Het kan!’, ABN-AMRO.


Kenniscentrum EVC. (2013). *Bouwstenen voor een toekomstbestendig EVC-stelsel, eerste uitkomsten van een brede bezinning*, ’s-Hertogenbosch: Kenniscentrum EVC.


# Annexes

## Annex A  Comprehensive list of regulated professions in the Netherlands and competent authorities

<table>
<thead>
<tr>
<th>Profession (English)</th>
<th>Profession (Dutch)</th>
<th>Competent authority</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sworn interpreter Sworn translator</td>
<td>Beëdigd tolk Beëdigd vertaler</td>
<td>Bureau beëdigde tolken en vertalers (Bureau for sworn interpreters and translators)</td>
<td><a href="http://www.bureaubtv.nl/en/">http://www.bureaubtv.nl/en/</a></td>
</tr>
<tr>
<td>Employee of a financial services provider who grants</td>
<td>Werknemer van een financiële dienstverlener die zich</td>
<td>College Deskundigheid Financiële Dienstverlening (CDFD)</td>
<td><a href="http://www.cfd.nl">www.cfd.nl</a></td>
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<tr>
<td>financial services to consumers</td>
<td>bezighoudt met het verlenen van financiële diensten aan consumenten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving instructor</td>
<td>Rijinstructeur</td>
<td>Innovam Groep, IBKI</td>
<td><a href="http://www.ibki.nl">www.ibki.nl</a></td>
</tr>
<tr>
<td>Land Registrar Custodian of Public Registers</td>
<td>Bewaarder van het kadaster en de openbare registers</td>
<td>Kadaster</td>
<td><a href="http://www.kadaster.nl">www.kadaster.nl</a></td>
</tr>
<tr>
<td>Fireworks expert</td>
<td>(Professioneel) vuurwerkdeskundige</td>
<td>Kiwa</td>
<td><a href="http://www.kiwa.nl">www.kiwa.nl</a> <a href="http://www.vuurwerkbedrijven.nl">www.vuurwerkbedrijven.nl</a></td>
</tr>
<tr>
<td>Bailiff Junior bailiff</td>
<td>(Kandidaat) gerechtsdeurwaarder</td>
<td>Koninklijke Beroepsorganisatie van Gerechtsdeurwaarders (Royal Professional Organisation of Judicial Officers)</td>
<td><a href="http://www.kbv.org">www.kbv.org</a></td>
</tr>
<tr>
<td>Deepsea pilot</td>
<td>Loodscertificaat</td>
<td>Koninklijke Dirkzwager BV</td>
<td><a href="http://www.dirkzwager.com">www.dirkzwager.com</a></td>
</tr>
<tr>
<td>Role</td>
<td>Dutch Description</td>
<td>Ministry</td>
<td>Website</td>
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<td>----------------------------------------------</td>
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<tr>
<td>State official</td>
<td>Ambtenaar van Staat</td>
<td>Ministerie van Binnenlandse Zaken en Koninkrijksrelaties (Ministry of the Interior and Kingdom Relations)</td>
<td><a href="http://www.government.nl/ministries/bzk">http://www.government.nl/ministries/bzk</a></td>
</tr>
<tr>
<td>Plant protection operations manager</td>
<td>Bedrijfsvoerder gewasbescherming Beheerder van een bedrijf, asiel of pensioen</td>
<td>Ministerie van Economische Zaken, Landbouw &amp; Innovatie (Ministry of Economic Affairs, Agriculture and Innovation)</td>
<td><a href="http://www.government.nl/ministries/eleni">http://www.government.nl/ministries/eleni</a></td>
</tr>
<tr>
<td>De facto manager of a financial services provider who grants financial services to consumers</td>
<td>Feitelijk leidinggevende van een financiële dienstverlener die zich bezighoudt met het verlenen van financiële diensten aan consumenten</td>
<td>Ministerie van Financiën (Ministry of Finance)</td>
<td><a href="http://www.government.nl/ministries/fin">http://www.government.nl/ministries/fin</a></td>
</tr>
<tr>
<td>Fishing Vessel Skipper Helmsman Engineer (inland navigation) Able Seaman Engine Room Artificer Sailor; Mariner Fishing Vessel Relief Skipper Engineer Officer Fishing Vessel Deck Officer Fishing Vessel Engineer Fishing Vessel</td>
<td>(Plaatsvervangend) schipper zeevisvaart Stuurman – werktuigkundige zeevisvaart Stuurman zeevisvaart Werktuigkundige zeevisvaart Gezel zeevisvaart</td>
<td>Ministerie van Infrastructuur en Milieu (Ministry of Infrastructure and the Environment), Inspectie Leefomgeving en Transport</td>
<td><a href="http://www.ilent.nl/">www.ilent.nl/</a></td>
</tr>
<tr>
<td>Skipper (inland shipping) (Chief) engineer (inland shipping) (Able) Seaman</td>
<td>Stuurman binnenvaart Machinist binnenvaart Matroos Volmatroos Matroos-motordrijver</td>
<td>Ministerie van Infrastructuur en Milieu, Stichting Afvalstoffen en Vaardocumenten Binnenvaart (SAB)</td>
<td><a href="http://www.sabni.nl/">http://www.sabni.nl/</a></td>
</tr>
<tr>
<td>Glider maintenance technician</td>
<td>Luchtvaartterreinformatieverstrekker Onderhoudstechnicus voor zweefvliegtuigen Vluchtinformatieverstrekker</td>
<td>Ministerie van Infrastructuur en Milieu (Ministry of Infrastructure and the Environment)</td>
<td><a href="http://www.ilent.nl/">www.ilent.nl/</a></td>
</tr>
<tr>
<td>Occupation</td>
<td>Description</td>
<td>Ministry</td>
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<tr>
<td>Railway staff performing vital safety tasks</td>
<td>Machinist (spoor)</td>
<td>Ministerie van Infrastructuur en Milieu (Ministry of Infrastructure and the Environment), Inspectie Leefomgeving en Transport</td>
<td><a href="http://www.ilent.nl/">www.ilent.nl/</a></td>
</tr>
<tr>
<td>Biocide technician engaged in preventing or combating a plague of vermin</td>
<td>Bestrijder houtrotverwerkende schimmels Distributeur van gasvormige en gasvormende gewasbeschermingsmiddelen en biociden Gasmeetkundige Gassingsleider Toepasser van biociden voor het afweren of bestrijden van een dierplaag</td>
<td>Ministerie van Infrastructuur en Milieu (Ministry of Infrastructure and the Environment)</td>
<td><a href="http://www.government.nl/ministries/ienm">http://www.government.nl/ministries/ienm</a></td>
</tr>
<tr>
<td>Human Resources and Organizational Development Specialist</td>
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<tr>
<td>Occupational Hygienist Health and Safety Adviser</td>
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<tr>
<td>Fireworks Expert</td>
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<tr>
<td>Medical Examiner of Professional Divers</td>
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<tr>
<td>Asbestos and Crocidolite Removal Specialist</td>
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<td></td>
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<tr>
<td>Occupational Diver</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical Diving Supervisor Diving Team Leader Gas Engineer</td>
<td></td>
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<tr>
<td>Crane Operator Explosives Engineer (deskundige Springmeester)</td>
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<tr>
<td>Explosives Engineer (deskundige Schietmeester) Radiation Protection</td>
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<tr>
<td>Practitioner</td>
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<th>Role</th>
<th>Description</th>
<th>Ministry</th>
<th>Website</th>
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<tr>
<td>Dierenarts (sectoraal beroep) Fysiotherapeut voor dieren Dierenartsassistent, paraveterinair Embryotransplanteur, paraveterinair (bekwaamheidsattest 92/51) Embryowinner (idem) Verzorger embryo-/eicelwinning (idem) Verzorger embryotransplantatie (idem)</td>
<td>Ministry van Volksgezondheid, Welzijn en Sport (Ministry of Health, Welfare and Sport)</td>
<td><a href="http://www.diergeneeskunderegister.nl">www.diergeneeskunderegister.nl</a></td>
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<td>Brandweerofficier Brandweerberoepen (niet zijnde brandweerofficier)</td>
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<td>Advocaat (Lawyer, Attorney, Barrister, Solicitor)</td>
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<td>Octrooigemachtigde</td>
<td>Octrooicentrum Nederland (NL Patent Office)</td>
<td><a href="http://www.octrooicentrum.nl">www.octrooicentrum.nl</a></td>
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<tr>
<td>Politieanalyse Police assistant</td>
<td>Politiekundige (politiekundige bachelor en politiekundige master) Politiemedewerker (kwalificatieniveau 2 t/m 4: assistent politiemedewerker, politiemedewerker, allround politiemedewerker)</td>
<td>Politieacademie, Bureau Erkenning Verworven Competenties (EVC)</td>
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<td>provincial inspector of archive documents</td>
<td>provincial inspector of archive documents</td>
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<td>teacher in adult education and professional training (previously teacher in secondary vocational education)</td>
<td>teacher in adult education and professional training (previously teacher in secondary vocational education)</td>
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<tr>
<td>director (deputy) in primary education</td>
<td>director (deputy) in primary education</td>
<td>director (deputy) in primary education</td>
<td>director (deputy) in primary education</td>
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<tr>
<th>Position</th>
<th>Dutch Description</th>
<th>Website</th>
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<tbody>
<tr>
<td>director (deputy) in special needs education</td>
<td>directeur (adjunct-) (voortgezet) speciaal onderwijs</td>
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</tr>
<tr>
<td>director (deputy) in secondary education</td>
<td>directeur (adjunct-) voortgezet onderwijs</td>
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<tr>
<td>lecturer in adult education and professional training</td>
<td>docent educatie en beroepsonderwijs</td>
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<tr>
<td>Childcare professions:</td>
<td></td>
<td>Diens Uitvoering Onderwijs (DUO) <a href="http://www.duo.nl">www.duo.nl</a></td>
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<tr>
<td>childcare worker at a nursery</td>
<td>gastouder in de kinderopvang</td>
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</tr>
<tr>
<td>childcare worker at a nursery</td>
<td>leidster bij een kindercentrum</td>
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<tr>
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<td>Cesar method therapist</td>
<td>oefentherapeut Cesar</td>
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<tr>
<td>clinical physicist</td>
<td>klinisch fysicus</td>
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<tr>
<td>dental technician (denturist)</td>
<td>tandprotheticus</td>
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<td>tandarts</td>
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<td>radiodiagnostisch laborant</td>
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<td>diëtist</td>
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<td>arts</td>
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<td>GZ-psycholoog</td>
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</tr>
<tr>
<td>Term</td>
<td>Dutch Term</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>pharmacist</td>
<td>apotheker</td>
<td></td>
</tr>
<tr>
<td>pharmacy assistant</td>
<td>apothekersassistent</td>
<td></td>
</tr>
<tr>
<td>physician assistant</td>
<td>physician assistant</td>
<td></td>
</tr>
<tr>
<td>physiotherapist</td>
<td>fysiotherapeut</td>
<td></td>
</tr>
<tr>
<td>podiatrist</td>
<td>podotherapeut</td>
<td></td>
</tr>
<tr>
<td>psychotherapist</td>
<td>psychotherapeut</td>
<td></td>
</tr>
<tr>
<td>skin therapist</td>
<td>huidtherapeut</td>
<td></td>
</tr>
<tr>
<td>speech therapist</td>
<td>logopedist</td>
<td></td>
</tr>
<tr>
<td>therapeutic radiographer</td>
<td>radiotherapeutisch laborant</td>
<td></td>
</tr>
</tbody>
</table>

The Netherlands Country Report – A Case-study on the Healthcare Sector in the Arnhem-Nijmegen Region
### Annex B Description of participating organisations and list of interviewees

#### Radboud University Medical Center

<table>
<thead>
<tr>
<th>Name and legal form</th>
<th>Radboud University Medical Center; Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of organisation</td>
<td>Public, non-profit</td>
</tr>
<tr>
<td>Sector of activity</td>
<td>Health care</td>
</tr>
<tr>
<td>Typology of services/products</td>
<td>Patient care and scientific research, education and training in healthcare</td>
</tr>
<tr>
<td>Total number of personnel</td>
<td>9,931 (2013)</td>
</tr>
<tr>
<td>Number of TCN personnel</td>
<td>285 (2013)</td>
</tr>
<tr>
<td>Key diversity management practices</td>
<td>Buddy programme, diversity toolkit, induction day for foreign and TCN staff</td>
</tr>
</tbody>
</table>

#### Rijnstate Hospital

<table>
<thead>
<tr>
<th>Name and legal form</th>
<th>Rijnstate Hospital; Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of organisation</td>
<td>Public, non-profit</td>
</tr>
<tr>
<td>Sector of activity</td>
<td>Health care</td>
</tr>
<tr>
<td>Typology of services/products</td>
<td>Patient care, training and applied research, and innovation in healthcare</td>
</tr>
<tr>
<td>Total number of personnel</td>
<td>4,748 (2013)</td>
</tr>
<tr>
<td>Number of TCN personnel</td>
<td>Unknown</td>
</tr>
<tr>
<td>Key diversity management practices</td>
<td>Informal recruitment channels; partnership with municipality of Arnhem</td>
</tr>
</tbody>
</table>

#### Pro Persona

<table>
<thead>
<tr>
<th>Name and legal form</th>
<th>Pro Persona; Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of organisation</td>
<td>Public, non-profit</td>
</tr>
<tr>
<td>Sector of activity</td>
<td>Mental health</td>
</tr>
<tr>
<td>Typology of services/products</td>
<td>Providing specialist mental health services to adolescents, adults and elderly with psychiatric disorders and providing mental assistance in crisis situations</td>
</tr>
<tr>
<td>Total number of personnel</td>
<td>3,500 – 4,000 (2014)</td>
</tr>
<tr>
<td>Number of TCN personnel</td>
<td>Unknown*</td>
</tr>
<tr>
<td>Key diversity management practices</td>
<td>Cultural mediators, training programmes, department of transcultural psychiatry</td>
</tr>
</tbody>
</table>

* In the city of Arnhem, 2.2% per cent of Pro Persona personnel has a non-Western background; in the city of Nijmegen, 6.6% of Pro Persona personnel has a non-Western background.
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name and legal form</th>
<th>Type of organisation</th>
<th>Sector of activity</th>
<th>Typology of services/products</th>
<th>Total number of personnel</th>
<th>Number of TCN personnel</th>
<th>Key diversity management practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dichterbij</td>
<td>Dichterbij; Foundation</td>
<td>Public, non-profit</td>
<td>Health care</td>
<td>Providing care to people with intellectual disabilities, their parents and relatives</td>
<td>Total numbers of personnel: 5,171</td>
<td>Unknown</td>
<td>Lead partner Dünya Dichterbij, diversity team of managers and project leaders, internal labour pool of expertise on cultural diversity, training programmes</td>
</tr>
<tr>
<td>Zahet</td>
<td>Zahet; Foundation</td>
<td>Public, non-profit</td>
<td>Health care</td>
<td>Nursing, housekeeping, daycare and administrative support in the mother tongue of the client</td>
<td>Total number of personnel: 42 (2014)*</td>
<td>6 (2014)</td>
<td>Informal recruitment channels, buddy programme</td>
</tr>
<tr>
<td>Inter-Lokaal</td>
<td>Inter-Lokaal; Foundation</td>
<td>Public, Non-profit</td>
<td>Welfare &amp; Social Organization</td>
<td>Supporting people in a vulnerable socio-economic position by means of specialist material services and programmes in the field of family, participation and youth.</td>
<td>Total numbers of personnel: 62 (2013)</td>
<td>Unknown</td>
<td>Partner Dünya Dichterbij, in-house training company, various diversity-related projects</td>
</tr>
<tr>
<td>Synthon</td>
<td>Synthon; L.T.D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of organisation</td>
<td>Profit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>----------------------</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sector of activity</td>
<td>Health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typology of services/products</td>
<td>Development and manufacturing of generic and biotechnological pharmaceuticals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of personnel</td>
<td>Total number of personnel: 420 (2014)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of TCN personnel</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key diversity management practices</td>
<td>Assistance prior to and after arrival, all kinds of formal and informal feedback &amp; discussion opportunities, language courses, organization of social events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NXP semiconductors**

<table>
<thead>
<tr>
<th>Name and legal form</th>
<th>P.L.C. (N.V.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of organisation</td>
<td>Profit sector</td>
</tr>
<tr>
<td>Sector of activity</td>
<td>Semiconductors</td>
</tr>
<tr>
<td>Typology of services/products</td>
<td>Research and development, and manufacturing in High Performance Mixed Signal and Standard Product Applications for industries, including health care.</td>
</tr>
<tr>
<td>Total number of personnel</td>
<td>2,300 – 2,500 (in the Netherlands)</td>
</tr>
<tr>
<td>Number of TCN personnel</td>
<td>Unknown</td>
</tr>
<tr>
<td>Key diversity management practices</td>
<td>Assistance prior to and after arrival, training programmes, language courses</td>
</tr>
</tbody>
</table>

**Municipality of Arnhem**

<table>
<thead>
<tr>
<th>Name and legal form</th>
<th>Municipality of Arnhem; Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of organisation</td>
<td>Public</td>
</tr>
<tr>
<td>Sector of activity</td>
<td>Municipal services</td>
</tr>
<tr>
<td>Typology of services/products</td>
<td>Local policy making, implementation of national legislation, administrative and financial services</td>
</tr>
<tr>
<td>Total number of personnel</td>
<td>Total number of personnel: 1,700 (2014)</td>
</tr>
<tr>
<td>Number of TCN personnel</td>
<td>Unknown*</td>
</tr>
<tr>
<td>Key diversity management practices</td>
<td>Diversity quota for various layers in the organization, formal feedback opportunities</td>
</tr>
</tbody>
</table>

* 2.4 percent (40 people) of higher policymaking personnel are 2nd generation migrants

**ABN-AMRO bank**

<table>
<thead>
<tr>
<th>Name and legal form</th>
<th>ABN-AMRO bank; P.L.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of organisation</td>
<td>Profit</td>
</tr>
<tr>
<td>Sector of activity</td>
<td>Financial services</td>
</tr>
<tr>
<td>Typology of services/ products</td>
<td>Typology of services/ products: All-round bank (investment, finance and sustainable money management, finance) serving retail, private and commercial banking clients</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Total number of personnel</td>
<td>Total number of personnel: 18,550 fte (2013)</td>
</tr>
<tr>
<td>Number of TCN personnel</td>
<td>Unknown</td>
</tr>
<tr>
<td>Key diversity management practices</td>
<td>Training programmes, all kinds of formal and informal feedback &amp; discussion opportunities, organization of in-house diversity events</td>
</tr>
</tbody>
</table>
**List of interviewees for chapter two**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Function</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>Freelance consultant</td>
<td>Diploma recognition, diploma (de)valuation, perceptions and images of TCNs, experiences of voluntary work, UWV (Dutch Employee Insurance Agency), obtaining paid work and keeping it.</td>
</tr>
<tr>
<td>Small consultancy firm</td>
<td>Motivational speaker/Ex-labour union employee</td>
<td>Diploma recognition, diploma (de)valuation, perceptions and images of TCNs, experiences of voluntary work, UWV (Dutch Employee Insurance Agency), obtaining paid work and keeping it.</td>
</tr>
<tr>
<td>University Leiden</td>
<td>Biologist</td>
<td>Diploma recognition, diploma (de)valuation, perceptions and images of TCNs, experiences of voluntary work, UWV (Dutch Employee Insurance Agency), obtaining paid work and keeping it.</td>
</tr>
<tr>
<td>Scouting Gelderland</td>
<td>Youth worker; train and support volunteers in youth work</td>
<td>Methods for recognition of non-formal learning, volunteer work</td>
</tr>
<tr>
<td>Kantharos: advisory and training bureau diversity management</td>
<td>Director</td>
<td>Implementation and practices of skills recognition among highly skilled nurses.</td>
</tr>
<tr>
<td>Employment bureau</td>
<td>Client manager / employer</td>
<td>Recognition practices of work experience in the Netherlands and abroad.</td>
</tr>
<tr>
<td>Movisie</td>
<td>Project manager: participation and active citizenship</td>
<td>Best practices on facilitation of participation of allochthones in (voluntary) work.</td>
</tr>
<tr>
<td>DUO</td>
<td>Senior Europass</td>
<td>Skills recognition from an EU and Dutch perspective.</td>
</tr>
<tr>
<td>Organization/Position</td>
<td>Role</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>EVC Center of Expertise / CINOP</td>
<td>Director CINOP</td>
<td>The phases of the most famous procedure to recognise non-formal and informal learning experiences.</td>
</tr>
<tr>
<td>EVC Center of Expertise / CINOP</td>
<td>Senior managing consultant</td>
<td></td>
</tr>
<tr>
<td>COS Nijmegen-advisory bureau on diversity and sustainability</td>
<td>Policy worker</td>
<td>Context of various immigrant groups residing in the Netherlands, their organisational structure and participation in decision-making.</td>
</tr>
<tr>
<td>Regioplan Amsterdam</td>
<td>Researcher, department of participation</td>
<td>Allochthones in voluntary work and evaluation of regional pilots on the employment of overseas nurses in the healthcare sector.</td>
</tr>
<tr>
<td>UAF – Association for refugee students</td>
<td>Job Support</td>
<td>Applicability of the EVC-procedure for refugees and comparison with practices of UAF to find education, employment and traineeships for refugees.</td>
</tr>
<tr>
<td>Commission for Foreign Healthcare Graduates (CBGV). Commission advises Dutch Ministry of</td>
<td>Secretary</td>
<td>The formal system of recognition of skills of foreign qualified professionals wanting to work in the regulated healthcare professions in the Netherlands.</td>
</tr>
<tr>
<td>Health, Welfare and Sport</td>
<td>Labour Union for healthcare workers ABVA/KABO</td>
<td>Policy worker healthcare and migrants</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Radboud Academic Medical Center Nijmegen</td>
<td>NFU-contact person for foreign trained doctors</td>
</tr>
</tbody>
</table>
List of interviewees for chapter three

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Role/ function</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radboud University Medical Center</td>
<td>International office</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>HR strategic officer</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>Recognition of doctors with foreign qualifications</td>
<td>Dutch</td>
</tr>
<tr>
<td>Rijnstate Hospital</td>
<td>HR department head</td>
<td>Dutch</td>
</tr>
<tr>
<td>ProPersona</td>
<td>Psychiatrist, head of department of trans-cultural psychiatry</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>Psychologist, cultural mediator</td>
<td>Iranian</td>
</tr>
<tr>
<td>Dichterbij</td>
<td>Trainer (cultural diversity)</td>
<td>Turkish</td>
</tr>
<tr>
<td></td>
<td>Manager Nijmegen-branch</td>
<td>Dutch</td>
</tr>
<tr>
<td>Zahet</td>
<td>Manager/director</td>
<td>Turkish</td>
</tr>
<tr>
<td></td>
<td>Care-worker</td>
<td>Antillean</td>
</tr>
<tr>
<td>Inter-Lokaal</td>
<td>Manager in-house training company</td>
<td>Dutch</td>
</tr>
<tr>
<td>Municipality of Arnhem</td>
<td>Senior HR advisor</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>Internship coordinator</td>
<td>Brazilian</td>
</tr>
<tr>
<td>Synthon</td>
<td>HR department head</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>CSO biopharmaceuticals division</td>
<td>Dutch</td>
</tr>
<tr>
<td>NXP semiconductors</td>
<td>HR business partner</td>
<td>Dutch</td>
</tr>
<tr>
<td>ABN-AMRO bank</td>
<td>Head of diversity team</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>Member of diversity team, specializing in cultural diversity</td>
<td>Moroccan</td>
</tr>
</tbody>
</table>
### List of interviewees for chapter four

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Occupation</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Committee for Allochthones</td>
<td>President</td>
<td>Dutch</td>
</tr>
<tr>
<td>Association for United Armenians Netherlands</td>
<td>Board member</td>
<td>Armenian</td>
</tr>
<tr>
<td>Centraal Orgaan opvang asielzoekers (COA) Nijmegen (Refugee center)</td>
<td>Programme manager</td>
<td>Turkish</td>
</tr>
<tr>
<td></td>
<td>Programme manager</td>
<td>Turkish</td>
</tr>
<tr>
<td>Goshamadeed (Welcome)</td>
<td>President</td>
<td>Afghan</td>
</tr>
<tr>
<td>Hobby Werkplaats De Nonnendaal (a hobby center)</td>
<td>Director</td>
<td>Dutch</td>
</tr>
<tr>
<td>Inter-Lokaal</td>
<td>Employee</td>
<td>Dutch</td>
</tr>
<tr>
<td>N/A</td>
<td>Freelance</td>
<td>Surinamese</td>
</tr>
<tr>
<td></td>
<td>Student</td>
<td>Congolese</td>
</tr>
<tr>
<td></td>
<td>Teacher at a university</td>
<td>Indonesian</td>
</tr>
<tr>
<td>Museum Park Oriëntalis</td>
<td>Coordinator for volunteer work</td>
<td>Dutch</td>
</tr>
<tr>
<td>PHAROS</td>
<td>Programme manager asylum seekers and refugees</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>Manager External Relations at Pharos [Health Care and Services for Refugees and Migrants]</td>
<td>Dutch</td>
</tr>
<tr>
<td>Regional Vocational Education Institute</td>
<td>Teacher Dutch as a Second Language</td>
<td>Dutch</td>
</tr>
<tr>
<td>Regioplan</td>
<td>Researcher on volunteer work</td>
<td>Dutch</td>
</tr>
<tr>
<td>Tandem</td>
<td>Volunteer coordinator</td>
<td>Dutch</td>
</tr>
<tr>
<td>Volunteer Center Nijmegen</td>
<td>Coordinator for volunteer work among refugees</td>
<td>Dutch</td>
</tr>
<tr>
<td>Waalboog (center for care, welfare and living)</td>
<td>Volunteer coordinator</td>
<td>Dutch</td>
</tr>
<tr>
<td></td>
<td>Volunteer coordinator</td>
<td>Dutch</td>
</tr>
</tbody>
</table>
The ISMU Foundation is an independent research centre funded in 1992 promoting research and training activities on migration, integration and the ever-growing ethnic and cultural diversity of contemporary societies.
As an independent scientific body, it proposes itself as a service provider open to the collaboration with national and European institutions, local administrations, welfare and health-care agencies, non-profit organisations, schooling institutions, Italian and foreign research centres, libraries and documentation centres, international agencies, diplomatic and consular representations.

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ISBN 9788864471549

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