

Shadow Report

The Netherlands

2incING AMIF Project

The Shadow Report is a toolkit for wide use for human rights advocates, but specifically for refugee and migrant advocates focusing on the rights of people on the move.

2incING aims to promote and support refugee and migrant participation in the design and implementation of integration policies at local, regional, national and European level



Written by: Marina, M. Armyriotou
Mohammed, M. Badran
Mostafa, M. Betaree
Anna, A. Bilenka
Saleem, S. Bshara
Idris, I. el Hassan
Husniya, H. Kedr
Yordi, Y. Lassooy
Nour, N. Saadi
Sajad, S. Salmanpour
Handenur, H. Taspinar
Jolien, J. de Vries

Edited by: Elena, E. Ponzoni
Eman Awad

Designed by: Nour Sadat



The 2incING project aims to promote and support refugee and migrant participation in the design and implementation of integration and related policies at local, regional, national and European level. The project is a partnership of four CSOs (Croatia, Greece, Malta and The Netherlands), one alliance (Belgium) and one university (Netherlands), which gives a holistic multidisciplinary approach to the topic. The project is divided into five work packages focused on educational activities that are followed up with concrete tasks to produce concrete policy tools for advocating refugee and migrants inclusion in policy making processes. The approach of the project is based on the creation of knowledge based on lived experience.

The Shadow Report is one of the tasks of the 2incING project. The Shadow Report is a toolkit for wide use for advocates, but specifically for refugee and migrant advocates focusing on the rights of people on the move. The terms refugee advocates and migrant advocates are used to denote people with a refugee and migrant background who are involved in advocacy for refugee and migrant rights.

[LinkedIn](#)
info@syvnl.nl
www.syvnl.nl

Click on any chapter to jump to page

6 Glossary

8 Introduction

10 Methodology

12 Access to the Workforce

- 1.a: Recognition of the qualifications
- 1.b: Limitations applying to regular job openings
- 1.c: For newcomers who are still in the asylum procedure
- 1.d: Tension between participation and integration laws
- 1.e: Concentration on specific jobs for newcomers
- 1.f: Inadequate job placements for newcomers
- 1.g: Difficulty in securing internships
- 1.h: Absence of meaningful social interactions
- 1.i: Exclusion

22 Access to Education

- 2.a. Information Accessibility
- 2.b.1 Newcomers above the age of thirty
- 2.b.2 Newcomers who are still in the asylum procedure
- 2.c. Exclusion in higher education
- 2.d. Challenges with bureaucracy
- 2.d. Language proficiency as barrier in accessing support

28 Access to (Mental) Healthcare

- 3.a: Policies, regulations and organizational structures
- 3.b: Mental health support is not the default
- 3.c: Knowledge about mental health
- 3.d: Professional sensitivity to the aspect of mental health
- 3.e: The inflexibility of supporting systems
- 3.f: Limited range of health services
- 3.g: Access to the healthcare workforce

39 Recommendations

- 4.a: Access to work
- 4.b: Access to education
- 4.c: Access to (mental) healthcare

43 Conclusion

48 Context

- 5.a: EU and International rules and regulations
- 5.b: Dutch national rules, regulations and policies
- 5.c: Two Integration laws
- 5.d: Rights & policies during activation of the TDP

51 Appendix

- 5.a: Sources and literature list
- 5.b: Appendix 1: EU and International rules and regulations
- 5.c: Appendix 2: Rights & policies during asylum process
- 5.d: Appendix 3: Rights & policies temporary residency (based on asylum application)
- 5.f: Appendix 4: Rights & policies during activation of the TDP

Glossary

AZC Asielzoekerscentrum

When the IND chooses to review the asylum application through the regular asylum procedure within eight days, an individual seeking asylum will stay at the Process Reception Centre. Once granted protection, the asylum seeker will be relocated to a Centre for Asylum Seekers before being provided with housing in the Netherlands.

COA Centraal Orgaan Opvan Azielzoekers

The “Central Organisation Shelter Asylum Seekers” is a public organization responsible for the shelter and support of people going through the asylum procedure.

DUO Dienst Uitvoering Onderwijs

The “Service carrying out an education” is public organization is responsible for carrying out many educational policies and laws.

ELIP Einde Lening Inburgeringsplichtig

“End loan obligation to integrate” is a program set up to support people who fall under the Integration Law of 2013 in complying with their integration obligation.

GZA Gezondheidszorg Asielzoekers

“Health care asylum seekers” is an organization responsible for carrying out the healthcare of the general practitioner.

KNM Kennis van de Nederlandse Maatschappij

The “Knowledge of Dutch Society” is one of the integration exams that most people have to pass to comply with the integration obligation.

MAP Module Arbeidsmarkt en Participatie

“Module Labor Market and Participation” is a course on the labor market offered under the Integration Law of 2021.

ONA Oriëntatie Nederlandse Arbeidsmarkt

“Orientation Dutch Labour Market” is a course and an exam in the Integration Law of 2013 that cover this topic.

PIP Personal Plan of Integration and Participation

A plan that stipulates the personal integration trajectory of people who fall under the Integration Law of 2021.

PVT Participatie Verklaringstraject

“Participation Declaration trajectory” is based on getting familiar with the Dutch rights, obligations and ‘Dutch values’. It is completed by signing a declaration, in which people confirm to agree with the rights, obligations and values.

RMA Regeling Medische zorg Asielzoekers

“Regulation medical healthcare asylum seekers”.

RMO Regeling Medische zorg Oekraïne

“Regulation Medical Healthcare Ukraine”

TDP Temporary Protection Directive

A European legislation which can be activated when many people flee to European countries in a short amount of time. It ensures that the national asylum system is not being over-asked while at the same time protecting the rights of the people who fled.

TWV Tewerkstellingsvergunning

Employers generally have to apply for the “Being put-to-work permit” to be able to hire someone who is from a non-EU country and does not have a residency permit in the Netherlands. This is the case for people who are in their asylum process. Employers are exempted from this obligation when they hire someone who falls under the TDP.

UAF Stichting voor Vluchteling-Studenten

“The Foundation for Refugee Students” is a Non-governmental organization supporting theoretically-educated students or professionals forced to migrate to the Netherlands.

UWV Uitvoeringsinstituut Werknemersverzekeringen

“Carrying-out Institute Employee Insurances” The public organization focuses on supporting people who are (temporarily) out of employment.

UNHCR The United Nations High Commissioner for Refugees.

WEB Wet Educatie en Beroepsonderwijs

Municipalities get financial resources through the “Law job-related- education” to offer free education on basic skills, like language, math and digital skills.

Introduction

The shadow report gives information on how policies, rules and regulations directly influence the lives of newcomers with focus on the experiences of newcomers in relation to work, education and (mental) health. The report introduces various case studies which illustrate that policies aiming to support newcomers do not always result in the expected positive outcomes in the lives of newcomers. The case studies point out what aspects of current policies should be organized better. The discrepancy between the wanted results of supportive policies and the reality can have multiple causes. Some examples are: first, people cannot access the resources because they face specific obstacles that must be considered in the policy. Secondly, resources are not accessible because the people who could benefit from them do not know their existence. Finally, the agents in charge of implementing the policies lack resources and expertise. Therefore, the policy cannot be carried out the way it's intended to, which results in the failure to achieve the desired outcome to fulfill newcomers' aspirations. Closely examining the discrepancy between the expected effects of policies and reality helps to identify possibilities for improvement.

This report is intended for policymakers and stakeholders who work on newcomer integration strategies in the Netherlands. It is also designed for researchers and research institutions who evaluate policies related to newcomers and their integration. Additionally, it includes recommendations and insights for service providers and NGOs to consider and incorporate into their organizational processes and advocacy messages. The report is intended to serve as an example of how research and knowledge may be produced in collaboration with impacted communities.

In this report, the term “**newcomers**” is employed in a broad sense to encompass individuals who have been forcibly displaced, including those who possess a legal refugee status and those who are currently in the process of seeking asylum.

This inclusive definition is utilized to acknowledge the diverse range of experiences and legal statuses among individuals who have been displaced, while also recognizing the shared challenges they

encounter during the process of integration. Whenever necessary for legal context and precision, specific distinctions will be made to clarify the particular legal status or stage of the asylum process that individuals may be in. By adopting this comprehensive definition, our aim is to address the needs and concerns of all individuals who have been displaced and are striving to establish a new life within a host country.

For the shadow report, several methods were employed, considering the many facets of the problems it addresses and its multidimensional approach. More specifically, the initiative began with the G100 conference on December 12th 2022⁰¹, when attendees, who are people with refugee experience settled all around the Netherlands, were divided into three groups in accordance with the three topics of the day, namely access to (mental) healthcare, access to education, and access to the workforce². In this way, there were three tables with one of these themes at each one, and the groups rotated between the tables for two rounds. Each table had a discussion facilitator who oversaw the conversation and a note-taker who recorded the challenges and recommendations brought up by the participants. The primary purpose of the rotation was to collectively co-create a space by referring to the challenges and offering recommendations through the lived experience.

In addition to the data from G100, the **Steering Committee**, which is a group of individuals responsible for providing guidance, oversight, and strategic direction for this project, was asked to provide case studies through making use of the committee members' existing networks and contacts, on the same three topics that, in essence, originate from people who are experiencing these policies and offer recommendations to improve current and future policies. The steering committee members are **Saleem Bshara, Nour Saadi, Yordi Lassooy, Sajad Salmanpour, Mostafa Betaree, Anna Bilenka, Husniya Kedr, Idris el Hassan, Handenur Taspinar, and Mohammed Badran**. Alongside the steering committee, **Handenur Taspinar, Jolien de Vries** and **Marina Armyriotou** wrote the experiences in this shadow report format.

The comments made by the Steering Committee during the conference will be highlighted with a colored background as shown in this paragraph.

Methodology

For the purposes of this report, a case study methodology was utilized, based on qualitative data collection through various methods like observations, interviews, and document analysis. This approach allows for a comprehensive exploration of the subject matter, including legal and societal context. The case studies provide insights into the actual experiences of individuals impacted by policies, revealing complexities and details often absent in reports without firsthand experience.

To enhance the depth and breadth of our analysis, desk research was integrated, which complemented the case study methodology. This involved extensively gathering information from various existing sources, a process aiming to construct a robust knowledge foundation, rooted in contextual understanding and informed by legal documents and broader research. By merging these varied insights, we effectively situated our report's case studies within a broader framework, thereby enriching the comprehensiveness of our analysis.

The data for this research was collected by attendees of the G100 workshop and conference and elaborated by the members of the Steering Committee, who used their networks and contacts. Thanks to the Steering Committee's social positioning and experiential knowledge, they have a unique viewpoint to understand the experience of forced migration, which challenges the dominance of non-migrant-led organizations in knowledge production. This favorable positioning helps reveal complexities and details absent from reports based on data acquired by individuals without firsthand experience as newcomers to the Netherlands.

To ensure the confidentiality and privacy of participants, pseudonyms were utilized in the case studies.

This approach was adopted to safeguard their identities and personal information throughout the study.



Access to the Workforce

This theme explores the challenges newcomers face in **proving their professional qualifications**, and therefore **their access to the labor market**.

Many newcomers encounter difficulties in having their diplomas and work experience acknowledged, which can lead to demotivation and the feeling of exclusion. Additionally, it addresses language proficiency as a significant barrier. This chapter emphasizes the need for a fair system that recognizes work experiences and provides support for newcomers navigating the workforce.

3.A Recognition of the qualifications

Even when newcomers have extensive working experience in their respective fields or hold a master's degree, their value to hiring networks may not be acknowledged, which can demotivate them and make them feel excluded. Additionally, job opportunities are primarily available through social connections, and those who do not have such connections face greater challenges. The story of Hüdaverdi serves as a telling example of the challenges faced by skilled newcomers in their pursuit of recognition and transition within their field.

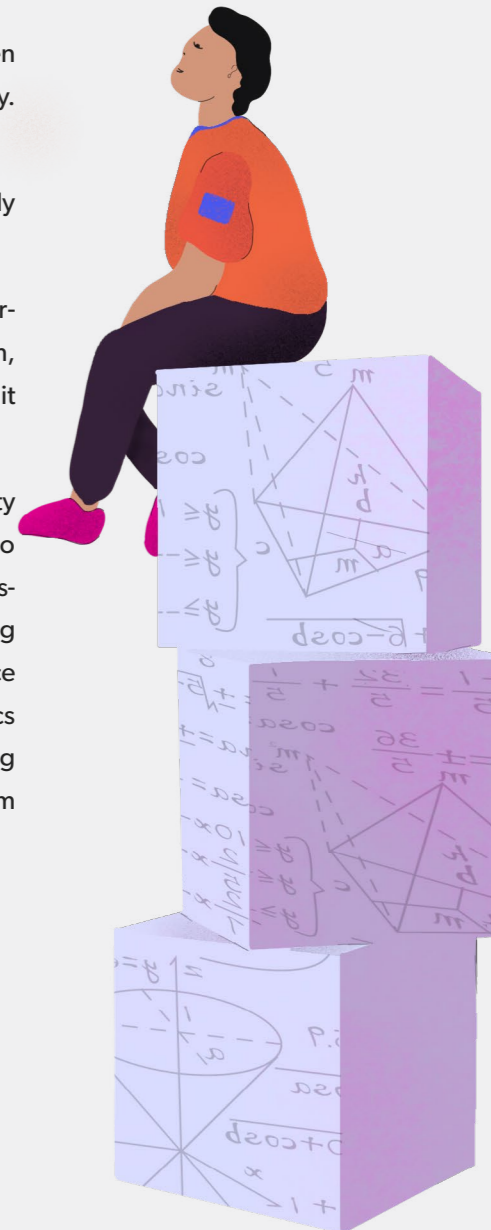
THE STORY OF

HÜDAVERDI Hüdaverdi worked as a math teacher for sixteen years at a school which was affiliated with the Gülen movement in Turkey. The failed coup in 2016 changed everything for him and his family.

Hüdaverdi and his wife, who was also a teacher, got fired immediately the day after. It was not safe for them and they fled Turkey.

In the Netherlands, Hüdaverdi's passion for teaching remained unwavering. Upon learning about the 'Docent Vluchteling voor de Klas' program, he joined without hesitation. Teaching was more than a career for him; it was a calling and a social responsibility.

Hüdaverdi's journey was not without challenges. Despite the universality of mathematics, adapting to the Dutch education system required him to master pedagogical and linguistic differences. He spent nights meticulously preparing to explain mathematical concepts in Dutch, even resorting to watching Dutch mathematics tutorials on YouTube at a slower pace to grasp unfamiliar terms. Connecting with other Turkish mathematics teachers in the Netherlands through online groups also aided his learning process. The 'Docent Vluchteling voor de Klas' program supported him with providing the necessary supplementary training⁰³.



3.B Limitations with applying to regular job openings

Critics argue that despite the existence of policies granting access to the labor market, the practical reality often falls short⁰⁴. According to Article 15 of the European Shelter Guideline (Opvangrichtlijn)⁰⁵, effective access to the Dutch labor market should be provided within a nine-month time-frame. However, critics highlight that this goal is frequently impeded by various barriers and challenges⁰⁶.

The labor market in the Netherlands tends to place significant emphasis on certified skills, such as educational degrees and formal training courses.

Unfortunately, this system often fails to acknowledge and recognize valuable work experiences that may not be documented on paper.

This presents a significant obstacle for newcomers, particularly those originating from countries where formal documentation is not required to access employment opportunities. The systematic failure to acknowledge and value their previous work experiences hinders their ability to enter the Dutch labor market and contribute their skills effectively.

THE STORY OF

HASSAN is a 35 year old refugee from Turkey who has been living in the Netherlands for four years. He brings with him a passion for writing and storytelling, as well as diverse experience in various fields from his home country.

However, Hassan has encountered significant hurdles in his journey to secure suitable employment and integrate into the Dutch workforce. This case study sheds light on the challenges he has faced and explores potential solutions for enhancing employment opportunities for refugees like Hassan.

Language Barrier: despite his determination to learn Dutch, Hassan continues to face a significant language barrier. Limited exposure to practicing the language has hindered his ability to communicate effectively during job interviews and professional interactions. Hassan feels that his language proficiency is often the sole criterion by which employers judge his qualifications, disregarding his valuable skills and experiences in other domains.

Misinformation and unclear rights: navigating the complex welfare system and understanding the rights and benefits associated with transitioning from welfare to employment have proven challenging for Hassan.

The lack of clear and accessible information has left him uncertain about the steps he needs to take to secure suitable employment. This confusion and uncertainty have hindered his ability to make informed decisions and effectively utilize available resources.

Racism and Discrimination: Hassan has experienced discrimination based on his country of origin and refugee status. He has observed that employers sometimes judge applicants based on their names and appearance, leading to biased decision-making and unequal treatment. This systemic racism restricts equal opportunities for individuals from diverse backgrounds and undermines their chances of fair employment.

After struggling to understand a complicated system with limited information provided, Hassan believes having his own business is a better choice than trying to get employed. Now he is writing a book and trying to create his own business by networking with other newcomers from his country.

Hassan believes newcomers need organizations to guide them through the employment and economic systems in the Netherlands. Additionally, there needs to be a fair platform that allows newcomers to use their work experience to get a job here in the Netherlands because many people may not have official diplomas, yet they have experience that perfectly enables them to excel in their potential jobs.

3.C For newcomers who are still in the asylum procedure

One of the significant obstacles to effective access to the labor market for newcomers is the restriction on the amount of time they can work while in the asylum procedure. Currently, Dutch policy limits newcomers to work a maximum of 24 weeks per year (after passing 6 months of their asylum procedure). This restriction has a significant impact on their lives, as it prolongs their exclusion from the job market and prevents them from engaging in meaningful employment. Consequently, many newcomers are forced to navigate the informal job market, which exposes them to precarious working conditions and limited opportunities for career development. It is important to note that this policy has been deemed contradictory to Article 15 of the Opvangrichtlijn, as declared on the 18th of April 2023. Addressing this restriction and providing newcomers with greater access to the labor market would not only empower them economically but also contribute to their overall integration and well-being in the host country.

04. Radboud Repository. (21 August, 2023). *Asielzoekers en Daadwerkelijke Toegang tot Werk in Nederland*.

05. Richtlijn 2013/33/EU van het Europees Parlement en de Raad van 26 juni 2013 tot vaststelling van de normen voor de opvang van verzoekers om internationale bescherming (herschikking).

06. Obstacles are detailed mentioned in the literature in Appendix 2: Rights & policies during asylum process.

3.D Tension between participation and integration laws

Newcomers often fall under the integration law and the participation law at the same time. However, there is a notable tension between participation and integration laws when it comes to the labor market access for newcomers. This tension can create challenges and contradictions in the policies and practices related to labor market integration. The participation law focuses more on 'finding a job as soon as possible' rather than 'finding a fitting job'. Moreover, what is a 'fitting job' for someone is, in practice, often defined by the contact person of the municipality instead of the person themselves, which hinders autonomy and future motivation.

Additionally, the focus on pace leaves little space for newcomers to re-ground in the Netherlands and invest in preparing themselves for the Dutch labor market which can allow them to find a job that actually fits their capabilities and experiences.

When newcomers receive an 'asylum residency permit', they get access to most Dutch public services and social benefits. One of the social benefits is called 'uitkering'. The state provides this form of financial aid when people are unemployed.

Newcomers who were forced to migrate often do not have a job in their first period in the Netherlands. One of the reasons is that it's hard to find a job while waiting for the decision on one's asylum procedure as mentioned in the previous paragraph. People who get a financial aid from the municipality fall under the participation law.

While enjoying the right to an 'uitkering', people must also comply with various obligations. The most important one is that people have to look for a job proactively. This also means that they have to accept all job offers that are considered as compatible with one's skills and capabilities. The municipality is responsible for offering people support in finding a job and for checking whether someone is complying with the obligations. A municipal contact person often carries out this task.

There is a tension between 'uitkering' (benefits) and working. With benefits, people get a stable position, whereas with a job their position can be unstable due to the uncertainty people have in whether they would succeed without having enough experience in the Netherlands.

There is a gap between the stage of benefits and starting to work that could be filled with the prospect and preparation towards working in the Netherlands and the fear of a financial aid gap when the situation turns negative for the newcomer. At the same time, newcomers feel a lack of support after leaving benefits and finding a job."

Another critical point is the lack of support from employment organizations. Organizations often have no idea how to deal with people from different backgrounds or do not have enough capacity to provide the support for newcomers. In advance, they are afraid to employ these people. Despite the fact that the municipality has the capacity to offer job coaching to newcomers, it lacks the ability to organize such projects hence the challenge of bridging these employments with the municipality. How can we ease the process for the organizations and the aftercare of support that newcomers need, and how can the municipality apply instruments, such as job coaches, to help newcomers who are receiving benefits and in need of these job coaches?

3.E Concentration on specific jobs for newcomers

The concentration of newcomers in certain physical labor or care industries, such as landscaping, cleaning, care, and package delivery is an outcome of the way municipalities allocate individuals based on accessibility and availability. While these roles are important for the functioning of Dutch society, it is concerning that there is a lack of diversity in the allocation of newcomers across various professions. On 8th of May 2023 the following quote was shared by one of the Steering Committee members:

"This is very worrying because the Netherlands is aging, which means we have a shortage in all professions, which is also getting bigger. Why can't we train status holders in all kinds of different professions so that these roles are fulfilled? Why do we think of short-term solutions and not long-term solutions? A long-term vision. Can't we take residence permit holders in such a way that they can fulfill other important roles? We do not only need parcel deliveries, cleaners, and other important roles in Dutch society."

3.F Inadequate job placements for newcomers

The integration process for newcomers in the Netherlands often involves placement in workplaces as part of the obligations set by the Participation Law. These obligations require individuals to actively seek employment or engage in activities that contribute to their eventual employment. However, the quality of these workplace placements is often overlooked, leading to inadequate experiences for individuals like Ali. This case highlights the need for closer scrutiny and improvement of the activities offered to newcomers, ensuring that they truly support their integration journey and provide meaningful opportunities for language acquisition, skill development, and long-term employment prospects.

THE STORY OF

ALI came six years ago to the Netherlands. After he got his status, he was assigned to a studio room in a small village near a bigger city. He did well with his 'inburgering' course and completed his obligations on time. However he couldn't communicate or express himself in the Dutch language and didn't have any chance to practice it because of the following scenario. He was placed as a volunteer in a company where all newcomers in the region worked. This workplace was intended to provide an opportunity for language learning, familiarization with Dutch work ethic, and gaining experience for future paid employment.

However, Ali observed that most conversations took place in languages other than Dutch, such as Arabic and Tigrinya, hindering his language development and integration goals.

Furthermore, the assigned tasks, such as sorting small spare parts or closing lids on bottles, did not contribute to his desired skill development or prepare him for a profession he could utilize in his future career.

The following is a direct quote from Ali: **"I have been working for almost a year and a half in this place but haven't improved my Dutch language yet or learned a profession I can use for my future job. It feels like modern slavery, and nobody asks why?"** Especially the municipality. They never came and checked on us. The only thing they care about is that we have something to do. This is strange because we really want to work and have the ability to do so, so why are they keeping us in this place for such a long time?

In the meantime, I have lots of stress from the family reunification case. My wife and two kids are still waiting for their process to join me here, but IND refused my request twice. But if I had a job, I could have brought them by now. I sleep very badly, because I have lots of bad thoughts at night. And during the day, I have to go to this useless place to do the same thing every day. **So I ask myself, why am I alive?"**

3.G Difficulty in securing internships

Many internship positions require fluency in Dutch, which can be a significant barrier for those still learning the language. Even for international organizations, Dutch proficiency may be a requirement. Non-native Dutch newcomers need help obtaining internships, which are critical for gaining work experience and building a career.

Even those with considerable work experience, such as an accountant with over 20 years of experience, may be rejected due to their age and language difficulties. Obtaining the necessary support to learn Dutch can also be challenging, with some not receiving the help they are entitled to as required by law. Without knowledge of Dutch, even those with advanced qualifications may find it challenging to secure employment.

Lastly, because language proficiency is often a requirement, Dutch students are given priority. There are many reports showing that students with a migration background have to make more effort in finding an internship. However, internship discrimination is often not recognized by schools⁰⁷.

3.H Absence of meaningful social interactions

Newcomers frequently experience social isolation, which can have a detrimental impact on their mental well-being and overall development. This is exemplified in the case of Aster. As an individual from Eritrea living in the Netherlands, Aster's integration journey has been hindered by a lack of social contacts and connections. Living in a small village and residing in a cramped studio with her two children, Aster has felt isolated and confined within her living situation. The absence of meaningful social interactions and support networks has taken a toll on her mental well-being and hindered her personal development.

THE STORY OF

ASTER is a mother of two children, a teenager and a baby. She came from Eritrea and lived in the Netherlands for seven years. She struggled to finish her integration course and obtained her Dutch nationality. After her integration course, she volunteered as a waitress and got a certificate of participation and completion. But that didn't help her find a paid job or another volunteer job yet. She wants to work and improve her language skills but has limited contact with other people or neighbors. She longed to have a contact person from her municipality to discuss this matter, but nobody has contacted her in the last couple of years, even though she takes welfare.

She blamed herself and the Dutch system for not speaking the language as she wished. Aster lives in a tiny studio with her two children in a small village. She is unhappy about her life here in the Netherlands. She feels like a prisoner in her own home, which causes a lot of stress and depression symptoms. The lack of proper guidance from the government/municipality or other organizations, and living in a small village slowed down her integration process and shadowed her mental well-being.



In conclusion, the Dutch job market can present significant challenges for newcomers, from language barriers to discrimination and lack of recognition of qualifications. These obstacles can impede their career progress and make it difficult to achieve their professional aspirations. Therefore, it is essential to create a more inclusive job market that values diversity and provides opportunities for all individuals, regardless of their background.

3.1 Exclusion

Some members of the G100 conference have also faced exclusion due to their background or religion. For example, someone wearing a hijab (head coverage for Muslim women) may face prejudice, leading others to assume they are a housewife and not a researcher. Research of Nidi⁰⁸ shows that there is a difference in the percentage of labor participation between Syrian newcomers with a hijab versus without. Only eight percent of the women who wear a headscarf have paid work, compared to eighteen percent of the women without a headscarf. The Nidi report presents more factors of exclusion and exclusion where it can be more pronounced in smaller towns and villages compared to larger cities, where people are more exposed to international cultures.

Education

The second theme explores the challenges of accessing **education in the Netherlands**, highlighting **information accessibility, language and educational exclusion**, as well as **bureaucratic obstacles**.

Newcomers highlighted difficulties in obtaining accurate information about the educational system, language barriers, exclusion based on education and experience, and discouraging behavior from Integration organizations, as described further in the chapter. Comprehensive reforms are needed for equitable access to education. Improved information accessibility, fair treatment, tailored support, and streamlined processes are crucial for inclusivity and equal opportunities.

4.A Information Accessibility

One of the greatest challenges newcomer parents face is obtaining information regarding the Dutch educational system and its requirements thus making it difficult to access. Also, integration organizations cannot adequately mentor or intellectually direct the new arrivals since most of the workers are volunteers. When people seek advice from a reputable Dutch institution, the institution is unaware of the individual's situation and provides generic solutions that may not apply to everyone. For example, this occurs when school provides advice for newcomers' children. Often those who give advice are not aware of the individual situation and they lack faith in the newcomer's ability to study like their native-born peers.

Refugee children's prospects are determined solely based on teachers' assessments of their CITO exam results, their parents' educational backgrounds, and their level of language proficiency. Integrating these children into the current educational system while acknowledging their full ability proves to be challenging, as exemplified by the following quote from a discussion with the Steering Committee members on 8th of May 2023, which illustrates the difficulties faced in this process.

"IQ test that prevents many young people from continuing their studies or developing. Almost in advance, an IQ test is administered to many newcomer children, even though they have barriers of language and culture. The education system in the Netherlands is also different, where they need extra time to get used to it first. That time or period is then seen as a weakness and giftedness. An IQ test is taken that is completely out of line with their cultural background and context. For example: doing puzzles or putting together something visual is how an IQ is tested. These children have never seen activities like these before, which is why most children fail. It is also based on a snapshot. Language barriers also still exist, although interpreters are employed—the cultural context and how the test is administered need to be corrected. Research has been done about this, discouraging these children from going to college." In addition to discrimination, especially the accessibility of the Dutch education system."

4.B For people who are

I. Above the age of thirty

The following story of Ahmed illustrates some exclusions in the current system for people who are above the age of thirty attempting to have access to education.

THE STORY OF AHMED

AHMAD, a 31-year-old newcomer from Syria, exemplifies the obstacles faced by individuals seeking education and financial support. Having fled his home country due to war and conflict, Ahmad arrived in a new country with hopes for a better future. However, his aspirations were met with numerous challenges. Despite his eagerness to pursue higher education in the form of a HBO (Applied Sciences) program, Ahmad discovered that his age rendered him ineligible for available study loans.

This limitation hindered his ability to access the necessary resources to fulfill his educational ambitions. Language limitations further compounded Ahmad's difficulties. When he approached organizations in search of funding, he encountered barriers due to his limited proficiency in the Dutch language. He felt excluded and unable to effectively communicate his qualifications and study plans directly. Frustrated by this experience, Ahmad sought assistance from a volunteer working in an NGO dedicated to helping refugees. Through the intervention of the volunteer, Ahmad's qualifications and experiences were carefully reviewed. The volunteer acted as a liaison, reaching out to the funding organization on his behalf.

People who are thirty years old and above find it more difficult to acquire resources for learning, such as funding and nighttime language classes that can be taken alongside a job. This lack of accessibility often leads to discouragement and a decline in interest in studying among this age group. Further, those who approach universities reported that they often receive ambiguous or no explanations from universities regarding their rejections.

II. Still in the asylum procedure

In addition to the aforementioned challenges, individuals undergoing the asylum procedure encounter further difficulties in accessing higher education, especially regarding the Dutch language. Without refugee status, their access to education, including language courses, is limited. This poses a significant obstacle to their integration and educational advancement. There is a lack of available institutionalized language courses in Dutch (and in English for those who want to follow higher education), which further hinders their ability to learn and develop language skills.

4.C Exclusion in higher education

Another prevalent challenge is the exclusion faced by newcomers, who are often unfairly perceived as lacking in education and experience. This prejudiced perception leads to the necessity of establishing dedicated support locations within universities to assist newcomers and status holders in accessing master's and PhD programs.

It is expected that newcomers with prior education and job experience will devote the same amount of time to their studies as those with neither experience nor education in the field of employment (such as those who have just graduated from high school). In this way, the skills and knowledge of newcomers appear to be utterly ignored. There is a lack of shorter, more manageable learning paths that, rather than repeating a lengthy education, only concentrate on facts unique to the Dutch setting. Someone with extensive expertise who wishes to return to their field of employment as soon as feasible will frequently find that pursuing a lengthy education is a great demand.

For instance, a Steering Committee member highlighted a story of the challenge faced by a person with fifteen years of expertise in the economics industry who cannot secure employment in the Netherlands due to the non-transferability of her expertise. Consequently, she is compelled to undergo four years of re-education or else face a decrease in salary, as her current job does not align with her educational background.

4.D Challenges with bureaucracy

Newcomers encounter discouraging behavior from municipalities, case managers, and some integration organizations when seeking guidance for their desired educational paths. Newcomers reported that often they feel unheard when requesting information from organizations (explicitly designed to encourage newcomers).

In addition, newcomers have mentioned that accessing clear information from UAF (UAF Foundation for Refugee Students) presents significant hurdles for newcomers. One of the key difficulties lies in the limited and concise nature of the information provided by the UAF. The information may not adequately address newcomers' specific circumstances and needs, leaving them with unanswered questions and uncertainties about available resources and funding opportunities for their education. Clearer and more detailed guidelines from the UAF would greatly benefit newcomers in navigating the complexities of assessing educational resources and financial support. Providing comprehensive information that takes into account individuals' varying circumstances and durations of stay in the Netherlands would empower newcomers to make informed decisions about their education and better plan for their future.

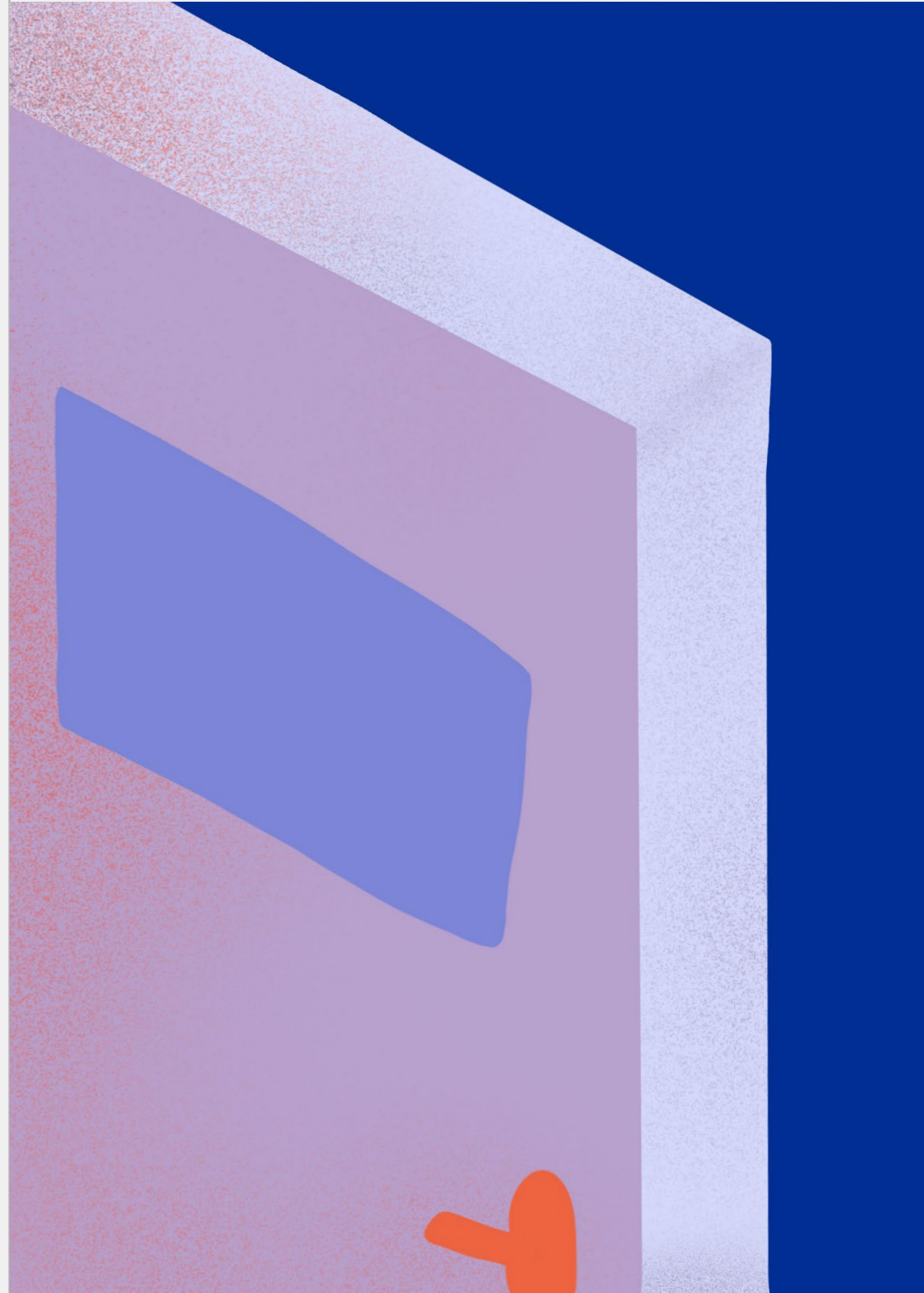
4.E Language proficiency as barrier in accessing support

In the Netherlands, there is a widely held assumption that newcomers must first learn Dutch and reach a B1 language proficiency level before they can receive any support. However, this emphasis on language proficiency as a strict requirement to start studying or working can have unintended consequences. Many newcomers experience isolation for extended periods, spending years solely attending language classes without being able to fully engage in other activities.

During the G100 panel discussion, a proposal was put forward to challenge this assumption. It suggested that individuals receiving direct support from the UAF should be considered eligible regardless of whether they have reached the stated B1 proficiency requirement mentioned on the UAF website.

The rationale behind this proposal is to ensure that newcomers receiving support from the UAF are not excluded from accessing funding guidance based solely on their Dutch language proficiency level. It recognizes that language proficiency should not be the sole determining factor for individuals seeking financial support and guidance for their education.

Lastly, adopting this proposal would foster inclusion and create opportunities for newcomers to receive the necessary guidance and support, regardless of their current language proficiency level. It would recognize that language learning and education can progress in tandem, reducing isolation and allowing newcomers to fully participate in various activities, including their desired studies or work.



Access to

(Mental) Healthcare

Access to (mental) health services is **crucial to promoting well-being and addressing the challenges** individuals face.

However, numerous obstacles hinder this access, leading to adverse effects on newcomers' lives. To address these barriers effectively, it is necessary to identify the obstacles, determine their impact, consider the target groups affected, identify the responsible actors, and gauge the magnitude of the required changes. By understanding these factors, we can develop strategies and initiatives to improve access to mental health services and positively change society.

5.A Policies, regulations and organizational structures

The organization of systematic processes⁰⁹ for newcomers in the Netherlands causes an additional mental burden for newcomers. This is clearly visible in the systematic organization surrounding the asylum process. Throughout this process, various factors negatively impact mental health. Firstly, the need to fight for basic necessities such as access to work and education and being unable to access them directly can be deeply distressing. Secondly, the prolonged waiting period and the inherent uncertainty associated with the asylum process often harms individuals' mental well-being.

Thirdly, navigating one's way around the complex and bureaucratic organizational structures in the Netherlands can cause "navigation stress". The more challenging it becomes to navigate the intricacies of the system in the Netherlands, the greater the stress and anxiety experienced. The lack of readily available practical assistance and guidance to address these challenges further exacerbates the mental strain. The constant need for critical thinking and problem-solving adds to the burden, as individuals are often left to figure out complex situations independently.

5.B Mental health support is not the default

Accessing mental health support is not readily available and often requires individuals to take extra steps. Unfortunately, these necessary actions can be counterintuitive in certain situations. For instance, individuals may postpone seeking help for their deteriorating mental well-being due to fears that it may slow down their asylum procedure. In such cases, having mental health issues can lead to increased scrutiny and prolonged waiting times for a legal status. Further, the asylum procedure does not prioritize creating an environment where people can effectively address their mental health concerns. This lack of accommodation further highlights the challenges individuals face in accessing the necessary support for their mental well-being from the start within the asylum system.

5.C Knowledge about mental health

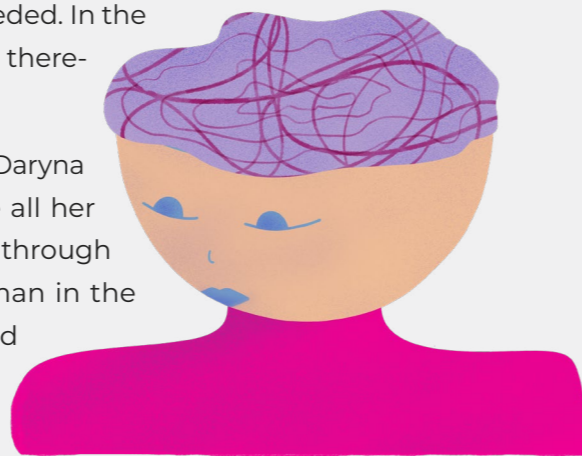
Stigma and cultural beliefs can prevent individuals from seeking help or even acknowledging their own mental health needs. It is crucial for host countries and communities to provide education and resources about mental health, creating a supportive environment where newcomers can address their psychological well-being by promoting awareness and offering accessible mental health services. The following story of Daryna's highlights the lack of knowledge about mental health among newcomers and refugees.

THE STORY OF

DARYNA and her two kids from Chernivtsi, one of Ukraine's most heavily attacked cities at the beginning of the war, have been hiding in a basement from the Russian attacks. Her youngest son is autistic and can't handle loud noises. The bombing, therefore, has created a negative impact on the mental health of this child, which then caused much stress for Daryna.

When they arrived in the Netherlands, Daryna was responsible for finding schools and arranging everything her children needed. In the meantime, she has not been taking care of herself, therefore neglecting her mental health.

In Ukraine, there is a stigma around mental health. Daryna believes she is a strong woman who can handle all her problems. After a while, she started yoga classes through a recommendation from another Ukrainian woman in the Netherlands. She couldn't keep her tears in, and the yoga classes alone relieved her. Since the first positive class, she has been booking classes once a week for six months, positively impacting her mental health and allowing her to focus more on everyday life with her children.



Noticeably, a small change of guidance can already have a big impact on an individual's everyday life. The following comment is based on the previous story and concerns individuals who might lose trust due to not being able to understand how the healthcare system operates and deals with it.

“**People lose trust** in the local health system, tend to avoid going to the huisarts [general practitioner], and need help understanding how to communicate with Dutch doctors. They don't understand why Dutch doctors are googling in front of them and don't know how to express their needs towards the specialist. In Ukraine, it's normal for the doctor to prescribe what you need and for them to explain the following steps. Whereas in the Netherlands, the system works oppositely. Often, you tell the doctor what you want and how you want it; thus, the patient is responsible. Because of these cultural differences, access to the health system becomes challenging.”

5.D Professional sensitivity to the aspect of mental health

Professionals entrusted with supporting newcomers often lack the expertise to address their mental well-being effectively. Even when professionals do not explicitly work in the field of (mental) health, awareness of mental well-being is crucial. To provide adequate assistance to individuals grappling with complex issues, these professionals must have access to the right information and resources to identify signs and provide the right support. In light of this, the following case study emphasizes the issue raised.

“There were many examples at the G100 conference where people were unaware of their mental health problems at the beginning. Some of them eventually did, after time spent in the Netherlands, and requested support from general practitioners. Often, general practitioners are not well-informed about post-traumatic syndrome triggered by work experiences and would recommend patients sleep, walk more or stress less, which ignores the root of newcomer's problems. In some cases, it can even worsen their situation and causes a lack of trust towards the health system in the Netherlands. As a result, people tend to seek support within a newcomer's network to discuss their problems in their cultural language. In some cases, they tend to ignore the issues. There are plenty of specialists coming from the countries of origin who can support the Dutch doctors. This initiative has been suggested several times, but unfortunately, the request has not been answered so far. This would provide help for both sides.”

The experiences of newcomers are multifaceted, encompassing various challenges such as navigating the asylum process, coping with separation from family and friends, adjusting to a new country, and dealing with the aftermath of war or threats in their home country. These experiences intertwine, creating a complex web of emotional and psychological needs. Equipping professionals with the appropriate knowledge and resources such as culture-sensitive approach and trauma-informed support¹⁰ will enable them to better understand and address these interconnected experiences, allowing for more comprehensive and tailored support for the mental well-being of newcomers.

Additionally, there is a lack of cultural sensitivity in order to address newcomer's (mental) health issues. The story of Adoney that follows, told by an interpreter with a refugee background, is an illustration of this problem.

THE STORY OF

ADONEY has an appointment with a psychiatrist and two nurses. He dials in an interpreter to translate the conversation. Because of psychotic disorders and complaints, Adoney has been on sleeping medication and tranquilisers for a long time. He still sleeps poorly, and his symptoms are not getting better. Adoney explains the difficulties of reaching his parents and the challenges around family reunification. Due to the length of the procedure, he has not been able to contact his parents for months. These concerns overshadowed his health.

The interpreter noticed that the nurses only addressed the treatment and medication, suggesting they should consider increasing the dosage. This made Adoney frustrated, and he expressed the feeling that he did not feel heard. "Are you trying to overdose me?" he said, frustrated. Although the nurses listened to what he said, they referred him to speak with the psychiatrist later at noon so that they could continue talking about the medication.

The nurse clarified that she was not qualified to discuss asylum procedures. The interpreter notices a sense of cultural insensitivity.

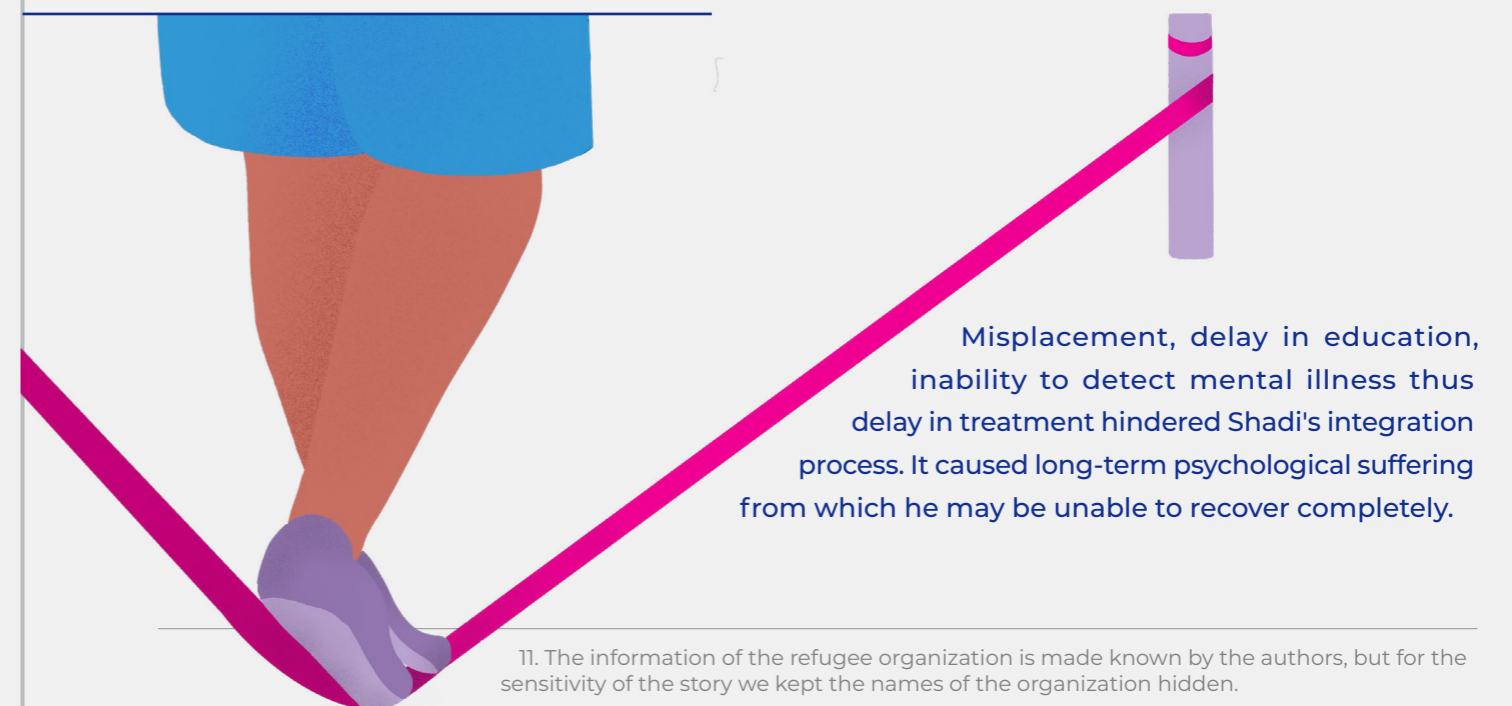
Adoney's frustrations grow, and in despair, he tells him that he will jump off the bridge since there is no reason to live. The interpreter hears chaos in the background, and in a far distance, Adoney tells the nurse that he is done and that they won't see him again. The nurse picks up the phone and explains that the patient left the room without his keys. The interpreter addressed her concerns about the entire conversation, and the nurse did not seem to understand. Whatever happened after this phone call is unknown, but the conversation caused a traumatic experience for the interpreter, even though the nurse admitted to having acted wrongly.

Cultural sensitivity is a lacking skill within GGZ. It is crucial to raise awareness and encourage newcomers to seek help and be open about their mental health issues. Even though some may seek help, many situations show newcomers are not getting the proper help they need. The story above shows us a good example of the importance of inclusivity and cultural sensitivity within the mental health field. The example below serves as another illustration of the additional issues that may result.

THE STORY OF

SHADI is a Syrian boy who arrived in the Netherlands at sixteen. Before coming to the Netherlands, he stayed in Turkey for a couple of years. He started high school but did not finish his studies. A refugee organization has supervised and guided him in the Netherlands. Unfortunately, the organization's staff and volunteers did not consider the cultural differences and specificities, and he was placed in a group of young refugees of African descent, which made him isolated and faced a new situation as a young man alone in another country and distanced from his culture.

As he was told later, **employees put Shadi in for an experiment** to test him for harmful behaviors. The experiment was that an employer hid an item Shadi borrowed from his colleague. In response, Shadi bought a similar item to return to his colleague. Another **'test'** he has been put in was tempting him to smoke marijuana with colleagues, and Shadi rejected this offer multiple times. Although the employees were very pleased with the result, it left Shadi with a sour aftertaste, and he felt humiliated, which caused distrust towards the organization. Shadi reached 18, and another organization helped him obtain independent housing. Nonetheless, housing was another cause behind the deterioration of his complex psychological conditions after living alone, in uncertainty, and far away from his family while dealing with a new society, language, religion and social customs at a crucial age. This led Shadi into a severe depressive state. After a while, Shadi's mother and some of his siblings arrived in the Netherlands but unfortunately faced Shadi in a deplorable state of depression and withdrawal from society. Despite the fact that many newcomer cultures perceive psychological treatment negatively, Shadi's mother pushed him to seek it. Although the treatment helped Shadi to do some voluntary work and brought him out of his state of isolation, he still distrusts the whole system and believes he was seen by a general physician and not a psychiatrist.



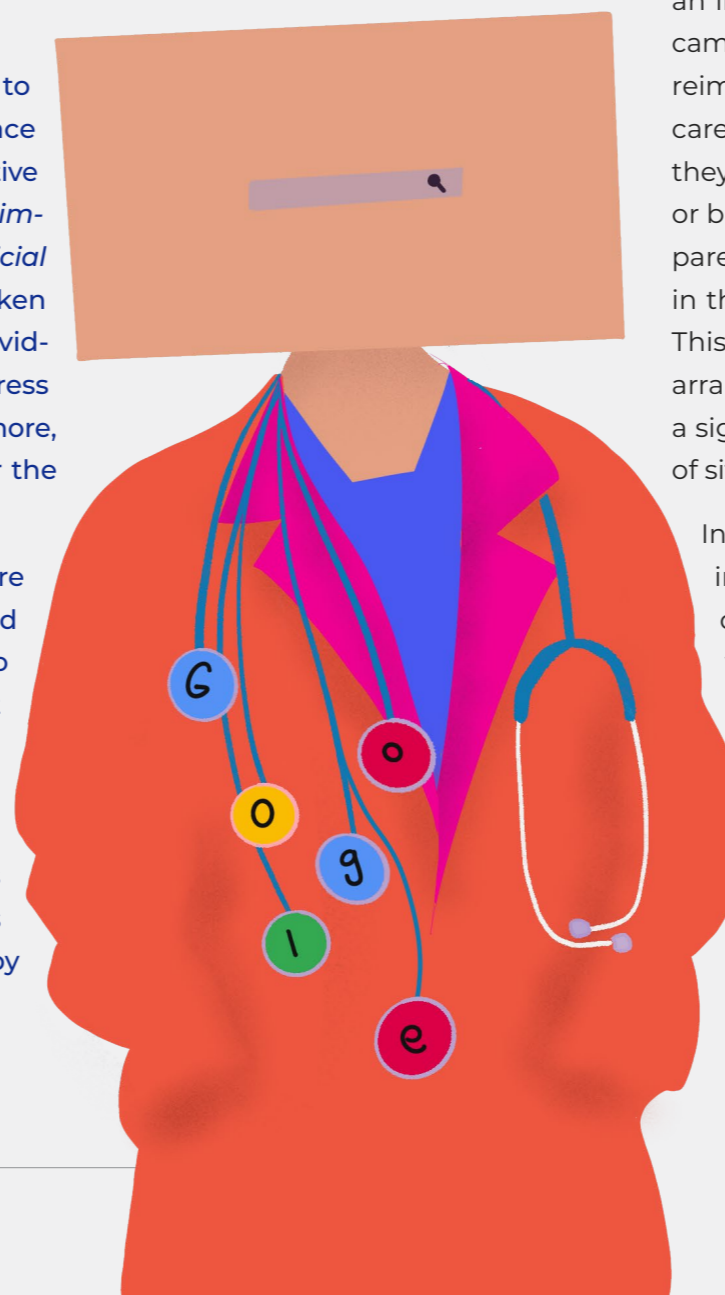
5.E The inflexibility of supporting systems

The rigidity of the supportive systems in the Netherlands presents several obstacles which hinder the provision of adequate care. A first and major challenge is the time constraint, which often hampers the ability to deliver comprehensive support. An example given during the G100 was the ten-minute time slot per doctor appointment. This may be enough for some, but for others it is not. This concept is designed to expect that a patient is able to explain the health problem as briefly and concisely as possible, but unfortunately not everyone is capable of doing so. Moreover, a ten-minute appointment is not enough for someone speaking little Dutch and where translation is needed. Appointments with translations often take twice as long.

Secondly, the cultural organization of healthcare in the Netherlands may not always align with the expectations and preferences of everyone. For instance, a mother expresses concern about her 18-year-old son's therapy sessions, as she wishes to be actively involved in his support system, which is not typically considered in individual-focused therapy. This mismatch can create a sense of disconnect and hinder effective communication between the therapist and the family.

Thirdly, General practitioners (GPs) are pivotal in facilitating access to specialized health professionals. However, individuals frequently face challenges when attempting to reach these specialized services. Negative experiences during medical consultations, *such as GPs asking oversimplified questions or resorting to internet searches and offering superficial advice like taking painkillers*, contribute to a sense of not being taken seriously and erode trust in the healthcare system. Additionally, individuals who do not speak Dutch or have a history of mental health distress may not receive the seriousness and attention they deserve. Furthermore, when individuals are unsure about their specific needs or goals for the medical appointment, they may feel disregarded or overlooked.

Additionally, navigating the unwritten rules of the Dutch healthcare system can present further obstacles. Some individuals have discovered that speaking assertively about mental health concerns is necessary to be taken seriously and potentially bypass waiting lists. However, not everyone is aware of these unspoken norms or comfortable advocating for themselves in this manner. Moreover, the financial aspect of mental health services can be a significant barrier. The cost of such services can be prohibitive, and the availability of certain therapies is often dictated by insurance coverage rather than individual needs. As a result, individuals may not have access to the specific type of therapy



they prefer or find most effective in their situation. These factors contribute to the complexity and challenges faced by individuals seeking appropriate and accessible mental healthcare in the Dutch system.

Lastly, language barriers significantly impact effective mental health care. Accessing the subconscious and establishing trust are crucial components of therapy, which are more challenging to achieve with a translator. Using a shared language between the therapist and the individual fosters a sense of trust and allows for direct communication, enhancing the effectiveness of therapy. Therefore ensuring access to healthcare services in the language of the individual is crucial. This can be achieved through professional translation services when suitable, as well as employing healthcare professionals who can directly provide services in the patient's language. The following quote, from a discussion with the Steering Committee members on 8th of May 2023, emphasizes the cited problem in this manner.

“We see that many professionals and aid workers do not know how to use an interpreter and that the costs are often not reimbursed. With many campaigns, it is finally time for mental health care and maternity care to be reimbursed, but unfortunately, this has not yet been arranged for general care. If a status holder goes to the doctor, general practitioner or hospital, they, unfortunately, have to pay for the interpreting services themselves or bring someone from their network. This causes many problems; often, parents get their children to translate since they do not have anyone else in their network to interpret. Children are not allowed to fulfill that role. This means that if there is a long-term illness, they must always try to arrange someone for this themselves. It is then demotivating and creates a significant barrier for them. The lack of an interpreter's fee is a big part of situations that go wrong.

In addition, professionals need more clarity about the perception of illness in different communities. People express their illnesses in a completely different way that professionals need to become more familiar with, which causes miscommunication. This can be prevented by, for example, using key persons or cultural mediators. To conclude, knowledge needs to be improved among professionals, for example, where they can find these key persons. There is no joint action with professionals, neighborhood teams, or municipalities.”

THE MUSTAFA FAMILY has had complaints for a long time. They feel they are not taken seriously by general practitioners. The GP often indicates that they should rest enough, eat a healthier diet and take paracetamol. This family regularly visits the GP but is not referred or prescribed medication and has now stopped going to the GP. The oldest child of seventeen had complaints but, regardless, got the same conclusion. Then the daughter went again, but this time with a friend who has a slightly better comprehension of Dutch and can help her with translation. She has kidney problems. The GP indicated that she might be pregnant, which was a big insult since she is a practicing Christian. She clarified she doesn't have a boyfriend and takes her religion seriously. She felt highly offended next to her friend and stopped going to the doctor because of it. After a while at school, she passed out. She was taken to the hospital in an ambulance, where she discovered a severe kidney infection. Her kidneys were failing, and she was hospitalized for three weeks. The GPs were extremely shocked; the family was taken seriously when arriving at the GP after this incident. She is now happily recovering, but this could have turned out differently.

5.F Limited range of health services

The range of health support services is limited. Individuals seeking mental health support may encounter difficulties due to the complexity of their trauma and the limitations of available services. The lack of effective support for such complex questions shows the need to diversify the range of available health services in the Netherlands.

Another example that amplifies the limited range of health support services is connected to experiencing loneliness. The experience of loneliness, particularly for newcomers who have left behind a strong support network of friends and family, poses significant mental health challenges. The cultural differences and the inability to reach out to a community can exacerbate feelings of isolation and loneliness. To address these issues, it is crucial to implement solutions that acknowledge and embrace cultural diversity and the importance of social connections. Group sessions emphasizing the social aspect of well-being can play a pivotal role in combating loneliness and fostering a sense of belonging.

Recognising that mainstream Dutch healthcare services may not meet everyone's needs, we can think about expanding the range of health support services. By reforming the mental health system to be more inclusive, culturally sensitive, and community-oriented, we can provide better support and promote mental well-being for individuals from diverse backgrounds. Therefore, it's essential to broaden the accessibility of alternative therapies such as group sessions, creative therapy, and psychedelic-assisted therapy.

Insurance policies should not restrict these options and should be available for individuals to choose the support that best suits their situation.

The experiences of newcomers can offer ways to reimagine the Dutch healthcare system, its biases and the underlying principles. It offers alternatives to the current reactive healthcare system in which health questions are treated relatively isolatedly, separated from the public domain and people's daily lives. Another option is to view health as a public responsibility. And efforts can be made to train all individuals, including through the education system, to be supportive towards fellow citizens. Implementing preventive measures, such as providing regular check-ups, can help identify and address health issues before they become more severe.

5.G Access to the mental healthcare workforce

The mentioned obstacles point out various needs and shortages with regards to the health sector:

- The need for expertise on professional cultural sensitivity
- The need for a more tailored and diversified range of health services; The general shortage of professionals in the health sector
- The shortage of health professionals who can offer services in the first language of newcomers.

These problems could be addressed by finding solutions for the barriers that currently prevent newcomers with professional experience and healthcare education from utilizing their expertise in the Netherlands. An example of such a barrier is when high language proficiency requirements are posed. Because tailored trajectories to meet these requirements are scarce, these language standards often hinder newcomers' ability to access the health sector as professionals.

Creating opportunities for newcomers to work in their health professions allows them to contribute to filling gaps in the healthcare system and utilizes their valuable skills and experience. A possible solution is allowing newcomers (with experience and education in healthcare) to enter the healthcare sector early by shadowing a doctor. This means that someone can work under the supervision of a doctor till one meets the requirements to work independently again. A period of shadowing allows early access to the health labor market. It offers the opportunity to gain experience in the Dutch healthcare sector and to already apply one's professional knowledge and skills to a certain extent. A shadowing period can be accompanied by an educational trajectory to meet the requirements to work independently again soon.

To gain the necessary additional qualifications more effectively, these trajectories should allow for flexibility. So that one can focus on bridging the gap between working in healthcare in one's home country and working in the Dutch healthcare system.

In other words, educational trajectories should focus on what is really necessary to learn to use one's acquired skills and knowledge in the specific context of the Dutch health sector and more specifically to be tailored to what service someone will provide in the Netherlands. The necessary additional qualifications, among others, depend on whether someone (also) provides health services in one's first language. Allowing for flexible and focused educational programs reduces costs compared to requiring newcomers to complete an entire study program.

In addition to appropriate study programs, proper validation of experience and education would ensure easier access to the healthcare workforce. Recognizing the qualifications and expertise of newcomers with experience and education in health services is essential. Validating their credentials can facilitate their integration into the Dutch labor market and allow them to contribute their skills to fill gaps in the healthcare workforce.

Lastly, to fully leverage newcomers' resources, opportunities should be created to share their resources and expertise. This offers a way to enrich the Dutch healthcare system and develop ways of offering care more comprehensively and culturally sensitively.

Recommendations

In this chapter we bring together all the recommendations, deriving from the three main chapters on work, education and (mental) health. When applicable, the recommendations are backed up by rights, regulations and best practices.

6.A Recommendations for access to the workforce

- Newcomers are often not well informed about their rights as employees. Creating easy access to this form of information and providing it at the right time is crucial when someone starts work.. However, under the old integration law (see Appendix 3.1), the job-support from a municipal contact person most often stops at the moment someone finds a job. Follow-up/aftercare with check-in moments should be maintained as a regular practice in the job matching process to bridge the cultural and information gap in the job market, which would be beneficial to both the employee and the employer.
- Offering support by the municipalities that fits with the situation people are in, instead of approaching the search as 'finding a job as soon as possible'. This approach often derives from a tension between the integration law and the participation law. Newcomers fall under both laws at the same time. In the participation law, more focus is on 'finding a job as soon as possible' rather than 'finding a fitting job'. Moreover, what is a 'fitting job' for someone is in practice often defined by the contact person of the municipality. Which can differ from the perspective of the newcomer. The focus on pace leaves little space for newcomers to re-ground in the Netherlands and invest in preparing themselves for the Dutch labor market.
- Hiring job coaches that have experienced being a newcomer will create a job opportunity for people who can share information with other newcomers as well as ensuring free-flowing and community-based knowledge about what vacancies and resources are available when job searching and dealing with workplace conflict. This would benefit people as they can access the information they may not have otherwise.
- Having a clear and transparent knowledge of the needs of the Dutch labor market when an individual is applying for work would help them understand the limitations they face and the procedures they must undergo to shift careers, find new jobs, or deal with workplace discrimination.
- Developing hands-on training programs to help newcomers gain practical workplace experience, will help them in their career progression.

- Within the new Integration Law (see appendix 3.2) municipalities enjoy much liberty in developing integration trajectories. This can be put to use by offering more of such hands-on learning programs.
- Developing standardized procedures and guidelines for evaluating certifications obtained in different countries or regions is crucial. This may involve collaborating with relevant authorities, professional associations, or certification evaluation agencies to establish equivalency frameworks or recognition processes.
- Implementing robust skills assessment mechanisms (e.g. skills passport¹²) that take into account both formal qualifications and practical work experience. This can involve conducting interviews, skill tests, and job simulations to accurately evaluate the skills and capabilities of newcomers¹³.
- Fostering strong partnerships and collaboration with employers to gain insights into their specific job requirements, desired qualifications, and recruitment processes. This collaboration can help professionals align their evaluation and matching processes with the needs of the job market, increasing the chances of successful job placements.
- Defining the minimum and the desired level of language proficiency if any, by employers would help people assess if they meet the minimum requirements for the job while combining it with advanced language courses.
- Creating a monthly newsletter of ready-to-work newcomers profiles and their qualifications available to share with the companies to make their talent visible. This would be helpful for companies to find suitable candidates with diverse backgrounds for the job and reach the community.
- Making work accessible from the moment someone arrives in the Netherlands. For people who are in their asylum process, many obstacles are in the way of work. Among others, the *Tewerkstellingsvergunning* (TWV: Being-put-to-work-permit) requirement to revise this policy. And lift the restriction on the amount of time that people can work: a maximum of 24 weeks per year. At the moment of writing (May 2023) this restriction is still part of the Dutch policy. However, on the 18th of April 2023 this regulation has been declared to be contradicting Article 15 of the *Opvangrichtlijn* and is currently on the high court legal procedure.
- Advertising the centers for discriminatory complaints, and the government should take strict measures to prevent discrimination in the workplace. This is necessary to comply with Article 1 of the Dutch Constitution, which mentions that discrimination is based on whichever ground is never allowed. All people who are based in the Netherlands have to be treated similarly, when in similar circumstances¹⁴.

12. Amsterdam Economic Board. (n.d.). Reizen over de Arbeidsmarkt: Skillspaspoort.

13. Note: To ensure cultural sensitivity tests, develop skills tests together with the newcomers themselves.

- Preventing discrimination in the recruitment process by enforcing anonymous job applications.

Recommendations for access to education

- Providing clear and tailored information about the broad range of educational opportunities in the Netherlands. This is not only useful for one's own wish to enter education, but also for parents. Reliable and clear information helps them to understand the educational system better, enabling them to support their children and make sure they are involved in the discussion about their children's educational options.
- Making professional education support accessible to all newcomers. Currently, volunteer organizations often lack accurate information and turn to Dutch institutions, which may not fully understand newcomers' regulations. This can lead to misleading advice.
- Ensuring good collaboration between municipal contact persons and organizations that support people in their education trajectories (like UAF). Due to a lack of communication between these parties, newcomers get various sorts of information and doubt which one is reliable. A clear and direct communication between the newcomer, the case manager at an organization and the municipal contact person is crucial to be able to make well-informed decisions on one's future education.

Recommendations for (mental) healthcare

- Alleviating the mental burden stemming from current organizational complexities by prioritizing newcomers' access to key activities like work, education, and leisure, fostering stability and well-being. Simplify bureaucratic structures to reduce stress. Introduce a two-tiered health education system: empower individuals to self-analyze mental health and navigate Dutch healthcare. Launch upon arrival, especially in asylum centers, supplemented by group sessions and creative therapies for enhanced support and healing.
- Involving cultural mediators who can bridge the gap, provide informative support, and establish online groups on platforms such as WhatsApp with people from similar backgrounds are essential considerations. Key persons should be adequately compensated for their expertise and skills rather than relying on voluntary contributions.
- Ensuring language-accessible healthcare services as mandated by Dutch laws such as the 'Wet kwaliteit, klachten en geschillen zorg' and the 'Zorgverzekeringswet'. Effective healthcare hinges on clear communication between individuals and healthcare providers, which is hindered by language barriers. To counter this, widespread availability of translation

14. Rijksoverheid. (17 February, 2023). Minister Bruins Slot tekent Grondwetswijziging artikel 1.

services is vital to maintain high-quality care. Research highlights the detrimental impact of translation service scarcity on healthcare quality, leading to negative patient outcomes. While government financing covers mental healthcare (GGZ) translation services in 2022, comprehensive language support is needed across all healthcare sectors. Notably, children should not be relied upon for translation. Recruiting language-proficient healthcare professionals and leveraging newcomers' expertise can enhance inclusivity, cultural sensitivity, and gender and faith considerations within the healthcare system.

- Investing in prevention strategies by identifying symptoms in the early stage and responding adequately by working closely with local organizations and cultural mediators.
- Collaborating with Refugee-led Organisations (RLOs) to develop a training program aimed at equipping professionals, who engage with newcomers and lack the skills to recognize and address mental health concerns.
- Harnessing the expertise of newcomers in healthcare and education to address healthcare gaps, establish avenues for newcomers to join the sector through doctor shadowing. This entails supervised work alongside a doctor, granting early access to the healthcare labor market. This initiative offers the chance to acquire Dutch healthcare sector experience and partially apply professional skills. A concurrent educational track during shadowing can facilitate regaining full independence for future practice.
- Implementing innovative hands-on validation of experience and education is urgently needed to recognize the qualifications and expertise of newcomers is essential. Validating their credentials can facilitate their integration into the Dutch labor market and allow them to contribute their skills to fill gaps in the healthcare workforce.

Conclusion

This report illuminates the intricate connection between policies, regulations, and newcomers' daily lives focusing on work, education, and (mental) health. Through revealing case studies, it underscores the gap between policy goals and practical outcomes, highlighting areas needing improved organization. Factors such as practical obstacles, resource awareness, and implementation constraints contribute to this disparity, prompting the identification of enhancement opportunities.

Firstly, the chapter about access to work, captured the challenges and experiences of newcomers revealed in relation to the labor market, where the main problem described is the undervaluation of newcomers' qualifications and capabilities. For example, the degrees and qualifications earned in their home countries are often not valued as highly in the Netherlands', leading to them being rejected for jobs or settling for work that does not match their abilities. Additionally, people's appearance and Dutch language proficiency are often used to stereotype newcomers, leading to their intelligence and potential being underestimated.

Furthermore, the municipal mandate to work as soon as possible means that people are not given enough time to develop themselves and their skills, resulting in highly educated individuals working in low-paying jobs such as supermarkets. Discriminatory experiences are also widespread, and older age (50+) is often considered a disadvantage to employers. This, coupled with job salaries being less than government support, creates a demotivating environment for newcomers.

Internships are a crucial way to gain work experience in the Netherlands, but getting hired for an internship can be challenging. On the other hand, most people struggling with finding a paid job are accepted for voluntary work instead. Mobility within the Netherlands can also be an issue, especially for newcomers housed in areas with limited job opportunities.

Ukrainian newcomers face the additional challenge of having only short-term clarity about their future in the Netherlands. Moreover, the language requirement is often used as an excuse not to hire people, even though their experience and proficiency in English should be sufficient for many jobs.

Finally, newcomers with a smaller network find it harder to access job vacancies via contacts, highlighting the importance of personal networks in finding work. Overall, newcomers' challenges in the Netherlands reveal a complex landscape in which different groups face different challenges.

For example, newcomers may face more significant restrictions on where they can live and may have less paperwork or degrees. At the same time, migrants may be younger and have validated degrees but still face discrimination. These issues must be addressed to ensure everyone has an equal opportunity to contribute to and benefit from Dutch society.

The second topic about access to education within the G100 context highlighted several key issues individuals, particularly newcomers, face in accessing education in the Netherlands. Three main challenges have been identified: information accessibility, language and educational discrimination, and bureaucratic obstacles. Information accessibility emerged as a significant hurdle, with difficulty obtaining accurate information about the Dutch educational system. Both parents and children faced challenges in understanding how the system works and accessing the necessary resources.

Language barriers further compounded this issue, as refugee organizations often lack the resources to provide adequate guidance and support. Language and educational discrimination were also prevalent concerns. Newcomers often face unfair perceptions of lacking education and experience, leading to a need for dedicated support within universities. The existing educational system often disregarded the skills and knowledge of newcomers, forcing them into lengthy re-education processes that hindered their employment prospects. Bureaucratic challenges were another major barrier.

Newcomers encounter discouraging behavior from municipalities, case managers, and refugee organizations when seeking information and guidance. Language discrimination was observed, with inadequate support provided to non-Dutch speakers compared to native speakers. Disparities in treatment were also noted between newcomers from different countries and Dutch students. Additionally, integrating refugee children into the education system posed difficulties, with IQ tests and language barriers being particularly problematic. The government has taken some steps to address these concerns, as exemplified by a recent amendment to the Civic Integration Regulation. The amendment reduces the required number of exam attempts for exemption based on demonstrable efforts, acknowledging the disproportionate burden faced by individuals and the expenses involved. This change is expected to alleviate pressure on exam capacity and reduce regulatory burdens for integration requirements.

However, it is suggested that the provided solutions are limited and further efforts are needed to address the broader issues identified. Improved information accessibility, fair treatment, and tailored support for newcomers

are essential to ensure equitable access to education. Efforts should be made to recognize and utilize the skills and knowledge of newcomers, offer more flexible learning paths, and create specialized scholarships for newcomers. Additionally, bureaucratic processes should be streamlined, and cultural sensitivity should be integrated into assessment methods and educational policies.

Overall, the chapter on education sheds light on the complex challenges faced by individuals seeking access to education in the Netherlands and emphasizes the need for comprehensive reforms to promote inclusivity and equal opportunities.

Lastly, the experience of newcomers with the Dutch health care system offers essential insights, underlining the significance of (mental) health services for well-being, hindered by barriers leading to adverse outcomes. Identifying obstacles, assessing impact, recognizing affected groups, understanding stakeholders, and quantifying needed changes are vital for effective barrier removal. Addressing challenges requires systemic solutions spanning policies, regulations, structures, and mental health support. Gaps in defaults for mental health assistance and professional sensitivity, coupled with inflexible systems, limited services, language barriers, and workforce shortages, intensify the hurdles. These insights guide strategies for improved accessibility and quality, uplifting newcomers' mental well-being and advancing inclusive healthcare. The mental health system's cultural bias emphasizes professionalization, bureaucracy, and individualism, overlooking diverse needs.

A comprehensive approach is essential to enhance access, combatting multifaceted barriers. Recognizing impact, identifying affected groups, involving stakeholders, and gauging change's magnitude yield effective solutions. Combating stigma, bolstering resources, ensuring equity, enhancing coordination, and advocating policy changes foster a society valuing mental health, necessitating collaboration among policymakers, healthcare professionals, communities, and individuals. Access to mental health services is a fundamental individual right and a crucial aspect of a healthy, inclusive society, realized through a holistic, supportive environment promoting universal mental well-being.

In conclusion, this report delves into the intricate interplay between policies, regulations, and the daily lives of newcomers in the Netherlands, particularly in the realms of work, education, and mental health. The analysis reveals a disconnection between policy intentions and practical outcomes, presented by compelling case studies that expose areas in need of enhanced organization.

A host of factors, encompassing practical barriers, resource awareness, and implementation challenges, contribute to this disparity, paving the way for the identification of avenues for improvement. The investigation into access to work brings to light the hurdles newcomers face within the labor market, highlighting issues of qualifications undervaluation, stereotypes based on appearance and language, and the clash between immediate employment mandates and skill development. Education, the second focal point, uncovers three principal challenges: limited information accessibility, language and educational bias, and bureaucratic impediments, all of which hinder equitable education access. Lastly, the examination of newcomers' experiences with the Dutch healthcare system underscores the critical importance of (mental) health services, accentuated by barriers that detrimentally affect outcomes. These findings collectively illuminate the necessity for comprehensive reforms across these domains to foster inclusivity, equal opportunities, and overall societal well-being.

Context of the shadow report

This report is based on the experiences and recommendations of people who were forced to migrate from a non-EU country. Therefore, the following part zooms in on laws and policies that are extra relevant for this group of people. This is not a coherent overview. It offers a summary of rules and regulations that are directly relevant to the topics mentioned in the main three chapters of this report: education, work and (mental) health. It can help to contextualize the data in the three main chapters and the recommendations.

7.A EU and International rules and regulations

EU and international regulations offer guidelines for national laws and policies. The right to work and follow education are explicitly mentioned, access to the workforce, education and health care are captured by international and European rights agreements (see Appendix 1). These rights apply to every human being. In addition, the 1951 Refugee Convention and its 1967 Protocol are specifically relevant for people who were forced to migrate. These are the legal documents that form the cornerstone of UNHCR's (the United Nations Refugee Agency) existence and work. These legal documents define the term 'refugee', their rights and the international standards for ensuring their protection. The right to work, healthcare and education are captured in these documents as well. (see appendix 1).

The Temporary Protection Directive (TDP) is a form of European legislation that can be activated when many people from a country outside of the EU are forced to migrate and go to EU countries. Activation of the Directive protects the national asylum system from being over-asked. Meanwhile, it ensures the protection of the rights of the people who belong to the group for which the Temporary Protection Directive has been activated. This Directive was activated for the first time in March 2022, following the Russian invasion in Ukraine in February 2022. People who fled this war in Ukraine fall under the Temporary Protection Directive. Their rights concerning education, workforce and healthcare are mentioned in the directive (see Appendix 1).

7.B Dutch national rules, regulations and policies

Different rights and policies are relevant for people with different residency statuses. Most relevant to the content of this report are the rights and policies that are specifically relevant for people who are 1) in the asylum process, 2) are granted a temporary residency after the asylum process 3) fall under the protection of the TDP (Temporary Protection Directive).

1. Rights & policies during the asylum procedure (see Appendix 2) It is important to note that this concerns the 'regular' asylum procedure. The word 'regular' is meant to stress the following rights and policies are not directly relevant for people who fall under the protection of the TDP. The organization COA (Centraal Orgaan Opvang Azielzoekers, Central Organisation Shelter Asylum Seekers) plays a big role in ensuring the rights of people who are in their asylum procedure. These rights and policies stay relevant up till a decision has been made on someone's asylum procedure. Appendix 2 denotes the relevant rights and obligations with regards to work, education and health.

2. Rights & policies temporary residency (based on asylum application) (see Appendix 3)

3. When people between the age of 16 and approximately 67 get an 'asylum-residency-permit', they are obliged to integrate. What this means is formulated in the Integration Law and the national and municipal policies on integration. In the following text we specifically focus on what the integration obligation means for people with an 'asylum-residence-permit'.

7.C Two Integration laws

The integration law has changed recently. From the 1st of January 2022 the new Integration Law (Wet Inburgering 2021) is implemented. Before this date, people fell under the Integration Law of 2013. A clear understanding of both laws is crucial for making sense of this report. Most of the case studies capture the experiences of people who fall under the rules of the Integration Law of 2013. Therefore, understanding of the Integration Law of 2013 helps to contextualize the case studies and to deduct the lessons learned. And knowledge about the Integration Law of 2021 allows us to transform the lessons learned into recommendations that are directly relevant for the current legal framework.

Both integration laws mostly focus on the details of the integration obligation. And they elaborate on how to comply with this obligation within three years. Topics related to access to work and (mental) health care are touched upon only briefly and indirectly. With regards to health and work, newcomers with a 'residency-permit-asylum' fall under the same rules and regulations as people with Dutch nationality. This is different when it comes to the topic of education. Both integration laws expand broadly on education. Specifically, education helps one to prepare for fulfilling the integration obligation. For example courses on the Dutch language and 'knowledge of Dutch Society' to pass the integration exams.

1. Integration Law of 2013 (see Appendix 3.1)

The integration law of 2013 emphasizes the newcomer's responsibility to complete the integration trajectory. They receive little support from the government and are expected to look for the right integration education all by themselves. This lack of structural support is a broadly-recognized pitfall of this law. Therefore, some extra services and programs are offered for people who still fall under the Integration Law of 2013.

2. Integration Law of 2021 (see Appendix 3.2)

The integration law of 2021 places a bigger responsibility on municipalities. Municipalities became responsible for developing local integration policies. And they get a bigger role in offering support to newcomers with regard to their integration trajectory (eg. information about how and where to find language classes). Newcomers are being appointed a contact person at their municipality. They set up a Personal Plan of Integration and Participation (PIP) with this person. This plan mentions, among others, which of the three 'integration routes' someone will follow:

- **B1 - route:** focused on passing the language integration exams on B1-level
- **Z-route:** When it's expected that it will not be possible to reach the B1- level of Dutch within three years, one can follow the Z-route. The focus is on improving one's Dutch as much as possible within three years and on various forms of participation in society.
- **Education route:** The main aim is to prepare as soon as possible for entering a 'regular (job-oriented) education' by following both 'topic-focused lessons' and Dutch language lessons on the B1 level.

7.D Rights & policies during activation of the TDP

(See Appendix 4)

Activating the TDP in March 2022 protects people who fled the war in Ukraine while ensuring that the 'regular' asylum system in the Netherlands is not being over-asked. The way the TDP has been organized, changed a lot over a short period of time. Because this process of relatively rapid change has not yet ended, it is important to note that the information in this report captures the status quo in May 2023.

1. Embedding of the TDP in the Netherlands

Each contracting state has embedded the TDP differently into their national policies. The Netherlands has chosen to integrate the Temporary Protection Directive (TPD) by adding a rule in the Vreemdelingenwet 2000. When people want to be recognised as a temporarily displaced person, they first have to apply for asylum. When it's decided that someone falls under the TPD, the decision on the asylum application will be postponed till six months after the TPD has ended. This means that during the activation of the TPD, people who fall under this directive have the same legal status as all people who are waiting for a decision on their asylum procedure. However, when the crisis of 2022 started in Ukraine, the Netherlands decided to organize the way they receive people from Ukraine differently than they way they receive people from other countries. This led to a reality where people in 'regular' asylum procedures and people who fall under the TDP experience different opportunities and obstacles with regards to the topics of: (mental) health, education and work. A difference that a lot of attention has been paid to is related to work: Employers who want to hire people from Ukraine are exempted from requesting a permit to do so. While if they want to hire people who are in the 'regular asylum procedure' this obligation to get the permit still holds. Appendix 4 elaborates more on this and other regulations and policies related to work (mental) health and education.

Appendix 1: EU and International rules and regulations

International and European human rights. Related to the three main topics, the following articles are particularly interesting:

- **Article 23** from the Universal Declaration of Human Rights mentions the right to work for everyone and to freely choose one's own work⁰¹. This right is mentioned in many other international and European regulations (eg the EU Declaration of Human Rights)
- **Article 26** from the Universal Declaration of Human Rights mentions the right to education. Basic and primary education should be free for everyone, and primary education should be mandatory. Additionally, job-related education should be made publically accessible.
- **Article 24** mentions the right to a living standard that ensures the good health of one-self and their family.

The 1951 Refugee Convention and its 1967 Protocol. These are the legal documents that form the cornerstone of UNHCR's existence and work.⁰² These legal documents define the term 'refugee', their rights and the international standards for ensuring their protection. Related to the three main topics, the following articles are particularly interesting:

- According to the 1951 Convention refugees should have access to elementary education, and the Contracting States should facilitate their access to other levels of education. Additionally, the 1967 Protocol relating to the Status of Refugees further extends this right to refugees who may not fall under the strict definition of a refugee under the Convention.
- According to the 1951 Convention, Contracting States are required to provide refugees with the same access to healthcare as that which is available to nationals. This includes providing access to preventative and curative healthcare services, as well as mental healthcare services.
- Under Article 17 of the 1951 Refugee Convention, refugees are granted the most favorable treatment provided to foreign nationals in the receiving country in terms of wage-earning employment and self-employment. This implies that refugees should not be subjected to discriminatory treatment regarding their access to work opportunities.

01 College voor de Rechten van de Mens. (n.d.). *Wat is de Universele Verklaring van de Rechten van de Mens?*.

02 UNHCR. (n.d.). *The 1951 Refugee Convention*.

The Temporary Protection Directive⁰³.

This is a form of European legislation that can be activated when many people from a country outside of the EU are forced to migrate and arrive in EU-countries. Activation of the Directive protects the national asylum system from being over-asked. Meanwhile it ensures the protection of the rights of the people who belong to the group that the Temporary Protection Directive has been activated for. This Directive has been activated. People who fled the war in Ukraine fall under the Temporary Protection Directive. As with any European Directive, the legislation sets out a goal for all EU-member. However, each country can make its own decision on how to reach this goal. With regards to the three main topics of this report, the following rights, captured in the Directive, are most relevant⁰⁴:

- 'Access to employment, subject to rules applicable to the profession and to national labor market policies and general conditions of employment
- Access to medical care
- Access to education for persons under 18 years to the state education system'

03 European Commission. (n.d.) *Temporary Protection*.

04 European Commission. (n.d.) *Temporary Protection*.

Appendix 2: Rights & policies during asylum process

The following part applies to people who undergo the 'regular' asylum procedure. The word 'regular' is meant to stress the following rights and policies are not directly relevant for people who fall under the protection of the TDP. The TDP has been activated to protect the regular asylum system from being over-asked.

Work

Access to the Dutch labor market for people who are in their asylum procedure is arranged in the Wet Arbeid Vreemdelingen (Law Labor Foreigners). In order to work, the employer has to apply for a TWV (Tewerkstellingsvergunning, 'being-put-to-work-permit'). This is legally possible from the moment that someone is six months into her/his/their asylum procedure and has the right to shelter by COA (Central Organisation Shelter Asylum Seekers).

Obstacles mentioned in the literature are:

- Applying for a TWV is experienced as an administrative barrier, for it's a complex and lengthy process. (see appendix 2)
- To apply for a TWV, often a BSN (national citizen number) is required. However, there are delays in applying for this number.
- Negative stimulus, like unclarity about how much of one's financial aid a person has to pay to COA (for costs of living).

Education

Access to education for minors: Various rules and regulations ensure the access to education for minors. Two important ones are:

- The 'Leerplichtwet' -> obligation to follow education for all minors who reside in the Netherlands, regardless of one's residential status
- The Wet op het primair onderwijs (WPO, Law primary education), the Wet op voortgezet Onderwijs (WVO, Law secondary education) -> laws that formulate the right to primary and secondary education for all minors who reside in the Netherlands, regardless of one's residential status
- And the Wet COA -> which stipulates that COA is responsible for granting minors access to education.

Education is either provided at the Asylum Centre, or children have access to education at a school outside of the shelter. This is often special education for children who are new in the Netherlands. And it has a strong focus on learning the Dutch language.

Access to education for adults: The Wet Vreemdelingen 2000 mentions the right to education for all people who are forced to migrate. However, for adults the actual access to education strongly depends on the requirements to enter education and the institutional fees. .

Access to practical-job-oriented education -> People who are in their asylum process can apply for a regulation that grants them the right to follow practical-job-oriented education (VMBO) or adult-education (educational programs that can be combined with having a job or caring for one's family) for free⁰⁵. However, to enter practical-job-oriented education (VWMBBO) you often need to master the Dutch language to a high extent: approximately level B1.

05 Rijksoverheid. (n.d.). *Kwijtschelding lesgeld mbo en vavo voor asielzoekers aanvragen*.

Access to theoretical-job-oriented education (HBO or University) -> This education is sometimes offered in English. It can be made financially accessible by financial support offered by UAF. This organization works nation-wide and has close connections to the government and municipalities. Moreover, Dutch law stipulates that individual schools are flexible in the fees they charge for people from outside of the EU. However, whether schools use this flexibility to lower fees for people who are in their asylum process depends on the vision and possibilities of the school itself.

Hence, when access to education for adults (who are in their asylum process) is facilitated, this is often through a dispersed net of actors and possibilities.

According to the problems newcomers experience and their demands, the governmental institutions have provided a few answers to the aforementioned concerns, which, however, are limited.

As an example, it is essential to provide a report from the Ministry of Social Affairs and Employment regarding the exams taken. More specifically, the article discusses a regulation issued by the Minister of Social Affairs and Employment on March 23, 2023, which amends the Civic Integration Regulation 2021. The amendment is related to the transitional law concerning the Civic Integration Regulation. It aims to reduce the required number of exam attempts per exam component for the purpose of exemption based on demonstrable efforts.

The amendment specifically modifies Article 12.2a of the Civic Integration Regulations 2021. It renumbers and inserts new paragraphs to adjust the number of exam attempts. The previous requirement stated that individuals integrating into society must make at least four attempts for each examination component not passed. The amendment changes this requirement to at least three attempts.

The reason behind this amendment is to address concerns raised by various parties, including Refugee Work. They argued that the previous condition was disproportionate and ineffective, as each exam attempt involved significant expenses and time investment. A study conducted by Bureau Significant further supported the reduction of exam attempts, indicating that the current civic integration exam was too ambitious for some individuals. The reduction in attempts is expected to alleviate pressure on exam capacity at DUO (Dienst Uitvoering Onderwijs: Service carrying out an education).

The decision to reduce the number of exam attempts from four to three was influenced by the research findings and the adoption of a motion by the House of Representatives requesting the government to find a solution and reduce the number of attempts. However, further reductions to two attempts or less were not chosen to maintain an appropriate threshold for exemption and ensure reciprocity in efforts made by individuals integrating into society.

The amendment also applies to young people with learning difficulties and aligns with the regulation that came into effect on January 1, 2023. The change in the regulation will lead to a reduction in the regulatory burden for individuals subject to the integration requirement seeking exemption. It is estimated that approximately 4,400 people will need to take an average of almost 2.5 fewer exams to meet the conditions for exemption, resulting in decreased regulatory pressure and saved hours.

The amendment also extends to immigration law and naturalization, reducing the number of exam attempts required for exemption in those areas as well.

(Mental) healthcare

Access to general healthcare: The Regeling Medische zorg Asielzoekers (RMA⁰⁶) organizes access to healthcare for people who are in their asylum procedure. People receive basic health care for free. The organization GZA (gezondheidszorg Asielzoekers) is responsible for carrying out the healthcare of the general practitioner. This health care is provided at asylum seeker centers. For other sorts of health care people can go to 'regular health care providers', but only if the 'regular health care provider' has a contract with RMA healthcare. All hospitals have a contract with RMA healthcare. But for example not all physiotherapists have contracts with RMA healthcare.

Access to preventive mental health care: Multiple preventive psycho-social health programs have been set up to support newcomers. (Eg. mindfit, mindspring, bamboo, 7roses). Whether these are provided in asylum seeker centers is decided by COA. Mindspring used to be offered at asylum seeker centers, but due to financial cut downs this is not the case anymore.

06 RMA Healthcare. (n.d.). *Regeling Medische Zorg Asielzoekers*.

Appendix 3: Rights & policies temporary residency (based on asylum application)

When people between the age of 16 and approximately 67⁰⁷ get an 'asylum-residency-permit', they are obliged to integrate. What this means is formulated in the Integration Law and the national and municipal policies on integration. In the following text we specifically focus on what the integration obligation means for people with an 'asylum-residence-permit'.

The integration law has changed recently. From the 1st of January 2022 the new Integration Law (Wet Inburgering 2021) is implemented. Before this date, people fell under the Integration Law of 2013. A clear understanding of both laws is crucial for making sense of this report. Most of the case studies capture the experiences of people who fall under the rules of the Integration Law of 2013. Therefore, understanding of the Integration Law of 2013 helps to contextualize the case studies and to deduct the lessons learned. And knowledge about the Integration Law of 2021 allows us to transform the lessons learned into recommendations that are directly relevant for the current legal framework.

1. Integration Law 2013

The content of this law mostly focuses on the details of the integration obligation. And on how to comply with the integration obligation. People generally have 3 years to pass all parts of the integration trajectory:

- Dutch exams on A2 level (speaking, reading, writing and listening)
- KNM (Kennis van de Nederlandse Maatschappij) exam -> general knowledge of the Dutch society
- ONA (Oriëntatie Nederlandse Arbeidsmarkt) -> general knowledge about the Dutch labor market
- PVT (Participatie Verklaringstraject) Participation Declaration trajectory -> a trajectory based on getting familiar with the Dutch rights, obligations and 'Dutch values'. It is completed by signing a declaration, in which people confirm to agree with the rights obligations and values.

(Partial) exemption from the integration obligation and extension of the integration deadline is possible under some circumstances.

The integration law of 2013 emphasizes the newcomer's responsibility to complete the integration trajectory. A broadly-recognized pitfall of this approach is a lack of structural support for newcomers. Therefore, some extra services and programs are offered for people who still fall under the Integration Law of 2013.

07 The Integration Law is only relevant for people between the age of 16 and the age that people are old enough to apply for 'elderly-financial aid' (AOW) from the government. People who fall outside of this age category are exempted from the obligation to integrate.

Education

Integration education: Newcomers can choose their own school to follow courses that prepare them to pass the integration exams (ONA, Dutch, and KNM). To finance these courses, one can apply for a loan of maximal 10.000 euro at DUO (public service for carrying out education policies). When people pass the integration exams in time (generally within 3 years) the DUO-loan turns into a gift. If one does not pass the integration exams in time, one will be fined and the loan has to be paid back when one either passes the exams or when one is exempted from the integration obligation.

Extra support program: At the moment an extra program, called ELIP (Einde Lening Inburgeringsplichtig: End loan obligation to integrate)⁰⁸, is set up to support people with complying with their integration obligation. Municipalities are in charge of carrying out the ELIP-program. They get financial resources to be able to support newcomers who are in their last period before the integration deadline. Municipalities are left in charge of how to organize this support.

'Regular' education: When people started a 'regular education' before or on one's eighteenth birthday they can be (temporarily) exempted from the integration obligation. During the time of their education, their integration deadline is extended. Depending on the certificate they obtain, they can be exempted from (parts of) the integration obligation.⁰⁹

Work

When it comes to finding work, newcomers with a 'residency-status asylum' fall under the same law as people with a Dutch nationality: the Participation Law.

(Mental) healthcare

Little to no extra attention is given to the topic of (mental) health. It is only recognised in relation to applying for an exemption from the obligation to integrate. If one suffers from health problems, one can apply for this exemption. For all other health-related questions, newcomers with a 'residency-status-asylum' fall under the same health system as people with a Dutch nationality.

2. Integration Law 2021

A big difference with the law of 2013, is that the law of 2021 places a bigger responsibility on municipalities. Municipalities became responsible for developing local integration policies. And they get a bigger role in offering support to newcomers with regards to their integration trajectory (eg. information about how and where to find language classes). Newcomers are being appointed a contact person at their municipality with whom they check-in once in a while about their progress in complying with the integration obligation.

Like the law of 2013, the content of the Integration Law of 2021 mostly focuses on the details of the integration obligation. And it elaborates on how to comply with this obligation. Within three years people have to complete various parts:

- PVT (Participatie Verklaringstraject) Participation Declaration trajectory -> a trajectory based on getting familiar with the Dutch rights, obligations and 'Dutch values'. It is completed by signing a declaration, in which people confirm to agree with the rights obligations and values.

⁰⁸ Wennekes, L. (12 January, 2023). *Wijzigingen in Wet en Regelgeving Inburgering*. Gemeente.nu.

⁰⁹ Dienst Uitvoering Onderwijs. (n.d.). *Aanvraag: Vrijstelling van Inburgeringsplicht*.

- The parts that fit with one of the three 'integration routes'. The routes and the requirements to pass them will be explained in the subsection education.

Offering three integration routes is a distinctive feature of the Law Integration 2021. It attempts to offer more personalized integration trajectories (instead of one integration trajectory that has to be followed by everyone). Which integration route is chosen, partly depends on the 'Brede Intake' (general intake). This intake consists of conversations with one's municipal contact person and a test that should give an insight on one's learning capabilities (this is called de 'leerheidstoets'). When a route has been chosen, it is included in one's 'Personal Plan of Integration and Participation' (PIP).

Like under the Integration Law of 2013, there are a few grounds to apply for (partial) exemption of the integration obligation and extension of the integration deadline. However, the grounds on which to apply for exemption have become less, compared to the Integration Law of 2013.

Education

Integration education: The education that newcomers will follow depends on the chosen route. The three routes are:

B1-route -> To complete this route, one has to:

- Pass an exam on KNM (Knowledge of Dutch Society)
- Pass Dutch language exams (speaking, listening, reading and writing) on level B1. Or on A2 level, when it has been demonstrated that B1 will be hard to reach within 3 years.
- Follow the workshops and finish the participation hours that are part of the Module Labor Market and Participation (MAP).

Z-route ('zelfredzaamheidsroute, meaning self-reliance-route) -> To complete this route, one has to:

- Follow a set amount of hours of Dutch language education. The aim is to reach A1 level of Dutch. People do not have to take an exam to pass this part. And they will receive a certificate (instead of a more formal diploma that people who pass the B1/A2 language exams)
- Follow a set amount of participation hours. Part of this is participating in the MAP-workshops.

Education-route -> This route takes about 1,5 to 2 years and is intense in the amount of education hours. It is completed when one:

- finishes the language-switch-trajectory (taalschakeltraject) and passes all its exams. The language-switch-trajectory prepares one for entering a 'regular (job-oriented) education' by offering both 'topic focused lessons' and Dutch language lessons on B1 level.
- passes the exam on KNM (Knowledge of Dutch Society)
- *The workshops and participation hours for MAP are only required when one does not complete the language-switch-trajectory. When this trajectory has not been finished, one can still comply with the integration obligation by passing the requirements of the B1-route (see above).

Newcomers (with an asylum-residency) can follow education to learn the Dutch language and learn about the Dutch Society (KNM-course). They can follow this education at a school that the municipality has a contract with. Unlike the law of 2013, the education costs are covered by the municipality, instead of being a personal loan at DUO (that has to be paid back when someone exceeds the integration obligation deadline).

Regular education: When people directly want to follow ‘regular education’ they can get a (temporary) exemption from the integration obligation. Unlike the law of 2013, this is not restricted only for people who already follow this regular education before they turn 18. During the time of this regular education, one’s integration deadline is extended. And depending on the certificate one obtains, a person can be exempted from (parts of) the integration obligation.¹⁰

Work

Similar to the law of 2013, the topic of work is not explicitly addressed in the Law of 2021. When it comes to finding work, newcomers with a ‘residency-status asylum’ fall under the same law as people with a Dutch nationality: the Participation Law. However, the law of 2021 does explicitly establish a link between the integration trajectory and participation policy (finding work). This link is established in the ‘Personal Plan of Integration and Participation’ (PIP). This plan contains goals with regards to the integration trajectory as well as with regards to participation.

Moreover, because municipalities are in charge of carrying out both the integration law and the participation law, they can integrate these policies. For example by offering trajectories that combine learning the Dutch language and working (so called ‘leerwerktrajecten’).

(Mental) healthcare

Similar to the law of 2013, the topic of (mental) health is not elaborated upon much. Dealing with health problems is mentioned as a ground to apply for prolonging one’s integration deadline (no ground for exemption from the integration obligation anymore).

However, the implementation of the Integration Law of 2021 leaves more room to include the topic of (mental) health. During the general intake, the aim is to focus attention on all aspects of someone’s life so that these aspects can be taken into account when setting up the PIP. This also includes someone’s (mental) health.

Moreover, some municipalities chose to offer preventive psycho-social health programs focused on newcomers (Eg. mindfit, mindspring, 7roses) as part of the integration trajectory.

¹⁰ Dienst Uitvoering Onderwijs. (n.d.). *Aanvraag: Vrijstelling van Inburgeringsplicht*.

Appendix 4: Rights & policies during activation of the TDP

*The following text is about the Dutch national embedding of the Temporary Protection directive and captures the status quo in May 2023. This is good to keep in mind, for the policy has been, and still is, changing quite rapidly.

The Netherlands has chosen to integrate the Temporary Protection Directive (TPD) by adding a rule in the Vreemdelingenwet 2000. When people want to be recognised as a temporarily displaced person, they first have to apply for asylum. When it’s decided that someone falls under the TPD, the decision on the asylum application will be postponed till six months after the TPD has ended. This means that during the activation of the TPD, people who fall under this directive have the same legal status as all people who are waiting for a decision on their asylum procedure¹¹. However, when the crisis of 2022 started in Ukraine, the Netherlands decided to organize the way they receive people from Ukraine differently than they way they receive people from other countries (who apply for asylum).

Work

In the Netherlands, fast and direct access to work is organized by making expectations on asylum-related rules when it comes to people who fall under the TDP. Normally employers are obliged to apply for a TWV when they want to hire people from a non-EU country who do not have residency permit in the Netherlands. Applying for a TWV is a complicated and lengthy process (see explanation at the sub-section ‘work’ in this Appendix). However, employers who want to hire someone who falls under the TDP, are exempted from this obligation. Instead, they only have to report that they hired a person who falls under the TDP. Simplifying the process for employers creates more incentive to employ people who fall under the TDP. This exemption has not been made for people who fall under the TDP and want to work as a freelancer.

Moreover, people who fall under the TDP do not face restrictions with regards to working hours. This is different for people in the regular asylum process. Up till the date of May 2023, they have not been allowed to work more than 24 weeks per year (although a recent court decision might change this, see subsection ‘work’ in this Appendix)

Education

The TDP mentions the right for minors to follow education, but does not mention access to education for adults. However some opportunities have been created by educational institutions which decided to offer higher education (academic year 2022-2023) for reduced fees (instead of the high fees for non-EU students). Moreover, both English courses and Dutch courses were provided by the common efforts of societal organizations. These efforts often don’t have a formal or sustainable character.

Like other people who apply for asylum, people who fall under the TDP do not have access to regular ‘studiefinanciering’ (loans offered by DUO to pay education fees). And up till the day of writing, UAF does not financially support people who fall under the TDP. Albeit UAF was involved in the joint effort of lowering education fees for students from Ukraine who want to follow higher education in the academic year 2022-2023

¹¹ Verblijfblog. (n.d.). *Oekrainers moeten toch asiel aanvragen*.

(Mental) healthcare

People receive basic necessary health care through the Regeling Medische zorg Oekraïne (RMO¹²). This healthcare is free and can be provided by any 'regular' health professional. When someone works, this person can also choose to get health insurance (then this person can not apply for the RMO-health care anymore).

In May 2023, a national organization (LOOP¹³) has been set up. It functions as a central point where people who are looking for/are offering social-psychological support for people who fled the war in Ukraine.

12 RMO. (n.d.). *Over RMO*.

13 Loket Ontheemden Oekraïne PSH. (n.d.). *Loket Ontheemden Oekraïne*.