Participatory action research on international healthcare workers in The Hague

From Care Pilot to Care Program: Work that fits!

Future-Proof Labor Market Haaglanden Program

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Summary

The Hague region is struggling with structural staff shortages in healthcare. At the same time, a large labor potential, particularly among international healthcare workers (IZM), remains underutilized.
The Haaglanden Care Programme focuses on the sustainable utilization of this talent through better alignment between education, the labor market, and healthcare institutions.

The care program addresses three urgent challenges: a tight labor market, complex regulations, and a mismatch between supply and demand. Through participatory action research, obstacles and opportunities have been mapped out. The greatest barriers appear to be language, diploma recognition, cultural differences, and complex procedures regarding work permits and BIG registration.

The results show that five interventions contribute substantially to successful recruitment and retention: (1) targeted recruitment and careful intake; **(2)** diploma recognition combined with competency-based matching; **(3)** work-study tracks, task differentiation and job carving; **(4)** structural language support through workplace-oriented professional language programs and language cafés; and **(5)** community building to strengthen social capital and motivation.

At the same time, the research shows that sustainable impact is only possible when roles and responsibilities are clearly defined and collaboration is organized structurally.
The program is currently still dependent on a few passionate key figures; structural safeguarding is necessary to ensure continuity.

From a policy perspective, it is recommended to (1) explicitly and structurally assign roles and responsibilities between the municipality, care institutions, and educational institutions; **(2)** develop transparent and coherent learning and entry pathways in which diploma recognition, language acquisition, and modular training are better aligned; **(3)** shift the perspective from job titles to competencies in order to match more effectively and sustainably; **(4)** clarify bureaucratic bottlenecks and increase the scope of action for professionals; and **(5)** embed community-building interventions ; **and (6)** sustainably embed shared responsibility for guidance, language development, and inclusive work practices.

The Haaglanden Care Programme demonstrates that international healthcare workers can make a significant contribution to reducing staff shortages. By recognizing talent, supporting language development, and organizing collaboration structurally, the region can build a resilient, inclusive, and future-proof labor market.

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Background

Inclusive labor market

This chapter describes the broader labor market and policy context surrounding the influx and sustainable deployment of (international) healthcare workers. It first addresses national labor market tightness and untapped labor potential, followed by international and demographic developments. Subsequently, the translation is made to the regional context of The Hague and Haaglanden, with specific attention to shortage sectors such as healthcare.

National labor market tightness and underutilization labor potential

The Dutch labor market is characterized by a combination of structural staff shortages and, at the same time, significant so-called 'untapped labor potential'. In this report, we use the definition from the Advisory Council on Migration: 'untapped labor potential' means that many people with a migration background are able and willing to work, but do not participate (fully) in the Dutch labor market. This concerns, for example, status holders and other migrants who are unemployed, working below their skill level, or unable to enter the workforce due to barriers such as language deficiencies, unrecognized diplomas, or a lack of appropriate guidance. According to the Advisory Council, valuable knowledge, experience, and workforce capacity remain untapped as a result, while this potential is desperately needed in a tight labor market **(Advisory Council on Migration,** 2025).

The Social Economic Council will also advise the government and parliament in 2026 on strengthening broad prosperity, labour market tightness, and sustainable transitions. Key recommendations focus on a future-proof labour market. This means a better organised labour market, utilizing untapped labour potential, strengthening education, healthier working conditions, and promoting inclusivity and equal opportunities. This also means improving the position of international workers **(Coalition Agreement,** 2026-2030; SER, 2026).

In addition to general labor market measures, there is specific attention to better utilizing the labor potential of people with a migration background. The **Migration Advisory Council** (2025) demonstrates that thousands of migrants in the Netherlands – and specifically in the major cities – remain underutilized in the labor market. According to the council, the following figures are known: In the Netherlands, there is a so-called 'untapped labor potential' of approximately 330,000 migrants. This represents one-fifth of the total group of migrants aged 25 to 65 in the Netherlands.

That amounts to about 3% of the total working population and well over

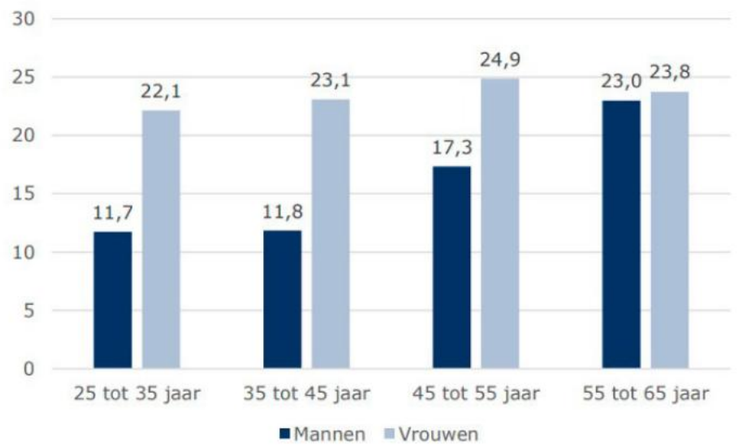


Figure 1: Unused labour potential among women is greater than among men (Advisory Council on Migration, 2025).

three-quarters of the number of open vacancies. Better utilization of this labor potential therefore yields broad societal benefits, according to the report 'Exploration of utilizing talents' by the **Advisory Council on Migration** (2025). Additionally, as indicated in the report, untapped labor potential is greater among women than among men. (See Figure 1).

These insights are also reflected in national policy, which focuses on the faster participation of newcomers in the labor market. The coalition agreement between D66, CDA, and VVD (2026) states that the government wants newcomers to be able to participate in society more quickly. This entails starting language, work, or education sooner. Asylum seekers with a residence permit should receive support, for example, the right to work after three months, an alternative to the work permit, and assistance and mediation in obtaining employment **(Coalition Agreement,** 2026-2030).

International and demographic developments

In addition to better utilization of domestic labor potential, national and international demographic developments also play an important role. Dutch society relies heavily on domestic and foreign labor. Not only are products manufactured through international trade, but services are also increasingly offered across borders, for example in business services such as ICT. Furthermore, international workers are active in the Netherlands in diverse sectors, including construction, engineering, logistics, and increasingly healthcare **(WRR,** 2025). The Scientific Council for Government Policy (WRR) is therefore issuing an advisory report for the Dutch government.

This emphasizes that the Netherlands must anticipate global demographic changes. According to the WRR, labor shortages will increase further in the future, partly because the labor force is shrinking in many parts of the world (WRR, 2025).

Although the number of international employees in the Netherlands is increasing, a global perspective shows that the total supply of workers worldwide is under pressure. In many regions, the labor force is declining due to aging and demographic changes. At the same time, the labor force is growing in some parts of the world, particularly in Sub-Saharan Africa (WRR, 2025). These shifts in the global labor market have both economic and political implications for the Netherlands.

The WRR therefore advises the Dutch government to enter into strategic and sustainable partnerships in a timely manner with countries where the labor supply is still growing. By strengthening international relations, the Netherlands can better respond to future personnel shortages. Consequently, the Netherlands remains dependent on foreign labor to a certain extent, as shown in Figure 2 **(WRR,** 2025).

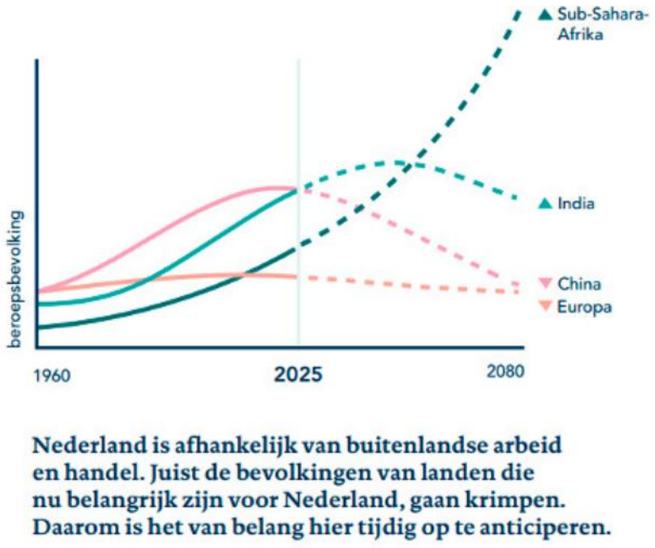


Figure 2. Dependence on foreign labor

Approximately one in ten workers in the Netherlands will be a migrant worker in 2025. Many of these workers are active in sectors such as construction, engineering, logistics, and increasingly in healthcare. Since the EU enlargement in 2004, the majority came from Central and Eastern Europe, particularly skilled tradespeople with practical training. However, due to rapid population aging, a declining number of people of working age, and growing prosperity in these countries – such as in Poland – this labor supply is decreasing. Because of these labor market issues, the Netherlands and other Western European countries must take into account a decrease in labor migration from Eastern Europe. This could lead to a shift towards workers from outside the EU, potentially allowing for greater policy control over migration issues. In addition to labor migrants, there are also many status holders in the Netherlands who can contribute to the labor market. Refugees with a residence permit are allowed to work, but in practice, this is often difficult due to language barriers and civic integration obligations **(KIS,** 2020; **SER,** 2025). In 2023, then-Minister Karien van Gennip (CDA) already presented a plan to help status holders get to work more quickly. She emphasized that work is essential for integration and participation in society. The weak position of status holders on the labor market harms not only their well-being but also public support, and moreover constitutes a missed economic opportunity, certainly given the tight labor market. **(Ministry of Social Affairs and Employment,** 2023). This also includes concrete actions and collaborations with various stakeholders aimed at improving labor market opportunities and the labor participation of status holders. In 2024, progress on this matter was submitted to Parliament as **a parliamentary document** (Gennip, 2024).

Political parties too and policy programs emphasize the importance of faster labor market integration and better utilization of talent in shortage sectors (such as healthcare). The coalition agreement (2026-2030) states that the government should make things easier rather than harder. This means that the government wants people to be able to participate more quickly, particularly

in those sectors where shortages exist. A clear call is being made: the healthcare sector is struggling with a severe shortage of staff, while talent is abundant. They advocate for channeling labor migration effectively and guiding newcomers towards the labor market more quickly. Together with employees, entrepreneurs, and the government, they are working on a national approach to labor market tightness in sectors such as healthcare, education, and technology. Central to this are better secondary employment conditions, more development opportunities, and simpler recognition of prior work experience.

For the implementation of this policy, national implementing organizations play an important role in guidance, matching, and supervision. To ensure employees remain strong in a rapidly changing economy, the UWV plays a key role in the system regarding work and lifelong learning.

In this way, an employee can pursue retraining and further education for promising professions. In addition, the UWV plays a crucial facilitating and controlling role in newcomer policy by issuing work permits, monitoring employment conditions, and actively guiding asylum seekers towards work through pilots (such as 'Jobhunting @ AZCs').

Following the lifting of the 24-week limit, the UWV is the linchpin in more quickly matching untapped talent with employers. For employers, the barrier to hiring asylum seekers has been removed, enabling the UWV to issue many more work permits. The number for asylum seekers has increased nationwide, from 1,840 in 2023 to 7,370 in 2024.

(UWV, 2024).

Regional context: labor market in The Hague and Haaglanden

The national developments and policy directions described above also translate to the regional labor market in The Hague and Haaglanden.
According to The Hague in figures (2024), the total working population in The Hague consists of approximately 315,000 (315k) people The Hague in figures, n.d.).
The labor force consists of the number of employed persons and the number of registered job seekers.

Data from Haaglanden in Zicht shows that, relative to the total potential workforce in Haaglanden—persons aged 15 to 75—the untapped labor potential rose from 10.1% in 2022 to 10.5% in 2023.
The percentage of untapped labor potential in Haaglanden is therefore higher than the national average of 8.9%. The untapped labor potential includes 46,000 residents aged 15 to 75.
That is 66% of the total untapped labor potential in this region. See Figure 3 Haaglanden in Zicht, the untapped labor potential broken down by group.

At the same time, the number of filled jobs is lower than the labor force.
Filled jobs are the number of employed people ordered by location of work/ companies. Local policy in the Haaglanden region also focuses on accelerating the labor participation of newcomers residing in the Haaglanden region.

According to CBS data (2025), within the care and welfare sector there is a surplus of job seekers with occupational level 2 (care assistants) and a slight surplus of job seekers at level 3 (Individual Health Care Assistants, VIG); however, there is a shortage of job seekers at level 4 (MBO Nurses). **(Statistics Netherlands,** 2025).

Untapped labor potential in Haaglanden; broken down by group

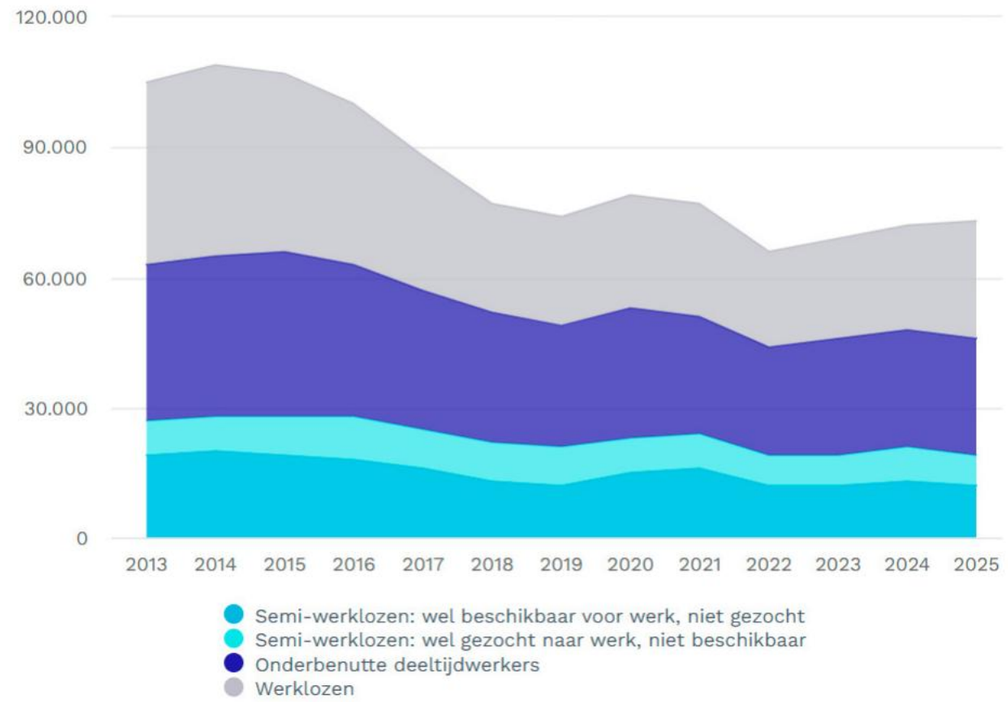


Figure 3. Haaglanden in view

Reducing labor shortages in Haaglanden

In The Hague and the Haaglanden region, the labor market has been very tight for years. Due to the aging population, many employees are leaving the workforce, while the influx of young workers is limited. This shortage is noticeable in multiple sectors. Labour migrants therefore play an important role in addressing staff shortages in crucial professions. In addition to EU labour migrants, refugees, displaced persons, and internationally trained professionals have also found their way to The Hague, which offers opportunities for the regional labour market.

The Hague labor market in figures

In 2025, the labor market in The Hague and the Haaglanden region also remained tight, with a multitude of vacancies still exceeding the number of short-term job seekers: in the first half of 2025, there were an average of around 18,900 open vacancies, nearly 3.5 times the number of job seekers quickly available for work. The tightness is particularly felt in sectors such as healthcare, education, engineering, and ICT, where staff shortages remain structural (UWV, 2026).

Although national unemployment was around 3.8% in 2025, making it still relatively low, this also indicates a limited availability of additional labor for employers. Moreover, a large untapped labor potential remains in the region: an estimated 72,000 people could start working (more) but are currently not active in the labor market (UWV, 2026).

This combination of persistent shortages, a structural mismatch between supply and demand, and a relatively large proportion of the unemployed emphasizes that the labor market problem is not just about the number of jobs, but about matching people to the right positions and strengthening participation in the labor market.

Municipal role and cooperation

The Municipality of The Hague acknowledges that promoting inflow alone is not sufficient to combat labor shortages. It therefore focuses on promoting a future-proof labor market through intensive cooperation between employers, educational institutions, and government organizations. Numerous initiatives already exist in the city from local government, employers, educational institutions, and trade associations to reduce labor tightness and improve the alignment between supply and demand.

However, the field is fragmented and sometimes small-scale, making it not always clear who fulfills which role. This fragmentation can be countered by better mapping initiatives, joining forces, and coordinating activities. Since the labor market is not the exclusive responsibility of the municipality, The Hague explicitly opts for collaboration. The municipality aligns with existing programs, plays a connecting and accelerating role, and initiates new, solution-oriented partnerships where necessary.

Haaglanden Care Programme as a targeted intervention

Based on the dual challenge outlined above, the Zorgpilot Haaglanden was launched in 2024, which continued as the Zorgprogramma Haaglanden.
This program is a regional collaborative initiative in which municipalities, healthcare organizations, educational institutions, and researchers work together on a fair and sustainable labor market in healthcare.

The pilot specifically targets international healthcare workers (IZM) living in The Hague:

1. Ukrainian displaced persons and/or status holders
2. Migrant workers (EU/outside the EU)
3. Non-beneficiaries (EU/outside the EU)

These IZMs possess a medical and/or care background but work in other sectors, such as supermarkets, horticulture, or greenhouses. They have not yet found their way into the Dutch healthcare sector, even though there is a significant staff shortage there. Consequently, supply and demand are not sufficiently aligned. The Haaglanden Care Programme has therefore set the goal of better matching supply and demand through support with intake, settlement, and guidance.

Although municipalities do not have direct control over labor law, they can exert influence through onboarding, communication, collaboration with employers, and local monitoring. Employers, educational institutions, healthcare institutions, and other partners are considered essential in this regard.

collaboration partners. The pilot was supported by participatory action research to identify bottlenecks and opportunities in labor market integration at an early stage, strengthen working practices, and arrive at shared responsibility between migrant, employer, and municipality.

Embedding in the Education program Labour Market-Business (OAB)

The Haaglanden Care Programme does not stand alone, but is embedded in broader municipal programmes and partnerships. The Municipality of The Hague has sought collaboration between, among others, the departments of Education, Culture and Science (OCW) and Social Affairs and Employment (SZW) and The Hague Economic Board. The pilot phase has now been completed, and the approach is part of the Education-Labour Market-Business (OAB) programme. This programme focuses on reducing mismatches and labour market shortages in the region, with special attention to shortage sectors such as healthcare and welfare, but also IT, construction, and engineering. The policy document *“Sporen naar een arbeidsmarkt die werkt voor de stad”* (RIS314887) describes an approach that has been developed together with partners into concrete solutions within four sectors, including IT, public administration, construction and engineering, and healthcare and welfare (Icar et al., 2024).
These solutions are aimed at supporting employers in having staff with the right competencies and skills, strengthening the connection between education and the labor market, and removing barriers in the labor market.

The three objectives of the Municipality of The Hague within the OAB programs are:

1. Employers have staff with the right competencies and skills (1a. employers invest more in people / 1b. Lifelong learning);

2. Better interaction between education and the labor market;
3. Fewer barriers in the labor market.

Although there are many similarities between sectors regarding labor market tightness, there are also significant differences per sector. Opportunities and challenges vary by sector. Therefore, a sector-specific approach has been chosen. The focus of this report is on the healthcare sector. A relatively large proportion of migrants with a healthcare background live in The Hague, yet without suitable employment, while significant shortages exist precisely in this sector. In addition, there is increasing aging among both staff and residents. The municipality therefore aims for a sector-oriented and structural anchoring of the approach, while simultaneously working towards the aforementioned objectives. In this way, by building public-private partnerships, lines of communication are connected and the labor market becomes a shared responsibility. In doing so, the municipality adheres to the motto: the city belongs to all of us.

Collaboration with partners in Haaglanden Care Program

Within this programmatic approach, research plays an important role in monitoring, evaluating, and further developing effective interventions.
Through the OAB program, the municipality focuses on collaboration with employers, educational institutions, and social partners. The Hague University of Applied Sciences monitors the program using participatory action research (PAO research) via the Research Group on Metropolitan Development. The research has a duration of one year (March 2025 – March 2026) and aligns closely with several program lines, including: - increasing the influx into shortage sectors; - supporting employers with competencies and language development; - the sustainable employment of international employees residing in the Haaglanden region and lifelong learning. Newcomers with a care background are guided through work-based learning, language development, and recognition of qualifications. Through a Haaglanden Learning Coalition, the aim is to reduce regulatory burden, expand professional autonomy, and strengthen development pathways.

From care pilot to Haaglanden care program: Lessons from research

Review of the Haaglanden Care Pilot

Within the care pilot in 2024–2025, experiences were monitored through research and targeted actions were implemented. The report associated with this research can be listened to in the podcast below:

Click on the image for the podcast.

Read the research report via **this link.**

Policy lessons from research

The follow-up study within the Care Pilot, from here on Care Program referred to as Haaglanden, has the following research question:

What lessons can be drawn from the Municipality of The Hague's Education, Labor Market, and Business Connection program for future-proof labor market policy aimed at the sustainable placement of international healthcare workers, so that supply and demand align better?

In this report, the findings are explicitly linked to the OAB policy objectives of the Municipality of The Hague. Based on this, we formulate concrete lessons and recommendations for a more effective and future-proof labor market policy.

The policy lessons are based on participatory action research that ran parallel to the implementation of the care program. In the period from March 2025 to March 2026, a total of 42 respondents were interviewed: 18 international healthcare workers, 10 local healthcare workers and HR/ management representatives from healthcare organizations, and 14 regional stakeholders. In addition, focus groups were organized and fieldwork was conducted within healthcare institutions and during municipal and regional meetings.

Through the combination of interviews, focus groups, and participatory observations, we were able not only to identify bottlenecks but also to gain insight into what actually works in practice. As a result, this report offers both a realistic analysis of challenges and concrete starting points for improvement.

Research approach in brief

Period: March 2025 – March 2026

International healthcare workers interviewed: N=18

Local healthcare workers and HR/management: N=10

Regional stakeholders: N=14

Methods:

- Semi-structured interviews
- Focus groups
- Participatory observations within healthcare institutions and during municipal and regional meetings
- Participation in working groups and meetings

The collected data have been analyzed thematically. Actions resulting from interim findings were monitored in practice throughout the process and re-evaluated where necessary. To safeguard the privacy of those involved, all names in this report have been fictionalized, quotes anonymized, and all photos are either AI-generated or stock photos.

Reading guide

The report is structured along the lines of the three objectives of the Municipality of The Hague within the OAB program:

1. **Employers have staff with the right competencies and skills (1.a employers invest more in people / 1b. Lifelong learning);**
2. **Better interaction between education and the labor market;**
3. **Fewer barriers in the labor market.**

After a contextual overview and explanation per objective, we highlight several components of the approach within the care program that were significant for the results achieved. Subsequently, we discuss the insights and policy lessons derived from this.

Results

Objective 1:
Employers have more staff with the right competencies and skills.

If employers want more staff with the right competencies and skills, more people must be able to get to work, according to the OAB program. The goal is to invest in so-called 'untapped labor potential' so that more people can be deployed more effectively, and also to make jobs more accessible in shortage sectors.

Innovative technical tools and methods can be helpful in this regard. The first objective has two sub-goals:

1a. employers invest more in people and 1b. more
people who continue to develop themselves throughout their lives.

Sub-goal 1a. Employers invest more in people

The municipality not only aims to utilize untapped labor potential but also has the sub-goal that employers have a better understanding of the mismatch between labor shortages and the labor market in the healthcare sector, and that employers are familiar with potential solutions, such as focusing on skills.

Context Unused labor potential

Annually, there are approximately 66,975 international *workers* in the Municipality of The Hague. Ranging from knowledge and labour migrants (16,515) to 33,085 labour migrants and 17,375 international self-employed individuals. In addition, there are 108,180 internationals residing in The Hague (Presentation Municipality of The Hague, Innovation Festival, 2026). According to research in the **Monitor Internationals 2010-2022** by Decisio, the group of internationals (knowledge workers and labour migrants) in the entire The Hague region consisted of over 104,000 people in 2022. Including students and other groups, the total number in the region even reached 157,425 in that year.

Despite these figures, The Hague has also been experiencing a tight labor market for several years. Particularly due to the aging population, there is a high outflow that appears impossible to fill. At the same time, there is a group in The Hague that is not participating in the labor market. According to the municipality's report 'State of affairs regarding the alignment of education, labor market, and business', the Haaglanden region has an above-average tightness in the labor market and, at the same time, a high (10.1%) 'untapped' potential. Additionally, according to the regional labor market forecast for 2024-2025, Haaglanden shows job growth of 0.8% per year (work. According to the UWV Labour Market Forecast 2025-2027 (2025), the number of jobs in the Haaglanden region will grow "only limitedly" or "gradually" between 2025 and 2027. According to the UWV, this is related to moderate economic growth and stricter enforcement against bogus self-employment. However, job growth is occurring primarily in the care and welfare sector **(Regional Labour Market Forecast 2025-2027 Haaglanden).** Moreover, due to the aging population, the demand for labour in the care and welfare sector will increase further. Consequently, there is great urgency to better utilize the available potential.

Approach 1:
Recruitment and selection of untapped labor potential

The Municipality of The Hague collaborates with educational institutions, labor market partners, and healthcare organizations to specifically guide untapped labor potential—referred to here as international healthcare workers—to the Hague labor market. The initial focus is on recruitment and selection from this so-called untapped labor potential.

International healthcare workers are reached through various channels, including targeted job fairs in The Hague neighborhoods, the Central Agency for the Reception of Asylum Seekers (COA), the University Asylum Fund (UAF), the UWV, and the Work and Development Agency Den Haag Werkt. Through these different entry routes, the aim is to gain insight into a diverse spectrum of healthcare professionals.

Following registration, an intake interview will take place with a program manager, job coach, or education advisor from the municipality. During this interview, a thorough assessment is made of the individual's education and work experience, the pathways already completed (e.g., language training or previous job application attempts), and the necessary next steps to ensure a suitable connection to the labor market. This aligns with the national roadmap “On the way to working in the Netherlands” from the Ministry of Health, Welfare and Sport **(BIG register,** zd), see figure 4:

The pathway to work in The Hague aligns with the roadmap to work in the Netherlands from the Ministry of Health, Welfare and Sport:

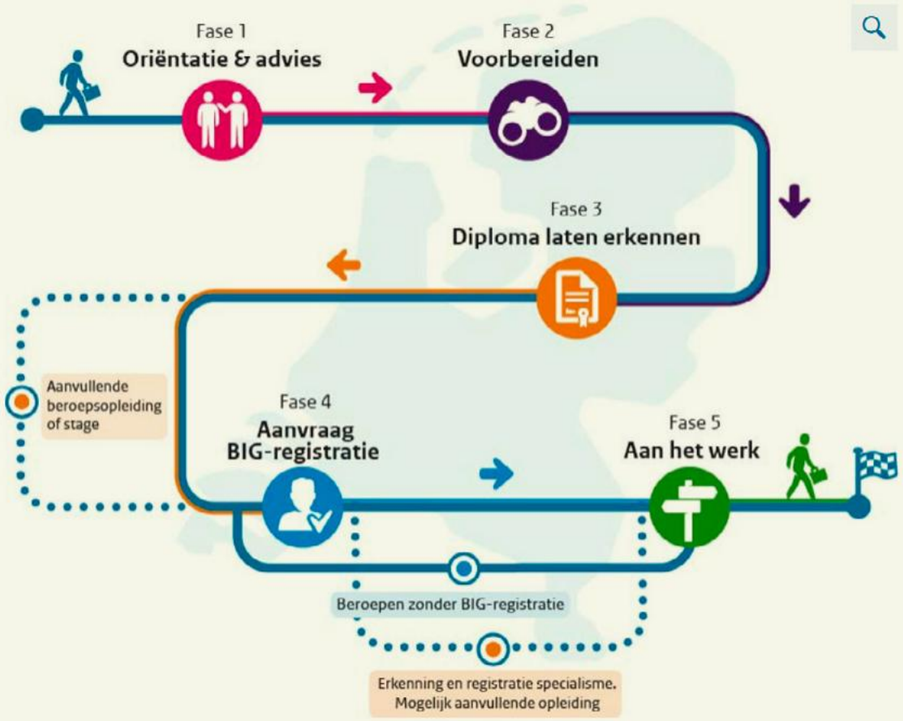


Figure 4. **Roadmap to working in the Netherlands | BIG Register**

Diversity of people with talents

The Municipality of The Hague has recruited a diverse group of international healthcare workers through various channels. They come from diverse countries, both within and outside Europe. This involves residents of The Hague with varying levels of education and professional backgrounds, who have gained experience in diverse healthcare systems and contexts.

This group brings valuable knowledge, skills, and intercultural competencies. At the same time, their qualifications and work experience do not always directly align with the requirements, regulations, and structure of the Dutch labor market. This calls for targeted guidance, careful assessment of qualifications and recognition of competencies, as well as support in achieving a suitable and sustainable match within The Hague's healthcare sector.

In addition, there is significant legal diversity within the group of international healthcare workers. The applicable laws and regulations differ by country of origin. For instance, Ukrainian displaced persons fall under the Temporary Protection Directive, which offers them temporary protection and access to work. Other healthcare workers from outside the EU are generally dependent on procedures under the Aliens Act 2000. A different framework applies to people from EU member states: they are not subject to a civic integration obligation, have no language requirement from a migration law perspective, and do not require a work permit.

These differences in legal status have direct consequences for access to work, training opportunities, and support needs.
An effective labor market policy therefore requires a tailored approach, taking into account both professional background and residence status context.

Approach 2:
Diplomas and transversal skills

In the coalition agreement 'Getting to Work, Building a Better Netherlands' (2026-2030) presents the dilemma that newcomers with a (vocational) education are often unable to convert their diplomas. Therefore, the government also wants to make greater use of experience certificates so that newcomers can start working at a suitable level (coalition agreement 2026-2030, page 40).

The Municipality of The Hague wants employers to have better insight into the mismatch between labor shortages and the labor market in the healthcare sectors, and to be more familiar with potential solutions. The municipality has set itself the task of inspiring and informing employers about alternative recruitment methods, raising awareness of IZM talentt.av skills and competencies, and adopting a different perspective and approach within HR policy, so that they can achieve better labor policies within institutions.

Employers can better attract and advance untapped talent by implementing a modern and future-oriented HR policy. This means, among other things, that selection is not based solely on diplomas, but that recruitment and selection are based more strongly on skills, and that work processes are structured differently so that tasks align better with employees' competencies.

Diploma Evaluation by Nuffic The
Municipality of The Hague works closely with Nuffic within the Haaglanden Care Programme. Nuffic is a Dutch organization that provides insight into the level of foreign diplomas by comparing them with Dutch diplomas in accordance with the agreements of the Lisbon Recognition Convention (LRC). Nuffic provides an evaluation of the foreign diplomas of the IZM. However, stakeholders indicated that these 'traditional'

Diploma evaluation by Nuffic offered insufficient insight into practical employability. A local healthcare worker, for example, indicated:

> *As an employer, it is of no use to you to simply read that someone has a higher professional education level or something like that. Without going into what someone is actually allowed and not allowed to do in healthcare.*
> **(local employee, S09)**

Therefore, in addition to diploma recognition by Nuffic, experiments were also conducted with making transversal skills visible through extensive portfolios. For this purpose, collaboration was sought with the specialized company Liberaux.

Portfolios with transversal skills

Libereaux is a company that Recognition of Prior Learning (RPL) offers procedures. With this EVC procedure (Recognition of Acquired Competencies), work and learning experiences are systematically validated and recognized based on an established standard or qualification framework. This involves examining not only subject-specific knowledge and skills, but also overarching competencies relevant to various functions and sectors.

Twenty international healthcare workers, recruited by the Municipality of The Hague, participated in a program within Libereaux. They compiled an extensive portfolio of their previously acquired competencies, also known as transversal skills, under the guidance of a Libereaux employee. Evidence of this prior experience was requested. Based on this portfolio and an in-depth interview with an independent assessor, it was assessed which previously acquired competencies had demonstrably been developed at the IZM, resulting in experience certificates. With valued diplomas from Nuffic and validated portfolios from Libereaux, International Care Workers (IZM) might be better matched in the Dutch labor market. This could strengthen their position in the labor market and, where applicable, lead to exemptions within further education programs. After all, this shifts the emphasis not only to certificates and diplomas, but also to previously acquired skills and experiences. According to Libereaux, the portfolio not only offers insight into the capabilities of international care workers (IZM), but also has an empowering and motivating effect – it shows: *this is what I can do* – while simultaneously providing clarity regarding the functioning and expectations of the Dutch labor market. The program gave participants insight into their previously acquired skills suitable for the Dutch labor market, and in some cases, their diploma was valued more highly by Nuffic.

An IZM who had participated in this trajectory described the effect as follows:

> *“I described my previous experiences at Libereaux in my portfolio. After sending everything to Nuffic, I received a new diploma evaluation: my diploma is now evaluated at level 6. I wondered how that was possible, since the same diploma was still evaluated at level 5 in 2013. The answer was that my extensive work experience is now clearly visible in my portfolio. Thanks to that experience, I have now officially received an evaluation at level 6.”*
>
> **(IZM02).**

Experiences: unfamiliarity with portfolios in practice

Education completed abroad – valued by Nuffic – combined with a portfolio documenting work experience and transversal skills, can be a powerful tool to make positions more accessible to international healthcare workers (IZM). In practice, however, it appears that these tools are not yet sufficiently utilized.

Many HR staff within healthcare institutions are unfamiliar with portfolios as an additional form of recognition. They are generally not asked for in selection procedures. Participants themselves also do not always know when and how to effectively utilize their portfolio. As an international healthcare worker indicated:

> *I can't find anywhere to submit the portfolio when applying online, and I can't upload a portfolio anywhere in the system either; I only saw a button for my cover letter and CV, so I didn't do anything with it.*
>
> **(IZM, doctor)**

Another participant phrased it as follows:

> *Employers look at my letter and CV, but not at the portfolio I brought with me; they don't seem interested in it.*
>
> **(IZM)**

Practical trainers within healthcare institutions also indicated that they were unfamiliar with these portfolios and had never received them. Additionally, no exemption requests have been submitted to accredited bodies. educational institutions based on these portfolios. It also became apparent that not all job coaches within the municipality were aware of their existence and value, as a result of which the portfolio did not acquire a structural place in guidance trajectories and application processes.

Moreover, when a candidate applies with a foreign diploma, this requires extra time and attention from HR professionals. In practice, the focus is often primarily on diplomas, while cross-functional skills and relevant work experience are still insufficiently taken into account in the matching process. This can lead to under- or transfer. For example, an international healthcare worker with training and experience as a midwife abroad was deployed as a caregiver in an elderly care facility. Without targeted guidance, expectations arose in the workplace that did not align with her experience in Dutch elderly care, leading to a mismatch.

Based on these experiences, Nuffic has introduced a renewed working method within the Haaglanden care program. In addition to diploma evaluation, insight is now also provided into which learning outcomes have been achieved within the international training program.
The renewed evaluation format describes these learning outcomes in more detail and links them to ESCO (the European Classification of Skills, Competencies and Occupations). This shared “skills language” increases transparency regarding capabilities and can contribute to better alignment between government, education, and employers. By systematically mapping skills, training needs can be determined more specifically and unnecessary retraining can be prevented.

At the same time, practice shows that unfamiliarity with portfolios among employers and supporting parties constitutes a significant barrier. Effective deployment therefore requires better coordination, a clear division of roles, and active expectation management among all involved parties.

Approach 3:
Recruitment and selection for healthcare institutions

In addition to the recruitment, selection, and support of international participants (see also the report *Beyond the Barriers),* the Municipality of The Hague actively recruits and selects care institutions that wish to participate in the program. This concerns institutions that are willing to open their doors and offer participants the opportunity to gain work experience and further develop themselves within the healthcare sector.

Before international healthcare workers are placed, the municipality holds discussions with interested healthcare institutions regarding participation, expectations, and preconditions. In practice, this process proves to be complex. Research shows that administrators, managers, and HR staff are often hesitant to hire new personnel, particularly when candidates do not yet fully possess the required Dutch language proficiency. Additionally, employers often have insufficient insight into the qualities and employability of these untapped talents, which can limit their willingness to place them.

Good initiatives in the Netherlands

There are increasing numbers of healthcare institutions that are open to new staff trained abroad:

A program is underway at the University Medical Center Utrecht to help newcomers find jobs in hospital healthcare; an article about this has appeared in De **Correspondent.**

Also the **Leiden University Medical Center** strives for a diverse workforce and has recently started a process to recruit and train status holders.

It doesn't happen by itself.
Learning takes place through mutual exchange between the projects. The approach requires intensive collaboration between the municipality, employers, educational institutions, and social partners. Significant steps are already being taken in the Haaglanden region, but practice shows that structural coordination and joint efforts remain necessary.

For instance, more than 220 residents are now participating in training programs for promising professions through the municipal training fund. In addition, the Regional Employment Centre Haaglanden facilitates matching employers and job seekers. Furthermore, with the The Hague Educational Agenda (HEA) 2026–2032, the municipality is working on a comprehensive strengthening of education in the city, from primary education to higher education.

Specifically for the healthcare sector, the OAB program supports newcomers with a foreign healthcare diploma in language acquisition, diploma recognition, and sustainable placement in The Hague's healthcare sector. Currently, 107 participants are following this trajectory. Several healthcare institutions have joined, and the first 16 participants are now actually working in the

concern.

In addition, a learning coalition was launched this year in collaboration with ZW Connect, UWV, and healthcare institutions. This collaboration focuses, among other things, on reducing regulatory burdens in healthcare institutions. The network develops practical tools to reduce administrative burdens in the workplace, with the aim of strengthening staff retention and increasing job satisfaction.

Moreover, employers can make use of subsidies and schemes when hiring someone with a distance to the labor market.
The municipality provides advice on this matter and organizes additional support in the workplace where necessary, for example through a work supervisor or job coach. If additional training is required, participants can enroll at MBO or HBO institutions in the region.

These joint efforts show that the movement has been set in motion, but also that sustainable results are only achieved through continued cooperation and targeted support.

Approach 4:
Speed dates (Meet & Greet)

Within the care program, the Municipality of The Hague (Den Haag Werkt) organized several speed dates, also known as meet & greet events, in healthcare institutions. These meetings were intended to bring international healthcare workers and employers into contact with each other in an accessible and direct manner, thereby accelerating the placement process.
An article about this approach also appeared in the **Algemeen Dagblad.** (September 25, 2025):

ECONOMIE IN DE REGIO

NIEUWKOMERS WILLEN GRAAG AAN DE SLAG

Veel zorgmedewerkers zitten thuis, ondanks arbeidstekort

Zorginstellingen zijn naarstig op zoek naar personeel. De arbeidstekorten in deze sector zijn groot en worden de komende jaren alleen maar groter. En dus hebben ze in Den Haag iets bedacht: speeddates tussen werkgevers en internationals die in het buitenland in de zorg werkten.

Je hebt de vaardigheden, maar je mag niks doen omdat je geen registratie heb

Speed dating events have proven to be a valuable tool for connecting international healthcare professionals and organizations. For instance, the meeting on September 29 at Respect Zorggroep, which was also attended by two aldermen, was positively evaluated by administrators, municipal representatives, and attendees. The direct meeting provided an opportunity for getting to know each other personally and aligning expectations.

At the same time, experiences within healthcare institutions reveal a diverse picture. Some employees were enthusiastic about the setup and saw the added value of these targeted meetings. Others were less familiar with the goal and wondered why this was being organized specifically for this target group. A local employee phrased this as follows:

Yes, yes, the meet and greet events: I think you just have to embed that into your regular process. But actually, the message should be: well, there are vacancies and we have an apprenticeship. Let's make sure they are on our website, so people know: okay, they have room for these candidates there. Then

can they then simply sign up via the system, and then an interview with the recruiter follows, and then the recruiter can organize that internally. Yes, because right now we are dealing with those meetings."

This response underscores that speed dating can be effective, but that sustainable impact requires integration into regular HR processes and clear communication regarding the goal, target group, and follow-up.

Another stakeholder advised:

> *To actively involve more care organizations as partners within the care program. By broadening the network of participating institutions, placement capacity is increased, responsibility is shared more broadly, and the chances of sustainable placement and regional cooperation increase.*

The municipality is committed to establishing broader involvement from care organizations, which strengthens the structural embedding of the program and thereby increases the chances of sustainable and successful placements in the region.

Sub-objective 1B:
lifelong learning

'Lifelong learning' focuses on making people adaptable and resilient, so that they have a better understanding of the future labor market and choose an education that aligns with a sector facing labor market shortages.

Lifelong Learning (LLL) is the central government's policy aimed at ensuring that people continue to develop throughout their entire careers, both through formal education and on-the-job learning. The government encourages this by collaborating with educational institutions, employers, and social partners, and by removing obstacles in legislation and regulations. The goal is to sustainably employ and retain people in a changing labor market, thereby contributing to economic growth and social security.

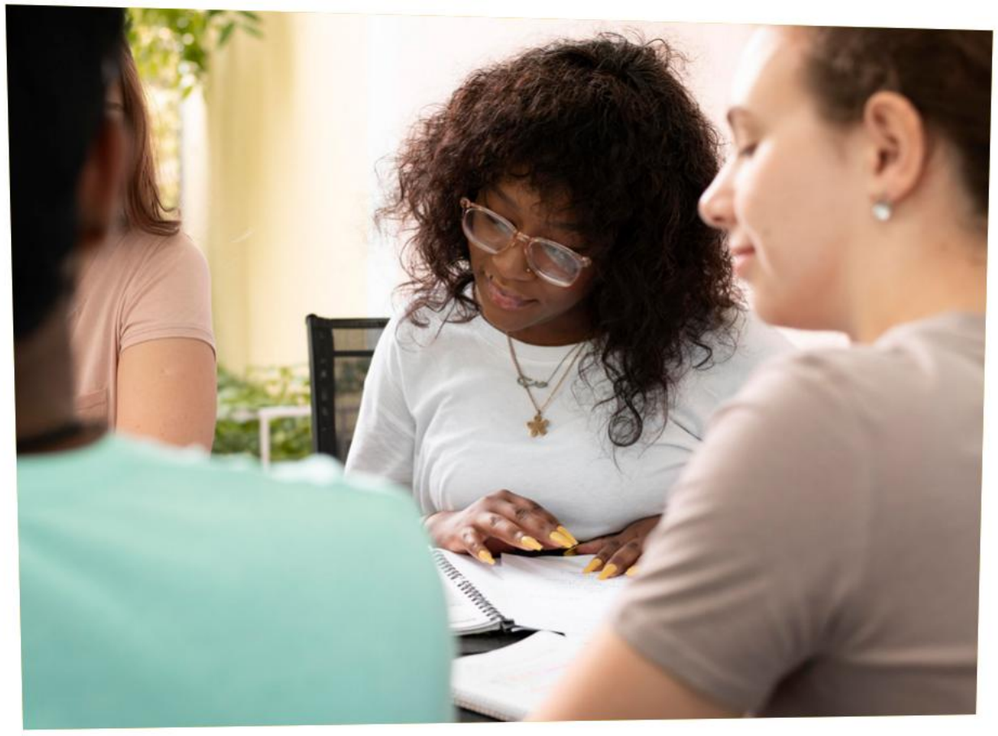
Approach 1:
Flexibilization: lifelong learning

The Municipality of The Hague is committed to flexibilization (adaptability and resilience in the labor market through lifelong learning) and to offering educators in the care and welfare sector more retraining, upskilling, and further training programs. They do this, for example, by:

Approach 2:
Training vouchers

To make participation in retraining and upskilling financially possible, participants can use training vouchers via **Haaglanden Leert Door.**

This scheme offers, subject to conditions, €3,500 , a reimbursement up to a maximum for training in promising sectors, including Healthcare & Welfare.
The scheme is intended for residents aged 18 or older (up to retirement age) who live in the Haaglanden region (The Hague, Delft, Midden-Delfland, Westland, and Rijswijk) and belong to specific target groups, such as low-income workers or job seekers without benefits.



The municipal job coach advises participants on suitable training programs, internships, or courses and assists with the voucher application. Education advisors from the Leerwerkloket guide participants through career orientation and application procedures.

The training voucher is therefore a financial instrument within the broader **LLO policy** and supports participants in pursuing additional training when this is necessary for access to the labor market or career advancement.

Approach 3:
preventing inflow, throughput, and outflow

In addition to stimulating new recruitment, the municipality focuses on career progression and retention of staff in the healthcare sector. This is done in collaboration with employers, for example by:

- stimulating and developing a broad, active learning culture;
- creating work schedules that align with employee preferences;

- internal training and guidance programs;
- utilizing informal networks for inflow;
- internally training employees to better coach.

This commitment focuses on sustainable employability and preventing attrition. This line is not explored in further detail in this report, but it forms an important part of the broader LLO strategy and the **LLO alliance.**

Approach 4:
Retraining and further training in healthcare institutions

There are international nurses who consciously choose to enter at a different level within the healthcare sector and view this as a logical intermediate step. During an interview, for example, an internationally trained nurse working as a caregiver in elderly care indicated:

> *I work as a caregiver and that is a nice first*
> *"Stepping stone to nursing"* **(interview with a nurse with a foreign degree).**

For this group, working below their original educational level is not an endpoint, but part of a development path towards sustainable employment at their own professional level. See Sofie's experiences in the box next to this:

PORTRAIT:

Sofie's experience

The power of connection

"I don't have any ego to ask; as a nurse, we are always learning"

Name: Sofie (32 years old, origin: Colombia, background: 12 years experience as an ICU nurse and coordinator, Current role: care assistant plus in elderly care. Despite her background in intensive care, she began her new chapter in elderly care in the Netherlands with modesty.

Language as the key to the heart

For Sofie, the Dutch language is not a barrier, but an instrument for empathy. From day one, she made a conscious choice: *"I'm always speaking with my colleagues and intentionally I'm not using English. Not even a single word."*
If I don't get the exact word, I will explain it in a simple way. Then when I get the exact word, I will reframe that sentence."

Her motivation is deeply rooted: *"If someone wants to express their feelings, especially when they are sick, they usually use their own language. I cannot say 'you have to speak in English'. No, that's not good. I am the nurse, I need to understand them."*

A culture of mutual learning

The transition from a hospital in Colombia to a Dutch nursing home required adaptability, but Sofie primarily sees it as enriching. The introduction of aids such as the patient hoist was new to her, but she set to work on the training with enthusiasm. *"I was thinking: am I going back to the basic level? But then I said: why should I not start again? We can learn new things. Patient hoists and things we are not using in Indonesia, so I am learning now."*

A family in the workplace: "Colleagues feel like friends"

For Sofie, the people she works with are more than just colleagues; they have become an essential part of her social safety net/family/friends.

The openness with which Sofie has been received has lowered the barrier to learning. Whereas she was used to a stricter hierarchy in Colombia, here she experiences a culture of equality and friendship.

"It is entirely different from Colombia, but the colleagues are very friendly. They are giving the instructions and they don't give me the feeling that I am 'less' because I am still learning."

The colleagues have not only taught Sofie the 'hard' skills (such as the patient lift or wound care), but have also familiarized her with the social etiquette on the ward.

"My coach and colleagues, they taught me how it works. If I have any doubt, I will ask. I don't have any shyness or ego to ask anyone. The way they are asking me now: 'Within three months, how did you learn this much?'"

The future: Growing with patience

Her ambition is clear: to return to work as a registered nurse via BIG registration. But she is in no rush. She enjoys the small successes, such as giving the handover in Dutch. *"I did not know about the names of the food, or how to speak fast with the clients. But now I can. I want to give the handovers, I want to explain what the patient needs. Step by step, I am getting there.*

However, foreign doctors with work experience also indicate that they prefer to work at their own level and within their own field.

As physicians, they have built up specific expertise and feel most competent and motivated when they can apply this knowledge and experience. After all, a position as a caregiver is a different profession, with different responsibilities, competencies, and professional identity.

Although temporary alternatives are sometimes necessary, working below one's own educational level does not always align with their professional background and ambitions. A foreign doctor, trained in Turkey, advised during the interview that a national program should be established at universities that open their doors; regarding this, he said:

I know doctors who work as healthcare assistants, specialists as general practitioners, and dentists as dental hygienists. No one asks why. Why can't these people work as doctors?

(Interview with a doctor with a foreign degree)

Trainers within healthcare institutions indicate that, after placement, they can offer customized solutions in the form of retraining and further training programs. However, this requires a different approach than the standardized training packages that are typically available. Institutions possess extensive substantive expertise and provide training on typical Dutch care aspects, such as medication safety, relevant legislation and regulations (for example, the Care and Coercion Act), the prevention of involuntary care, and procedures surrounding the admission of people with intellectual disabilities.

At the same time, educators do not always know in advance how foreign study programmes are structured and where any subject-matter differences or knowledge gaps lie. Targeted collaboration with Nuffic can address this. By gaining insight into the diploma recognition, learning outcomes, and transversal skills of international participants, a clearer picture emerges of what an individual has already mastered and where additional training is needed. This knowledge enables healthcare institutions to invest more strategically in tailored solutions, thereby safeguarding the quality and safety of care within the Dutch context.

BIG track and training and/or internship advice. If the international healthcare worker passes the language test, the IZM can take the BI test. Following this BI test, advice will be provided by the CBIG, for example, stating that the IZM should complete additional training and/or an additional internship. The IZM must arrange and pay for this themselves. Status holders can apply for financial support from the UAF. Labour migrants must pay for this themselves. This has a significant impact when the IZM is, for example, the breadwinner. After all, an internship does not generate much income.

Employers can receive **financial support** receive for supervising internships for status holders if they also offer a contact afterwards.

Approach 5: Work-study programs

Municipality of The Hague: Mobile dental care bus as work-study program in The Hague

The Municipality of The Hague, within the OAB programme and in line with lifelong learning, has launched a pilot (work-study programme) for international dentists to gain experience in a mobile dental care bus. International dentists are introduced to the Dutch healthcare system and can learn from registered dentists under supervision. This process is also being monitored using participatory action research. Data will follow later in 2026.

Objective 2:

Better interaction between education and the labor market

Within **The Hague Educational Agenda** (HEA) stipulates that educational institutions and employers bear joint responsibility for future-proof employability. The focus is on a better alignment between educational supply and labor market demand, with particular attention to shortage sectors such as Healthcare and Welfare.

The shortage in the healthcare sector is concentrated primarily at ISCO level 3 (MBO) and 4 (HBO/WO), where complex and specialized tasks are performed. See below the occupational framework of four occupational levels according to Statistics Netherlands (CBS).

Context Unused labor potential

Occupations are classified by Statistics Netherlands into four occupational levels; these are classification standards (the so-called **International Standards Classification of Occupations, ISCO).**

See ISCO occupational classification framework:

Occupational Level 1: Simple routine tasks; elementary or lower education level	Simple and routine physical and manual work using hand tools such as a spade, or simple electric appliances such as a vacuum cleaner. Physical exertion and/ or stamina is required. Examples of occupations at occupational level 1 are office cleaner, window cleaner, loader and unloader, garbage collector, bulb peeler, laborer, chip fryer, and kitchen assistant.
Occupational level 2: Tasks of low to moderate complexity; lower or secondary education level required (specialized and on-the-job training)	Operating machines and electronic devices, driving vehicles, maintaining and repairing electrical and mechanical devices, and processing, organizing, and storing data. Butcher, bus driver, secretary, accounting assistant, seamstress, dressmaker, salesperson, police officer, hairdresser, electrical installer, and car mechanic are examples of professions at this level.
Occupational level 3: Complex tasks; MBO or HBO required	Performing complex technical and practical tasks that require extensive factual knowledge, technical knowledge, and knowledge of procedures in a specific field. Examples of ISCO Level 3 occupations include site manager, construction supervisor, medical laboratory personnel, legal secretary, and IT support technical staff.
Occupational level 4: Very complex specialized tasks; higher professional or university level	Executing, solving complex problems, and making decisions based on extensive theoretical and practical knowledge in a specialized field. Examples include the diagnosis and treatment of disease, sharing knowledge with others, and designing structures, machines, construction projects, and production processes. Profession-specific degrees required. Examples include sales and marketing manager, civil engineering engineer, secondary school teacher, physician, specialist nurse, musician, and systems analyst.

For international healthcare workers, however, this alignment is not self-evident. Their educational background is often obtained outside the Netherlands, diplomas are valued differently, and entry routes are complex and fragmented. This creates tension between formal educational structures and the need for tailored solutions. While the system assumes standardized routes, this target group specifically requests flexibility, recognition of previously acquired competencies, and targeted support.

Some international healthcare workers (IZM) who have started working indicate that they experience racism or discrimination in the workplace. They also observe differences in working methods and protocols, such as Marja's experiences:

Current situation: working as a nurse with a foreign diploma Anyone wishing to work in the Netherlands as a nurse (or in another BIG-registered healthcare profession) with a foreign diploma must first meet a number of conditions. The foreign diploma must be officially recognized, Dutch language proficiency must be demonstrably at B2 level, and the healthcare professional must be registered in the **BIG register.**

The first step is to have the diploma assessed by applying for a Certificate of Professional Competence. To this end, the applicant takes, among other things, a professional content test (knowledge test, skills test, clinical reasoning test). Based on the test and the diploma evaluation, the Committee for Foreign Graduates in Public Health **(CBGV)** issues the certificate. advice. This advice often includes taking additional training or completing an internship, which the applicant must organize themselves.

PORTRAIT:

Marja's experience

Between Two Worlds: A Polish Nurse in Dutch Elderly Care

In Poland, Marja (50+) worked as a nurse in the urology department. With seventeen years of experience and a diploma in hand, she was accustomed to technical nursing procedures and a degree of autonomy in the urology department. Now, in the Netherlands, she works as a certified nursing assistant in a nursing home, after having worked for a long time as an au pair in an international family. Although her diploma has since been rated at level 6 by Nuffic, daily practice remains a struggle with invisible barriers.
“I don’t feel like a multi-generational nurse here,” Marja says honestly.
When I compare myself to my colleagues: they just know what they are doing, and I always have to figure out what something means. Why do we do it this way? Who can I ask?

The language of the workplace. The biggest hurdle is not knowledge, but the nuances of the Dutch language and the many abbreviations. The transition to a BIG registration feels like a huge mountain to climb for her. It is not just about grammar, but also about social codes. In Poland, Marja finds communication more direct and hierarchical.

In my own language, I can say: 'You have to do that now.' But if I say that to a colleague here, a drama ensues. 'I don't have to do anything,' they say.
To me, 'must' is simply a word for 'do', but in the Netherlands, that is a very sensitive issue. Sometimes people say: 'Sorry, but your language level isn't up to par'. Then I feel so stupid.”

Protocols and confusion. The differences in nursing procedures also cause uncertainty. Procedures that they have been performing for years on a

what was carried out in a certain way turns out to follow different protocols in the Netherlands. It is difficult for her to 'switch off' her old experience.

*"In Poland, we always used chlorhexidine to sterilize a site for a catheter. Here, you do that with water. That was a shock: is the water in the Netherlands *that* good? I don't want to argue with colleagues, so I read the protocol and accept it, but the confusion remains significant in the beginning."*

The fear of responsibility. Although her team leader has confidence in her and encourages her to take the step to become a nurse, Marja holds back. She is afraid of the responsibility within a system she does not yet fully understand. The fear of making mistakes due to a lack of context weighs heavily.

"I am critical of myself. I am not prepared for the hospital here. You not only have to know which ampoule to pick, but also how to manage the environment and explain everything to the client. Sometimes I feel like I am filling holes that just won't close."

Her passion for care remains unchanged, but the uncertainty is taking its toll. After a busy shift, she sometimes lies awake for hours, puzzling over the day's tasks. Her wish? Solid retraining, even though she already has the diploma. *"I want to learn to swim the right way, not just be thrown into the water."*

After obtaining the Certificate of Professional Competence, the healthcare professional can register in the **BIG Register.** The registration is initially granted subject to conditions. This means that the newcomer must work under supervision for at least three months. Only after this period is the registration made final.

Sometimes the advice indicates that the healthcare worker must complete additional training, such as a module on clinical reasoning and/or knowledge and insight into the Dutch healthcare system. However, previous research by The Hague University of Applied Sciences has shown that many educational institutions set (entry) requirements and are unfamiliar with the possibilities for both taking a few modules and/or entering shortened dual education tracks. Short dual tracks often require a job beforehand, meaning they must apply first before they can start.

education. The education system is not the same worldwide.
The Dutch education system with ISCED levels:

Background information on the Dutch education system

The **Dutch education system** with ISCED levels and standard Dutch abbreviations in parentheses (). After completing primary school (group 8), children are placed into three educational levels based on the recommendations of the primary schools. The two routes examined here are from preparatory higher education (6 years) to university (3 to 5 years) and from general secondary education (5 years) to higher professional education (4 years). These Universities of Applied Sciences (HBO/ Universities of Applied Sciences) are not uniform/known worldwide. See **Chart: education system in the Netherlands | Nuffic**

Nursing programs and levels can also differ across borders: see, for example, Table 1:

Table 1: Nursing Care staff in the Netherlands

English title	Dutch title	Dutch qualification level*	Training length (in years)
Baccalaureate-educated registered nurse	Bachelor of Nursing	6	4
Vocationally trained registered nurse	MBO nurse	4	4
Certified nurse assistant	Caregiver	3	2-3
Nurse assistant	Caregiver	2	2
Nurse aide	Care assistant	1	0.1 - 1

*According to the Dutch Qualifications Framework (NLQF).

Approach 1:
Transition from MBO to ROC Mondriaan

Generic modules are available within ROC Mondriaan, including a language module and orientation in healthcare.

ROC Mondriaan focuses on a program that combines language with medical expertise. A total of forty participants will start a twenty-week program. The first group of twenty students started in October 2025, followed by a second group in November 2025. An additional group is planned for 2026.

(Minutes of the Municipality of The Hague).

The modules are aimed at improving the language level to B1/B2.
General language courses last 15 weeks, with two lessons per week, while the Language in Healthcare course is combined with a language internship of half a day per week and is offered four times a year for approximately 60 participants. For students who wish to progress to C-level,

Referral is possible to the Adult Education Centre or a language centre, for which they bear the costs themselves. The Taal+ courses are subsidized by the Municipality of The Hague, meaning participants only

Pay €30 plus book fees. Admission requirements are being 18 years or older, residing in The Hague, and not being required to complete civic integration courses. Although a specific language course for nursing is possible, it has not yet been implemented. There is currently no complete overview of outflow or progression to further education; available data show limited progression to MBO programs, and there is no insight into progression to HBO.

There is a pool of teachers (LLO) available who could provide these modules. However, this requires organization.

Newcomers can also enroll in the Nursing and Healthcare Assistant (IG) programs at ROC Mondriaan. A program is ready. These students can enroll in the regular educational programs. This is sometimes offered by employers to IZM, and sometimes employers do not consider it necessary:

*"When I said I wanted to do the Level 4 training, my team leader said: 'No, that's not necessary, you *are* already a nurse.' I wondered if a shorter course wouldn't be easier for the language and the BIG registration, because studying and writing reports is a lot of work. But my team leader saw that I already have it in me; I don't have to start all over again to work at my own level."*

(IZM02)

Approach 2:
Flexibilization and modular education

The Hague University of Applied Sciences

Educational Modules

Based on research findings, an exploration took place in late 2015 and early 2026 within the **Nursing program at The Hague University of Applied Sciences** (HBOV) regarding the extent to which IZM educational modules can be taken at the final level. The following is currently being explored in further detail within the Nursing program, while also clarifying the **requirements, preconditions ,** and steps necessary to realize this:

- Individual modules of the flexible part-time/dual component of the HBOV program may potentially be opened up to newcomers; these are, for example, modules on clinical reasoning and ethics.
- A sufficient language level (Dutch) is important and could potentially be a limiting factor in following the program (accelerated).

In addition, a flowchart and 'flexible pathways' are being developed for international healthcare workers. This provides a clear overview of the possibilities for international healthcare workers regarding tailored training. It also clarifies who, what, and where the IZM can receive support, and what is offered by whom and at which institution.

Approach 3:
Impact through collaboration with students

By collaborating with The Hague University of Applied Sciences in research and education, international students from The Hague University of Applied Sciences have created an online matching platform inspired by dating sites. On this site, participants can find targeted information, and healthcare institutions can find specific information about participants:

CareConnect — International Healthcare Workers

Healthcare Workers Guide - Netherlands

Through intensive collaboration with Leiden University, students in the minor **Co-creating a healthy society** have created a so-called 'pattern book'. Using participatory action research, 32 patterns were identified with suggestions for interventions. Additionally, one of the students further developed a practice-oriented intervention for labor market participation: a buddy system for foreign doctors, titled 'From waiting time to the workplace'. See attachments.

Objective 3:
Fewer barriers in the labor market

One of the primary goals is to remove unnecessary barriers; this can relate to language, but also to laws and regulations.
The Municipality of The Hague seeks innovative solutions through public and private partnerships. Through the OAB program, the municipality plays a role in monitoring, connecting, accelerating, improving, and initiating interventions. These interventions can be both cross-sectoral and sector-specific. A number of interventions are highlighted in more detail below:

Cross-sectoral In addition
to all applications for **European subsidies** (ESF+), where the municipality acts as the lead applicant, or subsidies where the municipality plays a stimulating role, such as the **Social Impact Fund.** The municipality is also affiliated with **the AMIF 2025 Call:** Transnational Actions on Asylum, Migration and Integration 2025). The latter aims, among other things, to strengthen digital skills for newcomers together with DOLMIDA and to develop a matching platform for labor market supply and demand; see also under matching. Furthermore, an impact coalition has been established (including impact on: **Catch your Wave; Kandidaten in de lift,** etc.).

We will not elaborate further on this in this report.

Sector-specific
The Municipality of The Hague has launched various sector-specific initiatives to improve the Care and Welfare labor market sector (the care pilot/program, mobile dental bus, **Extra Strong,** etc.).
The collaborating partners within the Haaglanden care program would like to make an even greater impact, but are dependent on implementing organizations such as **the CIBG.** and the Act and Regulations regarding the registration of individual professions, the BIG Act.

Approach 1:
Legislation and regulations and BIG

As described earlier, the new coalition agreement (2026) states that the government must make things easier rather than harder. This means, among other things, that the government wants people to be able to participate more quickly.
particularly in those sectors where shortages exist. This is also stated in the recently published report *Onbebruikpotentieel – Gebrek aan uitslagen taalverwerving en arbeidsparticipatie bij inburgering* by the Netherlands Court of Audit (2026). The report concludes that the Netherlands is still insufficiently successful in enabling recognized refugees to participate quickly and fully in society, particularly in the areas of language acquisition and labor market participation. Despite improvements in guidance and an increased supply of B1 language education, the current civic integration system leads to little sustainable paid work at the appropriate level. Many status holders remain stuck in low-paying jobs or do not work at the level of their education and experience. Policy lacks clear goals, measurement methods, and registration to determine whether the Civic Integration Act is achieving its intended effects. The Court of Audit emphasizes that without targeted choices and the utilization of the labor potential of status holders, the objectives of civic integration remain unrealistic.

Moreover, it is sometimes the case that one law makes it possible for a status holder to start working sooner, but another law nevertheless
cannot participate. For our research into the labor market participation of status holders in The Hague, we spoke with various people from the so-called target group 'untapped labor potential'. Significant differences appear to exist between wanting, being able, and being allowed.

Status holders are allowed to work in the Netherlands and, in principle, have the same employment rights as Dutch employees. A work permit is not required, unlike for asylum seekers.

(the latter must wait and must be in the procedure for at least 6 months, after which they require a work permit). The goal is integration and labor market participation, whereby the employer must verify identity and residence status. Employers may be eligible for municipal schemes, such as wage cost subsidies, to make it more attractive to employ status holders. This requires extensive research from both the participant and the employer.

In the collaboration with the UWV, there are regulatory challenges, for example when candidates do not yet have a work permit or when processes take longer than desired.

The collaboration between the Municipality of The Hague and the UWV is valuable and constructive. The UWV actively aligns with initiatives from the Haaglanden Future-Proof Labor Market program, contributes to finding solutions, and shows a willingness to resolve bottlenecks or bring them up for discussion (minutes Municipality of The Hague).

Thanks to this involvement, collaboration is taking place on structural improvements and contributions, as well as on a smoother influx of international professionals into the labor market. However, restrictions due to regulations and long waiting times caused by staff shortages also appear to be present at the UWV. This means that it can sometimes take a very long time before IZM receives feedback regarding whether or not a work permit can be obtained. In addition, the complexity of laws and regulations becomes apparent in individual cases, where, for example, multiple procedures are running simultaneously. Take the example of Happyness (fictitious name):

Happyness Case

Happyness was born in Iran and studied medicine in Ukraine for six years. In addition, she gained work experience in elderly care. Due to the war, she fled to the Netherlands, where she ended up in an asylum seekers' center in The Hague. With the support of the municipality, she achieved a B2 level in Dutch.

From Care Pilot to Care Program: Work that fits!

Because she does not yet have a BIG registration, she accepted a position as a care assistant in an elderly care institution – below her educational level, but as a first step towards work in healthcare. The care institution wanted to hire her and applied for a work permit. The UWV rejected this: the position of care assistant is not considered a shortage occupation. Moreover, it turned out that, as a 'third-country national', she has different rights than Ukrainian displaced persons. When the IND ruled that because she had to leave the Netherlands within four weeks, she became completely stuck.

The situation became a classic catch-22. Without BIG registration, she cannot work as a doctor, but without work experience as a doctor and facing long waiting lists, it is more difficult for her to obtain that registration. Working as a healthcare assistant is not permitted, because this is not a shortage position. Working as a nurse is not possible either, because registration is required for that as well. Studying is allowed, but a student visa must be applied for from abroad.

The irony is that there are major shortages of general practitioners, doctors, and nurses in the Netherlands. The same healthcare institution could potentially apply for a visa for medical personnel from abroad due to those shortages. Happyness must leave the Netherlands, while it could be recruited again from abroad for work for which there is a shortage here.

The Happyness case demonstrates how talent is at risk of being lost due to complex and contradictory regulations. It is not only asylum seekers who become entangled in bureaucratic processes; employers and implementing agencies also get bogged down in rules that block each other in practice.

Moreover, the Happyness case is not an isolated one. The research frequently reveals examples of people who are affected by laws and falling between the cracks in regulations. They end up on waiting lists or in lengthy procedures at agencies such as the IND, the UWV, or the CIBG, creating years of uncertainty regarding their future and position in the labor market. Previous research has shown that such prolonged uncertainty has harmful consequences for both physical and mental health, as well as for feelings of self-respect and self-worth. These individual experiences point to broader systemic bottlenecks in the alignment between international qualifications and Dutch professional structures enshrined in the BIG Act.

The BIG Act. This Act governs the deployment of authorized and competent healthcare professionals in the healthcare sector. It regulates the training and authorizations for specific healthcare providers, specifically those permitted to perform reserved acts. For other healthcare professionals, there is the Healthcare Quality, Complaints and Disputes Act (Wkkgz). According to this Act, the employer is responsible for the deployment of expert and competent healthcare professionals and can facilitate further training and refresher courses to ensure they remain competent and deployable. See also: **Competent is authorized: ten principles for a future labor market in elderly care | ActiZ**

Facts and myths about 'competent is authorized'

ActiZ Facts and myths about competent being authorized

BIG and Wkkgz

Fable The BIG Act determines the deployment of authorized and competent healthcare professionals in healthcare.

Fact The BIG Act indeed regulates the training and competencies of certain healthcare providers. For healthcare providers for whom the BIG Act does not provide any regulations, the Healthcare Quality, Complaints and Disputes Act (Wkkgz) offers a point of reference. According to the Wkkgz, the healthcare provider/employer is responsible for the deployment of expert and competent healthcare providers. An employer facilitates healthcare providers through continuous further training and continuing education, so that they remain competent and deployable.

Fable A certified nursing assistant (IG) is allowed to do more than a regular nursing assistant.

Fact The Verzorgende IG training is a protected professional title under the BIG Act. This means that the healthcare provider has completed a Verzorgende IG training course and is therefore entitled to use the title. If a person is a Verzorgende and has completed additional training or practical training, they may be authorized and competent in practice at the equivalent level of a Verzorgende IG.

Fable With a diploma and a valid BIG registration, a nurse is "demonstrably" authorized and competent to start work.

Fact A diploma or BIG registration offers no guarantees for the deployment of a competent healthcare professional. By working and performing procedures in practice, a healthcare professional maintains or acquires competence for specific procedures. Which procedures are required of healthcare professionals depends on the client population and the context in which work is being done. The make demonstrable of competence has two sides:

1. for the individual care provider becomes Competence is demonstrable in practice by following structured continuing education and training accompanied by an assessment. This can be confirmed with a certificate of competence, or the employer records this in a Learning Management System (LMS) or an application in which the most recent assessment is recorded. This provides insight into who is competent in which skill.
2. The employer can use this current overview, for both BIG and non-BIG Registered healthcare providers must demonstrate which healthcare provider is competent in which procedure. A central, transparent competence registration is important for accountability to the Health and Youth Care Inspectorate (IGJ).

Reserved acts

Fable As an employer, I must train and test my employees in all reserved acts.

actions

Fact Training employees in reserved procedures that do not occur with clients is pointless, because they do not remain skilled in practice and are therefore not competent.

in practice and therefore not competent.

Fable The KIDK protocols define the level of expertise required for which healthcare provider to perform a specific action.

may perform a specific action.

Fact The protocols do not prescribe a level of expertise . It is up to the healthcare organization itself to determine the level of expertise , to make use of the protocols , and to keep healthcare providers competent for the execution .

Fable A healthcare provider may be required to perform a reserved act for a client.

a client.

Fact A healthcare provider cannot be compelled to perform a reserved act if they do not feel competent .

In that case, the healthcare provider returns the assignment to the doctor or calls back to the person responsible in the team, so that a competent colleague can perform the action.

Execution requests

Fable The instruction for a reserved act by a doctor must be given in writing.

to happen in writing.

Fact The BIG Act does not prescribe the manner in which an instruction to perform a reserved act must be given . This is not subject to any formal requirements. The instruction must be given carefully and may also be given by telephone or digitally . See : Revised Manual on reserved acts in (district) nursing and care (2019).

(district) nursing and care (2019).

Peer review

Fable In practice, peer review takes place for the performance of reserved acts. The review must be administered once every three years.

the test will be administered.

Fact There is no statutory obligation regarding the frequency of assessment. Every healthcare organization determines the frequency in its own policy . For example , it is possible to assess certain actions annually or every two years .

Deployment level 3

Fable A Level 3 caregiver may not perform reserved acts on a client.

Fact Yes, this is permitted, provided the employee can demonstrably prove they have the correct knowledge and experience to perform the action carefully. to be carried out diligently. The employer documents the competence of this employee and issues, for example, a certificate of competence. However, an instruction must have been given by a doctor or nurse practitioner beforehand. The employer makes arrangements regarding supervision and intervention by a doctor or nurse practitioner, should this be necessary during the execution.

Deployment level 2

Fable The position of care assistant may only be performed with a diploma at Care Assistant Level 2.

Fact A full diploma is not required to employ a care assistant in the care sector. By gaining practical experience, the care assistant is trained on the job to support the client. For example, initially in assisting with household care, and subsequently expanding this to include tasks such as ADL (Activities of Daily Living) or help with meals, allowing the care assistant to be deployed more broadly. The employer arranges the necessary guidance and training for each task. A separate test is not required for this.

Fable A care assistant may not measure blood sugar or inject insulin. with the pen.

Fact This is permitted, provided the care assistant has received additional training. discussed working according to the protocol for the procedures. It is important in this regard that the care assistant possesses knowledge of the various forms of diabetes and that the care assistant can identify changes in the client and act accordingly.

Fable A care assistant may not administer medication.

Fact In practice, care assistants also receive additional training in the administration of medication. The employer is responsible for this within the framework of good care and facilitates the training of employees. This entails that employees can learn the necessary skills, observation, and early detection. For more information, see the Safe principles in the medication chain.

ActiZ, June 2020

Coordination

It is important to be fully aware of what is and is not permitted under laws and regulations. However, it is also important that laws and regulations are well aligned and that rules and procedures reinforce each other rather than work against one another. Where rules and procedures are also viewed with compassion and support is offered where possible.

Read, for example, the advice below from an internationally trained doctor and the article by Marte van Santen in Arts en auto (September 2025).

From the perspective of an international doctor, the advice is therefore: Doctors in the Netherlands
can work as medical assistants or healthcare assistants.
Not as a doctor. That is a sin, that is sad. I know doctors who work as healthcare assistants, specialists as general practitioners, dentists as dental hygienists, and so on. No one asks why. Why can't these people work as doctors? Perhaps hundreds of people, doctors, dentists,
Psychologists and nurses. Becoming a healthcare professional
is one of the hardest processes in the world. People act as if they
don't know. Or rather: people have forgotten.
[……..]. We are completely lost among nursing homes,
GP practices, and other small businesses. Medical faculties
and hospitals must take matters into their own hands. With a
national program universities can open their doors to healthcare
professionals waiting in disappointment

Approach 2:
Job carving as a solution

Job carving is related to what is and is not permitted under the BIG Act.

To make better use of available knowledge and experience, attention is paid to job design and task differentiation. **Job carving** is the strategic splitting of existing positions by redistributing tasks.

In this approach, simple or supporting tasks are extracted from various jobs and bundled into a new, accessible position. It involves redistributing and clustering tasks into new or adapted roles. The goal is to relieve professionals while simultaneously creating tailored work, often for newcomers, people facing barriers to employment, or people with disabilities (UVW, 2026).

Our research shows that some local healthcare workers see opportunities in *job carving* to create work for international healthcare workers. By basing this on concrete tasks rather than existing job titles, international healthcare workers can gain relevant practical experience and local professionals are relieved of some of their workload.

As one respondent put it:

> *Not creating a job, but clustering tasks. Enabling someone to carry that out, so that the local care worker can truly focus on other care."*
>
> **(S07)**

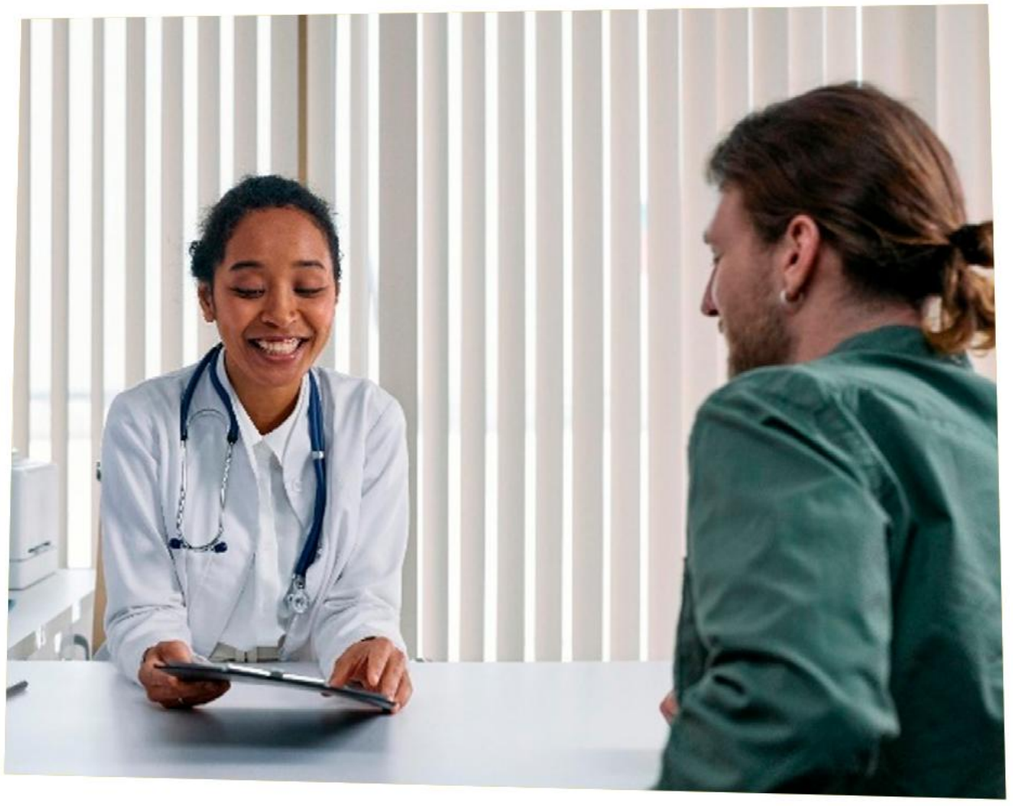
The Municipality of The Hague, together with Nuffic, is focusing on gaining work experience in healthcare as early as possible. Candidates without BIG registration are not permitted to perform reserved or high-risk procedures, but through task differentiation, they can still contribute within the applicable frameworks. A local employee explains:

> *"I think a major problem is that we think very much in terms of the job structure. I need a doctor, while there are huge shortages. So you could focus much more on task differentiation. For example: a doctor cannot currently work as a doctor, but they can perform activities that belong to a doctor and are not reserved for them. You are simply allowed to do those."*
>
> **(S04, local employee)**

Moreover, work experience within a Dutch healthcare institution provides valuable knowledge of the care context, is motivating, and contributes to language development (see also the article by Eimers and Ham (2025) in **ScienceGuide).** and **Court of Audit report 2026).**

An additional option is the so-called **extended-arm construction.** This is a model in which a BIG-registered professional delegates tasks – sometimes including reserved acts – to a less registered or unregistered professional, under strict supervision, mandate, and instruction. As indicated by an employee of a professional organization, such as the KNMT, this requires clear agreements regarding competence and responsibility to ensure patient safety. In practice, this may mean that:

This allows the GP to be relieved and the IZM can perform activities stipulated in agreements with the general practitioner."
(Local employee, S04)



At the same time, job carving has its limits. Working at a different level is not suitable for every position or professional. For doctors, for example, it remains complex to temporarily work in a different role, such as that of a caregiver or nurse. These are different professions with their own competency profiles, responsibilities, and contexts.
Some international doctors indicate that they feel insecure because they are not specifically trained for these positions. When such bottlenecks accumulate, this can lead to frustration and ultimately to a loss of talent.

In addition, for some IZM, job carving means entering at a lower job level than their original qualification. This is not desirable or a sustainable fit for everyone.

An underlying challenge is that the graduation profiles of Dutch degree programs align with nationally established professional profiles, such as the Nurse 2030 professional profile for HBO (higher professional education) nurses.
When an IZM holds a foreign diploma and an additional portfolio of transversal skills, this does not automatically align with these existing Dutch professional and **educational profiles.**
A possible solution is therefore to investigate the extent to which positions can be structured more flexibly and tasks redistributed. By looking more closely at concrete competencies rather than solely at job titles, better utilization can be made of what a doctor, nurse, or other healthcare professional can actually contribute within the Dutch healthcare context.

In addition to workplace and job barriers, institutional and legal procedures also play a significant role in delaying influx. International healthcare workers with a nursing or medical background want to gain experience in Dutch healthcare practice. Instead of many being on standby, they can also spend time in the waiting room of a (home)

relieve the doctor. However, due to Dutch laws and regulations, this seems very complicated (see also the Happyness case).

In practice, complex regulations mean that many highly educated professionals temporarily work below their level or remain outside the healthcare sector for extended periods. Without a BIG registration, IZM in the Netherlands cannot always

work in the Netherlands at a higher professional education (HBO) or university level, the level at which they were educated in their own country. Despite the fact that NUFFIC has conducted an international diploma comparison that is equivalent to a higher professional education (HBO) or university in the Netherlands. Following an assessment by the CIBG agency, the implementing body of the Ministry of Health, Welfare and Sport (VWS), it is determined what is still necessary in terms of training or work experience for the IZM. Sometimes additional training must be completed or (see also the article in the association magazine for healthcare professionals: **(Wasted talent - Arts en Auto)) ,** many IZM must first jump through many bureaucratic hoops.

There are also many other organizations that support IZM in finding suitable work. For example, Big Support.

BIG support

BIG support is an organization that coordinates projects for municipalities and healthcare institutions to place international healthcare workers with a healthcare diploma acquired abroad in the right positions. They also advise and guide international healthcare professionals on the path to BIG registration. Big Support can also offer a supporting role to municipalities / UWV, and mutual exchange also takes place during

conferences.

Approach 3: Investing in language education

One of the goals of the municipality's approach within the OAB Haaglanden program is to invest in people by teaching the Dutch language (speaking, writing, reading, and listening). According to the Migration Advisory Council, investing in language is necessary for *all* newcomers; this is also important for EU labor migrants. After all, labor migrants are not subject to an integration obligation and, in practice, have limited access to regular language courses. The Council states that the national government must invest in accessible and high-quality language education for *everyone.* At the same time, it emphasizes that employers also bear a responsibility in this regard: after all, they benefit directly from employees who possess adequate language skills.

The approach of the Haaglanden care programme aligns with this. The Municipality of The Hague continues to invest in language (education) for newcomers, but simultaneously notes that many struggle to find their way to suitable offerings at the right level. This applies to international care workers (IZM), who require language education that aligns with their professional context, but also applies to EU labour migrants.

This group is responsible for learning the language themselves, but does not always have access to regular language courses. See also the framework for the recommendation of the Advisory Council on Migration. Moreover, the market offering is very diverse and expensive, and the quality does not always align with the learning and work needs of newcomers.

Therefore, the municipality encourages care institutions to invest in language support in the workplace, based on the principle of shared responsibility. This concerns not only general language proficiency, but specifically professional terminology: reporting, communicating with colleagues and clients, and understanding healthcare protocols and legislation.

For the municipality, this also means that language support must be structural and profession-oriented to achieve sustainable employability. At the same time, the fundamental question arises as to who is responsible for this language investment. The municipality is investing but also wonders how much and for how long this investment should be funded from local government budgets. As an account manager put it:

> *We [the municipality] have quite a heavy coat to wear. […] Do we have to keep wearing the same coat for two years, then? That is the question. This also came up in the working group, where it was said: perhaps it is time for employers to take on a somewhat larger role now. As far as I am concerned, that should certainly be a next step. So the question is, of course: do you, as a municipality, want to continue being the driving force, or do you want to work towards shared responsibility more and more in the meantime?*
>
> **(S06)**

This reflection touches upon a broader policy issue: how is the responsibility for sustainable labor market integration divided between the municipality, the national government, employers, and the participants themselves?

This raises the question of who is responsible for the costs of (language) education. Employers often refer to the municipality and to future employees. The question, however, is whether employers do not also bear (partly) responsibility for the education costs of their future employees. After all, they have a direct interest in these employees.

when they possess adequate competencies and language skills? After all, shared responsibility requires a shared investment. This aligns with the vision of the Migration Advisory Council, as articulated in the report *Investing in Living Together:* **Investing in Living Together | Migration Advisory Council**

IZM employees who have started working indicate that language is also linked to work culture and that they are sometimes hesitant to act:

In my own language, I can say: 'You have to do that now.' But if I say that to a colleague here, a drama ensues. 'I don't have to do anything,' they say. To me, 'must' is simply a word for 'do,' but in the Netherlands, that is a very sensitive issue. Sometimes people say, "Sorry, but your language level isn't right." Then I feel so stupid.

Some HR staff indicate that they do not want to hire International Care Managers due to the language level of international care staff and the fact that the workforce is unwilling to cooperate. They fear that the quality of care will deteriorate. At the same time, they realize that they need to take a different approach. They are taking a wait-and-see approach and are asking about experiences and/or whether English is already spoken as the working language in institutions, even though the residents are mostly Dutch-speaking (informal conversation with an HR staff member in a care institution).

This calls for workplace and subject-specific support, not just formal language lessons.

Approach 4:
Language and technical innovations

The employer is also responsible for support in language and culture.
Within the Haaglanden care program, research was therefore conducted into the extent to which technological aids can support communication. The municipality has purchased translation earpieces that allow participants to communicate in their own language. Conversations are translated in real time and also converted into written text. Is the use of translation earpieces an innovative bridge or a barrier in care communication? This can be read in the practical framework below:

FRAMEWORK FOR PRACTICE:

Technology in the workplace

The translation earbuds: Innovative bridge or barrier in healthcare communication?

In an elderly care facility, research was conducted into how technological aids can support the integration of international nurses. One of the most discussed tools is the 'translation earpiece'. The practical experience of Mei-ling (40+, alias), an experienced nurse from Asia, offers valuable insights into the daily usability of this technology in a complex care environment.

The recalcitrance of practice

Although the use of real-time translation technology theoretically bridges the communication gap, implementation within the department proves challenging.
Mei-ling indicates that she uses the earpieces minimally in direct patient care. The main barriers she and her coach experience are:

- **Reciprocity in communication:** For a smooth two-way conversation, it is necessary for the resident to also wear an earpiece. In elderly care,

where many residents struggle with hearing loss or dementia, this constitutes virtually an obstacle.

- **The learning process:** Mei-ling consciously chooses to do without technology working to accelerate her own learning process. “I learn Dutch faster without earphones,” she states. It forces her to rely on her senses and pick up the language immediately.

When does it work?

Despite the physical limitations in the department, colleagues onboarding international professionals do indeed see specific opportunities for the earpieces. The earpieces prove particularly effective in situations where the environment is controlled and information transfer is one-sided:

1. **Job application:** Those who do not yet have a good command of technical terminology may sometimes struggle to express themselves during job interviews. As a result, qualities may not come across effectively. Translation earpieces can then serve as a supportive tool.
2. **Consultation situations:** During a one-on-one consultation or a team meeting in a quiet room, the earbuds provide support to better follow the depth of the discussion.
3. **Complex instruction:** When protocols or medical equipment for the When being explained for the first time, the translation earpieces can help to understand the core of the instruction directly in the native language, which improves safety.
4. **Speed dates and shadowing days.** During speed dates and shadowing days International healthcare workers can conduct conversations in their own language with the support of audio translation devices. As a result, employers gain a better understanding of the IZM, and mutual expectations can be exchanged in their own language.

Translation

Earpieces The use of translation earpieces is neither a final solution nor a replacement for language education. For some participants, it is a solution; for others, it is not. A doctor who has learned the language independently wants to start immediately at the level of education. A paid job at an entry level is the goal for some Individual Health Care Workers. The Municipality of The Hague calls this initial entry a 'bread-and-butter job,' a position that allows one to provide for one's own income. The goal is for Individual Health Care Workers to be able to start, gain experience, improve their (professional) language and familiarize themselves with the Dutch healthcare system, build a network, and progress to a 'dream job.' The job and position that is ultimately aspired to (see Sofie's case).

Approach 5:
Language café

The Labour Market Care Program Manager for the Municipality of The Hague plays a key role by actively facilitating IZM meetings, including through a weekly Language Café. In a Language Café, the Dutch language is learned in an informal and accessible way by talking, reading, or writing with volunteers and other participants. It is not a formal lesson, but a pleasant meeting place to improve speaking skills, learn expressions, and discuss everyday topics. Additionally, it is a social environment to make new contacts in a relaxed atmosphere.

Therefore, in the language café, not only is the Dutch language learned, but insight into Dutch culture and customs can also be gained.
Participation is voluntary and free, and can often be found in libraries, community centers, and cafes. By meeting regularly, a community is created where togetherness is central. Both bonding relationships (between people with a shared professional identity) and bridging relationships (between people with different professional backgrounds) are built. These connections within the community strengthen the sense of empowerment: experiences are shared, mutual understanding develops, and people feel supported. At the same time, this community and the Language Cafe serve as a place where professional networks grow and valuable labor market information is exchanged, such as regarding permits, residence statuses, diploma recognition, and internship and employment opportunities. In addition to establishing a community and offering language lessons and education vouchers from

The Municipality of The Hague gives the Municipality of The Hague's Language Café a broader, dual meaning (see also the report **Beyond the Barriers).**
It requires the commitment of both international healthcare workers and local professionals.

The program manager of the Haaglanden Care Program joins the language café weekly and dedicates himself to the Care Program with great commitment. It is precisely this active and passionate involvement from the program manager that significantly increases support.
In addition, the account manager is active within the program. Without driving forces, the Care Program can hardly (or with much more difficulty) get off the ground.
According to many stakeholders, IZM, and those involved, the care program needs these 'all-round committed managers'. These are individuals who take initiative, look beyond fixed working hours, and believe in the power of people, networks, and communities.

These key roles therefore prove to be invaluable in the program.

A language café is not just a language café.

This 'community building' should be included in policy for safeguarding and anchoring.

This also aligns with the recommendation of the Advisory Council on Migration: **Investing in Coexistence.** see box on next page:

Investing in living together

Dutch society is becoming increasingly diverse. Therefore, we must invest more in living together. This requires a policy on coexistence, also and specifically for migrant workers. They must be structurally better embedded in our society. This involves four pillars: 1. Learning Dutch 2. Knowing and being able to exercise rights and obligations 3. Work-related development 4. Meeting each other. The costs and benefits of labor migration are currently unevenly distributed. The benefits are currently primarily for employers, who profit from cheap labor or specialized knowledge. However, employers have not only an economic interest but also a social responsibility: good employership applies to migrant workers as well. Employers should play a more active role in the implementation of these four pillars in the workplace. They should make much more concrete agreements in collective labour agreements, for example regarding language education for migrant workers. The burdens of labour migration currently fall primarily on a segment of the migrant workers and society as a whole. Without a policy on coexistence, structural inequality persists, putting social cohesion under pressure. To do justice to the societal urgency and to appeal to the responsibility of all parties involved, structurally more intensive cooperation is needed between the central government, municipalities, employers, and civil society organizations. The advisory council calls upon the central government to take the lead in this by establishing a National Program for Coexistence. The goal of this should be to invest in language and other basic skills, the knowledge and ability to exercise rights and obligations, professional development, and opportunities to meet one another.

Source: Migration Advisory Council (2025)

Approach 6:
Social capital and community building

The Municipality of The Hague aims to ensure that IZM also have a better understanding of the Dutch labor market and choose a job in the shortage sector or training in sectors with shortages. For this, international healthcare workers also need a network and social capital to sustainably find their way in Dutch society.
This entails building a network that assists with orientation, information provision, and support. In the first few years after arrival, this often proves difficult. Proficiency in the Dutch language is still limited, rules and systems are unfamiliar, and the path to appropriate help is not always clear. Additionally, Dutch customs are new, and a social safety net is frequently lacking (Advisory Council on Migration, 2025).

In recommendations from the Scientific Council for Government Policy (WRR) and the Advisory Council on Migration, it is emphasized that investing in coexistence begins with encounters (Advisory Council on Migration, 2025). The Roemer Commission, acting as the Task Force for the Protection of Migrant Workers, also previously concluded that many migrants are insufficiently self-reliant in Dutch society **(Task Force for the Protection of Migrant Workers, 2020).** They are frequently dependent on others regarding information, work, and housing. The approach of the Municipality of The Hague must be understood against this background.

Meeting, mutual support, and a 'coexistence policy' are crucial, according to the Migration Advisory Council and the Social Economic Council (SER). To strengthen this social foundation, the OAB program also places a strong emphasis on community building:

In addition to the meet & greet events in healthcare institutions, meetings are also organized in The Hague neighborhoods. These have the following objective:

to strengthen a community, stimulate mutual connection, and bring participants, professionals, and involved partners into contact with one another. In addition, city-wide meetings take place aimed at knowledge sharing, collaboration, and showcasing innovative solutions for the labor market.

On January 15, the conference **'From Shortage to Opportunity'** took place at The Hague University of Applied Sciences . During this conference, an exchange took place, and employers, newcomers, policymakers, societal partners, and secondary and higher professional education institutions came together to explore how shortage sectors can be transformed into opportunity sectors.

On February 12, the Labor Market Innovation Festival followed, with the central question: *What works?* This festival provided a space to share practical experiences, discuss successful approaches, and work together on sustainable solutions for the labor market shortage.

Approach 7:
Responsible rebellion

Driving involvement from key figures is a key factor in getting things off the ground. People who think between the lines and can easily maneuver around regulations, because the Netherlands likes to control and manage everything through rules and procedures. You need a validated diploma for every job and accountability for every task. In the Netherlands, there are many organizations that want to do something for refugees, but according to organizational rules or legislation, it is not allowed; that is where you need initiators who think between the lines. Radical systemic reforms are undesirable, because they are expensive and cause unrest and uncertainty, which distracts from what really matters.
Professor **Tonkens** (2023) writes in the book: there is indeed an alternative, post-capitalism – an end to the exploitation of the earth and people' that a slow, more organic change should be possible.
By this, she means regionalization: various organizations jointly organizing care by aligning shared goals, without profit motive, competition, or forced collaborations (Rodenburg, Thijssen, and Bruning, 2023). As a result, implementers can exert much more influence on policy, legislation, and regulations. The organization and development stemming from the care program exhibit characteristics of what is referred to in public administration research as **responsible rebellion.**
See the box below on the next page.

„How responsible rebellion" movement creates

The organization and development of the care program exhibit characteristics of what is referred to in public administration research as responsible rebellion (Wallenburg, et al., 2021). This concept refers to initiators who seek space within existing systems to realize societal goals, even when rules, structures, or working methods do not naturally align with them.

Responsible rebellion is not an end in itself and is not equivalent to “breaking the rules for the sake of breaking the rules.” It is about striving for a higher societal goal: in this case, better utilizing the labor potential of international healthcare workers and contributing to solving staff shortages in healthcare. Rebellion is a means to that end: daring to seek solutions that do not immediately fit within existing frameworks.

Characteristic of responsible rebellion is the principle of 'just doing it'. Instead of waiting a long time for detailed policy frameworks or complete certainty in advance, the approach starts small and learns what works by doing. Within the Haaglanden care program, too, space has been created to experiment, search for suitable working methods, and make adjustments along the way. After all, the route to sustainable labor market participation for international healthcare workers is not fully fixed; it must be developed in practice.

A second important element is learning through experimentation. Responsible rebels work from a clear mission but acknowledge that the path to achieving it cannot be fully mapped out in advance. Through trial and error, insights are gained into which approach is effective, where regulations are restrictive, and where collaboration can be strengthened. This learning approach aligns with the way the care program develops: step by step, in interaction with participants, employers, and partners.

At the same time, rebellion is only sustainable when it is responsible.
This means that initiators in principle adhere to laws and regulations, but dare to critically reflect on the way rules are applied. They seek dialogue with involved parties, provide accountability, and create support within and outside the organization. Responsible rebellion thus requires not only passion, but also legitimacy, communication, and transparency (Walenburg, et al., 2021).

Within the care program, the passionate driving force—the program manager—plays a crucial role. They function as a catalyst, connector, and driver, creating space for experimentation while simultaneously maintaining the connection with policy, partners, and implementation practice. Research into responsible rebellion shows that such initiatives often rely on individuals who dare to move against the current but are also capable of navigating between various interests and institutional frameworks. This 'tightrope walking' between innovation and

Accountability is essential not only to launch initiatives, but also
to perpetuate.

At the same time, the literature points out that personal enthusiasm can constitute a vulnerability when safeguards are lacking. What begins as a successful, energetic pilot eventually requires institutionalization: a clear division of roles, explicit responsibilities, and anchoring in policy. The movement from experiment to sustainable policy can therefore be seen as a next phase of responsible rebellion: not the weakening of the power of innovation, but its structural embedding.

of it.

In this sense, the care program demonstrates how societal innovation can emerge within existing public structures: through passionate leadership, room to learn, and the willingness to think outside the box responsibly and transparently.

Conclusion

This research shows that a future-proof labor market policy for The Hague requires more than just recruiting international healthcare workers. Sustainable employment and retention only occur when education, the labor market, and healthcare institutions collaborate structurally and purposefully. In this interplay, the Municipality of The Hague plays a crucial connecting and directing role. Every stakeholder – municipality, healthcare institution, educational institution, and professional – is an indispensable link in the whole. The roles differ, but the shared interest is clear: sufficient qualified personnel and high-quality, accessible care for the city.

The findings align directly with the Municipality of The Hague's OAB policy objectives, which focus on strengthening the connection between education and the labor market. The Education – Labor Market – Business program demonstrates that targeted collaboration has a genuine impact on labor participation and inclusion. Through participatory action research, not only policy lines but also daily interactions, bottlenecks, and informal processes have been made visible. This approach makes it possible to learn continuously, make adjustments, and take follow-up steps based on concrete practical experiences.

At the same time, the research makes clear that sustainable labor market policy requires structural embedding. Initiatives must not remain dependent on individual efforts or temporary projects. A clear division of roles, explicit responsibilities, and effective process management are prerequisites for ensuring continuity. Investing in on-the-job guidance, language development, and inclusive collaboration contributes directly to retaining international healthcare workers and prevents attrition.

For healthcare institutions, this means not only opening up vacancies but also actively investing in work-study placements, inclusive work practices, and shared responsibility for sustainable employment. For the municipality, this means continuing to facilitate preconditions, connecting partners, and structurally embedding insights from research in policy and implementation.

In short, when guidance, role clarity, language support, and process management are organized structurally, not only does labor participation increase, but the quality and continuity of care also improve. This represents an important step towards an inclusive, resilient, and future-proof labor market in The Hague.

Lessons for policy (objective 1)

EMPLOYERS HAVE MORE STAFF WITH THE RIGHT COMPETENCIES AND SKILLS

To effectively support employers in finding personnel with suitable competencies, it is necessary to explicitly define roles and responsibilities not only at the policy level but also at the operational level. In practice, it has become apparent that a wide variety of international professionals have been recruited within the program. These are residents of The Hague with diverse cultural and educational backgrounds and work experiences across virtually all sectors of healthcare: from dentists, medical specialists, pharmacists, and general practitioners to nurses, caregivers, and pedagogical staff.

This diversity is a strength, but can also lead to a lack of clarity. Fragmentation arises when it is unclear which target group qualifies for which route or which educational institution is suitable for further training or retraining. The offerings within Lifelong Learning (LLL) also potentially align well, but are broad and fragmented.

During the Labour Market Innovation Festival on February 12, the Municipality of The Hague therefore presented various forms of Lifelong Learning (LLL), such as introductory training, upskilling, reskilling, and further training. The underlying principle is that employers offer work-study placements, government and social partners stimulate and finance, facilitate systems, and educational institutions provide appropriate training. Employers contribute to funding and employees are given the opportunity to pursue education.

However, in practice, it sometimes remains unclear who is responsible for coordination between the municipality, employers, and educational institutions, and who takes over the guidance of candidates after diplomas have been validated.

By specifically defining these responsibilities and assigning them structurally, dependence on individuals can be reduced, and greater continuity and predictability in execution are created.

Furthermore, effectively utilizing talent requires a shift in perspective: reasoning not solely from job titles, but from concrete competencies and skills. By taking a closer look at what a doctor, nurse, or other healthcare professional can actually contribute within the Dutch healthcare context, employers can match more effectively, resulting in a more sustainable deployment of international talent.

Lessons for policy (objective 2)

BETTER INTERACTION BETWEEN EDUCATION AND LABOR MARKET

Current practice shows that while international care workers (IZM) possess relevant education and work experience, the path to sustainable employment at the appropriate professional level is complex, fragmented, and lacks transparency. The tension between standardized educational structures and the need for customization is clearly evident in this context.

The procedures surrounding diploma recognition, language requirements, and BIG registration are substantively intended to ensure quality, but presuppose a high degree of self-reliance. International healthcare workers must independently navigate assessments, additional training, and internships, while educational institutions are not always aware of opportunities for accelerated, modular, or dual entry. This results in delays, underutilization of competencies, and sometimes a transition to positions below the original qualification level.

The initiatives launched at ROC Mondriaan and The Hague University of Applied Sciences, among others, demonstrate that flexibilization and modular education offer opportunities. Offering separate modules, language in combination with

Care content and the development of flexible learning paths can contribute to a better alignment with individual starting positions. At the same time, this requires structural organizational capacity, clear preconditions, and clear information provision to both employers and participants. Without overview and direction, opportunities remain fragmented and dependent on individual effort.

For policy, this means that the interaction between education and the labor market must be strengthened not only in terms of content but also organizationally. Transparent pathways, better alignment between diploma recognition and educational intake, and the facilitation of accelerated or dual tracks can contribute to faster and more sustainable participation at the appropriate ISCO level. In this regard, it is important that employers, educational institutions, and the municipality jointly take responsibility for guidance and positioning, so that international healthcare workers do not fall between systems but can purposefully progress to positions that match their qualifications and experience.

Lessons for policy (objective 3)

FEWER BARRIERS IN THE LABOR MARKET

Reducing barriers in the labor market requires a realistic perspective: it won't happen by itself. Despite the efforts of the parties involved, bureaucratic processes remain a major source of uncertainty for international healthcare workers. Uncertainty regarding residence status, permits, and diploma recognition causes stress and can even lead to attrition. As writer Rodaan Al Galidi aptly put it: “They don’t get a job, but talent for life.” When talent is not recognized and utilized in a timely manner, not only is human capital lost, but also motivation and prospects.

The steps the Municipality of The Hague is taking within the care program are valuable and visible. At the same time, implementation appears to be heavily dependent on a few driven individuals. This makes the policy vulnerable. When responsibilities are not explicitly assigned and processes are insufficiently secured, ambiguity can arise regarding who is responsible for what. This increases the risk of passive behavior: international care workers becoming dependent on the assumption that “the municipality will take care of it for me” and administrators thinking “the municipality will invest and pay.” Professionals within care and educational institutions who wish to support newcomers may also become discouraged by complex regulations and slow procedures. They sometimes experience little room to act and feel trapped in systems over which they believe they have no influence, potentially resulting in withdrawal or reduced engagement.

However, research shows that there is often more room for maneuver than is assumed. Creativity, flexibility, and the courage to redesign processes are essential to actually seize opportunities (Mazur-Wlodarczyk & Kukaniszyn-Domaszewska, 2025). Policy should therefore not only focus on rules and structures, but primarily on increasing scope for action and shared ownership.

That requires investment in people as well as in preconditions. Technological innovations, such as translation earpieces, can contribute to better communication in the workplace, provided they are accompanied by instruction, training, and guidance. Without this support, resources remain unused. Inclusive working practices, joint guidance, and opportunities for learning in practice prove crucial for sustainable collaboration between local employees and international healthcare professionals. Employers play an active role in this, for example by facilitating language acquisition in the workplace. This increases sustainable employability and prevents exclusion.

Effective labor participation is therefore a shared responsibility. The municipality can create preconditions and connect, care institutions can invest in people and actually open their doors, and educational institutions can offer flexible, tailored education.
By structurally embedding participatory action research within organizations, what is happening in the workplace remains visible and policies can be adjusted in a timely manner. Only through joint effort, clear responsibilities, and room for professional creativity can the step be taken from temporary solutions to sustainable labor market integration.

Workable elements:

1. Create clear and coherent apprenticeship routes

• Segment target groups and link to this transparent pathways from entry to employment (incl. diploma recognition, language and BIG).

• Align education, lifelong learning, and the labor market better disconnect from each other.

• Establish a single central coordination point/desk for overview and guidance.

2. Strengthen direction, collaboration and ownership

• Establish roles and responsibilities of municipality, education and employers explicitly fixed.

• Appoint a single case manager for the entire process. • Organize chain collaboration with shared responsibility for guidance and placement.

3. Make education more flexible and more labor market oriented

• Structurally embed modular, shortened, and dual tracks.

• Combine language, subject matter, and practice (work-study placements as standard). • Align training and lifelong learning offerings directly with employers' staffing needs.

4. Speed up and simplify processes

• Simplify procedures regarding residence status, diploma recognition and admission. • Introduce accelerated tracks and clear timelines. • Reduce bureaucratic hurdles for both participants and professionals.

5. Utilize talent faster and more effectively

• Accelerate recognition of diplomas and competencies.

• Focus on practice-oriented assessments and employment opportunities.

• Prevent underutilization and outflow. level.

6. Support implementation and employers better

• Facilitate professionals with knowledge, tools, and scope for action.

• Develop support for employers (e.g. HR toolkits for deployment and task differentiation). • Provide targeted guidance to participants, aimed at independence.

7. Ensure continuity and manage for results

• Structurally document processes and reduce dependency on individuals. • Monitor lead times, dropouts, and placements. • Use research data to continuously refine policy. improve.

Bibliography

Task Force for the Protection of Migrant Workers. (2020). No Second-Class Citizens. In Open Government. Central Government. **https://open.overheid.nl/documenten/ronl-404846f9-9f80-400f-90c3-0c9a8b0fd036/pdf#page=53&zoom=100,0,0**

ACTIZ. (2022). Competent is authorized: ten principles for a future labor market in elderly care. Actiz.nl. **https://www.actiz.nl/actueel/bekwaam-bevoegd-tien-principes-voor- een-toekomstige-arbeidsmarkt-de-ouderenzorg**

Advisory Council on Migration. (2025). Utilizing talents: the untapped labour potential of migrants. A quantitative analysis. **https://www.adviesraadmigratie.nl/documenten/2025/06/26/talenten-benutte-het-onbenutte-arbeidspotentieel-van-migranten**

Netherlands Court of Audit. (2026). Untapped potential – Lack of results in language acquisition and labour participation in civic integration (Report 2026/1). **https://www.rekenkamer.nl/documenten/2026/01/28/onbenut-potentieel---gebrek-aan-resultaten-taalverwerving-en- arbeidsparticipatie-bij-inburgering**

Coalition Agreement. (2026-2030). Getting to work, Building a better Netherlands. At kabinetsformatie2025.nl. **https://www.kabinetsformatie2025.nl/documenten/2026/01/30/aan- de-slag---coalitieakkoord-2026-2030**

Statistics Netherlands. (2025). Occupations of employed people. Statistics Netherlands. **https://www.cbs.nl/nl-nl/visualisaties/dashboard-arbeidsmarkt/workers/occupations of workers**

The Hague Incijfers. (nd). Work and income. Denhaag.incijfers.nl. **https://denhaag.incijfers.nl/mosaic/en-us/wijkprofielen/werk-en-komen**

D66. (2026). It is possible. D66.nl. **https://d66.nl/verkiezingsprogramma/**

De Vries, CG, Werner, GDA, Bijleveld, CCJH, & Vonk, LA (2025). Keeping up with global demography. Scientific Council for the Government [WRR]. **https://www.wrr.nl/documenten/2025/11/26/met-de-mondiale-demografie-mee.-anticiperen-op-krimpend-arbeidsaanbod-in-het- buitenland**

Eimers, M. and Ham, A. (2025) Focusing on skills alongside newcomers' diplomas can counter care shortages. ScienceGuide. **https://www.scienceguide.nl/2025/12/focus-op-vaardigheden-naast-diploma-van-nieuwkomers-kan-zorgtekorten-tegengaan**

Municipality of The Hague. (2024). State of the City 2024. In denhaag.incijfers.nl. **https://denhaag.incijfers.nl/rapportages/Algemeen**

Municipality of The Hague. (2026). Subsidies and schemes to help people find work - The Hague. The Hague. **https://www.denhaag.nl/nl/ondernemen/den-haag-werkt/subsidies- en-regelingen-om-mensen-aan-werk-te-helpen/#contact**

Gennip, CEG. (2024). Progress of the action plan 'status holders at work' [Parliamentary letter] **https://www.rijksoverheid.nl/documenten/kamerstukken/2024/03/25/parliamentary letter progress plan of action status holders at work**

Haaglanden in Sight (2026). Untapped labor potential in Haaglanden. **https://haaglandeninzicht.nl/haaglanden/beroepsbevolking-1**

Haaglanden Leert Door. (n.d.). Training voucher Haaglanden leert door. haaglandenleertdoor.nl. **https://www.haaglandenleertdoor.nl/**

Ham, A., Tavy, Z., Oele, O., Wijngaard, R., & Rusinovic, K. (2025). Beyond the barriers: At home in The Hague Care. In dehaagsehogeschool.nl (No. 9789083447476). The Hague University of Applied Sciences. **https://www.dehaagsehogeschool.nl/media/voorbij-de-barrieres- thuis-de-haagse-zorg**

Icar, N., Bruines, S., & Bredemeijer, H. (2025). State of affairs regarding the alignment of education, labor market, and business in 2025. denhaag.raadsinformatie.nl. **https://denhaag.raadsinformatie.nl/document/16414197/1/RIS324203+State+of+affairs+regarding+the+connection+between+education,+the+labor+market,+and+the+business+community+2025?connection_type=17&connection_id=12778275**

Icar, N., Bruines, S., & Bredemeijer, H. (2024). State of affairs regarding the alignment of education, labor market, and business. denhaag.raadsinformatie.nl. **https://denhaag.raadsinformatie.nl/document/14846166/1/RIS320390+State+of+affairs+connection+to+education+labor+market+business+n?connection_type=17&connection_id=11196142**

Knowledge Platform Inclusive Society (KIS). (2020). Civic integration and work: What works for *status holders?* Utrecht: KIS. **what_works-labor-participation-status-holders-2020-kis_0_0.pdf**

Klip, H. (2017). How Leiden creates opportunities for status holders. In Sprank. **https://vng.nl/sites/default/files/Asiel_en_Integratie/2017/Sprank interview LUMC and statushouders%20%28pdf%29.pdf#:~:text=The%20Leiden University Medical Center states training places,collaborationwiththemunicipality Leiden and UWV.**

Lambregtse, C. (2026). Supply and demand better streamlined. Social Economic Council [SER]. **https://www.ser.nl/nl/publicaties/art-vraag-aanbod-stroomlijnen**

Mazur-Wÿodarczyk, K., & ÿukaniszyn-Domaszewska, K. (2025). Empowering migrants through craft-based skills: Social economy initiatives for integration and inclusion. *Scientific Papers of Silesian University of Technology.* Organization & Management.

Ministry of Social Affairs and Employment. (2023). Status holders at work. In rijksoverheid.n. Central Government. **https://www.rijksoverheid.nl/documenten/kamerstukken/2023/03/09/action plan for status holders at work**

Rodenburg, N., Thijssen, W., & Bruning, H. (2023). Post-capitalism: *An end to the exploitation of earth and man.* Amsterdam, the Netherlands: Ambo Anthos.

Social and Economic Council (SER). (2025). *Advice on the integration and labour market participation of status holders.* The Hague: SER. **https://www.ser.nl/nl/actueel/zicht/op/art-werk-voor-statushouders**

Social Economic Council (2026)
Labour migration: less where possible, better where necessary | SER https://www.ser.nl/nl/adviezen/arbeidsmigratie-naar-waarde

Employee Insurance Agency [UWV] (2026). Work permits granted to asylum seekers quadrupled after dropping 24-week requirement.

https://www.uwv.nl/nl/persberichten/verstrekte-tewerkstellingsvergunningen-voor-asielzoekers-verviervoudigd-na- latens-24-weken-eis

UWV. (2026). Region in Focus. Shortage calls for a focus on skills. **https://www.uwv.nl/nl/arbeidsmarktinformatie/regio/regio-in-beeld- krapte-vraagt-om-focus-op-vaardigheden**

UWV. (2024). More asylum seekers at work. **https://www.uwv.nl/nl/persberichten/verstrekte-tewerkstellingsvergunningen-voor-asielzoekers-verviervoudigd- na-loslaten-24-weken-eis#:~:text=voor%20te%20komen.-,Drie%20**

pilots, supplement and strengthen this collaboration

Van Santen, M. (2025, September 16). Wasted talent. Arts en Auto. **https://www.artsenauto.nl/verspild-talent-2**

Wallenburg, I., Rusinovic, K., Van Bochove, M., Koops-Boelaars, S., & Tavy, Z. (2021). 'We're just going to do it!': Rebellious initiatives in education and elderly housing. *Policy and Society,* 48(2), 138-155.

Scientific Council for Government Policy (2025) Keeping pace with global demography. Anticipating a shrinking labor supply abroad **https://www.wrr.nl/documenten/2025/11/26/met-de-mondiale-demografie-mee.-anticiperen-op-krimpend-arbeidsaanbod-in-het-abroad**

Zorg Scala. (n.d.). Informal Care Step-by-Step Plan. Zorgscala. **https://zorgscala.nl/projecten/stappenplan-informele-zorg**