

A carefully considered labour migration policy

HOW LONG-TERM CARE CAN BENEFIT FROM SKILLED MIGRANTS

**Advisory
report**



Adviescommissie voor
Vreemdelingenzaken

The Dutch Advisory Council on Migration

The Dutch Advisory Council on Migration (Adviesraad Migratie, formerly ACVZ) consists of ten experts. The Advisory Council is an independent advisory body established by law. The Council advises the government and Parliament on migration issues. It examines policy and legislation and indicates possible areas of improvement. The Council issues practical recommendations aimed at solving both existing and anticipated problems.

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Summary

There are many job vacancies in the long-term care sector in The Netherlands, and their number is expected to keep growing between now and 2050. Labour shortages are anticipated to be concentrated in nursing and care-giving professions for workers with senior secondary vocational education (MBO) qualifications at level 3 and above. Without a change in policy, the total staff shortage in the long-term care sector could reach 85,000 by 2031.

Skilled migrant workers with senior secondary vocational education (MBO) qualifications at level 3 and above could help ease the labour shortage in the long-term care sector. Partnerships with countries outside the EU will be needed for this.

Mindful of the importance of long-term care to well-being, this report on 'A carefully considered labour migration policy' sets out a recommendation from the Dutch Advisory Council on Migration (ACVZ) to attract skilled migrant workers with senior secondary vocational education (MBO) qualifications at level 3 and above. However, certain conditions do need to be met as part of this, in relation to the rights of migrant workers themselves, the host society (from both a short- and long-term perspective), and the countries of origin. In other words, labour migration needs to benefit the migrant workers themselves, as well as the Netherlands and the workers' countries of origin. If we are to meet the growing demand for care and tackle the decline in available labour both now and in the future (2025-2050), the Netherlands will need to encourage specific, targeted labour migration alongside other labour market interventions. It's essential that the government in particular, but also care institutions and other stakeholders ensure that the conditions articulated above are met. The Dutch government therefore needs to take the lead on developing and managing a welcoming and carefully considered labour migration policy for the long-term care sector. This is best achieved through ethically responsible partnerships with the countries of origin, such as Indonesia or Tunisia.

Recommendation 1 (key recommendation):
Develop care-sector partnerships for migrant workers from outside the EU for professions in the long-term care sector open to those with senior secondary vocational education (MBO) qualifications at level 3 and above. Ensure that these partnerships are part of a broad palette of measures designed to address anticipated labour shortages in the long-term care sector.

Wide range of measures

Many different measures are possible and will be needed if we are to reduce labour shortages in the long-term care sector. These include improving terms of employment, innovating in the provision of care, and developing untapped potential in the labour market. The care sector could be more cognisant of cultural diversity within Dutch society and tackle discrimination and racism, which would make care-giving a more appealing career for Dutch people from migrant backgrounds. This is a demographic currently under-represented in the sector.

Migrants under-represented in the care sector

There are many possible ways of attracting migrants already resident in the Netherlands to jobs in the care sector.

Around 6% of all jobs in the Netherlands are filled by people who are nationals of another EU member state. In the care sector, this figure is just 1.3%. There are also disproportionately few people from non-EU countries working in the care sector. In 2020, around 9,000 people from non-EU countries were employed in the care sector. This represents 0.6% of the total workforce in the sector, far below the average for the economy as a whole, where around 2.2% of workers are from non-EU countries. The Advisory Council believes there are opportunities for the care sector to attract more migrants already resident in the Netherlands.

Recommendation 2: Make careers in the care sector more accessible and appealing to migrants already resident in the Netherlands.

The government could introduce more measures to improve job opportunities in the care sector for migrants already resident in the Netherlands. These measures might include further improving recognition procedures for diplomas earned overseas, greater investment in language tuition, and expanding access to the labour market for asylum seekers and family migrants. Local authorities could work with care institutions to establish programmes to help migrants find work in the care sector. Employers who bring migrant workers (such as knowledge workers) to the Netherlands could invest more in dual career programmes and help partners who have diplomas and/or work experience in the care sector to continue with their career in the Netherlands.

In light of well-being labour migration from outside the EU is a sensible option for the long-term care sector well-being

There are ways of making jobs in the care sector more appealing and accessible, and such measures are urgently needed. But this on its own won't be enough to ensure we can meet future demand for long-term care. Firstly, untapped potential in the labour market is less abundant than often assumed, and people in that group don't always have the skills needed for careers in the care sector. Secondly, it's said that people need to work more and stay in work for longer, but there are limits to that too. There are also limited opportunities for attracting workers from within the EU to the long-term care sector, because many other member states are facing the same problems. The Advisory Council fears that the shortage of workers in the long-term care sector will lead to dire outcomes with more people being deprived of necessary, appropriate care. Health is one of the most significant determinants of our well-being. The long-term care sector is a public good and has social value. This means that staff shortages have negative outcomes for our well-being, both right now and in the future.

Labour migration from outside the EU is a sensible option

Labour migration from outside the EU is therefore a sensible option for the long-term care sector and for ensuring well-being. Care workers from outside the EU can, to some extent, help meet future demand for staff in the long-term care sector. The Advisory Council is conscious of how migration is associated with risks to migrant workers themselves, to housing, education and to healthcare both in our own country and in the countries of origin. But such challenges, for example in relation to housing, may be only temporary. The long-term care sector will continue to grapple with staff shortages up to 2050. We need to consider the future beyond that now.

The Advisory Council therefore thinks it's sensible to redouble our efforts and work to encourage labour migration from outside the EU for the long-term care sector. The Council does advise limiting this to skilled migrant workers: meaning care workers in professions requiring senior secondary vocational education (MBO) qualifications at level 3 and above. This is because significant labour shortages are anticipated at that level and above, and because those with lower qualifications (such as MBO qualifications at level 2) will then be protected from potential competition with migrant workers.

Little room for skilled migrant workers

The Advisory Council is of the view that our current labour migration policy hinders the careful and responsible recruitment of nurses and caregivers from non-EU countries. It lacks the necessary safeguards to ensure the protection of migrant workers and prevent misconduct. At present, care institutions wishing to recruit from outside the EU find that the government is working against them, as a result of the restrictive policy approach currently in place. There's a chance that if policy doesn't change, and staff shortages persist, care institutions will increasingly call on intermediaries as a way of securing the workers they so desperately need. With the agency worker sector still unregulated, the Advisory Council considers this an unsatisfactory situation. It would be better if the government helped care institutions to recruit staff internationally in an ethical manner and introduced mandatory quality standards for any intermediaries that might be involved. Our current labour migration policy needs to be reviewed.

Well-being and labour migration policy

The well-being approach offers useful guidance for a carefully considered labour migration policy. It invites scrutiny of conditions in terms of the here and now (such as the rights of migrant workers and their host society), the future (the long-term consequences) and elsewhere (the countries of origin). This can shed light on current problems with the existing Dutch labour migration policy for non-EU countries. For example, we can see shortcomings in existing migration rights, where certain groups of migrant workers (and their partners) are afforded different rights than others on the basis of their socioeconomic status. Knowledge workers have more rights than other migrant workers. It's also unsatisfactory for migrants to depend on a single employer for their residence permit. Especially with regard to the long term, we think the government needs to do more to encourage voluntary civic integration.

Employers need to demonstrate good employment practices, meaning greater investment in their employees. There also needs to be a greater focus on the countries of origin. Finally, we see a need for regulations that build on the legislative proposal for 'mandatory certification for the provision of workers' (the law governing registration requirements for employment agencies) in order to ensure ethical international staff recruitment. These additional regulations could be based on the frameworks developed by the UN, ILO and IOM.

Recommendation 3: Consider existing labour migration policy for all migrant workers in light of the well-being approach and identify what legal and policy-based modifications are needed. The analysis provided in this report, in which the Advisory Council has already revealed existing shortcomings, could serve as a starting point.

Partnerships

Labour migration for long-term care isn't a quick fix. It requires time and sustainable investment in language, culture, the Dutch care system, skills, supervision, etc. If care institutions and/or intermediaries bring care workers in from other countries to work in the long-term care sector, they must do so carefully and properly. They must be cognisant of past negative experiences with labour migration for the care sector and of misconduct associated with labour migration in general.

In this report on 'A carefully considered labour migration policy' the Advisory Council proposes the development of partnerships with countries of origin for skilled migrant workers in the field of long-term care (MBO level 3 and above). These partnerships could be specifically based on the three dimensions of the well-being approach. The Dutch government could use a sectoral covenant to set agreements with employer organisations in the sector. This could include establishing a welcoming regime similar to the Highly Skilled Migrants scheme. The conditions of the well-being approach could also be applied, including collaboration with ethical recruiters. The Advisory Council is of the view that any covenant set up must be tailor-made and its precise content agreed with all the relevant stakeholders. Staff from outside the EU could then be recruited into the long-term care sector only through this partnership.

Entering into partnerships opens up the possibility of achieving a 'triple win'. Young adults in countries with high rates of unemployment will get a chance of a better future. Countries of origin can benefit from remittances, and from study programmes funded at least in part by the Netherlands, as well as knowledge sharing (which can now also be done digitally). They can also benefit from migrants eventually returning to their country of origin with expertise and money to invest, etc. In the Netherlands, more people will be able to receive the care they are entitled to. Germany has already developed similar partnerships, and these can serve as a model for the Netherlands.

Recommendation 4: In the short term, identify appropriate countries that are willing to work with the Netherlands in a partnership for skilled migrant care workers (MBO level 3 and above). Then establish a plan for the launch phase as well as for a possible scaling-up phase. Make bilateral agreements and secure stable, multi-year funding. Integrate the partnership into broader programmes for long-term care and

regional collaborations. Safeguard the conditions set out in a carefully considered labour migration policy.

Greater grip

The Dutch government will be gaining more influence over migration policy as labour migration within Europe becomes less. That's why we need to be proactive. The government needs to think now about labour migration policy for the future of the long-term care sector, and should start experimenting with partnerships with countries of origin. The government can use the experiences of these partnerships to inform more sustainable ways of anchoring labour migration for the future of the long-term care sector in laws and regulations.

Finally, the carefully considered labour migration policy for skilled migrant workers in the long-term care sector outlined here could also be usefully applied to other sectors of social value, such as work related to the sustainability transition.

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Hoofdstuk 1

Introduction

1.1 Reason for the advisory report

There are many job vacancies in the long-term care sector, and their number is expected to keep growing in the coming years. Labour shortages are anticipated to be concentrated in nursing and care-giving professions for workers with senior secondary vocational education (MBO) qualifications at level 3 and above. Many different measures are possible if we are to reduce labour shortages in the long-term care sector. These include improving terms of employment, innovating in the provision of care and developing untapped potential in the labour market. Bringing in migrant workers from outside the European Union (EU) is another possible measure. In its advisory report titled '*Sustainable healthcare, a matter of choice*', the Netherlands Scientific Council for Government Policy (WRR) recommends, among other things, the targeted recruitment of healthcare workers from abroad as a means of reducing labour bottlenecks in the healthcare sector (WRR, 2021b, p. 17). The Research Centre for Education and the Labour Market (ROA) concludes that it may be necessary to recruit workers from outside the EU for professions requiring senior secondary vocational education qualifications (mbo-beroepen) in various sectors, including the care sector. They argue that labour migration is one of the most efficient ways of addressing a shortage of skilled workers, although it should never be viewed as the only solution (Cörvers et al 2021, p. 98).

Policy represents a hindering factor

Our current labour migration policy hinders the careful and responsible recruitment of nurses and caregivers from non-EU countries, however. This is first of all because the Netherlands only operates a welcoming labour migration policy for workers earning salaries above the negotiated wage rates for nurses and caregivers (the highly skilled migrants policy). As a result, non-EU recruitment of professionals for these skilled roles in the public sector, in contrast with recruitment for many professions in the private business sector, such as ICT, is discouraged by strict legislation and complicated procedures. Secondly, the recruitment of migrant workers currently takes place in a largely unregulated market, in which employers' needs are the driving factor. The interests of society as a whole are not taken into consideration when assessing whether labour migration may be a sensible option, despite the fact that health is one of the core values in life and one of the most significant determinants of our well-being (WRR, 2021b, p. 26). Thirdly, in the Netherlands substantial misconduct is associated with migrant workers, who currently come from other EU member states in particular. Although the government can stipulate increased requirements for employers who take on workers from outside the EU, current legislation lacks the necessary safeguards to ensure the protection of migrant workers and prevent misconduct. The Netherlands lacks an appropriate labour migration policy that is focused on people with vocational training.

Many European countries are facing the same staffing issues in the long-term care sector (Cörvers et al. 2021). This has led several of them, including Germany and the United Kingdom, to decide in recent years to recruit nurses and caregivers from non-EU countries, and they have developed a policy framework for that purpose. The Advisory Council concludes that this is also a sensible option for the Netherlands.

1.2 Key recommendation

The Advisory Council has taken a well-being approach as its starting point for considering whether labour migration is desirable for the long-term care sector. Well-being is an alternative indicator to gross domestic product (GDP) and is now endorsed throughout central government as the point of departure for policy. This point of departure represents a new, as yet underdeveloped, way of also looking at labour migration policy. Statistics Netherlands (CBS) defines it as concerning the quality of life in the here and now and the extent to which this is or is not achieved at the expense of that of future generations and/or of people in other parts of the world. A variety of different components are therefore taken into account, including economic growth, accommodation, labour market competition and environment and health. Not just here and now, but also in the future as well as in the migrant workers' countries of origin.

Skilled migrant workers

Mindful of the significant social value of the long-term care sector, the Advisory Council is of the view that, provided that the right conditions are met, labour migration for the sector contributes to the well-being of the Netherlands. In the interest of long-term care in the future (2025-2050), the Netherlands will therefore need to encourage specific, targeted labour migration from outside the EU, alongside other interventions, if they are to meet the growing demand and tackle the decline in available labour. The Netherlands should focus on migrants to work in hands-on professions in the long-term care sector open to those with senior secondary vocational education (MBO) qualifications at level 3 and above. We refer to this target group as 'skilled migrant workers', analogous to the term 'highly skilled migrants'.

In encouraging skilled labour migration, it is essential that the government in particular, but also care institutions and other relevant organisations ensure that account is taken of the interests of all stakeholders. That is not sufficiently the case in our current labour migration policy. The Dutch government needs to

take the lead on this active labour migration policy by developing care-sector partnerships with one or two countries of origin for professions in the long-term care sector open to those with senior secondary vocational education (MBO) qualifications at level 3 and above.

Recommendation 1: Develop care-sector partnerships for migrant workers from outside the EU for professions in the long-term care sector open to those with senior secondary vocational education (MBO) qualifications at level 3 and above. Ensure that these partnerships are part of a broad palette of measures designed to address anticipated labour shortages in the long-term care sector.

1.3 Questions to be answered in this advisory report, scope and migration and the labour market programme line

In this advisory report on '*A carefully considered labour migration policy*', the Advisory Council answers the following questions:

- To what extent can migrant workers from outside the EU provide a solution to the job vacancies that will arise in the long-term care sector?
- What conditions do labour migration regulations and policy for the long-term care sector need to meet in order to contribute to a sustainable and resilient care sector, consistent with a well-being approach?

We have answered these specific questions on the basis of the following subquestions:

1. To what extent do migrants already resident in the Netherlands currently work in the long-term care sector? What are the opportunities and barriers they experience?
2. Can the Netherlands introduce measures to ensure that migrants who are already resident in the Netherlands and citizens from other countries in the EU/EFTA can better contribute to a good long-term care sector than is currently the case? Which measures specifically could the Netherlands introduce, if it were able to do so?
3. What lessons about labour migration for the care sector in general, and long-term care in particular, can we draw from the past and from Germany and the United Kingdom?
4. What criteria for a sustainable labour migration policy for the long-term care sector can be established on the basis of the lessons learned?

Scope

The Advisory Council focuses on the long-term care sector in this advisory report. Our choice is based on the view that staffing problems into the future are

anticipated to be concentrated in the long-term care sector (NIDI, CBS, 2021). This is due to the fact that the population will age considerably between now and 2050, and the increase in the number of elderly persons will be especially large among those aged 80 and above. This will result in a substantial increase in the demand for care, and long-term care in particular.

We define **long-term care** as: ¹

- Care provided in a nursing home and care home
- Home care
- Care for the disabled
- Mental healthcare

The Advisory Council answers the question of what conditions labour migration regulations and policy for the long-term care sector need to meet in order to contribute to a sustainable and resilient care sector, in short: a 'carefully considered migration policy'. By this we mean that the sector is able to absorb unexpected and other staffing-related shocks and that there are sufficient numbers of people who are willing to work, and continue to work, in the care sector.

In answering this question, we focus on the medium term: the period 2025-2050. Our report also reflects the findings in the NIDI/CBS report on the increased demand for long-term care between now and 2050 (NIDI, CBS, 2021).

Migration and the labour market programme line

This advisory report on 'A carefully considered labour migration policy' falls under the 'Migration and the labour market' programme line. Through this programme line, the Advisory Council seeks to:

- pool knowledge at the interface of migration policy and the labour market in the interest of fostering public debate;
- contribute to a more coherent policy relating to migration, the labour market and the economy.

The programme line also includes the project titled '[The contribution of migrants to a resilient and sustainable care sector](#)', of which this advisory report is a part. As part of this project, in May 2021 the Advisory Council published the exploratory study titled '[From asylum seeker to healthcare provider. Employment of asylum migrants in the healthcare sector](#)' (ACVZ, 2021a) and the summary of figures '[Migration and the healthcare sector. Figures on the labour market in the healthcare sector and the employment of migrants](#)' (ACVZ, 2021b).'

Furthermore, in June 2021, the Advisory Council published under the programme line the exploratory study titled '[Towards a well-being approach in the labour migration policy](#)' (ACVZ, 2021c)

This advisory report builds on the insights from the earlier publications in the programme line.

1.4 Research methods

The Advisory Council drew on multiple sources for this advisory report. A literature review was carried out and available data were examined. In addition, the Advisory Council held three focus groups with employees, employers and intermediaries, or their representatives, organised two expert meetings with academics and civil servants to discuss the lessons from the UK and Germany and also organised an expert meeting with academics and advisers on the conditions of labour migration policy. Lastly, the Advisory Council interviewed several policy officers from ministries and implementing organisations, academics and representatives of interest organisations. Attention was paid to the lessons relating to labour migration for the care sector from the past in the literature review as well as during the focus groups and some interviews.

A bibliography and list of respondents are given at the end of this report.

1.5 Reading guide

In Chapter 2, we discuss the staffing issues in the care sector and their causes. In Chapter 3, we address the potential solutions to these issues other than labour migration, paying extra attention to possibilities for attracting more migrants who are already resident in the Netherlands to work in the care sector.

In Chapter 4, we discuss existing labour migration policy and its consequences for professions requiring senior secondary vocational education and higher professional education qualifications (mbo-beroepen and hbo-beroepen) in particular in the care sector. The question of what conditions a carefully considered migration policy for the long-term care sector should meet is addressed in Chapter 5. In Chapter 6, we outline the parameters for a labour migration partnership for the long-term care sector.

¹ We base this on the definition of long-term care used by Statistic Netherlands: Providers of treatment, nursing, care, guidance, assistance and support for patients with a long-term dependency on those care services. This includes nursing homes, care homes and home care service providers and institutions providing care for the disabled, among others. While mental healthcare institutions provide medical as well as long-term care, this category has been included as a whole in the interest of consistency with the CBS definition. See: <https://www.cbs.nl/nl-nl/cijfers/detail/84047NED#shortTableDescription>



Hoofdstuk 2

The problem

2.1 Quality of care under pressure

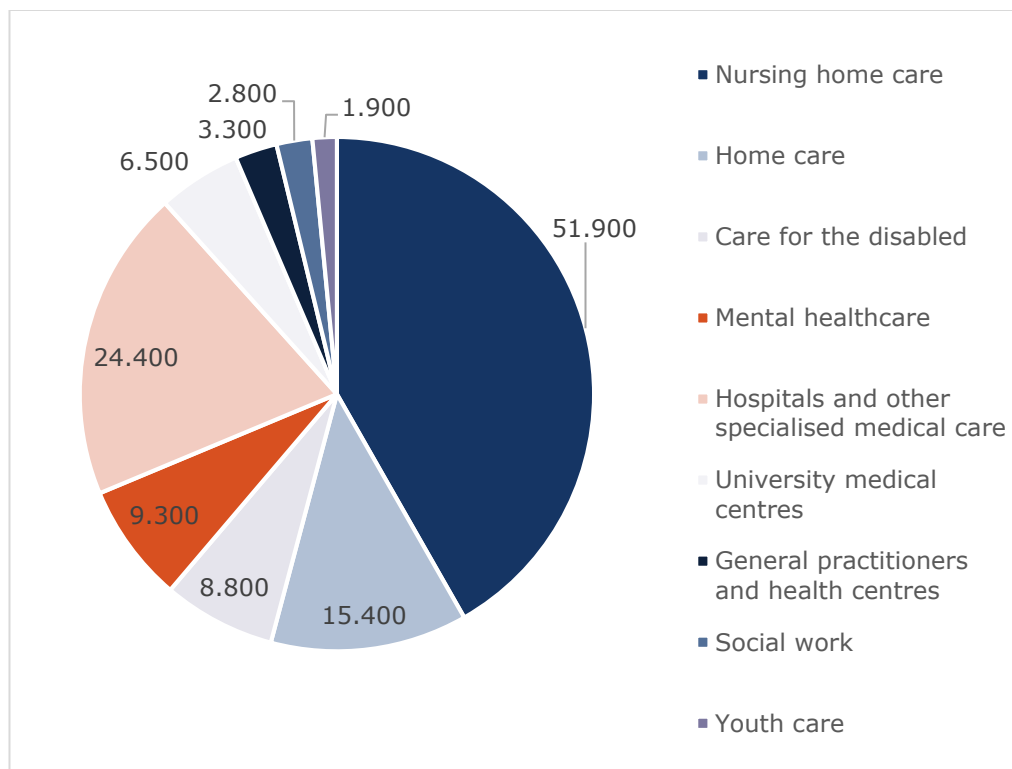
It is not possible to advise on the possibilities of labour migration for the long-term care sector without looking seriously at the current situation on the labour market. During the coronavirus crisis we became all the more aware that the care sector is a vital sector which is essential for the well-being of people. The quality and accessibility of care are under pressure, and that is set to increase further in the coming decades, as the demand on care provision will grow faster than the economy, and especially the available workforce (WRR, 2021b, p. 10). The care sector is already experiencing major staff shortages, which are expected to get worse in the years ahead.

The shortage of workers in the long-term care sector has immediate negative outcomes for the well-being of the residents of the Netherlands. That is relevant in determining whether labour migration represents a desirable solution for the long-term care sector from the perspective of well-being, since the answer, on account of the public interest involved, is more likely to be affirmative for this sector than for sectors that are not identified as vital, or are even considered to be detrimental to our well-being.

2.2 Scale of the labour shortages in the care sector

At present, there is a tight labour market in almost all sectors of the economy. In the second quarter of 2022, there were 143 vacancies for every 100 unemployed people. In this period, there were 467,000 job vacancies in the Netherlands, of which 65,100 were in the care sector, an increase of 4,200 compared to the previous quarter.² The Ministry of Health, Welfare and Sport (VWS) estimated on 20 January 2022 that the shortage of care workers will rise to almost 135,000 employees between now and 2031.³ The individual sectors that are covered by our definition of long-term care (nursing home care, home care, care for the disabled and mental healthcare) will jointly account for 69% (85,400 employees) of this anticipated shortage in 2031. The greatest labour shortage (51,900 employees) is anticipated in nursing home care.

Figure 1. Anticipated labour market shortages in the healthcare sector in 2031, per subsector



Source: Parliamentary Papers II, 2021/22 session, 29282 no.451

[Go to the table joining figure 1](#)

Shortages are greatest among the caring individual healthcare (IG) at MBO level 3 and nursing (senior secondary vocational education (MBO) and higher professional education (HBO)) professions. Examples in this regard include community nurses, carer and psychiatric nurses. However, there are also shortages among the professions that are degree occupations in the long-term care sector, such as in mental healthcare, geriatrics and care for the mentally disabled.

Figure 2. Anticipated shortages in relevant professions for the long-term care sector

Profession	2022	2031
Assistant care & welfare (MBO level 2)	2,600	5,000
Carer (CNA) (MBO level 3)	10,700	34,100
Nurse (MBO level 4)	11,000	24,900
Midwife and nurse (HBO)	6,800	9,200
Mental healthcare professions capacity agency ⁴	2,400	5,000
Geriatric specialist, doctor for the mentally disabled and support staff	500	1,100

Source: Parliamentary Papers II, 2021/22 session, 29282 no.451

The Ministry of Health, Welfare and Sport's estimates cover the period up to 2031. However, the number of unfilled vacancies is expected to increase further after 2031. NIDI/CBS (p. 101) indicate that between now and 2050, the increased demand for care will be greater than the growth of the labour force, amplifying tension between supply and demand. The Netherlands Scientific Council for Government Policy (WRR) (2021, p. 50) expects that an increase in the number of people with chronic conditions, and in particular the number of people with multiple conditions simultaneously, will have significant consequences. It is estimated that by 2040, 54% of people living in the Netherlands will have a chronic disease.

2.3 Causes of the labour shortages

In this section we set out the causes of the labour shortages. Although these causes largely lie outside the area of migration, it is clear from an examination of the composition of the Dutch labour force in proportion to the composition of the labour force in the care sector in general, and long-term care in particular, that the under-representation of residents from migrant backgrounds and migrants⁵ in the workforce in the long-term care sector is one of the causes.

Decline in the number of young people and double ageing

Between now and 2050, the Netherlands will overall have a stable or marginally growing labour force, caused by the decline in the number of young people in society, leading in turn to a decreasing proportion of working-age people (WRR, 2021b, p. 107). This translates to a declining labour supply. Combined with a well-running economy, this means that there is great demand for labour in almost all sectors of the economy. The care sector in general, and the long-term care sector in particular, are additionally faced with the phenomenon of 'double ageing': as the proportion of elderly people increases, the percentage of people aged 80 and

above increases at a faster rate than those aged 65 and over. The demand for care increases as a result (NIDI, CBS, 2021).

Working conditions

Besides these general demographic and economic trends, a factor for the care sector is that the working conditions are less than favourable. Staff experience high work pressure and enjoy little autonomy, resulting in dissatisfaction with the quality of work. The wages of some care workers are relatively low (SER 2020; RVS 2020). In a tight labour market especially, such as we have now, these conditions can be reason for care workers to look for better paid and less stressful jobs in a different sector. According to the Council of Public Health & Society (RVS), 43% of new care workers leave their jobs and 10% leave the sector within the first two years (RVS, 2022, p. 15). The Committee on Employment in the Care Sector (Commissie Werken in de Zorg) concluded in early 2020 that the care sector is like a sieve⁶ and states that staff retention, even more than the recruitment of new staff, is the most effective lever that can be activated. The Committee states that this is not just a task for the care institutions themselves, but that education also plays an important part in that regard (Commissie Werken in de Zorg, 2021). Nonetheless, the number of workers leaving the care sector is below average compared with other sectors. In the first quarter of 2021, the outflow from all economic sectors in the Netherlands was 18.3%, compared with just 9% in the care sector.⁷

A complicating factor is that a relatively large number of people in the care sector work part-time. This is due in part to the fact that the care sector employs many women, who often have other care commitments alongside their work. Another reason to opt for part-time working is the high work pressure and the considerable psychosocial work stress associated with the work (WRR, 2020a, pp. 133-134). People often work more hours than their contract states (SER, 2022). The prevalence of part-time work means that the number of workers needed to carry out the work is relatively high.⁸

In the Netherlands, relatively few residents from migrant backgrounds and migrants work in the care sector.

Few people from migrant backgrounds

The care sector employs relatively few people from migrant backgrounds as compared to the total economy. On 1 April 2022, 25.5% of residents of the Netherlands had migrant backgrounds. This ratio is also reflected in the labour force, 25.2% of which comprises people from migrant backgrounds. The corresponding figure for the care and welfare sector is just 17%, however.⁹

Figure 3. Workers with migrant backgrounds per relevant sector

Sector	Percentage of workers from migrant backgrounds
Home care	19.2%
Care and nursing ¹⁰	17.4%
Mental healthcare	16.3%
Care for the disabled	12.0%
Care and welfare sector (narrow) ¹¹	17.1%
All economic activities	25.2%

Source: [StatLine - Werknemers met een baan in de zorg en welzijn; persoonskenmerken, regio \(cbs.nl\)](https://statline.cbs.nl)
(People working in the care and welfare sector; personal characteristics, region)

Figure 3 shows the percentages of workers from migrant backgrounds per subsector that is relevant to this advisory report on the long-term care sector. As can be seen, none of the subsectors reaches the national average of 25.2%. Home care, at 19.2%, is above the average for the care and welfare sector as a whole, and nursing homes and care homes are roughly in line with that average figure. It is noticeable that mental healthcare, and in particular care for the disabled, at 16.3% and 12%, respectively, lag far behind the national average.

Prejudice and discrimination

An earlier study carried out by the Advisory Council in connection with the exploratory study titled '*From asylum seeker to healthcare provider*' (ACVZ, 2021a) revealed an obstacle that might also apply to residents from migrant backgrounds who were born and raised in this country. It was found that prejudice and discrimination were quite common in relation to workers from migrant backgrounds. Women from migrant backgrounds in nursing and caring professions in particular can be faced with a combination of sexist and racist prejudices and comments, and this can be reason for them to look for a job in a different sector.

Few EU citizens

Citizens of EU member states enjoy free access to the Dutch labour market. In 2020, around 493,000 jobs in the Netherlands were filled by people who are nationals of another EU member state. That is approximately 6% of all jobs. 18,000 (3.7%) of them work in the 'care and welfare' sector (see figure 4). They therefore fill 1.3% of the total number of jobs in this sector. Compared to the total economy, the care sector in the Netherlands therefore employs few EU citizens.

Figure 4. Workers in the care and welfare sector by nationality (2020)

Nationality	Number of workers	%	Average hourly wage (euros)
Dutch	1,403,000	98.1%	24.48
EU-14, excluding the Netherlands	14,000	1.0%	29.03
Other EU countries	4,000	0.3%	21.13
Non-EU countries	9,000	0.6%	19.39

Source: [StatLine - Werkgelegenheid; geslacht, dienstverband, kenmerken werknemer, SBI2008 \(cbs.nl\)](#) (Employment; sex, contract type, employee characteristics)

Almost all EU member states are faced an ageing population and a shortage of care workers

The sizeable difference in income between workers from the old (EU-14) and newer member states of almost EUR 8 per hour is striking. This allows us to conclude that people who are nationals of an old member state work in higher paid professions in particular and people who are nationals of one of relatively new member states work in lower paid professions in particular.

Recruiting within the EU is difficult

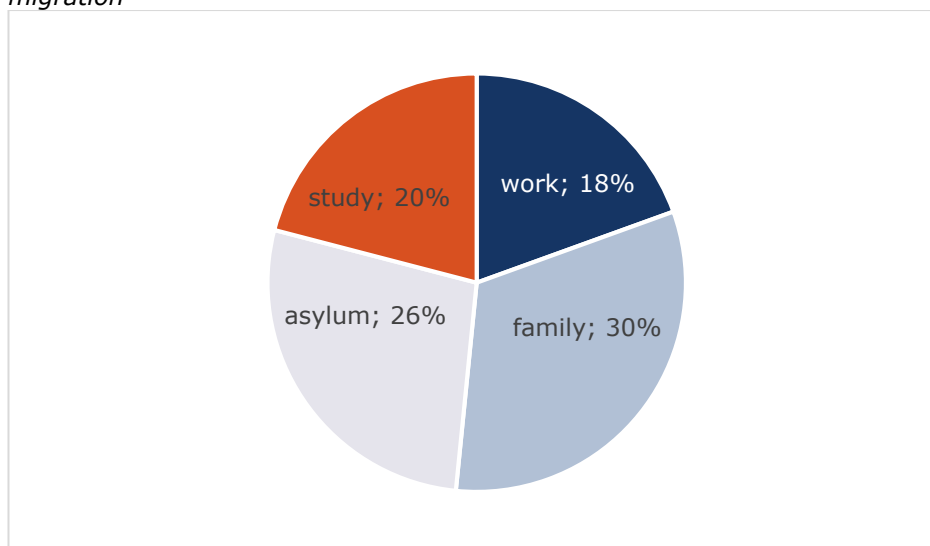
Just as in the Netherlands, there is a trend toward an ageing population and a decline in the number of young people in other EU member states also. Added to this, prosperity in the member states from where most workers come to the Netherlands is increasing. This decreases the incentive to migrate. The supply of workers from other member states is decreasing as a result, and this trend is expected to continue for the immediate future (WRR 2020, p. 231). Many other European countries also face serious shortages of care workers, especially in the nursing and caring professions (European Labour Authority, 2021). A literature review carried out on behalf of the Research and Documentation Centre (WODC) has shown that there are hardly any labour surpluses in the member states of the European Economic Area (EEA)¹² for professions in the care sector for which there are many job vacancies in the Netherlands (Cörvers et al. 2021). Nurses topped the list of professions in where there were labour shortages in 2019 and 2020. This has led the researchers to conclude that it will be very difficult to recruit workers for the care sector in these countries. Dutch employers in the care sector also indicate that care workers are hard to find in the EU.

Few non-EU citizens

Between 2011 and 2020, a total of roughly 688,000 migrants who are nationals of another country than a member state of the EU or the European Free Trade

Association (EFTA)¹³ moved to the Netherlands. Of them, 18% (approximately 125,000 people) had work as their principal reason for migration (see figure 5). They received a residence permit, for example, as a highly skilled migrant or under the scheme for Asian cooks.

Figure 5. Migration from outside the EU/EFTA 2011-2020, according to reasons for migration



Source: [StatLine - Immigranten niet EU/EFTA; migratiemotief, sociaaleconomische categorie \(cbs.nl\)](#).

(Non-EU/EFTA immigrants; reasons for migration, socioeconomic class)

[Go to the table joining figure 5](#)

The other migrants from outside the EU/EFTA who moved to the Netherlands in this period did so in the context of family migration, for the purpose of study or in order to apply for asylum. However, despite having come for another reason, they often have access, limited or otherwise, to the labour market. As a result, they could in principle help to alleviate the labour shortages in the long-term care sector.

In 2020, around 9,000 people from non-EU countries were employed in the care sector (see figure 4). This represents 0.6% of the total workforce in the sector, far below the average for the economy as a whole, where around 2.2% of workers are from non-EU countries. The care sector workers from non-EU countries earned an average of 19.39 euros per hour, more than 5 euros less than the average hourly wage of Dutch people working in the sector. This indicates that they are employed in the lower paid professions in particular.

Compared to other OECD member countries also, the care sector in the Netherlands employs few foreign workers (ACVZ, 2021b). The Netherlands Scientific Council for Government Policy (WRR) (2021, p. 240) therefore reports that global, and circular, migration of care workers is well underway, but that the Netherlands lags far behind in that regard.

2.4 Conclusion

The scale of the labour shortages in the long-term care sector is serious and without a change in policy, the shortages are expected to keep growing between now and 2050. Several reasons can be advanced for the labour shortages, including an ageing population and the working conditions in the care sector. In addition, relatively few Dutch people from migrant backgrounds and migrants already resident in the Netherlands work in the care sector.

Few shortages are expected for professions for workers with senior secondary vocational education (MBO) qualifications at levels 1 and 2. The problem is mainly concentrated in nursing and care-giving professions for workers with senior secondary vocational education (MBO) qualifications at level 3 and above. This places increasing strain on the quality of long-term care. Health is one of the most significant determinants of our well-being. This means that staff shortages have negative outcomes for our broader prosperity, both right now and in the future. It is therefore essential that solutions are found for the issues which have been identified. This is discussed in the following section.

² [Labour market tension increases further \(cbs.nl\)](#)

³ *Parliamentary Papers II*, 2021/22 session, 29282 no. 451 [Letter to Parliament regarding New forecast of expected labour shortages | Parliamentary Paper | Rijksoverheid.nl](#)

⁴ The capacity agency (capaciteitsorgaan) examines the required capacity for various medical professions in order to estimate the number of trainee posts that are needed. This covers all recognised medical and dental further training programmes, mental healthcare professions, medical support professions and specialist nurses. For further information on the agency and how it works, see [Capaciteitsorgaan Utrecht - Capaciteitsorgaan](#)

⁵ Residents from migrant backgrounds are people who have at least one parent who was born in a different country. For the purposes of this advisory report, the Advisory Committee considers migrants to be people who have chosen to leave their own country to come to the Netherlands and who do not have Dutch nationality. They include asylum permit holders, family migrants, foreign students, migrants with no right of residence and migrant workers, among others.

⁶ [De actieplannen voor meer personeel in de zorg voldoen niet \(action plans to attract more people to a career in the care sector are inadequate\) | Trouw](#)

⁷ [AZW: Inflow and outflow of workers, economic sector, 2016 - Q1. 2021 \(cbs.nl\)](#)

⁸ The average weekly working time per job including overtime in the Netherlands is 29.5 hours, and 24.9 hours in the care sector. See: [StatLine - Werkgelegenheid; geslacht, dienstverband, kenmerken baan, SBI2008 \(cbs.nl\)](#) (employment; sex, contract type, job characteristics)

⁹ [StatLine - Werknemers met een baan in de zorg en welzijn; persoonskenmerken, regio \(cbs.nl\)](#) (People working in the care and welfare sector; personal characteristics, region)

¹⁰ This sector consists of nursing homes and care homes.

¹¹ The care and welfare sector (narrow) covers all the subsectors in the care and welfare sector, excluding childcare. See: [Welke branches vallen onder de sector zorg en welzijn? \(Cbs.nl\)](#) (Which subsectors fall under the care and welfare sector?)

¹² The member states of the EEA are the 27 member states of the EU, plus Iceland, Liechtenstein and Norway.

¹³ The members of the EFTA are Iceland, Liechtenstein, Norway and Switzerland.



Hoofdstuk 3

Solutions other than labour migration from outside the EU

3.1 Introduction

Almost all the parties consulted by the Advisory Council for this advisory report stressed that multiple measures are needed to reduce the labour market shortages in the long-term care sector. These interviews and the literature review that was conducted identified that labour migration can be an additional measure, alongside several others. If labour migration is used as a means for addressing these challenges, it must be done in the context of a both/and approach.

In section 3.2, we list the main potential solutions which lie outside the area of migration. In section 3.3, we consider the possibilities for attracting migrants from non-EU countries already resident in the Netherlands to a career in the long-term care sector.

3.2 Potential solutions outside the area of migration

A fundamental issue is how we intend to organise our long-term care in the future. We could, for example, seek to curb the demand for care by focusing policy on improving health and disease prevention (NIDI, CBS, 2021, pp. 10,19). Making greater use of the network of people requesting help, including family and volunteers, and also giving them more responsibilities could decrease demand for professional care (RVS, 2022). But there are limits to how far this can be taken: there will always be a need for professionals. In this paragraph, we consider the potential solutions for labour market shortages that are frequently cited.

Untapped potential in the labour market

Untapped potential in the labour market could help to alleviate the labour shortages in the care sector (WRR, 2021a, p. 110).¹⁴ Statistics Netherlands (CBS) identifies three categories of 'unused labour potential': the unemployed, semi-unemployed and underemployed part-time workers. In the second quarter of 2022, their numbers were 1.1 million people. That is 10,000 fewer than were recorded in the first quarter of 2022. This does not constitute 1.1 million FTEs, nor 1.1 million people who are currently 'sidelined', as is often stated. Almost half of them (45%, 494,000) are part-time workers who would like to work more hours, 27% (299,000) fall in the group which the CBS refers to as 'semi-unemployed' and only 30% (327,000 people) are fully unemployed. According to Ton Wilthagen, Professor of Institutional and Legal Aspects of the Labour Market at Tilburg University, mobilising this group will generally require that considerable investment be made in work-study programmes, that good guidance and supervision is available, that work pays compared to inactivity and that employers are less selective when taking on new staff. The Netherlands Institute for Social Research (SCP) points out that more is needed than good payment and terms of employment.

It is wise to caution against over-optimism regarding the possibilities of the untapped potential in the labour market.

In addition to providing training, the SCP highlights reducing the workload and enabling homeworking as possibilities for making better use of the untapped potential in the labour market. The SCP also notes that employers do not have an inclusive human resources policy high on their list of priorities and that they could do more to provide opportunities for people with an occupational disability (SCP, 2022). The Netherlands Bureau for Economic Policy Analysis (CPB) cautions against over-optimism in advance regarding the possibilities of the untapped potential in the labour market: The Netherlands already has the highest labour participation rate in the world and it has been a struggle so far to raise the number of hours per employed person. In short, while it is important for the Netherlands to focus on utilising the untapped potential in the labour market more effectively, there are constraints on what can be achieved.

Enticing part-time workers

One possibility in line with the above is to entice part-time workers to work more hours (SER, 2022). In the second quarter of 2022, there were 4.6 million part-time workers in total in the Netherlands. Of them, only 494,000 were willing and available to work more hours.¹⁵ There are also people, moreover, who would like to reduce their working hours.¹⁶ A relatively large number of people in the care sector work part-time.¹⁷ Obstacles to full-time working are the lack of adequate childcare and leave arrangements, views in society and personal views on bringing up children and time off and the unequal distribution of household tasks. The NIDI and CBS write that higher labour force participation can certainly help to reduce labour shortages, but also caution that this would probably affect women's availability for carrying out informal care tasks (NIDI, CBS, 2021, p. 103). This measure therefore also has its limitations.

Improve working conditions

Steps can be taken to make working in the long-term care sector more attractive. The Council of Public Health & Society (RVS) writes that employers in the care sector can adjust their benefits packages by offering workers appropriate terms of employment and appropriate career prospects; there remains plenty of room for improvement in both areas for nurses and caregivers in particular. In addition, employers should recognise and embed care workers' participation (RVS, 2020, pp. 34-37). This can help reduce the number of workers leaving the care sector. The SER advocates minimising the regulatory burden in the care sector, which is very time-consuming and also affects job satisfaction (SER, 2022). Wilthagen notes however that improving pay and other terms of employment in sectors experiencing labour shortages does not immediately attract more workers and can even feed competition between companies and sectors. In short, it is vital to

commit to improved working conditions, although that too will not resolve all the issues.

Tackle discrimination and racism

Staff recruitment and selection, the range of training programmes and courses available as well as healthcare provision could be brought more in line with the social reality, in which a quarter of the population, and the labour force, have migrant backgrounds. More can also be done to tackle discrimination and racism in the sector, on the part of work colleagues as well as by clients and their family members. This can make the sector more appealing to workers from migrant backgrounds, who are currently under-represented (ACVZ, 2021a).

Innovating in the provision of care

Technological innovation in the provision of care can reduce the demand for labour in the care sector, causing labour shortages to be less severe than current estimates suggest (Vilans, 2018; Innovatielab, 2021). According to Gupta strategists (2022, p. 11), using existing medical technology could reduce the number of workers needed to provide care for the elderly by as many as 64,500. The labour shortages would then be as good as solved. Deploying technology could facilitate and lighten the tasks in providing care for the elderly in particular, reducing the number of workers that are needed by 62,500. The Minister for Long-term Care views the use of technology, including digital communication, as one of the solutions to the increasing labour shortages in the elderly care sector.¹⁸

The report prepared by Gupta strategists (2022, pp. 16-20) also reveals however that many Dutch care organisations are hesitant to implement technological innovations. There is also resistance in society to any further reduction in staffing, and sometimes also to the use of technology. In a committee debate of the House of Representatives on the labour market policy in the care sector on 6 July 2022, PVV, FvD and SP Members of Parliament were among those to express doubts about the use of smart incontinence products containing a sensor which indicates when the incontinence product is full, if the aim is to reduce staffing. In short, it is questionable whether technology will be sufficient as the only solution.

3.3 More opportunities for migrants already resident in the Netherlands

A previous study by the Advisory Council (ACVZ, 2021a) found that several factors hinder the employment of foreign workers in the care sector.

Diplomas obtained in a non-EU country or countries are not readily recognised in Dutch care professions.

Firstly, there is the importance of having sufficient command of Dutch. Language requirements apply, from roughly A2 for a profession requiring senior secondary vocational education (MBO) qualifications at level 1, to B2/C1 for degree professions. A second obstacle facing this group is that diplomas and competencies that were acquired outside the EU/EFTA are not readily recognised in Dutch care professions due to complex and costly procedures and the strong emphasis placed on formal qualifications and documented references. Thirdly, cultural aspects of working in the care sector can pose an obstacle. This can concern the standards and values around social interaction at the workplace, unfamiliarity with the tasks associated with nursing and caring professions in the Netherlands and the habits and customary practices at the workplace. Furthermore, the prejudice and discrimination that are an obstacle to finding and keeping a job in the care sector for residents from migrant backgrounds also naturally apply to this group. Tackling these obstacles can help in reducing labour shortages in the long-term care sector.

Expanding access to the labour market

Access to the labour market for asylum seekers is restricted. They are not allowed to work at all during the first six months after their asylum application is registered. After six months, an employer wishing to employ an asylum seeker must apply to the Employee Insurance Agency (UWV) for a work permit. The asylum seeker may then only work for a maximum of 24 weeks in a 52-week period, however.¹⁹ This facility is rarely used: in 2021, 586 work permits were issued under the 'asylum seekers' scheme'; 167 applications were refused (UWV, 2022, p. 12).

Recurrent backlogs at the Immigration and Naturalisation Service (IND) mean that eligible asylum migrants have to wait longer to receive their residence permit. This also causes delays therefore in their starting civic integration and finding work. Expanding admission to the labour market for asylum seekers can help to reduce labour market shortages, including in the care sector. This can ensure that asylum seekers who obtain a residence permit are able to take their first steps in the labour market during the asylum procedure, shortening the time needed for them to be fully available for work.

Difficulty accessing employment

Once an asylum seeker is recognised as a refugee and therefore receives a residence permit, he/she has free access to the labour market. Around the world, refugees have greater difficulty, compared to other migrants, in finding a job in their new country. This is referred to as the *refugee gap* (Bakker et al. 2016). Whereas migrant workers and family migrants make a conscious decision to migrate and make preparations to do so, the same does not usually apply to refugees. Driven by the circumstances in their country of origin, they arrive in an

unknown country, often after a long and dangerous journey. Their new start begins moreover with tension and uncertainty about their right of residence. All of these factors mean that they find themselves in a less favourable starting position than other migrants.

In the Netherlands too, most refugees find it very difficult to access employment: it is roughly estimated by local authorities that eight out of ten asylum permit holders lack a starting qualification. Asylum permit holders' participation in the labour force is low in the first years after being granted a permit, then rises, but also remains below the average rate in the long term. Four and a half years after receiving a permit, roughly 38% of asylum migrants aged 18 to 64 have a job. By comparison: approximately 78% of the Dutch population as a whole aged between 15 and 65 is in employment (CBS, 2020).

Since the start of the war in Ukraine, 73,930 Ukrainian displaced persons were registered with Dutch municipalities in the period up to 15 August 2022. Earlier CBS data for the period up to 23 May 2022 show that one third of them are children and that more than 3% are aged over 70. Of the adults aged between 18 and 70, more than 74% are women.²⁰ The displaced persons are allowed to work for an employer in the Netherlands,²¹ on condition that their employer registers this with the Employee Insurance Agency UWV. On 2 September 2022, 35,354 displaced persons from Ukraine had a job in the Netherlands. Based on the current registration data, the UWV is unable to state with any certainty how many of them are working in the care sector. Should all or part of this group eventually settle permanently in the Netherlands, there will be an opportunity to interest them, just as other refugees, in a job in the long-term care sector and to help them make all necessary arrangements for this purpose.

Remove obstacles

There are several possibilities for minimising the obstacles impeding the employment of asylum permit holders and displaced persons. As the Advisory Council previously detailed them in the exploratory study titled 'From asylum seeker to healthcare provider', we will list them briefly here:

- the financial incentive to find a job can be increased;
- municipalities can give approval for a care sector training course or programme to be followed while retaining benefit;
- municipalities can pay more attention to helping women find jobs.

Encourage family migrants to find jobs

The employment rate among family migrants from non-EU countries is higher than among asylum permit holders. Of the family migrants aged 18 and over who moved to the Netherlands in 2015, 38.4% had found jobs after four years, compared to 24.7% among asylum permit holders. However, this means that the

employment rate among family migrants from non-EU countries in the Netherlands is still low four years after arriving in the country, with the majority not in work.

Many family migrants have difficulty finding a job in the Netherlands.

The lack of free access to the labour market for all family migrants in the Netherlands poses an obstacle. A family migrant has the same access to the labour market as the main applicant (sponsor). This means that if a work permit is required for the main applicant, the same requirement also applies to the family migrant. Nonetheless, the current restrictive policy for migrant workers from non-EU countries to whom a work permit assessment applies means that this situation rarely arises (see Chapter 4). The expert meeting on the situation in the UK found one of the success factors to be the high number of family migrants working in the long-term care sector in the UK. Family migrants in the UK immediately have free access to the labour market in the country.

A further obstacle is the absence of proper support for family migrants in their civic integration, which in some cases may be mandatory. While they are considered to be self-reliant and able to utilise their family member's network, in practice they often have a great need of information, including about the labour market. They have to pay the costs for civic integration, which may be mandatory, themselves and, just as for asylum seekers, the law includes many penalty clauses.²² Municipalities do however conduct a broad intake and advise them on an appropriate learning pathway.²³

Civic integration is not an obligation for family members of EU citizens, highly skilled migrants and other migrant workers, among others, with many of them experiencing difficulties as a result. A questionnaire conducted by the International Community Advisory Panel (ICAP) on behalf of the Municipality of Amsterdam in 2019 among 956 partners of highly skilled migrants and foreign partners of Dutch citizens revealed that it is not easy for them to find a job in the Netherlands (ICAP, 2019). This is despite the fact that seven out of ten of them gave up a career or business in their home country to move to the Netherlands and roughly half of them are actively looking for a full-time job. Two thirds are willing to retrain for a sector where there is greater demand for workers. Many respondents indicated that the job search made them angry and depressed and/or led to increasing tensions in their relationship. The greatest obstacles are the common misconception that partners of expats are unwilling to work and have insufficient command of Dutch.

Municipality of Amsterdam spouses programme

In March 2020, the Municipality of Amsterdam, in partnership with House of Skills, launched the *spouses programme* for partners accompanying highly skilled migrants. The programme is currently being reviewed and adapted for all international job seekers in the region. A poll conducted by the Municipality asking whether there were people in this group who were interested in working in the care sector or education produced 280 positive responses, with the majority having training and experience in these sectors and intending to stay longer than six years in the Netherlands. The Municipality has since taken concrete action to match these people to employers in the region.²⁴

Lifting restrictions affecting family migrants' access to the labour market and improved support for their civic integration can increase their participation in the labour force. That in turn will help reduce labour market shortages in the care sector and elsewhere.

Retain more graduates in the Netherlands

After graduating, students from non-EU countries have one year to find a job in the Netherlands during the job search year for highly skilled persons. If they find a job meeting the income requirements in the Highly Skilled Migrants scheme, they are allowed to stay in the Netherlands.²⁵ It is also possible for former students to obtain a residence permit in the Netherlands on other grounds, such as having a partner in this country and therefore being allowed to stay as a family migrant.

Studying and working for Indonesian nurses

Under a Memorandum of Understanding with Indonesia, Yomema (Your Medical Matchmaker) recruits nurses to come to the Netherlands to follow a four-year bachelor programme in nursing at Avans+. The students do work experience for sixteen hours a week and also work for sixteen hours week (preferably) in a nursing or care home or in home care. After graduating, the nurses have one year to find a job in the Netherlands, during the job search year for highly skilled persons.

Recent research by Nuffic (the Netherlands Organisation for International Cooperation in Higher Education) has shown that roughly 38% of non-EU/EEA students remain in the Netherlands five years after graduating. This compares to 19% for EU/EEA students. As the number of students from the EU/EEA is higher, the absolute figure for students from the EU/EEA who are still in the country five years after graduating is higher, however: 18,000 as opposed to 15,000 (Elfferich, 2022).

The labour participation rate among international graduates after five years is 73.5%.

That is higher than the average for the Dutch population, although not as high as the rate for others of a similar age (Elfferich, 2022, p. 8). It is interesting to note in the context of this advisory report, and also for the entire public sector, that as

many as 36.6% of international graduates have a job in the 'government, education and care' sector after five years (Elfferich, 2022, p. 9).

Eliminate obstacles

In its report titled '*Stayrate en arbeidsmarktpositie van internationale afgestudeerden*' (stay rate and labour market position of international graduates), Nuffic make several recommendations aimed at making it easier potentially for more international students to remain in the Netherlands after graduating. In the first year after graduating especially, more information and guidance with regard to residence permits, labour market and work experience placements could eliminate several obstacles. Better accommodation could also help: in a study carried out in 2021, almost half of international students indicated that the housing market had a negative impact on their plans to stay. Another major hurdle mentioned by students is Dutch language skills. Nuffic writes that initiatives for international students and graduates to learn the language could increase the number of students remaining in the Netherlands after graduating (Elfferich, 2022, p. 29). These measures could help to ensure that more higher professional education-level nurses who were trained in the Netherlands stay and carry on working here.

Domestic workers with no right of residence

People with no right of residence, also referred to as undocumented persons, are not included in the calculations of the untapped potential in the labour market, even though they may potentially be willing and able to work, and in many cases already do so. Some of those with no right of residence in the Netherlands work as domestic help in Dutch households.

24-hour home-based care provided by undocumented migrants in Germany

A representative study carried out in 2017 found that 11% of German households with an elderly person needing care employ a live-in migrant to provide the necessary care. That equates to roughly 200,000 households (Horn, Schweppe, Böcker, & Bruquetas-Callego, 2019). It is estimated that more than half of them (some estimates are of 90%) are hired through informal networks and carry out undeclared labour (Böcker & Bruquetas-Callego, 2019).

This phenomenon is not common in the Netherlands. Estimates put the number of live-in migrants employed to care for elderly persons at below one thousand, and there are no indications that this number is increasing (Bruquetas-Callego & Noordhuizen, 2020). Nor are there any indications that large numbers of undocumented care workers provide 24-hour care in Dutch households. This is due to the relatively generous and strictly regulated funding system, compared to Germany, making it unnecessary, and indeed impossible, to hire someone who is not legally resident in the Netherlands to provide care using the personal care budget, for example.

There are no reliable data available on the numbers of people with no right of residence working in Dutch households. The ILO estimated in 2013 that 54.6% of household helpers in Northern, Southern and Western Europe were migrant workers, most of whom were undocumented (Dez, 2021). In the Netherlands, ethnic minorities are less dominant in the sector than is the case in many other countries (Van Walsum, 2011), notwithstanding the assertion by Van Hooren (2018) that migrants dominate the market in the largest cities, especially Amsterdam. They come from all over the world, including the Philippines, Indonesia, Ghana, Nigeria as well as various Latin American and European countries. This tells us nothing however about how many of them are undocumented.

The labour force could be increased by enabling undocumented persons to reside and work lawfully in this country. A representative of an organisation representing a diaspora and several academics pointed out in our research that undocumented household helpers have in some cases already been working for several years in Dutch households, not just as cleaners, but also as child minders or carers for elderly or disabled family members. As this means that they often speak Dutch, are familiar with Dutch culture and moreover occasionally assume informal care duties, they form a suitable pool of workers who could be attracted to a job in the long-term care sector.

In early July, the German government approved a bill aimed at enabling irregular migrants to gain regular status: the 'Chancen-Aufenthaltsrecht'. Migrants who have lived in Germany for five years without being informed whether they can stay there permanently could be eligible for one-year residency status, during which time they have to prove a willingness to integrate. That means that if they have sufficient knowledge of German and have found a job capable of securing their income, they can be granted permanent residency status. Migrants who have been convicted of a serious crime or who provided false information or a false identity are barred from obtaining temporary residence status ²⁶

Recruit EU citizens from other sectors

Few EU citizens are employed in the Dutch care sector (in total approximately 18,000 of the 493,000 EU citizens who work in the Netherlands), making them under-represented relative to the economy as a whole. The sector could focus on targeted recruitment and training of this group of migrants who are already resident in the Netherlands, have free access to the labour market and have already become familiar with Dutch language and culture. This could be an opportunity for EU migrants, who are frequently employed through staffing agencies to perform routine work below their educational level, to take the next step in their career, with the prospect at least of a permanent job and more opportunities for career advancement. The downside is that sectors that are dependent on these workers will then be faced with even greater labour shortages.

Where those sectors similarly contribute to our well-being, the problem is then shifted.

3.4 Conclusions and recommendations

There are ways of making jobs in the care sector more appealing and accessible, and such measures are urgently needed. The Advisory Council believes however that this on its own will not be enough to ensure we can meet future demand for care. Firstly, untapped potential in the labour market is less abundant than often assumed, and people in that group don't always have the skills needed for careers in the care sector. Secondly, it's said that people need to work more and stay in work for longer, but there are limits to that too. While innovating in the provision of care presents opportunities, it is uncertain how many FTEs will actually be saved through this measure. Moreover, there are limited opportunities for attracting workers from within the EU to the long-term care sector, because many other member states are facing the same problems. The Advisory Council fears that the shortage of workers in the long-term care sector will lead to dire outcomes, with more and more people being deprived of necessary, appropriate care.

Migrants already resident in the Netherlands

Different measures are also needed to reduce the labour shortages in the care sector. In this chapter, the Advisory Council has focused on the question of what further and alternative measures the Netherlands can take to increase the labour participation rate among migrants already resident in the Netherlands in the care sector, and on this basis formulates the following recommendation.

Recommendation 2: Make careers in the care sector more accessible and appealing to migrants already resident in the Netherlands.

The government could introduce measures to improve job opportunities in the care sector for migrants already resident in the Netherlands. These measures might include further improving recognition procedures for diplomas earned overseas, greater investment in language tuition and expanding access to the labour market for asylum seekers and family migrants. Local authorities could work with care institutions to establish programmes to help migrants find work in the care sector. Employers who bring migrant workers (such as knowledge workers) to the Netherlands could invest more in *dual career* programmes and help partners who have diplomas and/or work experience in the care sector to continue with their career in the Netherlands.

Labour migration from outside the EU needed

The Advisory Council considers it sensible to redouble our efforts and work to encourage labour migration from outside the EU. This should be focused on care professions requiring senior secondary vocational education (MBO) qualifications at level 3 and above, as labour shortages are anticipated to be concentrated in nursing and care-giving professions for workers with qualifications at that level and above. This would also have the effect of excluding the professions requiring senior secondary vocational education qualifications at lower levels from any potential competition with migrant workers. These are the professions in which people who have difficulty accessing employment, such as asylum permit holders, often first enter the work force (ACVZ, 2021a).

In the next chapter, we address the question of the extent to which our current labour migration policy aids the careful recruitment of nurses and caregivers from non-EU countries. Chapters 5 and 6 look at how a carefully considered labour migration policy can best be shaped.

¹⁴ The CBS defines 'unused labour potential' as follows: 1. people who do not have a paid job: unemployed: people who have looked for work recently and are immediately available; 2. potential additional labour force (semi-unemployed): people who have looked for work recently but are not immediately available, or vice versa: people who are immediately available but have not looked for work recently. 3. people who have a paid job: underemployed part-time workers: people who work part-time and want to work more hours and are immediately available.

¹⁵ [StatLine - Werkzame beroepsbevolking; meer of minder willen werken, 2003-2021 \(cbs.nl\)](#)(Active labour force; want to work more or fewer hours)

¹⁶ These are mainly women. See also: [Een top tien als actieplan tegen de kraptecrisis | Tilburg University](#) (Top ten actions as a plan against the shortage crisis)

¹⁷ [Een top tien als actieplan tegen de kraptecrisis | Tilburg University](#) (Top ten actions as a plan against the shortage crisis)

¹⁸ *Parliamentary Papers II*, 2021/22 session, 29282 no.462 Government letter on outlines for a sustainable labour market in the care sector

¹⁹ Section 8(2) of the Foreign Nationals (Employment) Act (Wet Arbeid Vreemdelingen, Wav).

²⁰ EU Directive 2011/55.

²¹ [Vrijstelling werkvergunning vluchtelingen uit Oekraïne | UWV | Werkgevers](#) (exemption from work permit requirements for Ukrainian refugees, information for employers)

²² The ACVZ has previously voiced criticism when advising on the Civic Integration Act, which entered into force on 1 January 2022. See:

²³ [Wet inburgering 2021 | Inburgeren in Nederland | Rijksoverheid.nl](#)(Civic Integration Act 2021, civic integration in the Netherlands)

²⁴ The Municipality of Amsterdam is working through IN Amsterdam with Transferpunt Zorg/House of Skills, Sigra, ROCvA, HvA, Regionale Werkcentrum RWC Groot-Amsterdam and the Ministry of Health, Welfare and Sport to advance this initiative. The main focus is on the inclusion of accompanying partners and other internationals already residing in the Amsterdam metropolitan region in the Care and Welfare Guidance Programme.

²⁵ Article 2.1.(1) of the Foreign Nationals (Employment) (Implementation) Decree (BuWav). That is a lower criterion than applies to other highly skilled migrants (see table 7).

²⁶ See: [BMI - Presse - Bundesregierung beschließt erstes Migrationspaket](#) (Federal government launches first migration package)



Hoofdstuk 4

Current labour migration policy

4.1 Introduction

Alongside the measures for addressing labour shortages in the long-term care sector referred to in the previous chapter, the Advisory Council believes it is necessary also to work to encourage labour migration. Our current labour migration policy is not set up to facilitate the international recruitment of skilled workers for the long-term care sector in an effective and carefully considered manner, however. In the first three sections of this chapter we address the question of why that is so. Next, we briefly discuss the labour migration policy for skilled workers in Germany and the UK. Finally, we outline the possibilities for incorporating a right of residence for skilled workers in the long-term care sector into the legal framework of immigration law.

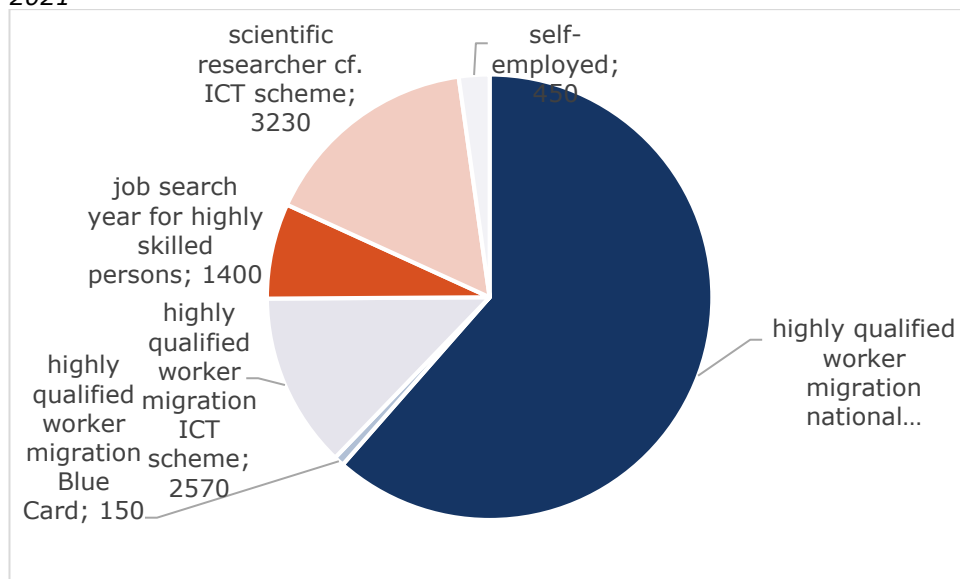
4.2 Misconduct associated with the free movement of persons

Most migrant workers who move to the Netherlands are from an EU member state. According to preliminary figures, in 2020 roughly 37,100 people moved to the Netherlands from other EU member states for reasons of 'work' (Ministerie van Justitie en Veiligheid, 2022). They exercised the right to freedom of movement within the European Union. The Labour Migrants Protection Task Force (Aanjaagteam Bescherming Arbeidsmigranten) (2020) and the Netherlands Labour Inspectorate (Nederlandse arbeidsinspectie) (2022) are among the bodies who have highlighted numerous examples of misconduct associated with the free movement of persons, including poor housing, poor working conditions and an unsafe work environment. EU migrant workers are mostly employed through staffing agencies and not directly by the organisations where they work, under short-term and flexible contracts. Few migrant workers from other member states currently have a job in the long-term care sector in the Netherlands, mainly due to the limited availability of these workers as well as language and diploma requirements. However, if the Netherlands were to actively recruit migrant workers for the care sector, within or outside the EU, it is important to avoid them ending up in the same situation as many EU migrant workers currently find themselves in. Even though the government can stipulate increased requirements for employers who take on workers from outside the EU, current legislation still lacks the necessary safeguards to ensure the protection of migrant workers and prevent misconduct. We discuss this further in Chapter 5, and we also describe the conditions that a carefully considered labour migration policy should meet.

4.3 Migration policy for knowledge and talent not tailored to the public sector and professions requiring senior secondary vocational education qualifications

The vast majority of migrant workers from outside the EU who move to the Netherlands can be grouped under the category 'knowledge and talent'. This represents the largest category, after EU migrant workers. In 2021, 20,240 residence permits in total were granted under this banner.

Figure 6. Residence permits granted under banner of knowledge and talent in 2021²⁷



Source: De Staat van Migratie (State of Migration) 2022 p. 67

[Go to the table joining figure 6](#)

Welcoming for knowledge and talent

The Netherlands aims to pursue a welcoming policy for people from non-EU countries for migrants who fall under the category 'knowledge and talent'. This is based on the expectation that they can make an important contribution to the knowledge economy, the competitiveness and the innovative capacity of the Netherlands (Ministerie van Justitie en Veiligheid, 2022, pp. 23, 67). The key instrument of migration policy for this group is the national Highly Skilled Migrants scheme (see figure 6).

The Highly Skilled Migrants scheme fails to recognise that many people with scarce knowledge and/or scarce talent also are employed in the public sector.

Contrary to what the name suggests, this scheme only includes an income requirement, and not a diploma or competency requirement. The income must be

competitive and in line with market standards, however. The rationale behind this sole requirement is that if a competitive salary has reached a certain level, and the employer is willing to pay that salary, the migrant will have added value for the company and for the Netherlands. The scheme fails to recognise however that many people with scarce knowledge and/or scarce talent also are employed in the public sector and that due to the limited effects of market forces, their salary is often below the threshold of the Highly Skilled Migrants scheme.

The Highly Skilled Migrants scheme makes an exception for doctors in training and scientific researchers: they have sufficient income to qualify for the scheme if their gross monthly salary equals the minimum wage. This exception does not apply to professions requiring senior secondary vocational education and higher professional education qualifications (mbo-beroepen and hbo-beroepen) in the care sector, despite the fact that negotiated wage rates in the care sector for these professions are almost without exception below the salary criteria threshold of the Highly Skilled Migrants scheme.

Figure 7 Highly Skilled Migrants scheme salary thresholds and negotiated wage rates for nurses and caregivers

Highly skilled migrant aged 30 or over	€4,840 gross per month
Highly skilled migrant aged below 30	€3,549 gross per month
Reduced salary criterion²⁸	€2,543 gross per month
EU Blue Card	€5,670 gross per month

Source: Articles 2.1 and 2.2 of the Foreign Nationals (Employment) (Implementation) Decree (Besluit Uitvoering Wet arbeid vreemdelingen, BuWav) 2022.

Profession	Salary scale	Gross monthly salary (tier 1)	Gross monthly salary at scale max
Individual healthcare professional MBO level 3	FWG 35	€2,200.70	€2,937.68
Nurse providing general care MBO level 4²⁹	FWG 45	€2,937.68	€3,471.49
Nurse HBO level	FWG 50	€3,084.18	€3,942.98

Source: CLA for the Nursing Homes, Care Homes, Home Care and Youth Healthcare sectors (VVT) - FNV. The CLA for the Nursing Homes, Care Homes, Home Care and Youth Healthcare sectors 2022-2023 was used for this table.

In practice, it is often the case, including in non-care sector professions, that people doing a job at MBO level are unable to meet the salary criterion of the Highly Skilled Migrants scheme. De Lange (2021, p. 9) highlighted in her inaugural lecture that talent is not only to be found among highly skilled people and the pandemic has made clear that the demand for international talent in Europe exceeds what highly skilled people can offer. So far, however, these insights have yet to permeate into Dutch labour migration policy.

Elements of a welcoming policy

The Highly Skilled Migrants scheme has several advantages over the policy for migrant workers from non-EU countries who are not covered by the scheme. Firstly, employers do not need to apply for a work permit for highly skilled migrants, eliminating the need to assess whether a pool of prioritised labour is already available within the EU. Secondly, the scheme provides for short lead times: the IND aims to decide on an application within two weeks. If additional investigation is required, it may take up to twelve weeks for a decision to be reached. While the application may only be submitted by recognised sponsors,³⁰ that does mean that the application is processed on the basis of trust and very few supporting documents need to be submitted by the recognised sponsor, and also that any checks are carried out retrospectively. Medical, nursing or caregiver professionals often have to meet certain qualification requirements, however. In addition, the permit can be granted straight away for five years (as opposed to two years for other migrants intending to work in the care sector)³¹ and the highly skilled migrant's family members immediately have access to the labour market.³²

While the Highly Skilled Migrants scheme has many advantages, the majority of people who are needed in the long-term care sector are unable to meet the conditions.

The IND also has special expat centres, which are often run in partnership with municipalities and trade bodies, for example, to help expats³³ on their arrival and with their residency in the Netherlands. They can also get their residence endorsement stickers and complete other arrangements at an expat centre, without having to make an appointment at an IND desk. These centres are increasingly focusing on other newcomers too, however. Finally, migrant workers who earn more than EUR 39,467 per year (a lower salary requirement of more than EUR 30,000 applies to people aged under 30 with academic qualifications, and there is no salary requirement for doctors in training and researchers under this scheme) are automatically considered as migrants who meet a specific expertise requirement and may therefore qualify for the 30% tax facility.³⁴ Under this facility, they are exempted from paying income tax on their salary for the first five years after arriving in the Netherlands. Only higher professional-educated nurses (hbo-verpleegkundigen) in the highest salary scales could meet this income requirement (see table 7).

In short: while the Highly Skilled Migrants scheme has many advantages for employers and migrants, the majority of people needed in the long-term care sector are unable to meet its conditions.

4.4 Restrictive, bureaucratic and unwelcoming policy

Besides the highly skilled migrants, few people move to the Netherlands from outside the EU for the purpose of working: in 2021, the figure was 1,170 people in total. A small majority of them (52%, roughly 608 people) moved to the country under the Asian catering industry scheme (Ministerie van Justitie en Veiligheid, 2022, p. 67). Approximately twenty residence permits were granted for the care sector as a whole in 2021.³⁵

Restrictive and bureaucratic

The Netherlands pursues a restrictive policy for migrant workers from non-EU countries who do not qualify for the policy promoting 'knowledge and talent'. Employers must apply for a work permit (twv) or a combined residence and work permit (gvva). These permits *must* be refused if: there is a pool of prioritised labour comprising Dutch and other EU citizens available, the vacancy was registered at too short notice with the Employee Insurance Agency UWV, the employer is unable to show that sufficient recruitment efforts were undertaken, or working conditions or terms and salary are below the statutory level. A residence permit or combined residence and work permit can also be refused if suitable accommodation is not available and in case of previous violations or misconduct associated with the employer. The work permit is issued by the Employee Insurance Agency UWV and the combined residence and work permit by the IND, after obtaining advice from the UWV. In the case of applications relating to the care sector, diplomas must be produced and the UWV will ask whether the applicant has started the procedure for registration in the BIG register³⁶. Next, the UWV assesses whether the qualifications are in order.

The entire process takes at least six months. From 1 January 2022, a work permit or combined residence and work permit can be granted for a maximum of three years,³⁷ although secondary legislation provides for a maximum term of two years in the case of a full labour market test.³⁸ This is currently required for care workers applying for a combined residence and work permit. After these two years, a reassessment is made of whether a pool of prioritised labour is available within the EU, even if information from the European Labour Authority, among others, shows a virtual absence of labour surpluses of nursing and care staff. There is therefore a risk that the work permit will be refused after two years of residence, because, for example, the UWV believes that the employer has undertaken too little in the way of recruitment efforts and this constitutes a mandatory ground for refusal. In addition to considerable procedural hassle, this assessment after two years also causes tension among employers and employees alike. This limited permit duration can therefore be a reason for employers to decide against bringing in any migrant workers, due to the potential for negative outcomes for them.

'Migrant workers now have to be as immobile as possible on the labour market for five years.'

Once someone has worked lawfully for five years consecutively in the Netherlands, they no longer need a work permit or combined residence and work permit to work in the Netherlands and they are entitled to claim permanent residence status (Zwaan et al., 2020). Until that time, migrant workers are dependent on their employer, as a labour market reassessment is undertaken each time they start a new job with a different employer. De Lange (2021-4, p. 191) writes about this position migrant workers find themselves in: 'They now have to be as immobile as possible on the labour market for five years. That goes against labour market policy, which places a premium on job mobility.'

An exception can occasionally be made to the labour market test or a lighter test may be introduced. This is the case, for example, with asylum seekers whose applications have been under assessment for more than six months, but can also be declared applicable to an entire sector. This applied until recently in respect of the Asian catering sector,³⁹ reflecting the fact that the chefs had specific knowledge and skills that were not available in the Netherlands and that Dutch training programmes were not adequately geared toward the required knowledge. A quota was also in place.

Fear and reluctance

The restrictive nature of policy is expressed not just in rules and procedures. There is none of the client-oriented approach adopted by official organisations such as the IND in relation to the Highly Skilled Migrants scheme in the combined residence and work permit procedure. Care institutions view the available labour market information as insufficient, leaving them, and others, guessing as to whether the Employee Insurance Agency UWV will approve an application. A further obstacle for care institutions is that work permits are issued for work in a particular municipality, so that the organisation is unable to transfer the employee concerned to a location in a different municipality.⁴⁰

It can come to the point that organisations prefer to close a department rather than recruit staff from abroad.

The strict and complex procedures around the Foreign Nationals Employment Act (Wav) and the Individual Health Care Professions Act (Wet BIG) constitute an excessive burden on many organisations in the long-term care sector and result in substantial business risks. This leads those organisations that do attempt to recruit in third countries to engage intermediaries, with varying degrees of success, to undertake the work and assume the business risk on their behalf, the costs of which are charged to the care organisations and occasionally to the employees themselves. Both care institutions and intermediaries stress that while language and diploma requirements are in place for good reason and that BIG registration also serves a purpose, the government could play a more facilitating role and the process could be more efficient. They point to countries such as Belgium and

Germany, where there is no work permit assessment for professions affected by labour shortages. The members of the Dutch Elders Advisory Council, whom the Advisory Council spoke with, also believe that the recruitment of migrant workers for the care sector should be made more appealing.

Our study has shown that employers in the care sector hardly ever apply for a combined residence and work permit or work permit. In 2021, roughly twenty applications were rejected and twenty were approved. Intermediaries state that there is considerable fear and reluctance among care institutions to recruit staff from outside the EU and that it can come to the point that organisations prefer to close a department rather than recruit staff from abroad. The intermediaries report that this is also because of government failings to reassure the sector that they will be supported if they recruit abroad in an effort to ease their staffing shortages. The restrictive policy approach confirms the correctness of this view.

Example of a project that has stalled: Utrecht Africare

In the Utrecht region, four care institutions and the educational institution MBO Utrecht (with the Municipality of Utrecht in the background) developed a project proposal covering legal forms of labour migration in the care sector. The intention was to invite thirty-five Ethiopian nurses and caregivers to come and work in the elderly care sector, the care for the disabled sector and a hospital in the Netherlands, where they would also be trained, before returning to **Ethiopia** after several years. The circular project combined a number of objectives: help to alleviate labour market shortages in the Netherlands, strengthen healthcare in Ethiopia and in so doing organise legal forms of labour migration. Africare reports that the Ethiopian government is enthusiastic about the plans and contacts have been established with care institutions and the education sector in Ethiopia. However, the pilot project has failed to get off the ground, due in part to strict regulations in the Netherlands, resulting in difficulties obtaining the necessary permits or a lack of scope for experimentation for people with senior secondary vocational education qualifications.⁴¹

Examples of approved applications for the care sector

Staffing agency **Avant Talent Group** managed to obtain work permits in 2020 for twelve nurses from **the Philippines** at Dutch care institutions in the long-term care sector. They are employed as caregivers and not as nurses. According to Avant, average nursing training in the Netherlands is of a considerably higher level than average nursing training in the Philippines, so that it is unrealistic to expect a nurse from the Philippines to be able to assume the duties and responsibilities of a nurse providing long-term care within one year of starting work in the Dutch care sector.

Before the onset of the coronavirus crisis, **Everduim Werving en Selectie Internationaal** had a partnership with two care institutions in the Netherlands. 'The client provides me with a profile and I then search for five to ten suitable candidates in **Suriname**. I link them to the institution, after which an online interview follows (...). The successful candidate (...) must first complete a six-month work placement in the Netherlands. The candidate needs to take an exam to qualify for inclusion in the BIG register', comments director Marcel Everduim in a publication in the series 'Surilines'. He helped twenty Surinamese nurses move to the Netherlands in 2019, five of whom failed the BIG assessment.

4.5 Welcoming policy in Germany and the UK.

Germany and the UK have decided to pursue a welcoming policy for skilled workers in various sectors, including the care sector.

Germany

In Germany, the *Fachkräfteeinwanderungsgesetz* (Immigration Act for Skilled Workers) entered into force on 1 March 2020. The Act enables people with qualifications on a par with German vocational training to obtain a residence permit for the purpose of work without the need for a prior labour market test. The migrant must have a firm job offer and approval in order to practise their profession. The maximum duration of a permit is four years, after which the holder can claim permanent residence status.

The present coalition has announced plans to relax these rules. A skilled worker will no longer be required to practise his/her own profession, and may instead exercise an alternative occupation for which he/she is qualified. 'A sports scientist could then also work in the IT sector, or a trained carpenter could work in sales', say ministers Nancy Faeser and Hubertus Heil. The German government also intends to open the labour market to skilled workers who have an employment contract but are not yet in possession of a qualification that is recognised in Germany. They can start work in Germany while waiting for the recognition under a recognition partnership with the employer. Proof of the diploma or diplomas obtained and professional experience are sufficient for admission. After recognition of their qualification, the migrant may remain in Germany on the basis of the scheme for skilled workers. Finally, migrants who 'have potential' and are able to provide for themselves can obtain a visa for one year to look for work in Germany. If they manage to find a job with a training requirement, a residence permit can be granted under the terms of the skilled workers scheme.

In addition, the German federal enterprise Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) ⁴² is conducting a series of pilot and other programmes focused on labour migration for sectors facing labour shortages, including the care sector, under a variety of different approaches. These projects are described in Chapter 6.

United Kingdom

The UK introduced a new immigration system in 2021, which also saw the launch of a new *skilled worker route*. The Migration Advisory Committee (MAC) reports that the new immigration system is running smoothly (MAC, 2021). The number of people using it in 2021 was back to pre-pandemic levels.

Professions requiring A-level qualifications and above fall under the *skilled worker route* (was previously degree level and above) and the minimum salary to qualify

for a *skilled worker visa* has been lowered from GBP 30,000 to 25,600. There is little uptake of the lower levels at present, with the exception of *senior care workers*. The UK also has a *shortage occupation list*. If a job appears on the list, a salary at 80% of the normal salary level for the job concerned is enough to qualify for a *skilled worker visa*.

Favourable conditions apply in the UK, including reduced visa fees and assistance for migrants and their relatives with the migration process.

The healthcare sector is the largest user of the *skilled worker route*. There is a *Health and Care visa* subcategory with favourable conditions, such as reduced visa fees and assistance for migrants and their relatives with the migration process. Many professions in the social care sector were initially excluded from these visas. However, studies into the impact of Brexit on the *adult social care sector* have led the MAC to recommend that *care worker jobs* be allowed to qualify for *Health and Care visas* and immediately be placed on the *shortage occupation list for healthcare*, with a minimum annual salary of GBP 20,480 (MAC, 2022; 2021). The *Minister for Safe and Legal Migration* followed this recommendation on 24 December 2021.

4.6 Migration policy possibilities for skilled workers in Dutch immigration law

One of the drawbacks of the free movement of labour within the EU is that the arrival of migrant workers is left to market forces. The benefit of labour migration from outside the EU is that the Netherlands has far greater scope for regulating it and bringing it in line with the well-being approach. If the Netherlands were to follow Germany and the UK in deciding to develop an active migration policy for skilled workers in the long-term care sector from outside the EU, there are various possibilities within the current system for embedding the right of residence for these skilled workers in immigration law. These possibilities have benefits and drawbacks, which we discuss below.

Highly Skilled Migrants scheme

Extending the scope of the Highly Skilled Migrants scheme to include the nursing and caring professions in the long-term care sector requires either that the salary criterion be lowered, or that the salaries of care workers be brought to the level of the scheme, or that a scale of salary criteria for professions affected by labour shortages in the care sector be added. The welcoming and facilitating nature of the scheme is beneficial to migrant workers and employers. Decisions are made quickly on applications and family members can immediately access the labour market. Less favourable from the perspective of well-being is that employers' needs are the driving factor. As there is no prior assessment by the Employee

Insurance Agency UWV of whether the conditions of the Foreign Nationals (Employment) Act and secondary legislation are met, the many safeguards provided by these laws and regulations (this is discussed further in the next chapter) are not applicable, despite this being desirable.

EU Blue Card

The EU Blue Card is the EU counterpart of the Highly Skilled Migrants scheme and is focused on highly skilled jobs. To qualify for an EU Blue Card, a migrant worker has to earn at least 1.5 times the average gross salary in the Netherlands, which is equivalent to €5,670 gross per month. The new EU Blue Card Directive (October 2021), which forms the basis for this measure, has to be adopted into the national law of the Netherlands by 18 November 2023. A difference with the previous Directive is that the minimum salary threshold no longer has to be 1.5 times the average gross salary in the individual member state; instead, it shall be set by the member state concerned, after consulting the social partners and according to national practices. The salary threshold must be at least 1.0 times, but not higher than 1.6 times, the average gross annual salary.⁴³ Of interest to the care sector is that the new Directive provides that for employment in professions in which there is a particular need, a lower salary threshold that is at least 80% of the salary threshold set by the member state may be applied in respect of third-country national workers (i.e. workers from countries outside the EU), provided that the lower salary threshold is not lower than 1.0 times the average gross annual salary in the member state concerned, however.⁴⁴ The eligible jobs must belong to major groups 1 and 2 of the ISCO classification, but may also relate to specialised nurses (Van Melle, 2022-1). A member state may also set the income requirement for people who have recently obtained a higher education qualification at 80%, provided that at least 1.0 times the average gross annual salary is earned.⁴⁵

Migrant workers with an EU Blue Card are less dependent on a single employer

A favourable aspect of the EU Blue Card for migrant workers is that in the event of unemployment, they are entitled to look for a job for three months and hence are less dependent on a single employer. They are also entitled to move to another EU member state after 18 months,⁴⁶ and under the new Directive after 12 months even, of legal residence.⁴⁷ Mandatory diploma evaluation by the Credential Evaluation Information Centre (ICDW) does apply, however (Van Melle, 2022-1). In addition, this provision only applies to people with higher education qualifications,⁴⁸ and employers' needs remain the driving factor.

Sectoral covenant

It is possible for the government and employers to make collective agreements on labour migration for the long-term care sector (Hinlopen & Kleijweg, 2020 - 4, p. 34). Agreements could be laid down in this sectoral covenant for establishing a

welcoming regime which applies specifically to workers in the long-term care sector with senior secondary vocational education (MBO) qualifications at level 3 and above. The applicable conditions in relation to well-being could also be included in the agreements. The lessons to be drawn from the use of previous sectoral exceptional arrangements can also be taken into account (De Lange, 2007). As previously mentioned, between 1 October 2014 and 1 October 2016 a set of agreements existed with the sector organisations for speciality chefs in the Asian catering industry. A quota, which was introduced by ministerial order, applied between 1 October 2016 and 1 October 2019. A covenant for the care sector existed in the past. One of the lessons that can be drawn from this is that inter-ministerial agreement on the importance of the contribution made by migrant workers to the sector is essential.

Specific reason for issuing a permit

A residence permit is granted subject to restrictions related to the purpose of the residence. The Aliens Decree includes a list of 19 restrictions.⁴⁹ Residence status may be granted, for example, as a family member or relative, for paid employment or for employment as a migrant worker. It is possible to add a restriction for work in the long-term care sector to this list. The welcoming and facilitating regime that currently applies to migrant workers could also be applied in this regard, although it could be shaped in such a way as to ensure that certain protective conditions and provisions under the Foreign Nationals (Employment) Act (Wav) and secondary legislation apply by analogy, and without the labour market test having to apply.

Sectoral covenant as a basis

The Advisory Council believes that, at this time, ethical and sustainable partnerships with countries of origin are the best way of encouraging labour migration for the long-term care sector. In Chapter 6, we set out how these partnerships could be shaped. In the Advisory Council's view, a sectoral covenant provides a good basis for developing care-sector partnerships. This is detailed further in section 6.2.

Welcoming alone will not suffice

There are various ways of making legal provision for the implementation of a welcoming labour migration policy for skilled workers in the long-term care sector. Given the need also to focus on labour migration for the long-term care sector, this would be an improvement over the restrictive policy approach currently in place. However, a welcoming policy alone will not suffice: a carefully considered labour migration policy is not just driven by the market, but also takes into consideration the interests of all stakeholders, including the migrant workers

themselves and our society, now and in the longer term. Furthermore, we also need to be mindful of the countries of origin.

4.7 Conclusion

Care workers from third countries outside the EU can, over the medium and long term, help reduce specific bottlenecks in future demand for long-term care. In recent years, the UK and Germany, among other countries, have been prompted to adjust their labour migration policy for care workers, as well as other skilled workers, for that reason. A similar decision would not represent a major change of direction in policy in the Netherlands. For almost twenty years, the balance between continuing or increased labour migration and its impact on other policy areas, such as housing and education, has, for some migrant workers, favoured labour migration: we pursue a welcoming policy for 'highly skilled migrants' earning salaries that meet a certain minimum level because we believe they can make an important contribution to the knowledge economy, the competitiveness and the innovative capacity of the Netherlands. However, the knowledge and talent that are both valuable and beneficial for our country are present not just among highly skilled professionals and people on good salaries, but also among 'skilled migrant workers'. Similar to the Highly Skilled Migrants scheme, based on the well-being approach it is possible to draw the conclusion for other professions exercising an occupation at a lower educational level that the importance of their contribution to our society outweighs any short or long term effects on other policy areas.

Possibilities already exist to facilitate labour migration for the long-term care sector. However, the complicated procedures involved mean that employers hardly ever go to the trouble of applying for permits. There are various possibilities for modifying the Aliens Act to facilitate the implementation of a welcoming skilled labour migration policy for workers in the long-term care sector as well. The Advisory Council on Migration (ACVZ) believes that, at this time, ethical and sustainable partnerships with countries of origin are the best way of encouraging labour migration for the long-term care sector. In the Advisory Council's view, a sectoral covenant provides a good basis for developing care-sector partnerships. However, it is clear from the poor situation in which many EU migrant workers in particular currently find themselves in the Netherlands that this is not enough. It is essential for the government to take the lead, as in the UK and Germany, and to shape labour migration policy in such a way that the rights of migrant workers are safeguarded and that account is taken of the host society as well as the countries of origin. In this advisory report on '*A carefully considered labour migration policy*', we scrutinise the three elements that are at the heart of the well-being approach: Focus on the 'here and now', 'the future' and 'elsewhere'

²⁷ The EU Blue Card scheme, which is also focused on highly qualified workers (or: knowledge workers), operates alongside the Highly Skilled Migrants scheme. It is not used much in the Netherlands however as the Highly Skilled Migrants scheme is simpler and includes fewer

conditions. More popular are the EU schemes for scientific researchers and intra-corporate transferees (ICT), who are also grouped under the category 'knowledge and talent'. For more information on these directives, see the Ministry of Justice and Security 2022, p. 67.

²⁸ A reduced salary criterion applies to foreign students who graduate in the Netherlands and are looking for a job in the Netherlands (Article 2.1. BuWav 2022).

²⁹ According to the Ministry of Health, Welfare and Sport, there is no direct correlation between educational level and FWG scale. This means that a nurse with higher professional education qualifications (HBO diploma) can perform the same job as someone with senior secondary vocational education qualifications (MBO diploma) and consequently be classified in FWG scale 45. According to the V&VN professional association, classification in FWG 45 is customary in the hospital care sector.

³⁰ Section 2c of the Aliens Act allows an organisation to apply to the IND for recognition as a sponsor. If the IND deems the applicant a reliable partner, it is recognised as a sponsor. (See *Parliamentary Papers II*, 2021/22 session, 2022Z09015. Government letter on risk model for recognised sponsors). The Highly Skilled Migrants scheme is only available to recognised sponsors, who are listed in a public register: [Public register of recognised sponsors | IND](#).

³¹ Article 3.58(1)(d) of the Aliens Decree (Vreemdelingenbesluit) provides that highly skilled migrants can obtain a residence permit for the term of their employment contract, up to a maximum of five years.

³² Article 3.5(2) and (4) of the Aliens Decree.

³³ Expat is not a legal term, but an abbreviation for 'expatriate'. The term refers to an individual temporarily living in a country other than their country of citizenship for work reasons. In practice, the term is mainly used for highly qualified and skilled migrants. Lower skilled migrants are mostly termed 'migrant workers'.

³⁴ Statutory Payroll Tax Manual 2022, July 2022, section 19.4.1.

³⁵ Employee Insurance Agency UWV information.

³⁶ Register voor beroepen in de individuele gezondheidszorg (BIG) (Individual Health Care Professions Register). The Individual Health Care Professions Act (Wet BIG) provides that certain medical professions, such as doctor or nurse, may only be practised in the Netherlands if the professional is registered in the BIG register. For more information, see: [Home | BIG-register \(bigregister.nl\)](#)

³⁷ Section 11(1) of the Foreign Nationals (Employment) Act (Wav). This was previously a maximum of one year. Between 1979 and 2014, this permit could be granted for three years. See: (De Lange, 2021-4)

³⁸ Article 9.1 BuWav 2022.

³⁹ The provision was abolished in connection with abuses and misconduct.

⁴⁰ Care institutions focus group.

⁴¹ Source: Africare.

⁴² Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH.

⁴³ Article 5(3), [EUR-Lex - 32021L1883 - EN - EUR-Lex \(europa.eu\)](#)

⁴⁴ Article 5(4), [EUR-Lex - 32021L1883 - EN - EUR-Lex \(europa.eu\)](#)

⁴⁵ Article 5(5), [EUR-Lex - 32021L1883 - EN - EUR-Lex \(europa.eu\)](#)

⁴⁶ Article 3.4(1)(e) of the Aliens Decree (Vb) and Article 3.30b of the Aliens Decree (Vb).

⁴⁷ This possibility was exercised 60 times in the Netherlands in 2017.

⁴⁸ Article 2 [EUR-Lex - 32021L1883 - EN - EUR-Lex \(europa.eu\)](#)

⁴⁹ Article 3.4 of the Aliens Decree (Vb).



Hoofdstuk 5

Conditions for a carefully considered labour migration policy

5.1 Focus on the 'here and now', 'the future' and 'elsewhere'

In a letter of February 2022, the Minister for Long-term Care and Sport wrote that 'employing foreign qualified care workers can help reduce labour shortages in the care sector, *provided that this is properly organised* and they meet the legislative and regulatory conditions for admission to the Dutch labour market for workers from non-EEA countries'.⁵⁰

In this and the following chapter, we examine how labour migration of skilled workers for the long-term care sector can be effectively organised. We address the main conditions for a carefully considered labour migration policy, in the light of the well-being approach. Based on this, we divide the conditions into the 'here and now', 'the future' and 'elsewhere'. The conditions cover all the parties directly concerned, including the migrant workers themselves, care institutions and their staff, the clients, as well as the labour market and Dutch society as a whole and the migrant workers' countries of origin. It is fundamentally important for the government to take the lead in this context as well as the initiative with regard to the long-term care sector.

Government lead

The government needs to take the lead on the deployment of skilled labour migration for the long-term care sector from outside the EU to ensure its success. In practice, this involves the government expressly deciding to mobilise labour migration for the long-term sector. This must translate to a comprehensive strategy for tackling future labour shortages in the long-term care sector, with labour migration playing a key role. Appropriate legislation as well as clear and consistent policy are needed for this. Ethical standards for recruitment must be laid down in legislation and/or policy frameworks and in agreements with countries of origin. Care institutions must be supported in financing, recruitment and selection, training, accommodation and good employment practices for skilled migrant workers.

The conditions

Based on the many studies into labour migration, lessons learned in the Netherlands and other countries and interviews with experts, we have distilled a framework that a carefully considered labour migration policy must meet. This framework is more widely applicable and can also be used for other sectors, such as construction or systems and installation contracting.

Here and now

1. Safeguard the rights of migrant workers
2. Take proper account of the talents of migrant workers
3. Ensure migrant workers are properly embedded in the organisation

The future

4. Allow migrant workers the freedom to choose to return to their home countries, but also offer the prospect of permanent residence status
5. Encourage the development of skills in the light of longer term risks
6. Support efforts to integrate into Dutch society

Elsewhere

7. Work in partnership with countries of origin
8. As part of this partnership, encourage the strengthening of training opportunities and institutions
9. Assist migrant workers who want to return to work that matches their skills

This framework draws heavily on the standards for the international recruitment of workers that have been developed in recent years by the United Nations (UN),⁵¹ the *International Labour Organization* (ILO),⁵² the *World Health Organization* (WHO)⁵³ and the *International Organization for Migration* (IOM)⁵⁴. The concepts of transparency, regulation, sustainability and international human rights are key elements in these standards. The recommendations of these organisations are regularly referenced in this chapter.

5.2 'Here and now' requires putting people at the heart of policy and action

The quality of life here and now is the first starting point regarding the conditions for a carefully considered labour migration policy. It means that migrant workers should be able to invoke their rights, that their talents should be recognised and taken account of and that they should be properly embedded in the work organisation. This will benefit the migrant workers as well as the host society. Attention should also be paid to the interests of fellow care workers and clients.

Safeguard the rights of migrant workers

The rights of migrant workers – labour rights as well as other rights – must be safeguarded. Below, we discuss successively information on the legal position, family and private life, equal treatment, the availability of decent housing and legal guidance and assistance

1. Information on legal position

Employers are required by law to inform employees in writing or electronically about the employment relationship. This information covers aspects including the position or nature of the work, the salary (including its separate components), the type of employment contract and, if applicable, the training entitlement provided by the employer.⁵⁵

The past teaches us that it is important to inform migrant workers about the difference between gross and net wage.

One of the objectives of the UN Global Compact for Safe, Orderly and Regular Migration is that information should be provided at all stages of migration. Migrant workers should be provided with accurate, transparent, timely and full information regarding their rights, terms of employment and employment conditions. This means that accessible, accurate and up-to-date information is provided in their own language regarding, among other things, education and/or training costs, allowances and compensation payable, residency and visa procedures, the employment contract and travel expenses as well as the rights pertaining to family reunification.

Previous labour migration projects for the care sector teach us that it is important to set realistic expectations and to inform migrant workers about the difference between gross and net wage, accommodation costs and qualifications that may not be adjudged as equal to Dutch qualifications, resulting in the migrant worker being assigned work in a more junior role⁵⁶ (see also (Hooper, 2019, p. 15)). It is desirable that migrant workers who intend to work in the care sector, and especially the long-term care sector, in particular should be provided with easily understandable information about the Individual Health Care Professions Act (Wet BIG), the procedure for obtaining the certificate of professional competence and any potential non-equivalence of diplomas and other qualifications.

Regulations stipulate that the costs of recruitment and training for employment in the Netherlands and the costs of travelling to the Netherlands are to be borne by the employer and may not be deducted from the foreign national's salary. It is important that migrant workers are aware of this.

2. Right to family and private life

People have lives. The right of migrant workers to a private and family life must be safeguarded. Under EU law and Dutch immigration law, migrant workers generally, and provided that they meet the relevant conditions, have the right to bring their families with them or allow them to join them.⁵⁷

Employers and intermediaries must be aware of potential rights regarding family reunification before they recruit workers from abroad. It is not desirable for them

to make it difficult for people to exercise this right. Accordingly, migrant workers must also be informed about these rights and they and their family members should be assisted in maintaining their family life in the Netherlands.

3. Equal treatment and preventing labour exploitation

Migrant workers may not become second-class citizens. This means that they should enjoy equal and decent working conditions and wages for performing the same work, irrespective of nationality or migration status. They must also have fair and equal opportunities and have a say in their working hours. Dutch legislation in respect of foreign nationals is largely in order in this regard. However, in practice there are regular instances of migrant workers not being paid the salary they are entitled to, for example, or feeling obliged to work very long hours. The Labour Inspectorate is charged with ensuring that employers comply with the law, but was forced to admit in its 2021 annual report that 'it is fighting a running battle' (Nederlandse arbeidsinspectie, 2022). The Inspectorate states that it is only able to exert limited influence on the protection of victims of labour exploitation because migrant workers are unwilling to draw attention to misconduct and abuses for fear of losing their jobs and homes. It is true that the Inspectorate is referring to migrant workers from the EU and migrant workers from non-EU countries in some respects enjoy better legal protection, but the law cannot regulate everything nor can the Inspectorate monitor everything. Equal treatment must also be safeguarded in practice, through the actions of employers and intermediaries.

Migrant workers from non-EU countries are more dependent on their employer than EU migrant workers. In many cases, it is not just their accommodation and health insurance that is linked to working for an employer, but also their right of residence. Various interviewees highlighted the undesirability of this situation. The conditions of the combined residence and work permit mean that lawful residence status depends on employment by a single employer at a single location. In April 2022, the European Commission proposed a revision of the EU Directive on a single application procedure and single permit aimed at improving the Directive in this respect. The Netherlands is required to take appropriate action in this regard at EU level.

Legal inequality exists between different groups of migrant workers from non-EU countries

Another point to note is that the Foreign Nationals (Employment) Act (Wav) employs a broad concept of what constitutes an employer. Accordingly, a private individual who employs a domestic worker or someone providing personal services is an employer within the meaning of the Act. The question then is whether this broad concept of employer should also apply to the long-term care sector, since care services in private households are difficult to regulate and involve certain risks. In Germany, where migrants, due in part to the way in which the care system

is organised, often work directly for families, foreign care workers can be employed without effective employment protection.

Another aspect covered by equal treatment is the existence of differences among migrant workers. In Chapter 4, we explained that highly skilled migrants receive a residence permit for a maximum of five years and their family members are immediately able to access the labour market, while many migrant workers who are not covered by this scheme can only obtain a work permit or combined work and residence permit for a maximum of two years and their family members also require a work permit for employment. If labour is available in the Netherlands or the EU/EEA, the Employee Insurance Agency UWV will reject this application. After these two years, an application must be made to extend the permit and a further labour market test is carried out; as a result, the right of residence of the persons concerned is uncertain (De Lange, 2021-4, p. 191). As such, legal inequality exists between different groups of migrant workers from non-EU countries, based on their socioeconomic status.⁵⁸

4. Availability of decent housing

Migrant workers also need somewhere to live, where they can take time out from their work, meet people living in the same neighbourhood and become part of the community. Moreover, there is a connection between support in the community and the housing of migrant workers. The Knowledge Centre for Migrant Workers (Kenniscentrum Arbeidsmigranten) reports that there is a shortage of suitable housing for approximately 150,000 people. Good housing arrangements are in place for many migrant workers, in accordance with collectively agreed standards which are met by certified housing providers. However, there are also instances of abuse and misconduct by dubious landlords and/or employers who have come to view housing as a source of revenue (Aanjaagteam Bescherming Arbeidsmigranten, 2020, p. 35).

Good housing is crucial for migrant workers as well as for Dutch society as a whole. There has been unease regarding the housing of migrant workers in several municipalities in the Netherlands in recent years: a failure to make proper provision can lead to concerns around displacement in the housing market and nuisance. To ensure that more and better housing is provided, the Labour Migrants Protection Task Force (Aanjaagteam Bescherming Arbeidsmigranten) recommends that central government and the provinces anchor agreements on the housing of migrant workers in the national housing construction target. This target should then be translated to municipal targets, in consultation with the provinces. The Task Force considers housing for migrant workers a regional responsibility and believes that provinces should encourage regional deals with municipalities in cooperation with public authorities, the business sector, housing associations and housing providers (Aanjaagteam Bescherming Arbeidsmigranten, 2020, pp. 40-41). As community support is closely connected with housing, municipalities should communicate clearly and transparently with local residents regarding the housing

of migrant workers. If migrant workers decide to build a future for themselves in the Netherlands, it is important that their housing is suitable for that purpose.

5. Legal guidance and assistance

Finally, it is important for safeguarding the rights of migrant workers that they have the right of association enabling them to join trade unions, that they can access independent legal advice and *mediation* and that they have the possibility to obtain justice. The European Commission has included in the proposal for revision of the EU Directive on a single application procedure and single permit referred to previously that member states shall ensure that there are effective mechanisms through which third-country workers may lodge complaints against their employers. The *Jaarrapportage Arbeidsmigranten 2021* (annual report on migrant workers 2021) (p.52) indicates that migrant workers have difficulty in highlighting misconduct and obtaining justice and that language is a barrier. Migrant workers are likely not well informed about the possibility of reporting misconduct to bodies such as the Netherlands Institute for Human Rights, the National Ombudsman and anti-discrimination agencies. The Task Force (p.7) believes that migrant workers should have better access to justice and recommends establishing a labour commission that can make binding rulings, with the possibility of individual or joint appeal to a district court. Notwithstanding the government's work on developing this option, social partners will present a separate proposal in light of their dissatisfaction with the format of the proposal put forward by the Task Force (Rijksoverheid, 2021, p. 53).

Take proper account of the talents of migrant workers

Proper account should be taken of the individual talents of migrant workers. It is important that they are enabled to discover their talents and to continue to develop them during their career. This means that migrant workers should not be employed below their educational level, unless they specifically choose to do so themselves. Nonetheless, people who worked or were trained as nurses in their countries of origin continue, in some cases, to be employed as caregivers in the Netherlands. This phenomenon is known as *deskilling*. It is also important to ensure that the quality of care is guaranteed. Jobs in the long-term care sector require specific knowledge and skills which it is essential for care workers to have.

The UN Global Compact for Safe, Orderly and Regular Migration advocates the development of standards and guidelines for the mutual recognition of qualifications and acquired skills.

The UN Global Compact for Safe, Orderly and Regular Migration endorses the importance of facilitating the mutual recognition of skills, qualifications and competences. It calls for investment in innovative solutions that facilitate this at all skills levels, to optimise the employability of migrants in formal labour markets

in countries of destination and in countries of origin (upon return). The Global Compact calls for the development of standards and guidelines for the mutual recognition of foreign qualifications and informally acquired skills.

A high-quality and smooth process for the recognition of foreign skills, knowledge and competences is an important tool for ensuring that migrant workers can continue to work at their own level, while at the same time safeguarding the quality of care. Diplomas obtained by care workers in the EEA have been considered equivalent to Dutch diplomas since the 1970s and are automatically recognised, provided that the level of language proficiency is sufficient (De Lange, 2007, p. 367). In practice, however, there are various examples to show that this group also cannot always easily practise their profession in the Netherlands.⁵⁹

Compared to other countries, the Netherlands has a national legal framework for recognising foreign qualifications that is well developed, but also has its shortcomings. Qualifications obtained by migrant workers outside the EEA are often not considered equivalent to Dutch qualifications, for example, and recognition procedures are complex. Added to this, the care sector is heavily regulated (Beckers & Muller-Dugic, 2018, pp. 103-104). In the exploratory study titled '*From asylum seeker to healthcare provider*' (ACVZ, 2021a), the Advisory Council found that foreign care diplomas are not readily recognised and that the procedure for obtaining the certificate of professional competence is complex and costly, and can be time-consuming. The Advisory Council concluded furthermore that accreditation of prior learning (APL) is also complicated in the care sector because of the strong emphasis on formal qualifications and documented references.⁶⁰

In the letter of 25 February 2022, the Minister for Long-term Care and Sport announced that she would take action to facilitate and speed up the recognition of foreign care diplomas and registration in the BIG register. Employers should be aware of the rules applying to diploma recognition and language proficiency before recruiting care worker from abroad.

Embed migrant workers in the organisation

1. Good employment practices

Employers should ensure that the work performed by migrant workers is adequately embedded in the organisation. This is consistent with good employment practices. The Advisory Council defines good employment practices in line with the definition of 'modern employment practices' given by the Committee on Employment in the Care Sector (Commissie Werken in de Zorg). It refers to the three pillars of good employment adopted by the Netherlands Scientific Council for Government Policy (WRR) – a grip on money, a grip on work and a grip on life, and describes various elements of modern employment practices that they cover. They should be addressed in a cohesive and integrated manner.

The elements relate to appropriate terms of employment and working conditions, job security, autonomy and control over work activities, development opportunities, commitment to the team and the organisation and influence on working hours and work scheduling . (Commissie Werken in de Zorg, 2020, p. 11).

Too often a hard-line personnel policy is applied, which prioritises minimising the costs of labour.

Research among EU migrant workers has shown that, instead of a humane personnel policy, too often a hard-line policy is applied, which prioritises minimising the costs of labour. An instrumental approach is adopted which excludes the involvement of the HR department, with recruitment being left to the planning department and temporary staffing agencies and employees being viewed as external resources (Cremers, 2022). However, the time and structural effort needed to integrate foreign care workers into the organisation mean that the recruitment of migrant workers for the care sector is not a *quick fix*. Good employment practices mean that care institutions should have a personnel policy geared specifically to caregivers recruited from abroad. This enables the institution to make suitable arrangements for the following: the induction period, ongoing supervision, structural investment in and training of migrant workers, ongoing language and career development, the process of advancing from working under supervision to working independently, information provision, participation in decision-making, prevention of deskilling through training plans, equal treatment and pay, support for social networks and voluntary civic integration, decent housing, the vulnerability of migrant workers, inclusion and social safety, psychological and other wellbeing and matching supply with the needs of clients (from migrant backgrounds). It is also important for an individual performing work on a structural basis to be offered a permanent job. The organisation can build in capacity and resources to facilitate the integration of care workers from other countries. While there are guidelines that can help in welcoming migrant workers and ensuring their integration at the workplace, each care organisation will need to decide for itself what works best in its particular situation.

Lessons from Germany and the UK

German organisation DKF has developed a *Werkzeugkoffer Willkommenskultur & Integration* (welcoming culture & integration toolkit) aimed at helping care institutions to formulate in writing their management structures and processes, make the integration process for care workers from other countries more sustainable and fair and also to make people feel at home in the organisation. DKF believes it is essential to treat international recruitment as a management responsibility and plan it well in advance. There also needs to be a focus on the interests and needs of care workers from other countries, who may be asked to participate in the processes. The *Werkzeugkoffer* is regularly updated and provides background information, explanations and implementation tips on a range of matters, including the preparations in the countries of destination and countries of origin, integration in the company, recognition of qualifications, team building, career development and dealing with conflicts.⁶¹

In the UK, the National Health Service (NHS) has developed an *Employers international recruitment toolkit* which provides advice and guidelines for good implementing practices for care institutions that recruit overseas healthcare workers. The toolkit is updated quarterly. The toolkit offers guidance for planning and preparing for overseas recruitment, the recruitment process itself and supporting recruits after their arrival. The latter includes, among other things, a cohesive induction programme in which recruits and their family members are welcomed and given guidance to help them in the familiarisation process in relation to housing, healthcare, education, professional organisations and trade unions and social networks.⁶²

2. Role of intermediaries

As in the past (De Lange, 2007; Roosblad, 2005), intermediaries and employment agencies currently play a significant role in the recruitment of foreign care workers. Various employers with whom we spoke, some with and others without migrant workers or foreign trainees at their workplace, consider the services of agencies that match supply and demand to be indispensable for the international recruitment of care workers. This is due to the time involved in these recruitment efforts, the complexity of laws and regulations, the recruitment and training process and the lack of a network in the countries of origin. The agency worker sector remains unregulated. The National Rapporteur on Trafficking in Human Beings (2021, p. 13) reports that there are no conditions placed on starting a business in this sector, despite inspections finding that 41% of staffing agencies are in breach of existing regulations.⁶³ The Labour Inspectorate reports that in 2019, roughly 22,000 companies were registered as employment agencies with the Chamber of Commerce. A quality standard is operated by the Labour Standards Foundation, however, where a third of employment agencies are certified (Aanjaagteam Bescherming Arbeidsmigranten, 2020, p. 21).

In July 2022, the Minister of Social Affairs and Employment sent the legislative proposal for 'mandatory certification for the provision of workers' (the law governing registration requirements for employment agencies) to the House of Representatives. This move is in line with objective 22(c) of the UN Global Compact for Safe, Orderly and Regular Migration, where it is stated that intermediaries

should be monitored and regulated. The law is expected to enter into force in 2025. Countries of origin should also inspect agencies in their countries. In addition, the IOM provides guidance for working with intermediaries.⁶⁴

Care institutions in the UK may only use recruitment agencies that appear on the Ethical Recruiters List.

Past experience has shown that poor communication among care institutions on the functioning and performance of intermediaries can result in an institution teaming up with an agency with whom another institution has bad experiences. In Germany, DKF has developed a 'Fair Recruitment Healthcare Germany' quality seal on behalf of the Federal Ministry of Health (BMG), which employs a set of criteria and indicators in an attempt to increase the responsibility borne by recruitment agencies and employers for the recruitment process. The quality seal is based in part on the quality standards of the WHO and the ILO. In February 2022, the awards of the quality seal were presented for the first time to recruitment agencies for their ethical, fair and transparent recruitment and integration processes. Employers who work with recruitment agencies must have an *integration management concept* that is transparent for care workers from abroad. Despite only having recently been introduced, the quality seal has already yielded promising results in the DKF's view.⁶⁵

In the UK, the National Health Service (NHS) maintains a list of recruitment organisations, agencies and collaborations that operate in accordance with the revised *Code of Practice* that has been drawn up by the countries of the UK: the *Ethical Recruiters List*. The NHS regularly checks whether recruitment organisations, agencies and collaborations (intermediaries) comply with the Code and takes action in the event that breaches are identified. Care institutions may only use recruitment agencies that appear on the Ethical Recruiters List.

3. Take account of the interests of colleagues and patients

Where migrant workers from outside the EU are employed in the long-term care sector in the Netherlands, it is important to take into account the interests of fellow care workers and clients. Fellow care workers can experience additional workload and pressure, for example, from giving induction training and supervision to care workers from abroad. It is important to foster dialogue between existing and new workers and to be mindful of this dynamic. It is also important that the professionalism of current workers should not come under pressure. Care recipients are entitled to good care, with due account for their individual needs. It goes without saying that the quality of care must be up to standard. Patients consider it important that there is enough time to care for them properly. Communication with the patients' next-of-kin is also important. Employers should therefore pay continuous attention to the Dutch language skills of care workers from abroad.

Here and now: who should do what?

The rights of migrant workers must be safeguarded, proper account must be taken of their talents and their work must be properly embedded in the organisation. This means that a number of adjustments are needed to ensure a carefully considered labour migration policy is in place.

As regards safeguarding the rights of migrant workers:

The **government**, **employers** and **intermediaries** should provide migrant workers with information on their legal position, including the right to family life. The **government** should develop and disseminate information material for this purpose.

The **government** must align the rights for certain groups of migrant workers, and their partners, as far as possible and not afford different rights on the basis of their socioeconomic status. **Employers** should pursue structural policies that support partners of migrant workers in finding work (*dual career policies/programmes*). **Employers** each have a responsibility to ensure that migrant workers are treated equally, that their rights are respected and that situations of exploitation are prevented. The **Inspectorate** should have sufficient resources to monitor that this is the case.

In order to tackle exploitation, the **government** should amend the Foreign Nationals (Employment) Act (Wav) so that the right of residence is not dependent on a single employer. The concept of employer in this Act should also be restricted, making it impossible for private individuals to hire migrant workers.

Employers and **municipalities** must be aware that the arrival of skilled migrant workers for the long-term care sector has consequences for housing and the use of facilities and amenities, among other things. This is necessary to prevent displacement occurring in these areas.

When housing skilled migrant workers for the long-term care sector, the **government** should at a minimum apply the same standards as those drawn up by the Labour Migrants Protection Task Force (Aanjaagteam Bescherming Arbeidsmigranten) and which are elaborated further in the 'A home for everyone' programme and the 'good landlord' legislative proposal. The government should also adopt the standards formulated by the Task Force with regard to the right to legal guidance and assistance. Finally, the **government** can support migrant workers in initiatives to exercise their right of association.

As regards taking proper account of the talents of migrant workers:

The Advisory Council believes that steps should be taken to prevent deskilling and that **care institutions** should endeavour to ensure that anyone who worked as a

nurse in their country of origin should, ultimately, be able to do the same in the Netherlands. The same also applies to doctors.

In the exploratory study titled '*From asylum seeker to healthcare provider*', the Advisory Council found that the procedure for the recognition of foreign care diplomas is complex, costly and time-consuming. Steps in the right direction have been taken since the study was published. The Advisory Council is positive about these measures and believes that **the government** should examine further how the recognition of skills, qualifications and competences can be facilitated and the process further simplified. Where possible, alignment should be sought with EU initiatives.

As regards embedding in the organisation:

The Advisory Council shares the Committee on Employment in the Care Sector's view that good employment practices are first and foremost the responsibility of the **manager of the care institution** and should be properly and administratively embedded in the organisation. **Supervisory authorities** also have the important task of assessing how managers meet this challenge (Commissie Werken in de Zorg, 2021, pp. 3, 5).

A further element of good employment practices is the desirability of **care institutions** offering migrant workers direct employment. This in light of the fact that temporary agency worker status does not accurately reflect the non-temporary nature of the work and the anticipated future demand for their services (Cremers, 2022, p. 1). It can also lead to migrant workers feeling underappreciated compared to their work colleagues, who have a contract directly with the employer. An employment contract with the employer can make migrant workers feel a sense of attachment, commitment even, toward the organisation, because they feel appreciated, which is an important part of having a grip on work (Commissie Werken in de Zorg, 2020, p. 11). Having a contract directly with the employer also means that they are covered by the collective labour agreement for the sector and not a collective labour agreement for employment agency workers. **Care institutions** should have HR policies that are geared toward their integration in the organisation.

The **government** could, either independently or in partnership with Germany's DKF and/or the UK's NHS, develop a Dutch version of the toolkits that are used in Germany and the UK to help care institutions be good employers for migrant workers.

The Advisory Council is positive regarding the legislative proposal for 'mandatory certification for the provision of workers', which is expected to become law in 2025. The Advisory Council advises **the government** to consider following the example of Germany and the UK by additionally setting rules for the ethical international recruitment of staff, which are based on the relevant frameworks developed by the

UN, ILO, WHO and IOM. A separate quality mark for intermediaries in the long-term sector or a list of ethical intermediaries for care institutions to choose from, could also be part of this.

5.3 'The future' demands a free choice and moving in step

To ensure that the quality of life delivered by labour migration in the 'here and now' is not achieved at the expense of 'the future', policy needs to take account of the future prospects of individual migrant workers, the host society and developments on the labour market. The Advisory Council considers it important that migrant workers who perform work on a structural basis have the prospect of permanent residence status. It should be up to migrant workers themselves to decide whether they wish to stay in the long term or return to their home countries. Against this background, it is important with a view to the future for migrant workers and their family members as well as for Dutch society that support is provided for their civic integration, whether voluntary or otherwise. To prevent us from recruiting tomorrow's unemployed, it is important that they should have sufficient opportunities for personal development, with a view to future job prospects in the Netherlands or in their countries of origin.

Freedom of choice

Once they have worked lawfully for a period of time in the Netherlands, migrant workers should have the choice of extending their stay and obtaining permanent residence status in the Netherlands and possibly gaining Dutch citizenship. At the same time, they should have the choice of returning or migrating onwards. This is in the interest not just of migrant workers, but also of Dutch society as a whole. The Advisory Council considers it undesirable to train and temporarily employ people and then allow them to return, without them acquiring any right of permanent residence. This could mean that migrant workers put their plans for building a future temporarily on hold. They put considerable time and effort into learning the language and familiarising themselves with the ins and outs of the Dutch care system. Employers also invest significantly in language, supervision, training and upskilling before a foreign care worker is up to speed and capable of contributing fully at the workplace. Continuity is vital for the care sector, and the prospect of permanent residence status contributes in that regard.

It is important to retain migrant workers in the long-term care sector

Projects in the past showed furthermore that the Netherlands was often a stepping stone and not a final destination. Many foreign care workers left for Canada or the UK after a period in the Netherlands. That is not to say that this will necessarily also happen in the future, of course; but at the same time, several interviewees remark that the Netherlands should actually be happy if people choose to stay, in

light of the tremendous labour shortage and because of the significant investments, relatively speaking, made in people in the first few years. Faced with the demographic shift toward an ageing population, countries such as Germany, the UK and the United States are already recruiting care workers from abroad. The Netherlands can increase its appeal as a host country by offering migrant workers prospects. In other words, circular migration is a common fact among migrant workers: for the most part, people return to their countries of origin. But that is not something that can be enforced. On the contrary, it is advisable to retain migrant workers in the long-term care sector. Employers should nonetheless inform migrant workers about their current and accumulated rights of residence.

Move in step with society; civic integration

Civic integration is not mandatory in the Netherlands for migrant workers from non-EU countries. The reason for this is that civic integration legislation assumes that they will only be temporarily resident in the country. The Advisory Council previously noted that it considers the absence of any serious mention of migrant workers from non-EU countries in the new Civic Integration Act, which entered into force in early 2022, as a missed opportunity (ACVZ, 2019). The Advisory Council indicated that it considered it desirable that this group and their family members, in view of the fact that some of them will have prolonged residence in the Netherlands, be approached by the government and encouraged to make use of civic integration facilities. It is important that this should be done with positive rather than negative incentives. Voluntary civic integration is already possible in Germany and Belgium. Germany even pays most of the costs of the course and end-of-course test, and enjoys better results in terms of language level than the Netherlands. By encouraging integration, the government assists in people's inclusion and participation in society on an ongoing basis and ensures that social cohesion is not compromised. A negative factor in this context is the existing uncertainty from a residence status point of view, due to temporary work permits or combined residence and work permits which are assessed against the labour market every two years and the fact that there is no free access to the labour market until after five years. As De Lange (2021-4, p. 191) rightly argues: '... why bother investing in a country, language and culture if it is uncertain whether you will be allowed to stay?'

Migrant workers in the care sector have the advantage in terms of their integration that they need to have a good knowledge of Dutch before they can start working. Added to this, they will often already have some knowledge of the culture through their work in the care sector. Earlier research by the Advisory Council found however that migrant workers continue to benefit from further development of their knowledge and command of the Dutch language during their career.

Move in step with the labour market of the future

Employers should consider not just the current employability of migrant workers, but also their labour market opportunities in the long term. It is important that migrant workers are supported in their career development and are provided with training opportunities. Account should also be taken of forecasts of professions that will be affected by labour shortages in the future. This will avoid people who decide to remain in the Netherlands being trained in the here and now for jobs which will no longer be needed in the future, due to innovation or restructuring of the sector. It is important that the government develop a vision regarding the opportunities presented by labour migration for the society of the future.

In the UK, training requirements and opportunities for career advancement are more limited than in the Netherlands. That could be to the Netherlands' advantage.

Just as with all other workers, it is essential that investments be made in talent development and that scope be provided for career advancement. This will avoid the Netherlands bringing in tomorrow's unemployed today. The UN Global Compact for Migration endorses the importance of investing in skills development. Measures should be put in place to enable people who initially work under supervision to progress to independent working. A positive aspect of the Dutch long-term care system, compared to other countries, is the existence of various levels, enabling career advancement. This contrasts with the UK, where training requirements and opportunities for career advancement are limited.

The future: who should do what?

There are various ways of ensuring that prosperity in the here and now is not achieved at the expense of future generations. Firstly, migrant workers should be freed to build a future in the Netherlands. Given the upcoming challenges of an ageing population, combined with the phenomenon of double ageing, and a shrinking labour force, among other things, it should be seen as a major gain if trained workers from abroad eventually decide to stay in the Netherlands and commit to working in the long-term care sector. This aids continuity in the care sector. **The government** should therefore amend the law to enable skilled migrant workers in the long-term care sector to have the same opportunities as highly skilled migrants to access the labour market without a work permit and to obtain a residence permit for five years, in principle, straight away. This would also result in the mandatory labour market test after two years for migrant workers in the long-term care sector being abolished, reflecting the fact that these skilled migrant workers are just as essential for our society as the ICT professionals employed by Uber or Booking.com, for example, who already have these rights. We already stated in the previous section that it is also better from the perspective of equal treatment to align the conditions attached to the residence permits for employment.

Despite foreign care workers already speaking Dutch to a certain extent, due to the admission requirements, before starting a job in Netherlands, it remains important for them to integrate further in our society. **The government** should therefore offer migrant workers voluntary integration facilities, with scope for tailored solutions. **Employers** too should encourage further integration in the organisation and work with **municipalities** to advance social integration in a broader sense. It is good, therefore, if municipalities examine, together with the individual migrant worker, what his/her needs are: in other words, provide a tailored solution. **Employers** should, finally, invest in the development of migrant workers, taking into account future job prospects. That avoids us recruiting tomorrow's unemployed today.

5.4 'Elsewhere' requires partnership and reciprocity

During the process of recruitment and selection of migrant workers from non-EU countries, due attention must be paid to the position of the country of origin. The quality of life in the here and now may not be achieved at the expense of that of people in other parts of the world, since they too are entitled to the highest standard of care.

The past teaches us that migration of care workers to the Netherlands is usually accompanied by concerns about a *brain drain*. This term refers to the emigration of people from a poor, or poorer, country with relevant education and training to a wealthy, or wealthier, country, attracted by the higher wages on offer there. This deprives the country of origin, which has invested in educating and training its citizens, of their knowledge and skills, both of which are badly needed. The term '*care drain*' has also been coined in this context. This term refers to more than just the loss of care workers in the country of origin. What separates *care drain* from *brain drain* is the concept that these migrant workers, who are usually female, create a hole when they leave for abroad, in which children, elderly people and other people in need of help (who were previously cared for by the care worker who has emigrated) no longer receive the care they should get. This results therefore not just in a loss of workers and professional care, but also of informal care, attention and love (Hochschild, 2001).

While the phenomena of *brain drain* and *care drain* should both be taken seriously, certain qualifications ought to be made. It is striking that these concerns are less evident when it comes to migration of ICT professionals, for example, or scientific researchers. Gender aspects may play a role in this context, since care workers tend to be women. If we apply the term *care drain* only to women, this fails to recognise that women too are entitled to shape their lives as they see fit and to make the choices they consider best, given the circumstances in which they find themselves.

Home remittances by migrant workers totalled USD 589 billion worldwide in 2021. This helps to boost well-being in the countries of origin.

Labour migration also brings benefits to countries of origin as well as the migrant workers' family members. Home remittances by migrant workers in 2021 amounted to USD 589 billion, three times the amount spent on development aid around the world and (with the exception of China) 50% more than global foreign investments. With these remittances, migrant workers help their family members back home, and the money they send also helps to make education and healthcare, for example, more accessible to family in the country of origin. This helps to boost well-being in the countries of origin. Digitalisation makes it easier for migrating family members to stay in touch with family and friends back home. In addition, giving migrant workers the right to bring their family members with them (see previous section) can help in part to counter any *care drain*.

The question of how to deal with a *brain drain* and *care drain* is, in the context of a well-being approach, of relevance to migration of all professions and therefore also in respect of workers in the long-term care sector. The policy frameworks for international migration developed by the UN, ILO and IOM provide guidance for steps to be taken to ensure that family back home and countries of origin can also benefit from labour migration. The WHO's *code of practice* includes specific recommendations for the migration of care workers.

To ensure that countries of origin also benefit from labour migration, it is important firstly to establish partnerships with the countries concerned. These partnerships should explicitly include agreements on how benefits can be achieved for the countries of origin, for example by strengthening training institutes and healthcare institutions. Providing assistance to migrant workers who want to return to their home countries to put the skills they have learned to practical use there can also contribute to this aim.

Agreements with countries of origin

Account can be taken of the perspective of countries of origin in a partnership between a host country and country of origin. Good standards for fair, ethical, regular and orderly migration, such as *brain drain* compensation or the establishment of a training institute, can be negotiated in the context of bilateral agreements.

The standards for ethical recruitment of the WHO and the ILO can be implemented in legislation and/or regulations. In Germany, for example, the WHO's advice not to allow recruitment from countries with severe care workforce shortages to be conducted by private employment agencies, subject to a penalty, has been incorporated into federal regulations. Recruitment in and job placement from these 47 specific countries may only be carried out by the Federal Employment Agency

for the health and long-term care professions. The Agency may only do this in consultation with the countries of origin, to prevent a *brain drain* and avoid placing the health system under further pressure. Working with relevant ministries and the WHO, the Federal Employment Agency has drawn up a set of criteria for cooperation with these countries, and in 2019 a pilot project was conducted in this context for trainee geriatric nurses from El Salvador.⁶⁶

The four countries of the United Kingdom have each developed their own, mandatory *code of practice* based on the WHO code. The codes of the countries that make up the UK apply to all health and social care personnel recruited internationally, and organisations that recruit from abroad must comply with the code. The code sets out that the *Department of Health and Social Care* leads on negotiating and implementing government-to-government agreements and maintains stakeholder relations with the WHO, including exchange of information and reporting. The Ministry can act in response to complaints or other information with regard to breaches of the *code of practice*. NHS employers are responsible for promoting the code of practice and providing the organisations with dedicated information to help them to follow the guiding principles of the code of practice. There must be no active international recruitment from the 47 countries on the WHO red list. Recruitment of international health and social care personnel is closely monitored and reported on regularly to the steering group. The code of practice also sets out that international health and social care personnel have the same legal rights as domestically trained staff and have the same access to further education and training and continuous professional development. International recruitment must also follow *good recruitment practice and demonstrate a sound ethical approach*, including among other things ensuring access to job information and how help can be sought, if needed. Other staff working in the host organisation should be made aware of the support expected of them to encourage a culture in which diversity is valued and respected. Finally, an *international recruitment toolkit* is provided for employers.⁶⁷

It is furthermore possible, in line with objective 20 of the UN Global Compact for Safe, Orderly and Regular Migration, to promote faster, safer and cheaper transfer of remittances. This can optimise the transformative impact of remittances on the well-being of migrant workers and their families, as well as on sustainable development of countries.⁶⁸

Encourage the strengthening of training opportunities and institutions

In many potential countries of origin, the long-term care sector is not developed to the same level as in the Netherlands. There is therefore potential for further developing these sectors, through global *Skills Partnerships*, EU talent partnerships⁶⁹ or diaspora organisations, for example.

An education institution in Kosovo developed a curriculum that is modelled along the lines of training standards in Germany.

A form of collaboration which also aims to build institutions is one which involves the training of potential migrant workers and non-migrants in the country of origin by existing and new, Dutch or European, institutions. This enables shortages in the Netherlands and the country of origin to be filled by investing in their training capacity and higher standards (Clemens et al. 2019, pp. 2-6. Private and public stakeholder organisations agree on the frameworks of collaboration in advance. This approach facilitates implementation of objective 18 of the UN Global Compact for Safe, Orderly and Regular Migration, in which parties commit to invest in innovative solutions for the development of skills which are in demand and that facilitate mutual recognition of skills, qualifications and competences of migrant workers at all skills levels. An example is a private initiative in Kosovo, where a local higher education institution developed a curriculum that is modelled along the lines of training standards in Germany. Students are trained according to these standards, which at the same time are also matched to local needs. Despite high youth unemployment in Kosovo, job prospects on the local labour market are substantial after completing the training and a significant number of graduates migrate to Germany to work for organisations with whom a partnership exists (Sauer & Volarević, 2020).⁷⁰

Consideration needs to be given to how migrant workers can use the knowledge they acquire in the long-term care sector in the Netherlands, possibly through technological communications means and tools, to help develop the sector in their country of origin (*brain gain*). The government could encourage and support the initiatives in this area.

Facilitating migrant workers who wish to return

The return of foreign care workers who have acquired knowledge and experience in the Netherlands to their home country can help in the development of the country of origin. This is a way to counter *brain drain* (Clingendael, 2021). For this to be successful, it is important that the acquired knowledge, skills and experience can be deployed on their return (Hooper, 2019, p. 4). This aligns with objective 21 of the UN Global Compact for Safe, Orderly and Regular Migration, which provides that migrant workers should be facilitated in their sustainable reintegration in their country of origin if they decide to return. A matter of concern for the long-term care sector is that by no means all countries have a well-developed system of care for the elderly. The development benefits are constrained if acquired knowledge cannot be applied in the country of origin. (Hooper, 2019, pp. 12, 14-15).

'Elsewhere': who should do what?

'Elsewhere' requires collaboration and partnership with countries of origin as well as reciprocity. The Advisory Council believes that the aim of collaboration should not just be to prevent damage, but that it should also focus on strengthening healthcare in the country of origin. To this end, **the government** should include

in legislation and regulations standards of the WHO and ILO to facilitate collaboration and ethical recruitment. **The government** could also work with knowledge institutions in the Netherlands to invest in new and existing training and care institutions in countries of origin, both in terms of resources as well as with regard to knowledge and innovation. Global *skills partnerships* are a suitable vehicle for this purpose, as some of the people are trained for the Dutch labour market and some for the home country. The talent partnerships developed by the EU in this context might also provide a suitable framework.

If migrant workers want to return then it is important, in light of the well-being approach, that they should be able to apply the knowledge and experience they have gained in their home countries. **The government** and **employers** should support migrant workers in this endeavour, by informing employers in countries of origin about the relevance of acquired knowledge, working with diaspora organisations to facilitate job opportunities and providing them with support in setting up their own business, including in the care sector.

5.5 Conclusions and summary of the recommendations

Labour migration for long-term care isn't a quick fix. It requires time and sustainable investment in language, culture, working in the Dutch care system, skills, supervision, etc. If care institutions in the Netherlands bring workers in from third countries to work in the long-term care sector, they must do so carefully and properly. They must be cognisant of past negative experiences and of misconduct associated with labour migration. It is important therefore that the Dutch government takes the lead in any initiatives.

The well-being approach offers useful guidance for a carefully considered labour migration policy. We can divide the conditions that must be met by labour migration policy for the long-term care sector into the following categories: 'here and now', 'the future' and 'elsewhere'. They can be elaborated and summarised in three key areas for attention.

Here and now: Safeguard the rights of migrant workers with regard to information provision, family and private life, equal treatment in relation to the rights of residence, housing and legal guidance and assistance.

The future: Invest in civic integration and sustainable employability of migrant workers, so that they can make a contribution in the host society into the future.

Elsewhere: Work in partnership with countries of origin. Ensure that the relationship is also based on reciprocity, and endeavour to strengthen the healthcare system in the country of origin.

Applying the well-being approach can shed light on current problems with the existing Dutch labour migration policy for non-EU countries. For example, we can see shortcomings in existing migration rights, where certain groups of migrant workers (and their partners) are afforded different rights than others on the basis of their socioeconomic status. It is also inappropriate for migrants to depend on a single employer for their residence permit. It is evident moreover that the government should invest more in voluntary civic integration and that employers should invest more in people, especially for the long term. Greater attention also needs to be paid to countries of origin. Finally, we see a need for additional regulations (based on the frameworks developed by the UN, ILO and IOM) that build on the legislative proposal for 'mandatory certification for the provision of workers' in order to ensure ethical international staff recruitment.

Recommendation 3: Consider existing labour migration policy for all migrant workers in light of the well-being approach and identify what legal and policy-based modifications are needed. The analysis provided in this report, in which the Advisory Council has already revealed existing shortcomings, could serve as a starting point.

Further, the conditions of the well-being approach could guide future specific and targeted labour migration policy for the long-term care sector. The Advisory Council proposes the development of partnerships with countries of origin for skilled migrant workers in the field of long-term care (MBO level 3 and above). These partnerships could be specifically based on the three dimensions of the well-being approach. Entering into partnerships opens up the possibility of achieving a 'triple win'. Young adults in countries with high unemployment will get a chance of a better future. Countries of origin can benefit from remittances, from study programmes funded at least in part by the Netherlands, as well as knowledge sharing (which can now also be done digitally). They can also benefit from migrants eventually returning to their country of origin with expertise and money to invest, etc. In the Netherlands, more people will be able to receive the care they are entitled to. In the Netherlands, relatively few residents from migrant backgrounds and migrants work in the care sector. In the next chapter, we elaborate how partnerships in the long-term care sector might look, based on the well-being approach.

⁵⁰Parliamentary Papers II, 2021/22, 29 282 no. 455.

⁵¹ [OHCHR | Global Compact for Safe, Orderly and Regular Migration \(GCM\)](#).

⁵² ILO. (2019) General principles and operational guidelines for fair recruitment and definition of recruitment fees and related costs. [ILO General principles for fair recruitment](#).

⁵³ [WHO Global Code of Practice on the International Recruitment of Health Personnel](#).

⁵⁴ IOM. (2019) The IRIS standard (Version 1.2, 2019) [IRIS Standard | IRIS Ethical Recruitment \(iom.int\)](#).

⁵⁵ Book 7:655 of the Dutch Civil Code. This ensures implementation of Article 4 of the EU Directive on transparent and predictable working conditions in the European Union, Directive (EU) 2019/1152.

⁵⁶ DMB interview.

⁵⁷ The Family Reunification Directive (Directive 2003/86/EC of the Council of 22 September 2003) provides for minimum standards that the Netherlands must meet with regard to family

reunification. Article 8 of the European Convention on Human Rights (ECHR) provides that everyone within the jurisdiction of the Netherlands has the right to respect for private and family life, home and correspondence. Interference by the public authority is not permitted unless it is provided for by law and is necessary in the interests of maintaining public order and security or the economic well-being of the country, including the protection and regulation of the labour market, for example (Lodder, 2018, p. 87). The IND will grant a residence permit to a family member provided that the conditions of the Aliens Decree are met (Section 3.13(1) of the Aliens Act). Migrant workers aged 21 and over with a valid residence permit may be eligible for family reunification with their spouses, partners or minor children. This does not apply if they have a residence permit for seasonal employment, on-the-job training, study, looking for and performing a job whether or not in salaried employment and exchange, for example (Articles 3.13, 3.14, 3.15 of the Aliens Decree and Article 3.5 of the Aliens Decree). Highly skilled migrants, EU Blue Card holders and holders of a work permit for salaried employment are eligible for family reunification (Articles 3.5(2) and 4 of the Aliens Decree and Article 2.2 of the Civic Integration Decree. They must however have sufficient independent means of support (Article 3.22 of the Aliens Decree and Article 3.74(1)(a) and (b) of the Aliens Decree). If migrant workers require a work permit for employment, the same requirement also applies in principle to their family members (Aliens Act Implementation Guidelines B7/4. See also Article 14(1)(b) of the Family Reunification Directive).

⁵⁸ This also applies to EU legislation.

⁵⁹ See, for example, the Netherlands Institute for Human Rights opinion number 2020-49 and opinion number 2020-50.

⁶⁰ Migrant workers with diplomas obtained outside the EU who seek employment as care workers in the Netherlands must meet the requirements of the Individual Health Care Professions Act (Wet BIG). This Act safeguards the quality of care and protects patients against incompetent and negligent actions by caregivers (RVS, 2019, p. 14) (Beckers & Muller-Dugic, 2018, p. 103) The Central Information Unit on Healthcare Professions (CIBG), an implementing organisation of the Ministry of Health, Welfare and Sport, manages the BIG register and assesses diplomas of foreign healthcare graduates. A certificate of professional competence usually needs to be acquired for care diplomas obtained outside the EU. The Commission for Foreign Healthcare Graduates (CBGV) may consider the professional competence equivalent to that of Dutch professional colleagues, paving the way for the person concerned to practise his or her profession. If any shortcomings are identified, the care professional will be advised to complete compensatory measures in the form of additional training, an adaptation period or aptitude test (Beckers & Muller-Dugic, 2018). If additional training is unable to remedy the shortcoming and the professional competence is not equivalent, a recommendation will be made to reject the application.

⁶¹ [Werkzeugkoffer W&I - Deutsches Kompetenzzentrum für internationale Fachkräfte in den Gesundheits- und Pflegeberufen \(DKF\) unter Trägerschaft des Kuratorium Deutsche Altershilfe \(KDA\) \(dkf-kda.de\)](#).

⁶² [International Recruitment Toolkit | NHS Employers](#)

⁶³ [Uitzendbureaus | 17 programma's 2019 - 2022 | Jaarstukken Nederlandse Arbeidsinspectie \(rijksoverheid.nl\)](#) (Employment agencies | 17 programmes 2019 | annual report of the Netherlands Labour Inspectorate)

⁶⁴ IOM. (2019) The IRIS standard (Version 1.2, 2019) [IRIS Standard | IRIS Ethical Recruitment \(iom.int\)](#).

⁶⁵ [Quality Seal - "Fair Recruitment Healthcare Germany" with Care With Care - Nurses in Germany - Care With Care Nurses in Germany - Care With Care en Gütesiegel - Deutsches Kompetenzzentrum für internationale Fachkräfte in den Gesundheits- und Pflegeberufen \(DKF\) unter Trägerschaft des Kuratorium Deutsche Altershilfe \(KDA\) \(dkf-kda.de\)](#)

⁶⁶ Information private employment agencies WHO list, Bundesagentur für Arbeit.

⁶⁷ [Code of practice for the international recruitment of health and social care personnel in England - GOV.UK \(www.gov.uk\)](#)

⁶⁸ Global Remittance Flows in 2021: [A Year of Recovery and Surprises \(worldbank.org\)](#)

⁶⁹ COM(2022) 657 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Attracting skills and talent to the EU.

⁷⁰ A Dutch initiative whereby foreign workers are trained for the Dutch labour market in the country of origin is to be found in the field of maritime training. Nova College in the Netherlands has supported the education programme for seaman training at the Palompon Institute of Technology in the Philippines since 2001. The Institute has a partnership agreement with the Netherlands Shipping Training Centre in the Philippines. The programme aims to train Filipino officers for the Dutch merchant fleet. <https://www.novacollege.nl/actueel/nieuws/nova-college-scheepvaart-aan-de-slag-in-de-filipijnen/>



Hoofdstuk 6

Contours of a partnership

6.1 Introduction

With the supply of migrant workers from the EU set to decline due to population ageing and reduction in the prosperity gap between member states, the national government will have a greater grip on migration, as it will be able to decide itself who may move to the Netherlands from outside the EU for the purpose of working. That underlines the need to be proactive and be explicit in making choices. The government needs to think now about specific and targeted labour migration policy for the future of the long-term care sector. It is undesirable for demand among employers to be sole and driving factor in this regard, as is currently the case. This does not mean, however, that employers' needs are no longer important. Nor would that be appropriate within a well-being approach, in which account is taken of the interests of all stakeholders, including employers. The government should nonetheless take the lead and not leave labour migration to the free market.

A care-sector partnership between the Netherlands and one or more countries of origin provides a good basis for labour migration policy in the area of long-term care. A partnership safeguards the active role of the government and provides opportunities to embed the well-being conditions which we articulated in the previous chapter. Partnerships are already employed in various European countries, in particular Germany. That can be a source of inspiration for the Netherlands. In this chapter, we elaborate the contours of a care-sector partnership as envisaged.

The Advisory Council also suspects that the well-being approach for migration and the development of partnerships for skilled migrant workers could also potentially be applied to other sectors of social value, such as work related to the sustainability transition.

6.2 A sectoral covenant as a basis

The Advisory Council believes that a sectoral covenant provides a good basis for developing care-sector partnerships. The government could use the sectoral covenant to set agreements with employer organisations in the sector. Other parties could also be included. This could include establishing a welcoming regime similar to the Highly Skilled Migrants scheme. The conditions of the well-being approach could also be applied. The Advisory Council is of the view that any covenant set up must be tailor-made and its precise content agreed with all the relevant stakeholders. The establishment of a sectoral covenant means that workers in the long-term care sector with senior secondary vocational education (MBO) qualifications at level 3 and above can and may only be recruited through this partnership. Transitional arrangements can be put in place for care workers who are already resident in the Netherlands. The experiences of these partnerships can therefore be used to inform more sustainable ways of anchoring labour migration for the future of the long-term care sector in laws and regulations.

Employers

At present, little use is made of skilled migrant workers in the long-term care sector, due to various factors including existing regulations. The government could leverage a care-sector partnership to attract employers to participate in it. The partnership can offer employers a host of benefits. For example, the sectoral covenant could set out that government organisations and agencies will adopt a facilitating and welcoming attitude (quick decision-making periods, info centres) specifically for participants in the partnerships with countries of origin. The care institution does not need to develop its own initiatives, but can tap into an existing framework and be assured that the recruitment and selection will be carried out in a careful and responsible manner. Many small organisations operate in the long-term care sector, often without the resources and know-how to undertake their own personnel recruitment internationally in an effective manner. Participation in a care-sector partnership could solve many of the issues they face. The care institutions can help to develop healthcare in the countries of origin of their present and future employees and in that way demonstrate their commitment to corporate social responsibility. Germany provides an example of this in action.

The government could work with ethical recruitment and selection agencies.

An additional advantage is that standards can be set and requirements placed on employers. In the previous chapter we highlighted several conditions that carefully considered labour migration ought to meet, such as the importance of embedding workers in the organisation (HR policy), decent housing and guaranteeing sustainable employability of skilled migrant workers. Employers can only participate in the partnerships if they meet these conditions.

Government

Establishing a partnership also entails a lot of work for the government. It has to bring together several different parties, develop a framework, organise funding and continuously ensure that the conditions of the well-being approach are met. The government also has to monitor proper and effective implementation of the partnership.

It is also essential that a sectoral covenant facilitates the creation of possibilities for bringing skilled migrant workers to work in the long-term care sector in the Netherlands, although only if the conditions of the well-being approach as set out above can be met. The government can select its own partner countries who do not appear on the WHO red list referred to previously and can work with ethical recruitment and selection agencies. It is often argued that care workers should only be issued with temporary residence permits, so that they have to return to their countries of origin and to help to tackle, and even reverse, brain drain. A

mandatory framework of this nature is undesirable, however. It deprives migrant workers of the right to shape their lives as they see fit and also does not sufficiently take into account the investments made by the migrant worker as well as the care institution in the first few years that the migrant worker is in the Netherlands. Added to this, it is important that skilled migrant workers should not be obliged to commit to a single employer.

6.3 Guiding principles of a care-sector partnership

The WHO recommends in the *code of practice* that governments of destination and source countries cooperate on the international recruitment of health personnel and agree mutual arrangements for various matters, including technical assistance and support for the health system and training of personnel in the source country. In the previous chapter, the Advisory Council outlined a framework for a carefully considered labour migration policy in part on the basis of the *code of practice*. This framework should be the basis for developing a care-sector partnership between the Netherlands and countries of origin. A care-sector partnership is also consistent with the global health strategy which the Netherlands seeks to develop.⁷¹

Elements of an ethical and sustainable care-sector partnership

- Stable, multi-year funding
- Bilateral agreements on funding, recruitment, training, credential evaluation and employment terms of participants
- Commitment to strengthening the health system in the country of origin
- A well-considered plan for the launch phase as well as for a possible subsequent scaling-up phase
- Embedding the partnership in broader programmes and regional collaborations

Notwithstanding the existence of several partnerships between countries for the labour migration of workers in the long-term care sector,⁷² there are few examples at present of effective pathways that simultaneously attract sufficient numbers of workers, offer fair employment terms and deliver good care (Kumar et al., 2022). The best example can be found in Germany.

6.4 Germany provides a good practical example

The German federal enterprise Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) is conducting a series of pilot and other projects focused on labour migration for sectors facing labour shortages under a variety of different approaches. One approach (*skilled migration*) focuses on trained or experienced workers who are recruited in their home country and receive language tuition (to B1 level) and pre-integration training there. Once in Germany, they receive

additional training, while their qualifications are evaluated and any significant differences with German qualifications can be compensated for by means of an adaptation qualification (Clemens et al., 2019). Germany is working with countries with high unemployment to relieve the labour market and prevent brain drain. The *Triple Win Programme* falls under this approach.

1. *Triple Win Programme* (collaboration met Bosnia and Herzegovina, The Philippines, Tunisia, Indonesia, Jordan and the state of Kerala (India))

The *Triple Win Programme*, which has been developed and tested since 2010 (Sauer & Volarević, 2020, p. 9), has been run since 2013 in collaboration with International Placement Services (ZAV) of the Federal Employment Agency, which has placement agreements with the state employment agencies of the partner countries. Germany has bilateral partnerships with Bosnia and Herzegovina, The Philippines, Tunisia, Jordan, the state of Kerala (India) and Indonesia for the purposes of this programme. Before the *Triple Win Programme* is implemented in the countries, the ZAV and the GIZ first analyse the labour market situation to gauge the extent of unemployment among trained nurses in the countries of origin. The state employment agencies in the countries of origin are closely involved in the entire placement process. The recruitment of Triple Win nurses is commissioned by employers in Germany, who include hospitals as well as care homes.

ZAV informs and advises German employers on all questions relating to participation in Triple Win, carries out the pre-selection and organises the eventual job interviews on behalf of the employers. The GIZ supports the nurses, among others, in the countries of origin with regard to their preparation, including by providing them with preparatory language and professional courses and assistance with travel to Germany and integration there. Employers pay a fee of €6,638.66 net (€7,900 gross) per person, to cover the costs of the preparatory courses, support upon arrival and with integration in Germany and the administrative costs of placement. The employers additionally pay the travel costs, costs for recognition of qualifications and language training up to B2 level. They also provide suitable housing and pay an agreed minimum salary.⁷³

Since 2013, more than 5,400 nurses have been placed with employers, including care homes, in the care sector, and roughly 3,800 have already started working in Germany. The GIZ reports that demand continues to grow, employers are satisfied with the workers and a survey from 2021 among nurses who had worked for at least six months through Triple Win found that 95.4% of the participants were largely positive about the programme.⁷⁴

2. *Destination Training* (partner countries Vietnam, Kosovo, Morocco and Georgia)

Under this approach, qualified and less experienced personnel receive three years of technical and professional training in Germany and lessons in language (to B1 level) and cultural orientation in their home country. An example is the *Vietnam Destination training project for nursing and elder care positions*. Participants first receive 12-13 months of language training in Vietnam. The project has a campus near Hanoi, where participants live for the duration of training. After obtaining their language certificate, the participants travel to Germany for a series of healthcare education and training programmes lasting three years, after which they can start working in Germany. It is estimated that 70%-80% of participants are still working at their first employer.

Germany also has *destination training* projects for other sectors, including a partnership with Morocco for the catering sector.

3. *Origin Training* (partner country Kosovo)

Under this approach, potential migrant workers and people who want to remain in the country of origin are trained under a *dual-track system* in the country of origin by existing and new institutions to German standards, but also focused on local needs. This enables shortages in Germany and the country of origin to be filled by investing in training capacity and higher standards. In addition to filling shortages in Germany, this approach is also focused on building institutions (Clemens et al. 2019, pp. 2-6. Private and public stakeholder organisations agree on the frameworks of collaboration in advance. The approach has similarities with objective 18 of the UN Global Compact for Safe, Orderly and Regular Migration, in which parties commit to invest in innovative solutions for the development of skills and mutual recognition of skills, qualifications and competences of migrant workers at all skills levels by building *Global skills partnerships* that strengthen training capacities and prepare people for employability in the labour markets of the participating countries. Pilot projects under this approach are currently under development. An example is a pilot project in the construction sector that GIZ launched in 2017 and which sought to train some of the youth in Kosovo for the local labour market and others for the German labour market. However, the project failed to bridge the differences between the qualification standards in the two countries. Another example is a private initiative in Kosovo, where a training institution decided to train young people for jobs in the local as well as the German healthcare sectors.⁷⁵

Bilateral agreement

The *Triple Win Programme* and the *Destination training* can be placed in the development category 'damage prevention' in the country of origin (Clemens et al. 2019, pp. 2-7).⁷⁶ Despite the existence of development benefits, they are not designed specifically with them in mind. The provision of full training to participants helps prevent *brain drain* and *fiscal drain* (loss of investment in people), but it is a drawback that more people relatively speaking fail to complete their training due to the long duration of the programmes (Azahaf, 2020). The GIZ programmes do not target migrant workers' return; there is freedom of choice (Clemens et al 2019, p. 9). A characteristic aspect of the category under which the first two approaches fall is that the German Federal Employment Agency and the employment ministries of the countries of origin enter into a bilateral agreement, which states the terms of employment (minimum salary before and after credential evaluation) and the employers' responsibility for providing housing (Clemens et al., 2019, pp. 2-6)

There are challenges relating to the three approaches in terms of good language tuition, integration, dealing with competition from private recruitment agencies and fostering development in countries of origin (with the exception of the project in Kosovo). The lessons to be drawn are that constructive working relationships need to be built with and within ministries, the private sector should be involved at the earliest possible stage, professional skills training should be given before departure, language training is essential and integration support is necessary (Clemens et al., pp. 2-6). There is a tension between on the one hand, recruiting trained personnel, with the potential for problems regarding diploma recognition and with the need for additional training, and, on the other, the development of training partnerships. Employers in Germany are less enthusiastic about funding training in countries of origin and prefer training to be given in Germany, as this enables them to determine the quality of the programmes (Düvell, 2019).

The third approach offers most opportunities with regard to development of countries of origin and there may be an additional benefit for host countries and countries of origin alike if partnerships are concluded with countries from which increasing migratory pressure could potentially be brought to bear on Europe in the future (Düvell, 2019, pp. 19-20). Complex and costly preparation and support mean that such projects, which are paid for from public funds, are often restricted in terms of numbers of participants, however. Pilot projects can be funded through the European Commission or from government budgets (Dempster et al., 2022).

6.5 Secure stable and multi-year funding

A partnership that meets the conditions of a carefully considered labour migration policy requires the necessary investment, especially during the start-up phase. Recruitment and selection of candidates, training and preparation in the country of origin, investments in strengthening institutions, ensuring a smooth start and

further integration in the Netherlands all cost money. We know from experience with previous or current programmes and projects that stable funding by the host country is essential in the first few years (Dempster et al., 2022). Lack of political will to invest, or failure to arrange funding for anything but the short term, plus vulnerability of that funding to changing political views, severely reduces the chance of success. A sustainable partnership requires the government to take the lead, and that in turn demands political will. As it also takes several years to design and implement such a partnership, short-term funding is not sufficient.

The need for the Dutch government to secure stable and multi-year funding does not necessarily mean that everything has to come from its own resources, however. Germany, for example, currently has an ICT partnership with Morocco that is funded by the World Bank. The talent partnerships being developed by the European Commission and that are expected to launch at the end of this year with three pilot countries (Egypt, Morocco and Tunisia) also offer financial support, in addition to a policy framework. The talent partnerships will be open to all skills levels and for a wide range of sectors, including the care sector. There are also partnerships which include a contributory element by countries of origin, toward the costs of recruitment or travel, for example. In Germany's *Triple Win programme*, employers bear the costs. Studies show that employers are willing to do this provided that participation in the programme brings them one or more clear benefits. An important factor in this regard is that migrant workers are allowed to stay for a longer period, since that makes the investment more profitable. The investment costs are lower for sectors that are less language and culture sensitive, such as ICT or agriculture, making circular migration a more likely option (Clingendael, 2021); this does not apply to the care sector, however. There are also partnerships where migrant workers pay some of the costs themselves (Dempster et al., 2022), although this is not allowed in the Netherlands; moreover, the Advisory Council considers this undesirable due to the risk that this makes migrant workers vulnerable to exploitation (see Chapter 5).

6.6 Start small and avoid reinventing the wheel

It is important that a well thought out partnership is first developed and implemented, which is then evaluated after a few years. The number of participants ought therefore to be limited in the first few years, but should still be large enough to ensure that it is worthwhile for all the parties to take part and that the partnership can be properly tested. The Advisory Council believes that no more than a few hundred per year would be appropriate for the launch phase.

In the Netherlands, various projects to recruit care workers abroad have proven either wholly or partly unsuccessful in the past. It is important to learn from these lessons from the past and to focus our attention now especially on countries that have a better record than the Netherlands in sustainable and ethical recruitment internationally of skilled workers for the long-term care sector and other areas of

care. The Netherlands would be well advised to attempt to mirror or reproduce existing frameworks and collaborations, such as those developed by Germany. If that is not possible, we can develop projects that are based on the same principles.

6.7 Make bilateral agreements with one or two experienced partner countries

One of the conditions of a carefully considered labour migration policy is that sufficient attention is given to the position and perspective of the country of origin (see Chapter 5). In many potential countries of origin, the long-term care sector is not developed to the same level as in the Netherlands, presenting enormous potential to invest there.

Indonesia

To keep things as simple as possible, it is best to start with just one or two partner countries. It is recommended to investigate whether Indonesia would be a suitable partner country and whether the Indonesian government would be open to this.

The Indonesian government is willing to facilitate nurse migration.

Indonesia is not among the WHO red list countries where recruitment should not be undertaken due to serious shortages of health personnel. The Indonesian government is moreover willing to facilitate nurse migration, provided that it is conducted in an ethical manner and complies with national as well as ILO guidelines (Bal & Palmer, 2020) (Nugraha et al., 2021). Previously established partnerships with Japan and Germany, among others, mean that Indonesia already has an infrastructure in place for cooperation with the government, training institutes and recruitment agencies (Nugraha et al., 2021). In addition, a Memorandum of Understanding (MoU) was signed between the Netherlands and Indonesia in 2018, with the aim of strengthening mutual cooperation in the field of healthcare between the two countries. The Netherlands could examine the feasibility of working with Germany in the *Triple Win* programme, and can in any event learn from Germany's experiences under the programme in the cooperation with Indonesia.

It remains to be seen whether, in the long term, Indonesia will continue to be a suitable country in this context. This is because, firstly, the GDP per capita (adjusted for Purchasing Power Parity (PPP)) in Indonesia already exceeds USD 10,000: this is commonly considered the turning point at which there are fewer financial incentives for the population to migrate and greater opportunities are created in their home country. Added to this, Indonesia also faces an ageing population over time, which may increase the need for care workers in their home country (Kumar et al., 2022). A positive aspect of this is that demographic ageing in Indonesia could open up more opportunities for migrant workers who want to

return after several years to put the skills they have learned to practical use in the country of origin.

Tunisia

Tunisia is also an option that could be explored. The country similarly does not appear on the WHO red list, Germany's *Triple Win* programme also operates there, and Tunisia is one of the three countries with which the European Commission wishes to develop a talent partnership, focused also on the care sector. This presents opportunities, as it enables the Netherlands to use the policy framework and the funding possibilities that will become available (see section 6.3). However, Tunisia has also reached the turning point of USD 10,000 GDP per capita (adjusted for PPP).⁷⁷

6.8 Concrete plans to facilitate upscaling over time

If we want labour migration for the long-term care sector to help relieve bottlenecks in the labour market, it will also need to be of a sufficient scale over time. It is important therefore to consider at the start of the partnership how, in the event of a positive evaluation of the launch phase, migration can be scaled up and also that possibilities are incorporated to facilitate this.

While there is a perception that many partnerships in the field of legal migration remain small scale, a study of 57 legal migration channels shows that this perception is not always correct by any means (Dempster et al., 2022). There are also initiatives that successfully scale up or which were the basis for other, larger scale projects. Germany's *Triple Win* programme, for example, was preceded by several small-scale projects.

Four main reasons

The study referred to above shows that while it is possible to point to many causes for a failure to scale up in some projects, four main reasons in particular stand out. Firstly, demand from employers can change. Given the seriousness of the labour shortages in the long-term care sector and the anticipated demographic developments between now and 2050, it is unlikely that this will happen, but at the same time of course it can never be excluded. A heavy influx of refugees, EU expansion and/or an economic crisis leading to mass unemployment, for example, could result in an increase in available labour in the Netherlands and the EU at large. A second cause is a change of government and/or shift in political priorities. Thirdly, conflicting priorities could have an adverse impact on upscaling efforts, for example if there is insufficient coordination between various ministries that are involved in a programme of this kind. This can be prevented by implementing an integral policy and by commitment from and agreement within the Ministerial Committee on Migration and Society (MCMenS)⁷⁸. Finally, the high costs associated

with these types of programme, especially in the launch phase, can make it difficult to maintain support for the programme over time. This underscores the importance of scaling up on time, since that drives down the costs per participant and makes it more attractive for employers to invest.

It might be logical in the longer term to seek cooperation with countries in Sub-Saharan Africa.

The researchers who undertook the study of the 57 legal migration channels report that involving a wide range of critical actors from the private sector, the government as well as civil society organisations from the beginning could help to establish a clear profile of migrant workers for whom there is demand and to resolve conflicting interests. The design also needs to be flexible enough to be able to respond to any changing demand among employers or politicians and it is important that all the actors remain in dialogue with one another.

Upscaling can also be facilitated by expanding the number of partner countries. It might be logical in the longer term (2035 onwards) to develop cooperation with countries in Sub-Saharan Africa, given their young populations. Most countries in this region are currently on the WHO red list of countries where recruitment should preferably not be undertaken, however, and there are few existing, tested programmes or projects which the Netherlands could join in. The Advisory Council does not think it wise to pursue pioneering efforts in these countries. It is better first to follow well established paths and gain experience in countries that are more commonly accessed, while learning from other countries, especially Germany.

6.9 Embedding in broader programmes and regional collaborations

The Advisory Council is of the view that migration policy for the long-term care sector should be part of a broad palette of measures designed to address anticipated labour shortages in the long-term care sector. A care-sector partnership should therefore not be a stand-alone project of the Ministry of Justice and Security and/or the Ministry of Foreign Affairs, but should rather be part of an existing programme of the Ministry of Health, Welfare and Sport, such as the sustainable labour market in the care sector programme (programma toekomstbestendige arbeidsmarkt zorg, 'PAZ'). If that is not possible, it should at least be developed and implemented in close coordination with programmes run by the Ministry of Health, Welfare and Sport.

No competition

The Committee on Employment in the Care Sector (Commissie Werken in de Zorg) noted in its advisory report titled '*National stakeholders and how to proceed with*

the labour market approach in the care sector' (Landelijke stakeholders en hoe verder met de arbeidsmarktaanpak in de zorg) that regional alliances could help to drive accelerated action to tackle labour shortages in the care sector (Commissie Werken in de Zorg, 2021). Independent care organisations should operate more as part of a network that is shaped in the light of the shared public interest, and they should therefore not compete with one another. The Committee on Employment in the Care Sector suggested that such regional alliances could address labour market challenges in the care sector, which involve programme funding and an obligation to produce results. In her letter of 13 May 2022, the Minister for Long-term Care and Sport writes that she intends to adopt a regional approach and plans to further strengthen regional cooperation. The Dutch Advisory Council on Migration (ACVZ) sees the value of investigating the extent to which the care-sector partnerships could tie in with this regional approach and whether it would be possible, for example, for a regional alliance to embrace participation in the care-sector partnership. This is in light of the fact that the long-term care sector includes many relatively small care organisations, which may not have the HR capacity and expertise needed to shape good employment practices for migrant workers.

6.10 Conclusions and summary of the recommendations

The Advisory Council is of the view that care-sector partnerships offer the best way to develop a carefully considered labour migration policy. The government can place requirements on the conditions under which migration under care-sector partnerships occurs, and safeguards can be built in to ensure that countries of origin also benefit from the migration of their care workers. A partnership safeguards the leading role of the government and provides opportunities to embed the three conditions of the well-being approach (here and now, the future, and elsewhere) in the policy, as we set out in Chapter 5. A commitment to strengthening institutions in the countries of origin, through cooperation with training institutes and providing technical assistance and support for the healthcare system, for example, can ensure that the partnership also yields benefits for them.

We have summarised the arguments put forward in this final chapter of the advisory report on '*A carefully considered labour migration policy*' in recommendation 4:

Recommendation 4: In the short term, identify appropriate countries that are willing to work with the Netherlands in a partnership for skilled migrant care workers (MBO level 3 and above). Then establish a plan for the launch phase as well as for a possible scaling-up phase. Make bilateral agreements and secure stable, multi-year funding. Integrate the partnership into broader programmes for long-term care and regional collaborations. Safeguard the conditions set out in a carefully considered labour migration policy.

It takes time to develop a sustainable partnership. The Advisory Council therefore recommends the government to identify in the short term appropriate countries that would be willing to work with the Netherlands in such a partnership and then to set up a pilot project. The Netherlands could base its actions on Germany's *Triple Win* programme, or even join that programme. It is wise to start small, and see what works and what doesn't. In case of a positive evaluation, steps can be taken to upscale further after a number of years. That would enable a carefully considered labour migration policy for the long-term care sector to be developed and tested gradually. This can contribute to well-being here and now, in the future and elsewhere.

⁷¹ Rutte IV Coalition Agreement 'Looking out for each other, looking ahead to the future' [Buitenlands beleid | Regering | Rijksoverheid.nl](#). The Advisory Council on International Affairs (AIV) has articulated the application of the medical-ethical 'do-no-harm' principle to government interventions as one of the leading principles for the global health strategy. Countering brain drain comes under this principle (AIV, 2022). The AIV also recommends embedding the global health strategy in an international context and maintaining a long-term focus, supporting the WHO as standard-setting organisation. The Dutch government has supported this recommendation. *Parliamentary Papers II*, 2021/22 session, 2022Z14611.

⁷² For some examples, see: [Home - Global Skill Partnerships \(cgdev.org\)](#)

⁷³ [Fact Sheet Triple Win project.](#)

⁷⁴ Expert meeting Germany, GIZ website January 2022: [Sustainable recruitment of nurses \(Triple Win\) \(giz.de\)](#) and [Fact Sheet Triple Win project.](#)

⁷⁵ Expert meeting Germany.

⁷⁶ Clemens, Dempster and Gough have classified the various approaches under this development category.

⁷⁷ [Tunisia GDP per capita PPP - 2022 Data - 2023 Forecast - 1990-2021 Historical - Chart \(tradingeconomics.com\)](#)

⁷⁸ [Onderraden en ministeriële overleggen | Regering | Rijksoverheid.nl](#) (Cabinet committees and ministerial consultative bodies)



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Jaap Kappert	Manager	Employee Insurance Agency
Rolf de Wilde	Collective Labour Agreement negotiator	Nu '91

Name	Position	Organisation
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Tim Kind	Policy adviser	Actiz
Miranda Schouten	Director	WelThuis
Emete Solmaz	Manager	Royaal Thuis
Rene van de Wal	HR Manager	Zorggroep Drenthe

Care institutions focus group

Intermediaries focus group

Name	Position	Organisation
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Sophie van Hoenselaar	Project Leader	Otto Healthcare
Michel van de Hoven	Director Sales	Yomema
Jeroen Reunis	Director	Avant Talent Group
Bas Speekenbrink	Director of Education	Yomema
Tom van der Vorst	Employee Insurance Agency	Axell
Saskia van Wieringen	Director	Randstad Zorg

Expert meeting on labour migration conditions

Name	Position	Organisation
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Frank Cörvers	Professor	Maastricht University
Jan Cremers	Researcher	Tilburg University
Tesseltje de Lange	Professor	Radboud Universiteit
Arend Odé	Project secretary	SER (Social and Economic Council)

Expert meeting UK

Name	Position	Organisation
Brian Bell	Chair	Migration Advisory Committee
Shereen Hussein	Professor	London School of Hygiene and Tropical Medicine
Jill Manthorpe	Professor	Kings College
Jo Moriarty	Senior Research Fellow	Kings College
Isabel Shutes	Associate Professor	London School of Economics and Political Science
Agnes Turnpenny	Research Associate	University of Kent
Franca van Hooren	Associate professor	University of Amsterdam

Expert meeting Germany

Name	Position	Organisation
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Albert Kern	Head of the Department for Basic Issues of Long-term Care and Long-term Care Insurance	Bundesgesundheitsministerium (Federal Ministry of Health)
Miriam Pleuger	Wissenschaftliche Mitarbeiterin (research associate)	Deutsches Kompetenzzentrum für internationale Fachkräfte in den Gesundheits- und Pflegeberufen (DKF)
Michael Sauer	Professor	Hochschule Bonn-Rhein-Sieg (University of Applied Sciences)
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Interviews

Name	Position	Organisation
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Annex

Annex 1: Tables joining figures

Table joining figure 1. anticipated labour market shortages in the healthcare sector in 2031, per subsector

Sector	Anticipated labour shortage
Nursing home care	51,900
Home care	15,400
Care for the disabled	8,800
Mental healthcare	9,300
Hospitals and other specialised medical care	24,400
University medical centres	6,500
General practitioners and health centres	3,300
Social work	2,800
Youth care	1,900

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Table joining figure 5. Migration from outside the EU/EFTA 2011-2020, according to reasons for migration

Reasons for migration	Number	Percentage
work	125,760	18%
family	207,265	30%
asylum	177,280	26%
study	135,195	20%

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Table joining figure 6. Residence permits granted under banner of knowledge and talent in 2021

Residence permit	Number
Highly qualified worker migration, national scheme	12,440
Highly qualified worker migration, Blue Card	150
Highly qualified worker migration, ICT scheme	2,570
Job search year for highly skilled persons	1,400
Scientific researcher cf. ICT scheme	3,230
Self-employed	450

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