



Diversity policy in employment and service provision

Case study: Amsterdam, the Netherlands



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Background

Brief history of migration to the Netherlands

The Netherlands was an immigration country in the 17th and 18th centuries; it was, at that time, a centre of trade and shipping and tolerant to religious refugees. The proportion of immigrants, which stood at about 10% of the total population, diminished to a low level in the first half of the 20th century (Lucassen and Penninx, 1994). After the Second World War, emigration was dominant as new farmlands were discovered in the US, Canada and Australia. As Table 1 shows, a negative trend – signifying more emigration – in the 1950s turned into a positive trend – more immigration – in the 1960s.

Table 1: *Estimate of net number of migrants, 1950 to 2000 (in 000s)*

	1950–1955	1955–1960	1960–1965	1965–1970	1970–1975	1975–1980	1980–1985	1985–1990	1990–1995	1995–2000
Netherlands	-123	-31	36	55	152	168	55	151	190	161

Source: *Migration Policy Institute (MPI), calculated from United Nations Population Division, 2001, 'World population prospects: The 2000 revision'*

The few immigrants who arrived in the period 1945–1960 came from the former colonies of Surinam in South America and Indonesia in southeast Asia. Surinamese elite tended to send their children to study in the Netherlands and Indonesians with one Dutch parent could retain their Dutch citizenship after the independence of Indonesia in 1949. Moreover, Indonesian army officials from the Moluccan Islands who had fought in the Dutch army in Indonesia had to be resettled in the Netherlands because they were not safe in Indonesia.

Around 1960, immigration became more numerous. The first large influx was a result of the regulations pertaining to the independence of Surinam in 1975. While the independence was meant to curtail immigration, citizens of this former colony had the right to choose between Surinamese and Dutch nationality for five years, and half of the inhabitants of Surinam decided to move to the Netherlands. A second large flow of immigrants was caused by the booming economy and the need for cheap labour from the 1960s onwards. Factory and shipyard owners recruited so-called guest workers first in southern Europe, and later in Morocco and Turkey. After a period, their temporary immigration became permanent and their spouses and children also arrived. While the European Union (EU) was being further institutionalised, neighbouring countries – in particular Germany – also added to the number of immigrants.

In the 1980s, the Dutch economy declined and the first measures were taken to stop immigration. A considerable refugee population was growing in that period, initially from the then communist countries of the Soviet Union but later mainly from war-torn areas in the world: Afghanistan, Iran, Iraq, Somalia and other countries. Since 2000, the number of Chinese and Polish immigrants has increased significantly and the number of Poles was expected to grow quickly from 2007 onwards.

The proportion of people with a foreign nationality in the Netherlands is stable at around 4.3% since 1997. The number of naturalisations – that is, people acquiring citizenship – increased from 12,800 persons in 1990 to 82,700 in 1996 and declined to 45,300 people in 2002, according to the Dutch Central Bureau of Statistics (*Centraal Bureau voor de Statistiek*, CBS).

Table 2 shows the largest ethnic groups on 1 January 2006 in three categories that are often distinguished in Dutch statistics, namely immigrants from western countries, from non-western countries and from refugee countries. On that date, the total Dutch population was 16,334,210, 13,186,595 or 81% of whom were considered as autochthonous or indigenous Dutch; it should be noted that anybody with one or two parents born abroad is not considered autochthonous.

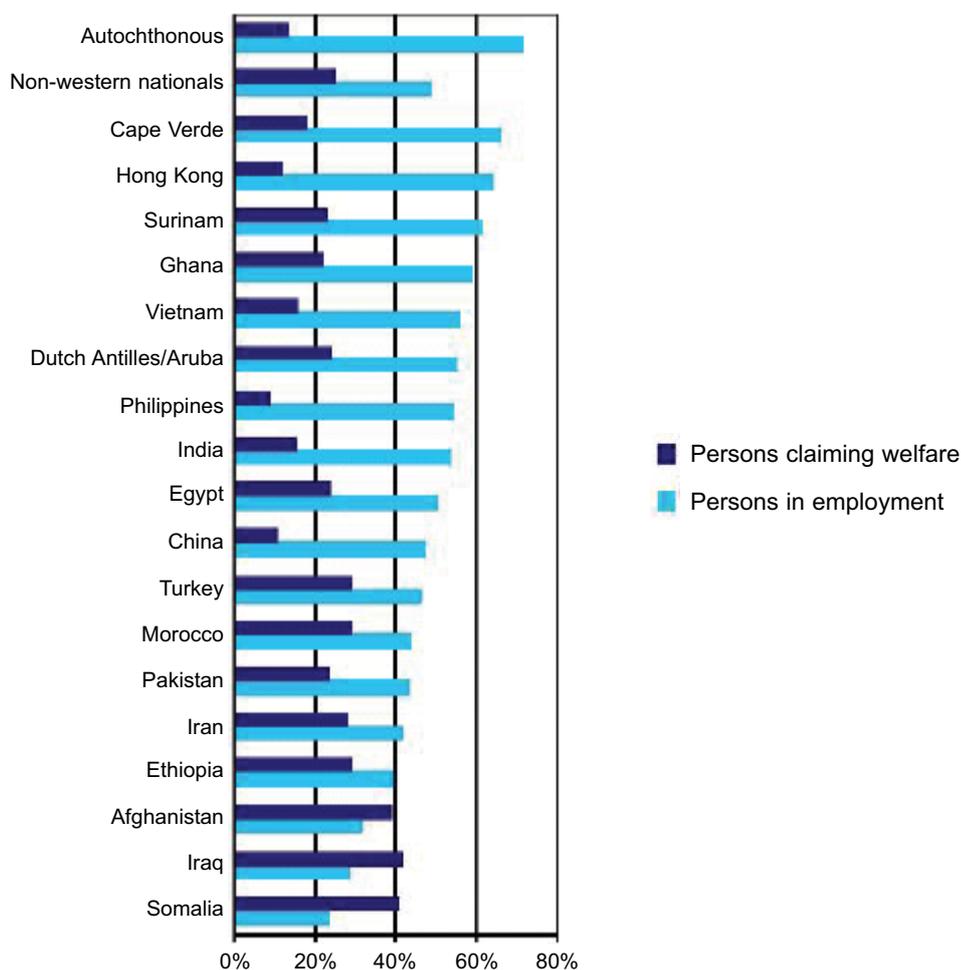
Table 2: Largest immigrant groups to the Netherlands based on country of origin and country of origin of parents, 1 January 2006

	Total no. of immigrants	1st generation immigrants	2nd generation immigrants
Western countries			
Germany	383,941	101,718	282,223
Belgium	112,222	35,887	76,335
United Kingdom (UK)	76,270	43,755	32,515
Non-western countries			
Indonesia	393,175	128,823	264,352
Turkey	364,608	195,947	169,661
Surinam	331,953	187,630	144,323
Morocco	323,272	168,566	154,706
Dutch Antilles	129,730	79,944	49,926
Former Yugoslavia	76,382	53,612	22,720
Former Soviet Union	46,058	35,343	10,720
China	45,568	32,332	13,530
Poland	45,568	29,731	15,833
Refugees			
Iraq	43,778	35,268	8,510
Afghanistan	37,307	32,049	5,258
Iran	28,781	23,638	5,143
Somalia	19,875	13,667	6,208

Source: *Statline, CBS*

As Table 2 shows, the older immigrant groups already comprise a large second generation. Within these groups, the male–female ratio is about 50%. The refugee populations consist of a larger degree of men – for example, 58% of the Iraqi immigrants are men and 53% of the Iranians are men. The relatively new immigrant groups – Poles and former Soviet citizens – include a larger proportion of women (both 60%). The distribution in age groups also depends on the time of arrival. Among Indonesians, an ageing population is increasingly apparent. The first Moroccan and Turkish guest workers are now aged in their 60s and 70s. However, not many older people are among the new immigrant groups, such as those from Afghanistan, Iran and Iraq. In general, the non-western immigrant groups have larger families than the indigenous Dutch population and western immigrants.

The socioeconomic status of immigrants from neighbouring countries is either similar to the level of indigenous Dutch people or better. However, the socioeconomic standard of non-western immigrant groups is generally poorer than the Dutch level. This is particular true for the former guest workers from Morocco and Turkey and for refugees. Nevertheless, this general remark is not true for every ethnic group. Figure 1 shows the proportion of people working and/or on welfare for each ethnic group. Welfare includes social security benefit, unemployment benefit, health benefit or disability allowance.

Figure 1: *Persons in work and/or on welfare, 15–65 years old, 2004 (%)*

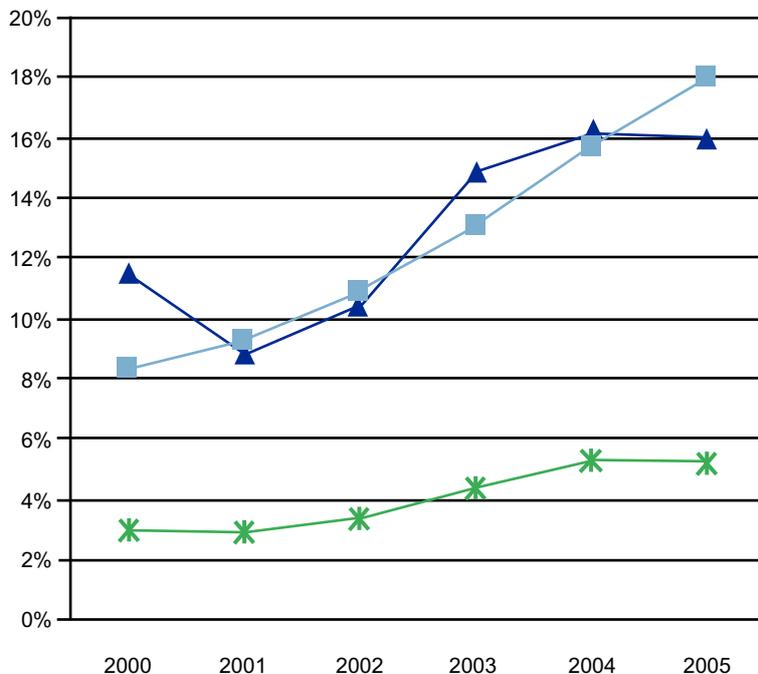
Source: *Research and Documentation Centre (Wetenschappelijk Onderzoek- en Documentatiecentrum, WODC), Ministry of Justice, Integratiekaart 2006 [Integration monitor 2006], p. 26, based on information from the Social Statistical Database (Sociaal Statistisch Bestand, SSB) of CBS*

As Figure 1 shows, the proportion of working people is, among all ethnic groups, larger than the share of those on welfare, except for Afghani, Iraqi and Somali refugees. Asylum seekers are not allowed to work until they receive their refugee status. The highest proportions of working people and the lowest shares of those on welfare are found among Dutch people, and among those from Hong Kong, the Philippines and China. Although the three refugee groups from Afghanistan, Iraq and Somalia are the most problematic in terms of lack of work, not all refugee groups have a larger proportion of people on welfare than working: for example, this is not true for Vietnamese refugees (who arrived relatively earlier) and Iranians.

The four largest non-western immigrant groups – Turks, Surinamese, Moroccans and Antilleans (see Table 2 above) – receive relatively more often a very low net social security benefit, as a basic sum to survive. On the other hand, indigenous Dutch people are more often eligible for a higher net unemployment benefit, as a percentage of their last income. The Turkish group includes more people claiming a disability allowance than on social security benefit.

As Figure 2 shows, the unemployment of Dutch people is considerably lower than that of non-western immigrants and their children. It is of some concern that this situation does not improve for the second generation of immigrants, though it should be noted that not all ethnic groups have a second generation.

Figure 2: *Unemployment among Dutch people and first and second generation non-westerners, 2000–2005 (%)*



Note: ▲ non-western immigrants first generation; * Dutch; ■ non-western immigrants second generation.

Source: WODC, *Integratiekaart 2006*

National policy context

Rijkschroeff et al (2004) divide Dutch national policies concerning immigrants into three phases. The first phase in the 1970s was a categorical policy focusing on specific fields. For example, special provisions were made for Moluccan ex-soldiers; in fact, Moluccan neighbourhoods still have certain privileges. The Surinamese, who were not expected in such large numbers, were supported by welfare associations on an ad hoc basis, paid by several municipalities. In the 1970 document ‘Nota Buitenlandse Werknemers’ [Document on migrant workers], guest workers were encouraged to retain their identity and culture of origin in order not to have difficulties on return to their home country. Due to the assumption that the workers’ stay would be temporary, no attempts were made to provide Dutch language courses or information on Dutch society. A long-term consequence is that the language proficiency of these low-educated workers is still often limited.

The second phase of immigration policy started with a 1979 publication by the Netherlands Scientific Council for Government Policy (*Wetenschappelijke Raad voor het Regeringsbeleid*, WRR), which led to the first policy document – entitled ‘Minority policy’ (‘Minderhedennota’, 1983). The Dutch government realised that the stay of guest workers was no longer temporary and the thinking in relation to immigrants shifted more towards worry and concern. This policy phase was directed at stopping a trend that immigrants were acquiring a permanent disadvantaged social position, and measures were taken in the spheres of education and the labour market. Integration was considered a two-sided process and the policy document highlighted the importance of respect for the cultures of immigrants. There was a positive attitude towards the rights of religious groups, for instance with regard to establishing mosques and Hindu temples.

Rijkschroeff et al (2004) call the third phase ‘integration policy’, starting in 1989 with the WRR document ‘Allochtonenbeleid’ [Immigrant policy]. Papers like ‘Contourennota Integratiebeleid Etnische Minderheden’ [Outline of integration policy for ethnic minorities] (1994), ‘Investeren en Integreeren’ [Investment and integration] (1994) and ‘Kansen krijgen, kansen pakken’ [Getting opportunities, seizing opportunities] (1997–1998) aimed to motivate and mobilise immigrants to learn the Dutch language and adjust to the local culture. Professional courses became obligatory for newcomers. The problems of the children of immigrants in the educational system became clearer and were targeted.

A fourth phase started around 2001 when representatives of politically conservative parties became minister for integration and immigration: first Hilbrand Nawijn of the now defunct Pim Fortuyn List (*Lijst Pim Fortuyn*, LPF) and then Rita Verdonk of the People’s Party for Freedom and Democracy (*Volkspartij voor Vrijheid en Democratie*, VVD). Both were known for having anti-immigrant standpoints. Many proposals to limit the rights of foreigners to levels below those of Dutch people were discussed in the Dutch House of Representatives (*Tweede Kamer der Staten-Generaal*); however, implementation was not always realistic because the inequality of the law was too serious. The debate in the media became harsher and more unfriendly towards immigrants, and many of them felt very uncomfortable. This period lasted until the elections of 2006. The new government that took up office in 2007 seems to have a friendlier approach to immigrants.

The latest Law on Integration and Citizenship (*Wet Inburgering*), effective from 1 January 2007, led to substantial changes for the municipalities as they have become more responsible for supporting immigration guidance, as will be discussed later in the chapter on diversity in service provision.

Concerning equal treatment, the General Law on Equal Treatment (*Algemene Wet Gelijke Behandeling*) applies in the Netherlands since 1994 and is designed to stop discrimination.

At national level, a diversity policy in employment and services is currently not used. In fact, even the term ‘diversity’ is not used although the advisory Social and Economic Council (*Sociaal-Economische Raad*, SER) has written a section on diversity policy in its recent advice on young immigrants in the labour market (SER, 2007).

From 1997 to 2003, this situation was different: there was an obligation for all companies and institutions to register the number of immigrant staff members, according to a law to encourage the labour participation of immigrants (*Wet Samen*). The data were published on a website. However, from 31 December 2003 onwards, this law was abolished by the conservative government because many employees did not want to be registered as not being Dutch and many companies did not register. Currently, registration is no longer obligatory.

Profile of Amsterdam

Brief description of the city

Amsterdam is the largest city in the Netherlands, with 743,104 inhabitants on 1 January 2007. Although The Hague is the seat of government, Amsterdam is the capital of the country. The city developed as a centre for trade and shipping on the banks of the river Amstel in the Middle Ages. In 1275, a dam was built on the Amstel to collect tax from ships carrying herring travelling inland from the sea and from barges carrying beer coming from Germany. Around 1306, Amsterdam acquired town rights, which included the right to have walls, a market and a court. Soon it became the most powerful town in the region, including politically, and trade relations expanded internationally. The trade of large shipping companies with the East Indies added to its economic position. In the 17th century – the Golden Age – Amsterdam was known for its wealth, power, culture and tolerance. Foreign traders, writers, painters and labourers were welcome in this atmosphere, as were political and religious refugees, who were protected in maintaining their views to a greater extent than anywhere else. Churches were built by, for instance, Catholic Walloons, Scottish Anglicans and Portuguese Jews. Furthermore, many ‘conventicals’ or churches in hiding appeared, representing persecuted religious groupings from other countries. Several rounds of canal building and town enlargement around the Jordaan area resulted in the current circular street pattern in the city centre. When economic growth diminished, the city stabilised in a period where an urban underclass developed, paying tax to powerful regents, which sometimes led to a revolt.

From 1870, due to liberalised trade with the east, the city enjoyed an economic boost with the development of the steel industry, a new canal between Amsterdam and the North Sea, a factory where South African diamonds were polished and the building of the Central Station. This was directly followed by town expansion. New neighbourhoods were built south and west of the older parts – in typical Amsterdam School architecture – and some town village areas were developed for labourers, with gardens and bathrooms.

The town was extended again after the Second World War. Amsterdam Airport grew substantially, while the harbour remained important for many specific services. Moreover, services, education and tourism added to the expansion. In the last half of the 20th century, Amsterdam’s inhabited area nearly doubled in size. International migration contributed considerably to its growth in this period.

City’s migrant population

Immigration to Amsterdam is as old as the city itself. The proportion of foreign born nationals in Amsterdam was consistently about 30% of the total population in the 17th and 18th centuries (Lucassen and Penninx, 1994, p. 29). In the beginning of the 20th century, immigration was at its lowest point, but – as noted earlier – it increased again from 1960 onwards. Firstly, the immigrating Surinamese for a large part came to Amsterdam. More specifically, of the two main ethnic groups in Surinam, the Creoles (Afro-Surinamese) came in large numbers to Amsterdam, while a large number of Hindustanis (Indian Surinamese) went to The Hague.

The wave of guest worker immigration also considerably affected Amsterdam. The first Mediterranean, Moroccan and Turkish workers lived in crowded accommodation, with many people sharing one room in pensions. When their settlement became more permanent, they moved to cheap small apartments in the old parts of town just outside the city centre. The guest workers were poor and interested in saving and sending money home. The increase in the number of Moroccans and Turks in the old areas prompted some of the indigenous Dutch to move out.

After this first phase of large-scale immigration, three patterns were visible: family reunification of guest workers; ongoing immigration through family formation and student immigration of Surinamese and Antilleans; and the arrival of a large variety of new immigrant groups such as refugees and economic immigrants – for example, Chinese, Egyptians

and Ghanaians. The family reunification led to some movement of the Moroccans and Turks to bigger houses in the New West area, which became a concentration area for these two ethnic groups.

Table 3 shows the current ethnic composition of the population of Amsterdam. The proportion of indigenous Dutch people is 51%, as at 1 January 2007. The other half of the population is a mixture of western (14%) and non-western groups (34%). Of the non-western groups, 58% are first generation immigrants and 42% are second generation. Surinamese are still the largest ethnic group (68,878 people); however, Moroccans have almost reached the same number (66,256 persons) and their immigration is ongoing, so they are expected to become the largest group in the near future. It should be noted that, among the persons counted as Surinamese, a much larger proportion of the second generation has one Surinamese and one Dutch parent (40%), while among Moroccans and Turks this proportion is only 7%. Thus, the latter groups are more homogeneous. Because of religion, this is expected to last for the first decades.

Table 3: *Composition of Amsterdam population, 1 January 2007*

	Number	Percentage
Dutch	382,104	51
Surinamese	68,878	9
Moroccans	66,256	9
Turks	38,565	5
Antilleans	11,290	2
Other non-western	71,269	10
Western	104,742	1
Total	743,104	100

Source: *Statistical Office of Amsterdam (Dienst Onderzoek en Statistiek Gemeente Amsterdam, O+S Amsterdam)*

Of the Surinamese, 1,988 people (2%) have a foreign passport and 3,857 (6%) have two passports. Meanwhile, of the Moroccans, 19,447 persons (29%) have a foreign passport and 44,474 (67%) have dual nationalities, while of the Turks 10,569 people (28%) have a foreign passport and 26,570 (69%) have dual nationalities (O+S Amsterdam, 2006). Interestingly, the Moroccan state does not allow citizens to give up their Moroccan nationality.

Overall, Amsterdam's population comprises 10,000 more women than men; this disparity is also true for some immigrant groups.

The age composition of the immigrant groups is different from the total Amsterdam population. Relatively, there are not yet many older people among the immigrants. At the start of 2006, 6% of the Surinamese were older than 65 years, while among Dutch people this proportion was 17%. On the other hand, the share of Surinamese elderly people is higher than among other non-western groups; for Moroccans and Turks, only 3% are aged above 65 years.

Relatively, more children and young people between the ages of 0 and 18 years are found among the immigrant groups. Among Dutch people, 15% are aged 18 years or younger; this proportion stands at 29% among Surinamese, 37% among Turks and 41% among Moroccans.

A specific characteristic of Amsterdam is that more than half of its households (55%) consist of one person and this proportion is increasing. Couples without children are the second largest group (20%), while one in seven households (15%) comprises a pair with children and 10% of households are a single parent family. Among ethnic minorities, the pattern is different. Surinamese, Antillean, Colombian, Dominican and Ghanaian groups have a considerably higher

proportion of single parent families. For Surinamese, this share is 60% and for the other groups it reaches between 70% and 77%. It is interesting to note that the proportion of single mothers among Surinamese is 70% in the flats of the Bijlmermeer neighbourhood, but only 45% in the newly built middle class housing.

The socioeconomic position of the large immigrant groups is not as good as among the indigenous Dutch. Table 4 shows that unemployment, as a proportion of the labour force, is only 5% among the Dutch people in Amsterdam, while all immigrant groups – including western immigrants – report at least 10% unemployment. Of the non-western groups, Moroccans are in the worst position with 28% unemployed, while 20% of Surinamese and Antilleans and 15% of Turks are unemployed. Gross labour market participation rates are also worst for Moroccans (47%), followed by Turks (55%), then Surinamese and Antilleans (67%), while the Dutch fare best in this regard (77%). Although the first Moroccan and Turkish immigrant groups both arrived as uneducated guest workers, their position in the labour market has developed in a fundamentally different direction: Turks have an unemployment rate of 15% compared with 28% for Moroccans. This is due to several factors, including particular problems of second generation Moroccans.

Table 4: *Amsterdam's employed, unemployed and inactive populations, by ethnic groups, 1 January 2006 (in 000s)*

Ethnic group	Labour force (n)	Working (n)	Unemployed (n)	Unemployed as a % of labour force (%)	Non-labour force (n)	Total population 15–64 years (n)	Gross participation rate (%)
Surinamese and Antilleans	40.6	32.6	8.0	20%	20.1	60.7	67%
Turks	14.5	12.2	2.2	15%	11.8	26.3	55%
Moroccans	20.0	14.4	5.6	28%	22.2	42.2	47%
Other non-western groups	34.6	27.9	6.7	19%	16.3	50.9	68%
Western groups	64.1	57.9	6.2	10%	18.5	82.6	78%
Dutch	212.9	201.5	11.5	5%	63.6	276.5	77%
Total	386.7	346.5	40.2	10%	152.6	539.2	72%

Note: (n) = number.

Source: O+S Amsterdam

While the mean income and purchasing power in Amsterdam are above the national average, large differences arise between the poorer and richer city districts. In the city centre, the income is well over the national average, but in districts like Geuzenveld-Slotermeer, Bos en Lommer and Zuidoost nearly 25% of households live below the social minimum. Numerous Surinamese and Moroccans live in these areas, which are in need of restructuring. The incomes of non-western immigrants are still far behind the incomes of western immigrants and indigenous Dutch people. This gap has become wider between 1998 and 2003. Some 46% of Moroccan young people grow up in a household that lives on or below the legal minimum income, while this is the case for 32% of other foreigners and 13% of Dutch young people.

City authorities

Amsterdam is governed by a 'red-green' coalition comprising the Dutch Labour party (*Partij van de Arbeid*, PvdA) and Green Left (*GroenLinks*) from 2006 to 2010. The central city government determines the general strategy and controls central services such as health (hospitals and general health services), education (secondary schools and higher educational institutes), general social services (for example, immigrant reception and the work and income service), infrastructure and town planning, housing, public transport, the environment and the harbour.

The city is divided into 15 city districts, with their own elected councils, a chairperson and a governing council. City districts usually have five or six departments, covering:

- general affairs and governance – public services, administration, post and communications;
- finances;
- public spaces and environment;
- well-being, education and sport – social work, childcare, elder care, youth facilities, immigrant services and primary schools;
- labour and housing – the labour market, shops, building permits and land.

This report will cover the central administration and its personnel. The city districts are responsible for their own staff. The study will present further detail on the Education and Citizenship Service (*Educatie en Inburgering*, E&I), which works within the central administration, and on two other relatively independent services. The latter are the Medical Health Service (*Geneeskundige en Gezondheids Dienst*, GGD) and the Work and Income Service (*Dienst Werk en Inkomen*, DWI); both services are responsible for their own staff, but have an advanced policy towards diversity. Under service provision, this report will also consider employment projects for specific groups, including one for refugees in general and a neighbourhood activation project for women.

Approaches to diversity

This chapter will outline the general framework of work on integration, which is referred to as the diversity policy in Amsterdam. The following chapter will explore the impact of the diversity policy on personnel.

Historical background

Amsterdam started supporting immigrants toward the end of the 1960s, as their numbers were growing rapidly and some problems became urgent. In that period, no real integration policy existed; however, financial support was available for two large welfare organisations representing certain categories of immigrants. The first of these was the Foundation for the Well-being of Surinamese (*Stichting Welsuria*), which was expected to take care of all aspects of the well-being of these immigrants, who were migrating in large numbers to Amsterdam. Secondly, the municipality subsidised the Foundation for the Well-being of Foreign Workers (*Stichting Welzijn Buitenlandse Werknemers*), which was responsible for taking care of all aspects of well-being of the guest workers from the Mediterranean area, encompassing Greece, Italy, Morocco, Spain and Turkey. Later, in 1979, Refugee Work Netherlands (*Vluchtelingenwerk Nederland*) was established to work on the well-being of refugees.

In 1989, the 'Framework Document on Municipal Minority Policy' ('Raamnota Gemeentelijk Minderheden Beleid') was published, bringing the categorical approach to an end and instead formulating general goals. The two main goals were to:

- set up extra facilities for ethnic minority groups experiencing difficulties in the areas of housing, work, education and well-being, and to improve the accessibility of services to these groups;
- prevent any discrimination and racism, ensure that all people living in Amsterdam have equal chances and improve the functioning of institutions by positive action.

It should be noted that the groups targeted as ethnic minorities were defined at national level and include a list of non-western countries and refugees.

Some 10 years later in 1999, when the population of first and second generation foreign nationals almost reached 50%, the municipality felt that referring to 'minorities' no longer made sense and was even counterproductive. It reformulated its policy in a more general way towards citizens experiencing socioeconomic difficulties, paying more attention to the responsibility of individuals. This turn to a diversity policy was formulated in the policy document 'De kracht van de diverse stad' [The power of a diverse city]. The four target groups became: people of foreign descent, women, disabled persons and homosexuals. Since it was assumed that the earlier policy had been patronising, it is now deemed important to encourage people's initiatives. All people in Amsterdam should feel at home in the city and have equal opportunities to participate, and diversity is an asset that can be used to develop the city. Participation for everyone should not only take place in the labour market, but also in – for instance – the education of children, the neighbourhood and politics.

Policy objectives

In Amsterdam, social inclusion or integration is not a limited set of policy targets, but part of almost every municipal activity. The advantage of this approach is that many institutions and people are involved; a disadvantage is that there are so many projects, programmes, partners, objectives and reports that it is difficult to get an actual and complete picture. The diversity policy has the following four basic principles.

- Migration is a constituent part of urban life and something that the local authority has to take into account on an ongoing basis.

- Diversity – the municipality of Amsterdam has a well-considered diversity policy, which will be continued.
- Integration means belonging and participating, and is therefore something that applies to all people living in Amsterdam.
- A citizenship course (*Inburgering*) is the starting point for integration and is directed at newcomers as well as less recent immigrants to Amsterdam.

The essence of the integration policy has been described lately in the documents ‘Perspectief en Kansen’ [Perspective and opportunities: Amsterdam’s integration policy in the context of the program We Amsterdammers] and ‘Wij Amsterdammers II’ [We Amsterdammers II]. The latter explains:

‘The next phase of the policy is to invest in people and to set limits. This includes reinforcing positive emotional contact between individuals and groups to enfeeble negative imaging and to build bridging social capital. It is also about setting limits to all forms of intolerant and extremist behaviour, and to demand that citizens respect general norms of decency, regardless of their cultural or religious background.’

(‘Investeren in Mensen en het stellen van Grenzen’, ‘Wij Amsterdammers II’, 2 May 2006)

Mayor Job Cohen summarised the intention concisely:

‘The Amsterdam society has shown its extraordinary resilience in the last years. But at the same time we remain vulnerable. This is why the executive committee targets social bonding. Amsterdammers of diverse background should have contact and learn to know each other better. This will make the city stronger in good and bad times. Education and work for all Amsterdammers are crucial. But at the same time we have to work on reassessing our manners: decent behaviour in the streets or in the sports field. No discrimination at school, the workplace or the discotheque. This means investing in people and in limits.’

(translated from <http://www.amsterdam.nl/nieuws?ActItnIdt=10314>)

Many of the actual activities take place outside of the central municipality. This section will only give some examples, because too many offices exist to provide a full list. The citizenship courses take place in 40 educational institutions and schools that are contracted separately; the largest organisation is the Regional Educational Centre (*Regionaal Opleidingen Centrum*, ROC). The coaches who are supporting new immigrants work at the refugee council and at some social offices in the city districts. Administrative control and coordination takes place at central level within the E&I department of the municipality.

Responsibility: elected representatives and officials

The politically responsible person for diversity policy in general is the city alderman on Work and Income, Education, Youth, Diversity and Big City Policy, Henna Buyne of PvdA, herself of Surinamese descent. Within the administration, the diversity policy unit is part of the Department of Social Development (*Dienst Maatschappelijke Ontwikkeling*, DMO). This unit coordinates and organises the implementation of the diversity policy as set out in the programme agreement and ensures that the different services do their share of the implementation.

The politically responsible person for the personnel and employment part of the diversity policy is the alderman for Care, Environment, Personnel and Organisation, Public Spaces and Green Areas, Marijke Vos of Green Left.

Within the administration, the Concern Organisation (*Concern Organisatie*, CO) is responsible for personnel policy. All directors of the different services are responsible for reaching the goals.

Collaboration with social partners and non-governmental organisations

Immigrant associations can influence the diversity policy through the Advisory Board on Diversity and Integration (*Adviesraad Diversiteit en Integratie*). Before 2004, the advisory board consisted of immigrant association representatives, subdivided into five immigrant groups: Moroccans, Surinamese and Antilleans, Turks, refugees, and Chinese and Pakistanis. However, this format has changed in recent years. Currently, the associations still gather, but as a public enquiry body (*inspraakorgaan*), which can voice the interests and concerns of the ethnic communities. This body meets with the diversity advisory board about four times a year. Sometimes, the advisory board pursues a subject of concern for the associations, and an advice paper is then written and presented to the municipal council.

Since 2004, the diversity advisory board advises the central council of Amsterdam.¹ The board is chaired by a former member of the board of the University of Amsterdam and consists of nine experts from different fields, who are qualified to write well-founded and scientifically documented publications. They publish four documents a year, either because the alderman asks for advice on a certain topic or because the board itself considers something important. The board also conducts research, for instance by surveying school directors or mothers to find out how primary schools function.

The city districts have their own consultation methods; for example, the East-Watergraafsmeer district has a board of representatives of migrant associations who meet five or six times a year as well as workgroups on issues that are important for immigrants. An internal commission called Platform Diversity participated in the formulation of the policy.

Policy and practice on monitoring progress

The Advisory Board on Diversity and Integration is part of the monitoring system of the general diversity policy. O+S Amsterdam carefully monitors all developments in the population including in relation to immigrants. For example, the yearly ‘Amsterdam in Figures’ is a comprehensive publication of 600 pages with tables and graphs. The statistical office also regularly produces reports on specific topics and maintains a detailed website with downloadable tables (<http://www.os.amsterdam.nl>).

Key challenges faced in implementation and broad lessons learnt

Since Amsterdam is one of the bigger cities in the Netherlands, it is usually one of the first that needs to undertake action. The city is ambitious and innovative in finding new solutions.

The complex structure of the administration is a challenge for its work. For instance, implementing the 2007 Law on Integration and Citizenship (*Wet Inburgering*) is not easy, because the list of partners involved is considerable – all with their own administrative systems.

The previous categorical approach towards ethnic groups that Amsterdam had up until 1989 has been abolished, because it assumed too easily that, for example, all Turks have the same needs. The current approach tries to look at individuals with all their characteristics without generalising on one aspect. Translating written materials into Arabic and Turkish has been abolished, firstly because many immigrants did not read them and secondly because it was considered the wrong message, namely that immigrants do not need to learn Dutch.

¹ http://www.amsterdam.nl/gemeente/diensten_bedrijven/adviesraad

In the past, both the national and the Amsterdam ethnic minority policy have been criticised for being too patronising. This was a criticism that came from immigrants themselves and from anti-immigrant advocates but that spread into the general discourse about the integration policy.

The Amsterdam authorities never became involved in the anti-immigrant discourse that was dominant up until 2006 at national level; however, a dilemma arose in that some of the city's citizens supported anti-immigrant views and the national policies had to be executed. Statements of Mayor Cohen, such as the well-known 'keeping it together' speech on bridging the gaps between different ethnicities, have given a powerful message of working with diversity. On the other hand, Amsterdam has been rather fast in implementing the more forceful policies towards unemployed young people and compelling people to join citizenship courses.

Potential future policy development

The policy on immigrants in general is moving towards involving people in neighbourhoods. Some of the important highlights are that citizen initiatives must be considered and that citizens should be motivated to come up with ideas about their surroundings. Therefore, money is available for good ideas in neighbourhoods that encourage social cohesion. The latter is one of the keywords. Contacts between all ethnic groups are essential to keep neighbourhoods a safe and enjoyable environment.

Related to this is the policy to stop the radicalisation of right-wing extremists and Muslim young people. An office was established where teachers, neighbourhood workers and others could report this problem, but after a year it was closed because no one reported anything. The intention still is to be attentive to the signals of moderate mosques and other institutions that are in contact with young people. Social cohesion in neighbourhoods is considered important in preventing radicalisation. When contacts between people in neighbourhoods are stronger and neighbourhoods have all kinds of voluntary associations, the chances are greater that some social control exists. This is also true for migrant associations. When young people join Muslim associations, the greater the chance that people with moderate views will guide them. Again, social cohesion is the keyword.

Employment policy, practice and outcomes

Profile of city employees

The city of Amsterdam employed 20,000 persons in 2006, including the employees of the 15 city districts as well as 30 services and companies. Table 5 shows results from the monitoring system of the Amsterdam administration; it outlines the total proportion of employees working for the city by gender, immigrant status and age group.

Table 5: *Employees of Amsterdam administration, including city districts, by gender, immigrant status and age group, third quarter 2006 (%)*

Age	Total	Men	Women	Immigrants*
< 25 years	1.4	1.0	1.8	2.0
25-29 years	6.5	4.8	9.2	8.9
30-39 years	25.7	22.2	31.1	30.5
40-54 years	49.6	51.3	47.0	49.0
55 years or more	16.9	20.8	11.0	9.6
Total	100.0	100.0	100.0	100.0

Notes: * Immigrants in this case refers to 'allochthonous' citizens; these are specifically defined in the city administration's personnel policy as people who are born – or at least one of their parents are born – in Turkey, Africa, Latin America or Asia, excluding Japan and Indonesia. The latter are excluded because the existing populations of Indonesians and Japanese in the Netherlands experience no socioeconomic disadvantage. Some of the figures in this and subsequent tables may add up to slightly more or less than 100% due to rounding of data.

Source: Visser, 2007, p. 9

Table 5 shows that immigrants are in general underrepresented among the staff of the city administration and they are mainly represented in the younger age categories. Among these young employees, there are probably many second generation immigrants with Dutch diplomas. Table 6 shows the employees according to their salary category.

Table 6: *Employees of Amsterdam administration, by gender, immigrant status and salary level, third quarter 2006 (%)*

Salary scale	Total	Men	Women	Immigrants
Scale 1-3	4.8	6.8	2.0	9.8
Scale 4-6	17.6	21.9	11.3	24.5
Scale 7-9	44.2	37.4	54.4	49.6
Scale 10-12	28.1	27.9	28.3	14.6
Scale 13 or higher	5.2	6.0	4.0	1.5
Total	100.0	100.0	100.0	100.0

Source: Visser, 2007, p. 19

Women and immigrants are more represented in the intermediate salary category. Women are underrepresented in the lowest two levels and the highest level, and are overrepresented in the intermediate categories. Immigrants are overrepresented in the first three income levels and are underrepresented in the highest two categories.

Table 7 shows the proportion of employees in the salary scales 10 or 13 and higher with a bachelor degree (*Hogere Beroepsopleiding*, HBO) or higher education level. It shows that the proportion of immigrants with a HBO is much lower than among men in general. For women, the underrepresentation starts at salary scale 13, while for immigrants it starts at scale 10.

Table 7: *Employees above salary scale 10 or 13 with a bachelor degree or higher, by gender and immigrant status (%)*

Salary scale	Men	Women	Immigrants
Scale 10 or higher	61.2	38.8	10.8
Scale 13 or higher	66.0	33.0	5.0

Source: *Visser, 2007, p. 19*

The objective of the diversity policy is that the percentages in the city administration's workforce should be equal to the Amsterdam labour force. Table 8 shows where the differences are found.

Table 8: *Immigrants working for city administration, compared with their share in Amsterdam labour force, third quarter 2006*

Salary scale	Immigrants working in city administration (%)	% of immigrants in Amsterdam labour force	Difference in percentage points
Scale 1-3	41.0	74.0	-33.0
Scale 4-6	29.9	41.0	-11.11
Scale 7-9	26.6	36.0	-9.4
Scale 10 (requiring HBO) or higher	10.8	19.0	-8.2
Total	22.5	34.0	-11.5

Source: *Visser, 2007, p. 19*

The results show that the proportion of immigrants in the Amsterdam administration is, on all salary levels, lower than in the city's labour force. Surprisingly, the difference is largest in the lowest salary category. Whether this is caused by the lack of jobs at the lowest salary level is not clear. The smallest difference emerges in the category scale 10 and higher, requiring a bachelor degree.

In the period 2001–2006, the total proportion of immigrants in the municipal workforce has remained more or less the same, at about 22%. The target of 27% for this period was not reached in 2006, so the new target for 2007 was again 27%.

Employment diversity policy

Already in the beginning of the 1980s, the Amsterdam administration formulated a personnel policy with the purpose that the staff of all municipal institutions and companies on all levels would reflect the diversity of the city's population. The strategy had many names, such as positive action policy or target group policy. From 1985, positive action policy was on the political agenda. The council decided that 55% of the officials should be women and 17% should be 'allochtonous'. The personnel policy defined the 'allochtonous citizen' as 'a person who is born – or at least one of the parents is born – in Turkey, Africa, Latin America or Asia, excluding Japan and Indonesia'. The reason why the latter are excluded is that the existing populations of Indonesians and Japanese in the Netherlands experience no socioeconomic disadvantage.

Since 1991, the Regulation of the Legal Position of the Municipality of Amsterdam (*Rechtspositieregeling van de Gemeente Amsterdam*, RGA) includes an article on diversity policy. Under the heading 'positive action', Article 875 states: 'the mayor and aldermen will take measures to neutralise the deficit of women and members of ethnic minority groups who work for the municipality, both quantitatively and qualitatively.'

At national level, the 'Wet Samen', which was effective from 1997 to 2003, forced all institutions and companies to publish their results on the number of immigrants among their staff. The municipality of Amsterdam was ahead of other organisations, since registration and positive action were already taking place. After this law was abolished, the municipality pursued its personnel policy, independent of the national policy; municipalities are not obliged to follow any national lines in their personnel policy.

The current personnel policy of the Amsterdam administration has two central objectives:

- a diversity policy is necessary because the municipality has to be recognisable for its citizens – a multicultural city should have multicultural authorities;
- because of ageing and diversification in the labour market in general, it is in the interest of the city to become attractive for a diverse group.

As already noted, the total proportion of immigrants in the municipal workforce was 22% in 2006 and it was supposed to increase to 27%. Managers are now made responsible to reach this target. The current policy has been signed by the municipality at central level, by the city district authorities and by the many autonomous services such as DWI and GGD; however, the city districts and independent services are themselves responsible for the implementation.

GGD finds it difficult to reach the target percentages, because medically trained immigrants are not always available; the proportion of immigrants in the Amsterdam health service is only 12% (see next chapter). A considerable number of female Surinamese work as nurses in hospitals; however, the nursing schools do not have Moroccan or Turkish students. The few who have a medical diploma prefer to work in hospitals and not in a municipal health service such as GGD, even though the working hours at the latter are more attractive as no night duty is required.

In contrast, the work and income service of DWI fares better than the central municipal administration in reaching the targets, with an immigrant proportion of 23% (see next chapter). A large reorganisation and considerable effort has helped to achieve this result. One of the three services that merged into the new organisation already employed a number of staff with an immigrant background, so these workers were redeployed to ensure a more even employment profile. Where teams were too one-sided, new staff members were found with characteristics that were not yet available. Although the diversity manager of DWI is cautious about the figures, since they are based on voluntary registration and not everyone has registered, she believes that the policy was successful. Overall, this success is due to two main reasons: the human resource management (HRM) instruments and the large restructuring that made it possible to exchange team members and make teams more diverse. The DWI diversity manager's message is that the ideal team is as mixed as possible, combining younger and older workers, those experienced and inexperienced, men and women, different ethnic backgrounds, gay people and persons with disabilities. People who work in such teams learn from each other, are more motivated and often enjoy their situation better. Of course, this process has to be supported by the team managers, because misunderstandings and quarrels can also occur. Team managers were trained and are largely enjoying the new situation, although introducing diversity is a process of learning and sometimes one has to try repeatedly before it works.

Non-governmental organisations (NGOs) have no influence on the development of the personnel policy of the municipality. Trade unions were not involved in the development of a diversity policy, since they work mainly with regard to the legal position of employees. Nevertheless, the Dutch Trade Union Federation (*Federatie Nederlandse Vakbeweging*, FNV) has written a national policy statement on diversity and influences the general policy through the SER. Recently, a Central Employees Council (*Centrale Ondernemings Raad*, COR) within the Amsterdam administration has been established. This is an internal body with one member from every service and city district. The diversity policy is one of the first topics that it will study and report on.

The media have never reacted to the personnel policies; on the other hand, no attempts have been made to inform the press about it, since it was considered an internal matter. However, the press will be more involved with the new diversity policy, since it is considered important for the municipality to present itself as an employer with a positive image; calling on the media is one way to achieve this aim.

Challenges in developing and implementing policy

The diversity policy on employment in the municipality had strong political support, so almost no opposition was raised against it. However, there was some resistance in the organisation after the implementation. The representative of the diversity department remarks that some friction always arises when something has to change, so extra effort was needed to achieve a diverse workforce. A newspaper advertisement is not enough and working through, for instance, the networks of migrant associations is a slower method. It is more difficult to find suitable and well-educated members of immigrant groups for the vacancies in the administration, and for the immigrants it is not always their first choice to work for the municipality. Finding the right people takes effort and time.

Nevertheless, many of the managers involved – not only at the higher levels but also at executive level – increasingly understand the need to establish a diverse workforce. Furthermore, because of the outflow of older employees and the changing composition of the labour market, it will be increasingly necessary to recruit from the new ethnic groups. Among the many officials at all levels who were interviewed for this case study, all were convinced that diversity policy in employment is a logical step. The attitude is positive towards the multicultural situation in which they find themselves. A health official remarked that Amsterdam is far more motivated than the village where he lives 20 kilometres from Amsterdam; not only at management level but also on the work floor, the majority of employees see the need for adjusting to immigrant clients and having foreign nationals among the staff.

An unexpected problem reported by the Alliance of Healthcare Institutions in the Amsterdam Region (*Samenwerkende Instellingen Gezondheidszorg Regio Amsterdam*, SIGRA) was that some organisations experienced an overrepresentation of a single ethnic group. For example, Surinamese started to dominate, with specific views on elder care, and the situation became uncomfortable for the other staff members and patients. Mixed groups seem to work better than a group with one dominant characteristic.

Recruitment, training and promotion

No jobs exist within the municipal system that cannot be taken by foreign nationals; however, many of the Moroccan and Turkish candidates have dual nationality. Recruitment procedures are either arranged directly by the departments or through a recruitment agency. When recruitment agencies are used to find staff, meetings are held about finding personnel with a diverse background. Although it takes extra effort, immigrant candidates must be found, if necessary through additional procedures, especially if the department has less than the intended percentage.

Because immigrants are overrepresented in the middle salary levels (scale 7–9), it can happen that a department has more than 27%, and the target proportion for that department is higher. In some services, the personnel managers are particularly looking for immigrants in the higher salary levels.

Internal management training is available to support people to climb the hierarchical system of the municipality. As noted, a lower proportion of immigrants are found in the higher positions, so some effort is made to encourage foreign nationals to move upwards. The intention is to enhance skills and to retain good staff members by giving them opportunities to develop. The municipality wants to avoid a situation whereby talented young people with an immigrant background leave the administration prematurely. Departments have to send a potential manager to these training

sessions. However, hardly any potential immigrant managers subscribed to the 'Toptraject' management training course. In general, the choice is limited but it is not clear what happened in the selection process and to what extent some form of hidden discrimination might have been effective. A study will take place to determine why so few immigrants were registered. To encourage diverse management talents, it is necessary to have greater insight into the number of talented employees and their characteristics. The choice of which talented employees should go on the 'Toptraject' management course could then be based on this information. Currently, the focus is on raising the proportion of immigrants in middle management, so that the number of options for the top level will increase.

SIGRA has developed an elaborate kit of training instruments for health institutions under the programme 'Health care and intercultural personnel' (*Zorg en Intercultureel Personeel*, ZIP). The ZIP programme has sets of well developed tools that can be used in many other situations than in Amsterdam. These tools have been tried and improved in hospitals, nursing homes and health centres.

ZIP consists of seven main components:

1. intercultural development – institutions are supported in analysing their situation, after which a report and a practical plan to start intercultural personnel management is developed;
2. inventory and research – in 2005 and 2006, data were gathered to see whether the proportion of immigrants in medical institutions had reached a representative level compared with the labour force. Data have also been gathered on the number and views of immigrant students in medical professions, on the number of institutions that already work with a diversity policy and on the expected medical needs of immigrants in the future;
3. working together in a multicultural organisation – SIGRA has chosen a good training institute and coordinated the participation of 25 large health institutions in training courses for team leaders and managers to manage multicultural teams;
4. directed information for 'allochthonous' groups – this includes information meetings for new immigrants, information for secondary school students, information meetings about working in healthcare and information in the labour office about professions in healthcare;
5. mentoring of 'allochthonous' pupils and students – this aims to attract young people to a medical education, to avoid dropping out of school and to make them feel at home;
6. intercultural training for managers in the social service sector – six training sessions of four hours are offered on how to guide a multicultural team and solve problems, with numerous practical examples;
7. key figures and networks – a network has been set up of healthcare institutions, municipal institutions, patient associations and migrant associations.

Equal pay and working conditions

Rules on qualifications and employment conditions are the same for all employees. If unfair situations occur, a complaint procedure is possible or a procedure in the court. FNV reports that many women and non-Dutch nationals are still paid less for the same work.

Harassment

In case of discrimination or harassment, the victim can talk to a ‘confidentiality person’ (*vertrouwenspersoon*) within the administration. This is somebody to whom a case of harassment can be reported without immediately involving superiors. Amsterdam also established a complaint office on discrimination (*Meldpunt Discriminatie Amsterdam*) in 1996.² Besides general complaints, this office has three sections that receive special attention: companies and work – a behavioural code was agreed; school and youth, including support for intercultural education; and newcomers. DMO took the initiative to employ an officer to take complaints about the newcomer programme. As an example, the two main complaint issues for the month of August 2007 were about the statement by the conservative political party leader Geert Wilders, of the Party for Freedom (*Partij voor de Vrijheid*, PVV), that the Koran should be forbidden and about the increasing violence directed at homosexuals. After a complaint, depending on the situation, advice is given or a discussion is organised between the person discriminated against and the perpetrator; alternatively, a court case may be started, or some other action is taken to address the problem.

FNV reports that it receives few complaints about discrimination (FNV, 2007). The trade union believes that people are afraid to report and the union is therefore calling for a national complaint office on labour market discrimination. Such a body would make it clearer for people to know where to submit complaints in labour situations.

Accommodation of cultural and religious needs

The Amsterdam administration accommodates religious needs, such as providing a prayer room in the building. However, the trade unions blocked an attempt to adjust the holiday schedule to suit the diverse employees. Supporters of the union, who are mainly white men aged over 50 years, refused to change the holiday schedule.

Some other departments have initiatives such as a calendar that includes Jewish, Hindu, Muslim and other holidays, as well as intercultural lunches.

Health and safety

The phase where immigrant employees in the municipality do not speak Dutch has passed in the Netherlands, since immigration has been continuing for over 40 years. In the past, many information leaflets were translated into Arabic, English and Turkish, but currently most of the immigrant employees speak Dutch. Within the national policy, translation is considered undesirable and immigrants are encouraged to read Dutch.

Within the health service, it is more necessary to translate. No information is available on the city districts, which organise services such as garbage collection or public works. Since lower educated immigrants work in these services, they may still have translated materials; however, this study did not receive information on the situation.

² <http://www.meldpunt-amsterdam.nl/>

Induction and language tuition

Since many of the new immigrants are obliged to follow the newcomer programme in the Netherlands, the Amsterdam municipality does not offer any special induction or language programme for newcomers. For immigrants who are not obliged to follow the newcomer programme, it is also possible to join courses. The obligatory course encompasses language training and social orientation. As discussed earlier, such courses were not available in the 1960s when the first guest labourers arrived. Therefore, the courses are also now available for people with a Dutch language deficiency who have lived longer in the Netherlands. Students and foreign workers with a temporary employment contract are not obliged to follow the programme, so it is still possible to study or work for many years in the Netherlands without learning Dutch.

Outside the central administration, specific language training is available. The ZIP programme in the health sector supports, for instance, the teaching of Dutch on the work floor. The intention is to teach employees the specific words that are needed in their profession.

Recognition of qualifications

Within the EU, attempts have been made to standardise diplomas but not from countries outside the EU. The process of accreditation of diplomas is not arranged at municipal level. In the Netherlands, two organisations work together on evaluating foreign diplomas: the Netherlands Universities Foundation for International Cooperation (Nuffic) and the Association of Centres of Expertise on vocational education, training and the labour market (Colo). These two entities cooperate in the Information Centre for Credential Evaluation (*Informatiecentrum Diplomawaardering*, IcDW).³ When people are working, this service costs €113. Because unemployed immigrants usually arrive at the Centre for Work and Income (*Centrum voor Werk en Inkomen*, CWI), the latter can arrange a free diploma accreditation for them through the above institutes. For protected education titles, the professional groupings have their own rules about foreign diplomas; information is provided by the Dutch National Contact Point, formerly known as the Information Centre for the Recognition of Professional Qualifications (*Informatiecentrum Richtlijn Algemeen Stelsel*, IRAS), within Nuffic. Complaints regarding incorrectly evaluated diplomas can be sent to the IcDW.

According to representatives of DMO, recognition of diplomas is not a big issue among employees of the municipality of Amsterdam, since few staff members without Dutch diplomas are hired. Within the health service, this is more of an issue.

Complaints

The municipality has an internal general complaints regulation. Employees can submit complaints about all kinds of subjects through this procedure and they are treated in the same manner.

Few complaints have been made with regard to being rejected for jobs in the municipality. Application procedure rules are in force, and a code of practice is given to applicants with an explanation on how and in what cases they can complain about the procedure.

³ <http://www.idw.nl>

Special initiatives

To attract more immigrant staff members, alternative recruitment channels are being developed. In addition to the regular channels, such as printed media and websites, relevant platforms are approached and network relations are established. For instance, the municipality has approached Moroccan, Turkish and multicultural student unions.

Monitoring

Amsterdam monitors the results of the diversity policy on employment within the municipal organisation. The data are published in a social year report, which is part of the annual report of the municipality. The proportion of women and immigrants is presented according to age group, salary scale and in relation to the share of the Amsterdam labour force. Furthermore, management reports are written, in which the objectives of every director are stated and whether or not they succeeded in reaching their targets.

The quality of the report depends on the cooperation and contributions by the services and city districts, and on the willingness of staff members to be registered as 'allochthonous'. The ethnic registration of staff members is important to evaluate and steer the policy, and for the programme group that steers the personnel policy on diversity – known as the People, Culture and Organisation (PC&O) programme group. This group regularly drafts a report, which includes the data of the decentralised organisations. The alderman receives a report twice a year on the composition of the municipal workforce.

Impact of policy and lessons learnt

The ageing of the Amsterdam population – as well as the strong economic situation in 2007 – provides an opportunity to take action on the relative lack of immigrants in the administration compared with the city's labour force. The outflow of Dutch employees should correspond with an inflow of immigrant employees. Therefore, the methods of recruitment and selection have to be adjusted. A new programme is being developed with the following main components.

- A shift is taking place from ideological to practical objectives. Citizens are central in the new plan. Because the population is diverse, the administration also wants a diverse workforce. Immigrants are mainly found in the intermediate salary scale levels, while the number of immigrants in higher and management functions is still relatively too low.
- The Amsterdam administration had up until recently limited power over the personnel policy of the decentralised services and city districts; they have their own mandate. Because of the limited possibilities to direct policy, a lack of coherence is apparent in the many initiatives by the different services. The new programme will have more coherence and the decision-making process will be able to influence the whole city administration, including city districts and decentralised services.
- The city board has agreed that the meetings with directors about the target number of immigrants in higher functions will be followed up on more closely and, if the target is not reached, the responsible person will be reminded of this responsibility. Directors are obliged to seek a good candidate among women and immigrants.

The impact of the policy in terms of a better image of the municipality towards its immigrant citizens is most visible at the level of the aldermen. The former Moroccan alderman of Social Affairs, Ahmed Abutaleb – who became a secretary of state in the national cabinet – was replaced by a Surinamese alderman, Henna Buyne. Since part of the Moroccans and Surinamese felt systematically excluded, people in power can make a difference to their perception. Diversification is also becoming increasingly visible at the different service counters in the city.

Diversity in service provision

Services provided and contracted out

The municipality of Amsterdam's website outlines a list of 42 services.⁴ This chapter will focus on the same services as in the previous chapter, namely GGD and DWI, as well as the Education and Citizenship Service (E&I).

The Medical Health Service (GGD) offers a broad range of services, which are available for all of the Amsterdam population. Services include: physical check-ups, treatment of venereal disease or the human immunodeficiency virus (HIV), diagnosis and treatment of tuberculosis, all kinds of youth healthcare, social care – such as support for homeless people and tackling nuisance behaviour in neighbourhoods – as well as education and information on healthcare. Information provision is considered important for immigrants, people with different cultural background and those with poor Dutch language skills. This is often done in cooperation with migrant associations. For example, a subsidy is given to Surinamese, Antillean and African associations to organise information meetings on venereal disease, while Somali associations receive money to organise information meetings on female circumcision. GGD also provides training for the information officers of migrant associations, including how to set up training sessions in their own organisation – that is, training the trainer. Experience has shown that the target group simply does not attend if the information meeting is not organised by members of its own community. Through this cooperation, GGD also gathers more information on the problems that exist in immigrant communities. Although the general policy of the municipality is not to translate anything, the head of information at GGD emphasises that this is impossible in the health sector. Cultural and language interpretation is essential where health is concerned, since dangerous situations can otherwise develop.

The Work and Income Service (DWI) offers two basic services:

- a labour office service – this supports people who have no work to involve them actively in society and if possible to get a paid job. Several programmes and courses are available; some are subcontracted to reintegration agencies while others are run by DWI, such as a project for problematic young people, homeless persons and drug addicts.
- a welfare service – anybody without regular income receives some kind of welfare or other form of payment. Other services are part of this division, such as house visits and financial assistance to buy equipment like a washing machine. DWI sometimes organises specific programmes for special groups, such as refugees and immigrant women.

Some contracts in the field of labour support are given to migrant associations representing a specific target group. For instance, the Ethiopian Dir Foundation has for some time organised a project to help unemployed Ethiopians in finding a suitable job. Dir serves as a contact point where Ethiopians can discuss their possibilities and opportunities; the Ethiopian coach supports them in finding the right training and explains about employers and working habits in the Netherlands. As part of this study, the coach explained that people often want a better job than they can get with their limited diplomas and language proficiency.

Education and Citizenship (E&I) organises, administers and checks the citizenship system on behalf of immigrants. It receives the immigrants, enters them in the administrative system, asks them to go for an assessment, and gives advice about the language and citizenship course that they can take. Since 2007, assessment bureaus and course providers have competed for subsidies; consequently, 40 course providers are active in the different neighbourhoods in Amsterdam, sometimes specialising in a specific subgroup – for example, illiterate persons, mothers or highly educated immigrants. The more professional schools are usually more expensive. The municipality of Amsterdam also subsidises language courses that are given at migrant associations, mosques and other NGOs.

⁴ http://www.amsterdam.nl/gemeente/diensten_bedrijven

Diversity policy in services

GGD takes immigrant clients into account in several ways. Generally, information leaflets are translated into English, Moroccan Arabic and Turkish. To improve communication, immigrant health information officers (*Allochtonen Gezondheids Voorlichters*, AVG) have been employed. A total of 25 AVG work part time with 25 GP centres in neighbourhoods where many immigrants live. Different parts of GGD can deploy the AVG team during the rest of their working hours, and they also visit 10 mother-child centres offering services in relation to pregnancy, baby care and midwifery. In addition, the AVG visit psychological and psychiatric practitioners, and they can work as intermediaries between patients and specialists. They translate the request from the language and specific culture of the immigrants into something that the doctor can understand and vice versa. Due to the help of the AVG, the work pressure for doctors increased as more disorders were recognised; nevertheless, the doctors are satisfied that they understand their clients better. The general effect is that people follow their therapy more consistently and understand their medical condition and what to do about it.

GGD bases its projects on the urgency of particular problems rather than on a specific client category. The scale of the problem and the seriousness determine whether something becomes an issue for the service. For instance, obesity among children is a rather common problem, but not extremely serious, while female circumcision is rare but very serious. The latter example might have a cultural or religious background; therefore, attention is paid to this context when the medical health service organises information campaigns.

As a further example, specific attention for Surinamese drug addicts was necessary because drug use is a serious problem, and without special attention they could not be helped.

Refugees with psychological problems are referred to the Pharos Foundation in Utrecht, which specialises in refugee trauma.

DWI works along basically the same lines for migrants and non-migrants, using a tailor-made approach. Around 2001, the service stopped translating information leaflets, since it was considered to discourage learning Dutch; currently, the leaflets are only available in Dutch. DWI tries to improve the situation of people with socioeconomic difficulties, offering 250 programmes for unemployed persons. It does not target specific ethnic groups, although immigrants are overrepresented among those unemployed. Its target is people without a job or with a problematic income situation. Unemployed people are expected to become socially active in some way. All poverty support services are available for people who earn 10% less than the social minimum, including those who work limited hours, families with many children and older people who live below the minimum income.

Language courses are available for immigrants and specific courses for refugees and migrant women. Some general mixed courses have only immigrant clients.

E&I is executing the national policy of language and citizenship programmes, which was reformulated on 1 January 2007. The obligatory citizenship programme is meant for anyone aged between 16 and 65 years, who lives in one of the city districts of Amsterdam, who has a valid residence permit, who is not a citizen of the EU or Switzerland or a country with a treaty with the Netherlands, who has been less than eight years in the Netherlands during the compulsory education age, and who is not in the Netherlands for a temporary reason like study, temporary work, a visit or medical treatment. When people who fulfil the above criteria speak Dutch well, they have to pass a test (NT2 test level 2). Unemployed people who receive welfare are obliged to make an effort to reintegrate into the labour market and to follow a reintegration programme, according to the law on welfare; if necessary, they also have to pursue a language or citizenship programme. A general problem is that immigrants who do not pass the language examination have to pay

themselves for the courses. The chance of low educated immigrants failing the exam is higher than for high educated foreign nationals, even though they follow the specific course for low educated people.

Specific to Amsterdam are the following conditions:

Both immigrants and Dutch people without a sufficient level of language and citizenship knowledge have to take the courses. The target group of the citizenship policy is all groups that cannot connect with society. The language policy – as formulated in the document ‘Nobody aside’ (‘Niemand aan de Kant’) – is directed towards Dutch and ‘associate Dutch’ people; the latter refers to immigrants. Thus, illiterate unemployed Dutch nationals may also be obliged to take the course.

The cost of the obligatory examination amounts to €276 and is paid back when people who come under the municipal regulation pass the exam. Waiting lists were lengthy for the courses in the last 10 years, but this situation has recently improved because more course providers have been found. Providers have to present a detailed set-up of their training programmes. The municipality tries to judge, using quality criteria, which course providers are good and reasonably priced and which ones get subsidised. Although the new institutions have been carefully chosen, at the time of writing, it was not yet clear whether they could really organise the courses in a professional way; this would emerge after an evaluation of the new courses.

Employment profile of service providers

Some 12% of the staff of GGD are immigrants and 50% of the management positions are held by women; as noted earlier, in relation to the immigrant representation, this is lower than the 2006 average in the municipality (22%). No data are available on the positions in which these people work. Within the health sector, surpluses of Dutch people and of women are found; therefore, it is difficult to establish a workforce that reflects the Amsterdam labour force. GGD tries to avoid monocultures, that is, groups of staff members with similar characteristics. The influx of staff is largely determined by the outflow from educational institutions, and GGD tries to attract more young people, older people and persons with disabilities as staff members rather than explicitly seeking immigrants. As already noted, few students of Moroccan or Turkish background study medicine.

DWI is faring slightly better than the central administration and than GGD, with an immigrant staff profile of 22.6%. This figure is based on 1,068 out of 1,682 employees who have voluntarily registered: 380 persons have registered as ‘allochtonous’.

To provide more detail, it is necessary to depend on voluntary registration figures and, because of missing cases, the data become less reliable. Therefore, Table 9 should be taken as an indication. It shows that improvement in the number of immigrants is still needed in the higher salary scales while this is less of an issue in the medium scales.

Concerning women, the data are more reliable. Some 37 women (33.3%) are in senior positions and a fourth female director was appointed in 2007. In the several labour offices – currently known as ‘market squares’ – the number of female managers exceeds that of male managers.

Table 9: Immigrants and women working for DWI, 2006

Salary scale	Total workforce (n and %)	% of women	% of immigrants, based on 1,068 registered
Scale 01-03	0 (0.0%)	0	0
Scale 04-06	96 (5.7%)	56.3	44.8
Scale 07-09	1,289 (76.6%)	59.2	39.9
Scale 10 (requiring HBO) or higher	297 (17.6%)	37.2	17.4
Total	n=1,682 (100%)	n=929 (55%)	n=380

Note: n = number.

Source: *Personeel & Organisatie (P&O) Kengetallen rapportage [Personnel and organisation statistical report], DWI 2007*

E&I is not a separate institution but a department of the municipality, as explained earlier. Currently, 20% of the staff of 30 members are of immigrant origin, which is below the average for the Amsterdam administration. The general target is to reach a proportion of 25% of immigrants for the coming period in DMO. The number of immigrants in the management team has increased in recent years. Nevertheless, it seems surprising that the department that works most directly for immigrants did not even attain the 22% level that the rest of the Amsterdam administration has achieved.

Access to services

As already explained, GGD has employed AVG and implemented the ZIP programme for healthcare and intercultural personnel. This project was co-financed by the municipality and executed by SIGRA.⁵ The intention was to discuss with all health institutions the accessibility of the services to immigrants. It was a successful project, and health institutions are now aware of the need to reach all patients, and to position their services in a multicultural perspective. Interestingly, ZIP was part of an agreement to cut personnel costs in healthcare.

An initiative by SIGRA to broaden healthcare is 'Care in multicultural Amsterdam' (*Zorg in Multicultureel Amsterdam, ZIMA*); this project encompasses discussion about the connection between healthcare and the requests of clients with different backgrounds. The dialogue takes place in a commission representing the health institutions and the municipality.

The profile of mental healthcare services remains relatively indigenous compared with other sections of healthcare, although the umbrella institution the Dutch Association for Mental Healthcare (*Geestelijke Gezondheidszorg Nederland, GGZ Nederland*) has introduced a diversity policy on staff and on accessibility for a multicultural public. The different regional offices undertake projects to achieve this aim. Immigrants were seeking mental healthcare to the same extent as Dutch people, but were dropping out of the treatment more often. This is probably due to unhappiness about the suitability of the treatment. Adopting a multicultural approach to mental healthcare for young people received separate attention: a group called Interculturalisation of Youth Mental Healthcare (*Interculturalisatie Jeugd Geestelijke Gezondheids Zorg*) organises two yearly meetings on this topic, focusing on a certain theme to embed a multicultural ethos into the policy of the different mental health institutions for young people.

⁵ More information (in Dutch) at <http://www.sigra.nl/projecten>

DWI realised that some of its services were underused. It decided in 2006 to provide more information in neighbourhoods concerning the rights and duties associated with welfare payment and poverty reduction policies. This strategy had not been pursued for some decades. About 70 meetings were held within a year, using interpreters and locations such as mosques and community centres. The approach targets people who do not read leaflets and a neighbourhood network was developed.

A side effect was that the officials acquired information on the type of problems that people wanted to discuss. For instance, pensioners who have not lived from the age of 15–65 years in the Netherlands receive lower old age benefit, related to the number of years that they have lived in the Netherlands. Therefore, by national law, DWI adds to their payment in order to reach the minimum welfare payment level. Amsterdam now tries to arrange with the national government that some rules become less strict, such as the maximum holiday period of three months. This was already agreed in other cities. The visit approach will be broadened to include nursing homes, for example.

E&I receives a list of people who are obliged to take the citizenship course and approaches them with a letter, so access is not a problem for newcomers.⁶ However, for those who want to take the course voluntarily, probably not all potential students are reached. They can approach a reception office at the city district council (*taalwijzer*) or ‘market square’ near to the person’s home and take a test to determine their level of proficiency. City districts encourage NGOs and institutions in neighbourhoods to find ‘oldcomers’ – immigrants who have already been living for years in the Netherlands – for the courses. The course locations are in several city districts, so that everyone can in principle find a course nearby. Supplementary policies are supposed to make access to courses easier. These include the following provisions:

- childcare is paid through the national law on childcare, and a babysitting arrangement is available although not all students have a right to childcare;
- a coach supports the person through the language course to the labour market course to a job;
- course providers ensure that different target groups are given specific provisions – for instance, illiterate people, mothers and highly educated immigrants;
- the course is tailored to people’s circumstances – for example, a group of mothers talks about contacts with the teacher and the health of children.

Monitoring of access and outcomes identified

The accessibility of GGD is monitored by the municipality itself rather than by external agencies. A health monitor from 2004 gives an overview of the use of care according to ethnic group.⁷ Immigrants visit a GP more often than Dutch people do; however, they both see specialists to the same extent. Turks are treated more often for psychological problems than other ethnic groups.

⁶ Although most people know about the system, the cost involved causes some drop-out. Since it is more expensive to fail the exam (€3,000) than to pay a fee for not turning up (some hundred euro), some immigrants choose the latter option.

⁷ <http://www.gezond.amsterdam.nl>

DWI is both internally and externally monitored. FNV and the Verwey Jonker Institute have so far conducted five surveys in waiting rooms, focusing on the effectiveness and friendliness of this service (Nederland et al, 2007). Although this study was not focused on immigrants but generally on the quality of the service in the eyes of the clients, it became clear that unhappiness about the long period that it took to be entered into the system was a problem. A further issue was the experience of staff unfriendliness, particularly of some personnel being overly suspicious about fraud by people on welfare. In the most recent survey, clients rated the service with a 6.6 average score on a scale of 0–10, which marks an improvement compared with five years previously when the rating was 6.0. Different groups rate house visits, personal conversation and information meetings differently, and some people do not like the control element of the system.

Further research among 781 clients of DWI was carried out by O+S Amsterdam in December 2006, with similar results: friendliness of the staff and the perceived effect of the approach is improving, and the rating increased in general – satisfaction with the service rose from 6.5 to 7.0.⁸

Researchers also tried to establish to what extent the services find the target groups; however, it remains unclear how many people without welfare are not reached. This is probably the case for some low educated foreign women.

E&I is not evaluated externally. However, the lack of waiting lists is considered important. When the municipality has received the database of potential customers, E&I estimates the size of the group for the particular year and formulates targets. At the time of writing, the database included 35,000 persons, who were obliged to pursue a course from 2007 onwards. This is a substantial total, since just 2,731 newcomers and 3,875 ‘oldcomers’ followed the course in 2006, and 3,115 newcomers and 3,818 ‘oldcomers’ did so in 2007; the increase is due to the elimination of the waiting lists by outsourcing the training to course providers. The policy document ‘Nobody aside’ stipulates that 80,000 people should follow the citizenship and language course in the next four years. However, it is not clear whether this amount is manageable for the institutions.

Cultural awareness of staff

GGD trains its staff to enable them to work with clients of different cultural backgrounds and the specific problems that arise among certain groups. The health service finds it important that doctors and nurses can work in a multicultural manner. This means that they have to know what kind of problems are typical for certain immigrant groups and that they can anticipate treatments on the basis of this information. Within the ZIP programme, many training facilities were developed and these are still provided by a training bureau.

The staff of DWI have also undertaken a considerable amount of training. Managers were trained on how to lead a diverse team. Since numerous immigrants work in DWI, this increases the cultural awareness of the staff.

Surprisingly, the staff of E&I did not receive training on cultural awareness. Since they work with subcontractors who work closely with the target population, they do not meet the immigrants themselves. For instance, they liaised with Refugee Work Amsterdam in providing the courses for new refugees.

⁸ <http://www.os.amsterdam.nl/nieuws/10296>

Discrimination against service users

It seems that no complaint procedure exists other than Meldpunt Discriminatie Amsterdam, which is subsidised by the municipality, as explained earlier. The national ombudsman also takes complaints on the functioning of municipal institutions, but not particularly on discrimination.

Special initiatives

Since too many initiatives exist to give a complete list, four specific examples are highlighted.

Contact with migrant associations

DWI, GGD and E&I undertake initiatives with immigrant and refugee associations. Immigrant organisations are targeted to reach isolated individuals, to find suitable personnel and to spread information. Information meetings at migrant associations frequently take place for all three services and they are each intent on developing a network of immigrants that they can contact when they need to expand their knowledge base.

Jobs offensive

'Jobs offensive' (*Banenoffensief*) is a labour project for refugees in combination with DWI.⁹ Because the proportion of unemployed refugees is much higher than among any other group, the Refugee Council and a group of retired employers known as 'ambassadors' have set up this cooperation. The employers experienced difficulties in finding personnel, while many educated refugees are unemployed. A bureau has been set up where refugees are received, their curriculum vitae (CVs) are studied more carefully than is usually done at DWI and, through direct contacts within an employer network, it has proven possible to connect the two sides quickly and easily. The success rate is very high.

Building on citizenship

A neighbourhood project called 'Building on citizenship' (*Bouwen aan Burgerschap*) for unemployed women in the De Baarsjes city district was set up with DWI.¹⁰ The target group has multiple problems: most of them are low educated and have at least two children, more than half of them are single mothers, more than half have an incurable disease, a quarter do not speak any Dutch, many have financial problems like debt and many have problems with their children, such as criminality or troublesome school behaviour. Motivating this group to work does not make sense; however, it was possible to encourage them to go on courses or to the gym, women's meetings and a neighbourhood centre. This led to less isolation and more social cohesion in the neighbourhood.

Recovery

An employment project to restore the fortresses around Amsterdam for school drop-outs without work skills is called the 'Recovery' (*De Herstelling*).¹¹ Work experience is offered in building, carpentering, roofing and other technical occupations, while attention is also paid to strictness, being on time, being polite, cleaning up tools, working together and other basic work skills. DWI, the rehabilitation service of former prisoners, schools and youth workers cooperate to find young people who have a series of problems. The project is successful in preventing the most difficult cases from ending up without any training or job.

⁹ <http://www.banenoffensief.nl>

¹⁰ http://www.hetkenniscentrum.nl/kcgs/dossiers/socialecohesie/Burgerschap/Bouwen-aan-burgerschap_1015.html

¹¹ <http://www.herstelling.nl>

Impact of policy on access to and quality of services

The experience at GGD shows that information in other languages than Dutch remains necessary. It is short sighted to believe that this translation service can be abolished everywhere. GGD considers that the AVG are a success, especially when they act as intermediaries. Furthermore, these immigrant health information officers are flexible and can operate in many settings, for instance during individual contact or in group meetings. Within the health sector, there is adequate attention and awareness of the need to work in a multicultural environment and to form multicultural teams. Nevertheless, meetings are not always successful, as was the case for example concerning a meeting on HIV and acquired immune deficiency syndrome (AIDS) with Ghanaians in De Bijlmer. However, the session improved after discussing it with the Ghanaian association. Cooperation with members of the target audience remains essential.

A similar lesson can be drawn from DWI, which provides more information in community centres and mosques than is usual in other towns. The work and income service has learnt from these meetings what immigrants understand and what they do not. Officials realised that their way of thinking is different from their clients' way of thinking and that their letters are formulated in a too complicated manner.

Most new immigrants appreciate the language courses that they receive on arrival, except that they find them too short to reach a level of Dutch that is suitable for the labour market. The impact of the language courses is substantial. E&I considers it a success that it managed to diminish the waiting lists that existed for many years, as the courses are now given by many new course providers. The targets are now being reached, which was not the case for many years.

However, internally this department has to cope with a lot of changes. The national laws on language and citizenship courses have changed nearly every year in the last 10 years. Therefore, schools have had to adjust, locations where the lessons took place changed and the staff of the schools were let go and had to reapply; all of this caused considerable unrest for both clients and teachers.

Whether the quality of the new course providers is acceptable is not yet clear. New institutions have more difficulties in gathering materials, have no libraries and sometimes work with less experienced teachers than the largest school, ROC. On the other hand, many students like the informal setting of the smaller providers compared with the bureaucratic ROC, which tries to be attractive with fashionable teaching methods like 'work floors' – large teaching areas for more than 90 clients. Coping with the high volume of administration for the 10,000 potential students, the assessment of their proficiency level, finding them the right course and organising supervision are further challenges. In addition, media attention can disrupt the process. E&I has shown considerable resilience and flexibility in coping with this task.

Key challenges and lessons for CLIP

Amsterdam has almost 50 years of experience with immigration and its population currently consists of about 50% of people with an immigrant background, when first and second generation migrants are taken into account. Due to this long experience and considerable proportion of the population, many services have already been adjusted to work in a multicultural way, because half – or often more than half – of the clients are immigrants, schoolteachers, health officers and DWI officers have already worked for many years with this reality. Moreover, Amsterdam has always tried to be immigrant friendly with its measures and to implement them quickly. According to the city council, it was necessary to adjust services and the workforce; this strategy has developed an ideology that is more positive towards diversity than in other Dutch cities with large immigrant populations.

Positive action has been implemented in Amsterdam, which does not appear to be the case in most of the other cities in the Netherlands. Although the labour market was rather tight around 2007, it was still difficult to increase the proportion of immigrants in several municipal bodies; without positive action and a multicultural approach, changes do not easily take place. Despite a constant and insistent effort, the share of immigrants at the municipality did not improve in the last four years. DWI managed to achieve better results, due to its HRM policy and helped by a large reorganisation in which it had the opportunity to re-divide the staff and establish diverse teams. GGD has more problems in finding immigrant staff, because – except for Surinamese young women – few immigrant young people pursue a medical education.

Increasing the proportion of immigrants who work in high-level jobs seems to be more of a long-term process. The municipality provides internal management training; however, even then, the heads of the departments do not register immigrant candidates for the training. GGD has developed an impressive toolkit for health organisations to work on their diversity management and to become more multicultural. It has supported many hospitals and medical care institutions in the change process. This was rather successful, probably because the staff is already mixed and therefore aware of the consequences of having a multicultural team. They understand the need to work successfully and to tackle problems arising.

Within the service providers that this study has examined more closely, GGD and DWI have concentrated on changing their information provision approach not only by hiring immigrant staff members, but also by adjusting information methods. A debate is ongoing between services on whether or not to translate materials. While the municipality generally no longer provides translations and is convinced that it was a mistake in the past, this service is still offered in GGD. In terms of health, it is critical to be able to communicate with patients; therefore, translators and interpreters are sometimes needed. Thus, GGD employs 25 AVG of Ghanaian, Moroccan, Surinamese and Turkish background. In fact, this system has existed for many years and will not easily be abolished.

E&I departments, which work exclusively on behalf of immigrants, but in liaison with external course providers and coaches in the municipality, have made an extra effort compared with other cities to design a non-discriminatory policy. The fact that this service had to cope with constant changes in the national policy made the work in this field difficult. The Amsterdam target to reach 10,000 potential students seems ambitious but, on the other hand, good intentions send out a positive message to the public. E&I also needs to work further on monitoring the quality of the training of the recently established course providers.

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List of persons contacted

The following people were interviewed between August and October 2007:

- Marian Visser, officer at Platform Amsterdam Samen (PAS) within the municipality of Amsterdam and CLIP city representative, 3 September 2007
- Judith Suurmond, officer at the Diversity section of the Department of Social Development (*Dienst Maatschappelijke Ontwikkeling*, DMO), Municipality of Amsterdam, 3 September 2007
- Maarten van Aernsbergen, Officer of Education and Citizenship at DMO, 15 October 2007
- Obbe Willebrands, Head of Personnel and Organisation at DMO, Municipality of Amsterdam, 17 September 2007
- Bas van Meggelen, Coordinator of employment services between three departments: labour service, social development and the harbour company, 19 September 2007
- Annie Stomp, Diversity Project Leader, HRM team, Work and Income Service (*Dienst Werk en Inkomen*, DWI), 21 September 2007
- Bartho Boer, DWI, contacted and interviewed by city representative Judith Suurmond, August 2007
- Saskia Visser and Eric ten Hulzen, Concern Organisation in Central Service Department (*Bestuursdienst Concern Organisatie*), contacted and interviewed by city representative Judith Suurmond, August 2007
- Arnoud Verhoeff, Head of cluster epidemiology, documentation and health promotion in the Medical Health Service (*Geneeskundige en Gezondheids Dienst*, GGD), 28 September 2007
- Waheeda Abdoelrahman and Joop Looijenga, Alliance of Healthcare Institutions in the Amsterdam Region (*Samenwerkende Instellingen Gezondheidszorg Regio Amsterdam*, SIGRA), 26 September 2007
- Mustafa Laboui, Diversity officer of the Dutch Trade Union Federation (*Federatie Nederlandse Vakbeweging*, FNV), 17 September 2007
- Anne Trojke, Labour support for refugees, Dutch Refugee Council, 5 September 2007
- Daniel Giltay Veth, Project coordinator of 'Building on Citizenship' for unemployed women in the De Baarsjes city district, 13 September 2007

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