

Summary

Direct placement of resettled refugees in local municipalities

A study of the impact of the policy change

1.1 Background

Every year about 500 refugees are invited to come to the Netherlands. These are people who cannot return to their country of origin. Until 1 July 2011 these 'resettled' refugees were housed in an asylum seekers' centre in Amersfoort for a maximum period of six months, after which they moved to homes in municipalities. Since 1 July 2011 resettled refugees have been placed in municipalities immediately. Whereas preparatory activities such as an initial introduction to the Netherlands, the beginning of integration into Dutch society, language courses and the provision of documents previously took place at the asylum seekers' centre in Amersfoort, they now take place in the municipalities and to some extent before the refugees travel to the Netherlands. The design of this policy change is set out in the Implementation Plan for Direct Placement of Invited Refugees in Municipalities. The plan specifies how the process is to be implemented and what tasks are to be performed by the various organizations involved in the process.

1.2 Focus of study

The central question of this study is how direct placement and support of resettled refugees in municipalities is actually working out, both practically and financially, how the implementation of this process is assessed by the parties involved and whether there are any specific problems. A description of actual current practice takes a prominent place in the study; this is then compared with what is set out in the implementation plan. The study also includes an account of the experience and opinions of those involved in implementing the policy (refugees, municipalities, GPs, educational institutions, social support organizations, etc.).

1.3 Approach

To answer the central question, a document study was carried out and almost all the municipalities which have received resettled refugees since 1 July 2011 were interviewed by phone using a standard questionnaire. In addition, case studies were carried out in ten municipalities; for these studies policy workers, financial staff, employees of organizations which support refugees, GPs and representatives of educational institutions were interviewed, as were refugees in the same municipalities. Interviews were also conducted with national agencies involved with the placement of refugees, such as the Immigration and Naturalisation Service (IND) and the Central Agency for the Reception of Asylum Seekers (COA).

1.4 Description of the process

Several parties are involved in the process of selection, preparation, travel, arrival and accommodation for resettled refugees in municipalities. This study describes the practical implementation of this process in detail. Because of their complexity, the process and its implementation cannot be described in detail in this summary; for a detailed account we refer to the study itself. The process can be summarized briefly as follows.

Resettled refugees are invited to resettle in the Netherlands either in groups through selection missions or individually on the basis of their dossiers. During selection missions in countries where refugees have found temporary shelter, the IND selects groups of about one hundred refugees at a time. In addition, about one hundred refugees a year are invited without involvement of the selection missions, in connection with an urgent situation in the country of refuge. These people are invited individually on the basis of their dossiers. The IND comes into contact with refugees who are potentially eligible for resettlement in the Netherlands via the United Nations High Commissioner for Refugees (UNHCR). The IND decides whether a refugee nominated by the UNHCR is in fact eligible for resettlement.

Refugees who have been selected for resettlement in the Netherlands are given information about the Netherlands so that they can prepare themselves for their new lives. In the case of refugees who have been selected during a selection mission this information is provided by the COA and consists of several training sessions in the country where the refugee is located at the time. Refugees who have been selected on the basis of their dossiers are in principle provided with written information, and if possible they are also given short courses.

Resettled refugees travel to the Netherlands by air. Upon arrival they are met at Schiphol airport, where they stay for one night in a hotel, complete some paperwork, are given (or are supposed to be given) a residence card by the IND and undergo TB screening. Then the refugees are taken by the COA to the municipality where they are to be resettled.

In the municipality where they will be living, the resettled refugees are welcomed by municipal staff, sometimes in conjunction with the civil society organization which will be responsible for assisting the refugees. The organizations make sure the resettled refugees complete certain formalities and accompany them to their new homes. Civil society organizations assist resettled refugees for some time to help them find their way in the community. Resettled refugees must attend civic integration courses.

1.5 Conclusion

It may be concluded that in general the direct placement and support of resettled refugees in municipalities works smoothly and is also generally experienced as positive by the parties involved. Many aspects of what happens in practice comply with the implementation plan and no particular problems arise. However, some points of current procedure are not in accordance with the implementation plan and as a result the parties involved do experience problems. As regards these points, practice should be made to conform to the plan. There are also some points of the plan which cause problems; as regards these points, the plan should be adapted to match actual practice. Some important findings which highlight the need for adaptation of the implementation plan or of everyday practice are:

- In many cases when refugees arrive in the Netherlands they cannot immediately obtain a correct residence card due to problems with IND equipment and problems with the registration of personal data. This causes problems for municipalities, civil society organizations and the resettled refugees themselves. These problems relate to registration in the municipal personal records database, meeting the obligation to provide proof of identity, opening a bank account, transferring health insurance, and applying for allowances, child benefits and old-age pensions. The IND should make serious efforts to improve this situation and current practice should be adapted to comply with the procedure set out in the plan.
- Because refugees often do not have correct residence cards, municipalities are often unable to convert the health insurance provided for refugees by the COA into regular health insurance. To cope with this problem, in practice it has been agreed that the health insurance provided by the COA will stay in place until the municipality has converted the refugee's health insurance. This procedure differs from that set out in the implementation plan, but it does provide a solution for the refugees, who would otherwise have no health insurance in the interim period. In this case the recommendation is that the implementation plan be adapted to match current practice.
- In a small number of municipalities the municipality or the Medical Assessment Section (BMA) of the IND fail to arrange GPs for resettled refugees. This results in medical risks for the refugees. Until refugees arrive in a municipality, health care is the responsibility of the International Organization for Migration (during the journey) and the COA (at Schiphol airport). If no GP has been arranged in a municipality, no health care is organized and medical problems cannot be dealt with quickly. In this case current practice should be adapted to comply with the plan; the municipalities and the BMA should carry out their tasks properly.
- One important area that needs attention is the municipalities' limited knowledge regarding the medical condition of resettled refugees. The information included in the transfer dossier is very general. Sometimes information which is in fact available in the medical file is missing from the transfer dossier, even though that information has an important bearing on the accommodation and the level of initial services to be provided by the municipality and the civil society organization. It is recommended that the plan be adapted to enable municipalities to have access to all relevant medical data so that they can provide appropriate services.

A modest point for consideration is that the wishes of refugees regarding the furnishing of their homes do not always match what has been prepared for them. To ensure that the way municipalities furnish houses is more in keeping with the refugees' wishes, perhaps a provision could be added to the implementation plan stating that this should be discussed and agreed with the refugees; after all, the refugees themselves pay for most of the furnishings. However, it should be borne in mind that this would not be easy to organize.

Municipalities organize the process of the placement of resettled refugees in a variety of ways. Furnishing of the refugees' homes and the division of tasks between the municipality and civil society organizations are arranged in different ways in different municipalities. This diversity is appropriate; the implementation plan allows for it. There is also diversity as regards funding. Municipalities fund the process in different ways and have different views on how it should be funded. Sixty-eight per cent of the municipalities say the funds available to them for the placement of resettled refugees are adequate, whereas 23 per cent of the municipalities have too little funding for one or more activities.

As yet, municipalities and other parties involved in implementing the policy that has been in force since July 2011 have had relatively little experience with that policy, so that it is not yet possible to say anything about the policy's effectiveness. However, it may be said that since the policy change municipalities have been more satisfied about their collaboration with the COA, that they need to make greater efforts before refugees are settled in the municipality and that civil society organizations provide more intensive support for resettled refugees, particularly in the initial stage. The same conclusion can be drawn if the placement of resettled refugees is compared with the placement of other holders of residence permits.

In general it may be concluded that current policy as it has been designed and is implemented runs smoothly and complies with the implementation plan. Nevertheless, both current implementation practice and the implementation plan should be adapted with regard to a few important points. However, by and large all parties involved make efforts in all kinds of ways to facilitate the placement of resettled refugees, with the intention of giving these people better prospects than they had in the country of refuge.