



Integration policies for ethnic minorities

A synthesis of 16 recent evaluation studies in the Netherlands

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Introduction

One of the key conclusions to emerge from a study carried out on commission from the Dutch Temporary Committee for Research into Integration Policy (the “Blok Committee”, 2003-2004) was that the effectiveness of the integration policy had hardly been investigated over the past three decades and that the quality of the existing studies was poor. It also appeared that there was no causal connection between the goals, instruments, indicators, and results of the integration policy (the programme theory). In addition to the question whether or not the results of a particular policy programme could be attributed exclusively to that programme (effectiveness), evaluation studies should be able to answer the following questions in order to provide for a scientific underpinning of the policy that is carried out: what are the policy assumptions on which the policy interventions are based? That is, *how* (via which processes and behavioural mechanisms) should a specific policy intervention bring about the desired behavioural changes in the target group? How do these assumptions work in reality? In which contexts do these programmes yield the desired results? This enables policymakers to know why a particular programme would work or not and under which circumstances. In a synthesis of recent evaluation research we attempt to answer these questions with regard to the Dutch integration policy.

Method

In this synthesis we restricted ourselves to the study carried out on commission from or funded by the central Dutch government in the period from 1 January 2003 to 1 March 2006. On listing the relevant research we came across 16 process and effect evaluation studies that met our criteria. These studies relate to the following fields: labour participation, education, accessibility of health care, integration programme's, naturalisation, media, and combating criminality. For the synthesis of the evaluation research we employed the Context-Mechanisms-Outcome (CMO) approach proposed by Pawson and Tilley (1997). Mechanisms refer to the ‘engines’ which are assumed to be the working elements of a policy measure or policy programme. The fact that mechanisms are assumed to be working does not necessarily mean that they actually operate. In our analyses we divide the assumed mechanisms that we encountered in the evaluations into two categories: *institutional* and *social* mechanisms. The first category regards mechanisms at the organisational, administrative or institutional level where no (explicit) link is made as to *how* behavioural changes at the level of individuals from the target groups (here ethnic minorities) should lead to the intended policy results (for example, information exchange between partner organisations). Social mechanisms regard the policy assumptions why and

how the policy instruments used should change the behaviour of individuals from the ethnic minority groups and this should lead to the desired policy results (for example mentoring).

Results

The results below are based on the 16 evaluation studies we analysed. In these evaluation studies we identified the following assumed mechanisms (for more information, see Kulu Glasgow e.a. 2007):

Assumed mechanisms: labour participation

Institutional mechanisms:

- *Awareness/ obligations of employers and control upon that:* if employers become more aware of the deprived position of ethnic minorities, they will hire more employees from these groups and allow them to move up to higher positions. Feedback by the government and social control by lobby groups (through public obligatory annual reports) will enhance this effect.
- *Due to structural changes in the personnel policy* employers will hire more often individuals from ethnic minority groups, and allow them to move up to higher positions within their company. This will lead to an improvement in the position of these groups in the labour market (an increase in the propor-

tion of employees from ethnic minority groups among the personnel, a decrease in the outflow and an improvement in their moving-up the occupation ladder).

- *Active recruitment* of unemployed youngsters (mostly women) through domestic circles (for example by organising “tupperware” meetings), informal group meetings, and if necessary by providing information in their own language about the labour market, will improve the accessibility of the labour market for those who do not know how to access regular institutions.
- *Process control and information exchange within/between organisations*: support, advice and identification of bottlenecks through a project organisation or helpdesk will ensure that the policy programme works smoothly. Through this the final goal of the policy programme can be reached better.
- *Chain approach/ cooperation*: a chain approach by the responsible organisations will lead to better arrangements between the cooperating partners. This will help partners in the chain to supply individual tailor-made work centred on the client. This should prevent unemployed people from dropping out of the reintegration route and speed up the progression of unemployed youngsters to work or school.

Social mechanisms:

- *Mentoring/ intensive personal monitoring of unemployed youngsters*
- *Integral approach* in taking down barriers for labour participation among unemployed youngsters (for example through a combination of debt rescheduling, language support, education, assistance in finding housing and on-the-job mediation and coaching) will speed up their return or access to the labour market.
- *Substantive alignment between employment and education*
- *Catching up with delay in the Dutch language*

Assumed mechanisms: education

Institutional mechanisms:

- *Offering education opportunities*: Islamic schools are mostly visited by children with delays in Dutch language, cognitive development and social competency acquisition. Additional financial means stimulate these schools to take measures to enable these pupils to make up for these delays. Education opportunities offered by Islamic schools, especially in terms of preparation to higher educational levels determine the opportunities of pupils for a successful educational career. Children with a successful educational career have better opportunities for accessing the labour-market.

Social mechanisms:

- *Mentoring/ intensive coaching* of youngsters (at risk) (e.g. through social-psychological support in making independent choices and in boosting motivation, study coaching and coaching in orientation on further education, continuous supervision and behaviour correction).
- *Structural day routine*: fixed times for homework, eating and sleeping will improve pupils' concentration. This will result in an improvement in their performance. This will lead to fewer children dropping out of school and sometimes to realising higher levels of education.
- *Supporting and cooperating with parents*
- *Intensive use of the Dutch language*
- *Transfer of knowledge concerning social institutes and (local) facilities*: schools transfer their knowledge to their pupils regarding the operation of social institutes/ (local) facilities (e.g. libraries) and stimulate their pupils to get in touch with these institutions. This will contribute to their social integration.
- *Transfer of fundamental Dutch norms en values*
- *Social contacts with the environment*

Assumed mechanisms: accessibility of healthcare

Institutional mechanisms

- *Existing organisation of the primary healthcare care system*: the way in which the supply of (specific) primary healthcare facilities (e.g. homecare for terminally-ill patients or occupational health care) is organised guarantees access to them both by patients of Dutch and non-Dutch origin.
- *Cooperation between professionals*

Social mechanisms:

- Communication (between client/patient and care provider; communication between other parties involved)

Assumed mechanisms: media

Institutional mechanisms:

- Cooperation between partners
- Recruiting staff of foreign origin

Social mechanisms:

- Transfer of knowledge about cultural differences and raising public opinion
- Access to information about the (immediate) surrounding
- Promoting the use of the Dutch language

Assumed mechanisms: integration and naturalisation

Social mechanisms:

- Transfer of knowledge about the Dutch society
- Knowledge of the Dutch language
- Transfer of basic Dutch norms and values

Assumed mechanisms: combating criminality

Social mechanisms:

- *Mentoring/ intensive personal coaching* (e.g. by offering work and/or alternatives for spending free time, stimulating (return to) school, mediation between youngsters and their families regarding problems related to drugs abuse, housing or debts).
- *Supporting parents in upbringing children and mediation*

Contexts

In the evaluation studies we have analysed little attention is given to the context within which the policy interventions are assumed to work. Often a description of the implementing organisations of institutions, or the target groups is given. These are very diverse: the interventions must be implemented by (large) companies, (Islamic) schools, (boarding) schools, municipalities, home care institutions, occupational healthcare facilities (Arbozorg), regional education centres, the police etc. The target groups are equally diverse: school dropouts, unemployed youngsters, youngsters in secondary school (at risk), criminal youngsters, participants of integration programme's, newcomers and oldcomers, spiritual leaders, (potentially) sick employees, four major ethnic minorities, or people of foreign origin in general.

Actual working of the assumed mechanisms

We found that the evaluation studies we analysed did not always verify if the assumed mechanisms actually worked in practice. Also, it appeared that the answer to the question why certain assumptions behind the policy didn't 'work' was mostly explained by referring to bottlenecks in policy processes. Reasons given included budgeting problems (e.g. an intensive personal approach is expensive), lack of expertise on the part of staff or stakeholders, or poor cooperation between the (chain) partners, specific limitations within the target groups (e.g. absence of the Dutch language skills), as well as absence of motivation and socio-psychological problems among the youngsters. Other bottlenecks refer to a lack of knowledge among the target group concerning specific facilities which are actually accessible to everyone. The evaluation study on the accessibility of the occupational health care, for example, shows that a lack of trust, negative perceptions and the feeling of a negative approach hamper proper communication between company doctors and (ill) employees, and thus, the use of healthcare.

Occasionally we came across evaluation studies that verified whether the assumptions on which the interventions were based actually worked (e.g. de Graaff et al. 2005; Crul and Kraal 2004). These authors explain, respectively, why home care for terminally-ill Turkish and Moroccan patients is not easily accessible, and why mentoring is an effective instrument, for example to improve the

educational achievements of pupils (for example youngsters 'at risk').

Results of interventions/programmes

In order to be able to establish whether a policy instrument is effective or not, the results of the policy intervention must actually be attributable to that policy intervention. This requires a zero and follow-up measurement, an experimental and a control group as well as an insight into the underlying programme theory. This was rarely the case in the evaluation studies we analysed. This means that we can only refer to the 'results' of these programmes rather than their effectiveness. The key results of the programmes in these 16 evaluation studies were:

- the policy interventions in the field of labour market participation do not always lead to the intended results (e.g. the Dutch Act to Stimulate Employment among Minorities/ de Wet Samen), the Dutch Aliens Employment Act/Wet Arbeid Vreemdelingen), or the targets have only been realised to some extent (Dutch Stimulus Projects for Groups of non-Dutch origin/Stimuleringsprojecten Allochtone Groepen);
- the implementation of the interventions/ programme's sometimes suffers from teething troubles that actually ought to have been confined to the preparatory phases (Dutch Dual Projects/ Duale Projecten);
- mentoring proves to be an instrument to realise concrete progress in the educational achievements and the social-emotional development of pupils (the Dutch National Support Programme for Mentoring/ Landelijk Ondersteuning Programma Mentoring);
- specific primary healthcare facilities are not always easily accessible for patients from ethnic minority groups, where cultural differences and unfamiliarity of professionals with these differences play a role (e.g. findings from the Dutch study on Home Care for Turkish and Moroccan patients);
- following the introduction of the naturalisation test the number of applications for naturalisation has declined by more than 75% in the period between the introduction of the test and the evaluation study in 2004);
- both course participants and lecturers are positive about the orientation programme for spiritual clerics (findings from the evaluation of Orientation Programme for Spiritual Clerics/ Oriëntatie Programma Geestelijke Bedienaren);
- youngsters who have been exposed to tougher police interventions commit less serious offences, but do not stop with criminal behaviour;
- there is a support base for a multicultural local television station amongst the well known 'big-four' groups of non-Dutch origin (findings from the evaluation of Dutch Multicultural Television/ Multiculturele Televisie Nederland).

Conclusions

An important part of the policy interventions described in the studies we analysed is not aimed at changing the behaviour of the individuals from ethnic minority groups, but at *the professionals and employers who are (should be) working with these target groups, improving cooperation and improving the implementation of the processes*. In other words, professionals from organisations, establishments or firms, employers and health-care providers and their activities form the focus

of the policy. A similar result was found in an analysis of dozens of evaluation studies in the field of law enforcement (see fact sheet no. 2006-24). *It appears that the government integration policy (implicitly) assumes that these measures will somehow also have an impact on the target groups and their behaviour and will bring about the desired changes in attitude and behaviour. The mechanisms that should bring about this change get little attention.*

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