

# **Integration or Discrimination**

**Opportunities and Barriers to Appropriate  
Paid Employment for Healthcare Professional  
Refugees in Finland**

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**INTEGRATION OR DISCRIMINATION**  
**Opportunities and Barriers to Appropriate Paid**  
**Employment for Healthcare Professional Refugees**  
**in Finland**

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**The Candidate confirms that the work submitted is her own and that appropriate credit**  
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## Abstract

This thesis looks at the opportunities and barriers to appropriate employment for healthcare professional refugees in Finland. Moving beyond a simplistic dichotomy between employment and unemployment, this study seeks to identify the factors that may inhibit, or potentially enhance, healthcare professional refugees' ability to re-establish their careers in Finland. This research is built on a notion that a strategy enabling more effective integration of healthcare professional refugees' skills into the Finnish workforce could benefit both refugees *and* Finnish society.

Previous research suggests that a profession is often the main axis of highly educated refugees' identity, and being forced to abandon one's profession thus means a loss of identity as well as a loss of income and social status. Although paid labour market participation is now widely recognised as one of the main factors that facilitate successful resettlement and social integration, the requirements set by the Finnish authorities make formal recognition of overseas qualifications difficult to achieve. In the case of refugees, this problem is exacerbated by the 'victimisation' of refugees and integration practices that do not meet the needs of highly educated refugees. Approaching the topic from a constructivist standpoint, this thesis focuses on healthcare professional refugees' personal accounts of their experiences. In addition to 13 interviews with healthcare professional refugees, 10 interviews were conducted with key respondents from relevant professional associations and the institutional sector.

The findings suggest that healthcare professional refugees' skills remain largely underutilised. An examination of the effects of different inhibiting and enhancing factors on healthcare professional refugees' career prospects in Finland indicates that the positive effects of the enhancing factors are effectively outweighed by the inhibiting factors. While an established qualification recognition procedure makes it possible for refugee doctors to obtain official recognition for their overseas qualifications, the training that is intended to prepare them for the examinations is inadequate. In the absence of a suitable qualification recognition procedure, refugee nurses are commonly advised to forget their aspirations of returning to nursing, and encouraged to re-educate themselves for the low(er)-paid profession of a healthcare assistant.

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## Abbreviations

FRA	European Union Agency for Fundamental Rights
FRC	Finnish Red Cross
EEA	European Economic Area
ESF	European Social Fund
ETNO	Advisory Board for Ethnic Relations
EU	European Union
EUMC	European Union Monitoring Centre for Racism and Xenophobia
ICIHRI	Independent Commission on International Human Rights
IOM	International Organization for Migration
LFP	Labour Force Participation
MOL	Ministry of Labour
NBE	National Board of Education
OECD	Organization for Economic Cooperation and Development
REED	Regional Centre for Employment and Economic Development
RCO	Refugee Community Organisation
Tehy	Union of Health and Social Care Professionals
TEO	National Authority for Medicolegal Affairs
UNHCR	United Nations High Commissioner for Refugees
UM	Ministry for Foreign Affairs
UVI	Directorate of Immigration

## INTRODUCTION

The term ‘integration’ did not enter the Finnish vocabulary until the late 1990s, when it began to be used to refer to the process through which immigrants were to be incorporated into the paid labour market and the everyday life of the host society, while being allowed to preserve their linguistic and cultural traditions (Lepola 2002a). After the primary responsibility for refugee integration was shifted from the Ministry of Social Affairs and Health to the Ministry of Labour in 1997, the official integration strategy has focused heavily on paid labour market participation as the key to successful integration, building on an assumption that other forms of integration will more or less automatically follow (Jaakkola 2000; Lepola 2002a; MOL 2001, 2004a, 2005a). This approach, it has been argued, places refugees at a disadvantage, as the unemployment rate amongst Finland’s refugee populations has remained high (Finnish League for Human Rights 2002) and labour force participation (LFP) rate low (Forsander 2002).

Accounting for approximately 15 percent of Finland’s annual net migration (MOL 2005), people with refugee backgrounds comprise a notable proportion of Finland’s total immigrant population. Yet they have remained a largely ‘undervalued’ group, and humanitarian migration has received less attention from academics than other forms of migration (Alitolppa-Niitamo 2004:39). Coming from less developed countries, refugees are largely ‘victimised’ and perceived as a humanitarian burden or a threat to national unity and Finnish culture rather than a resource. The general conceptualisation of refugees in Finland is well encapsulated by Paananen (2002:186), who comments that Finland is financially capable of accommodating refugees as well as other immigrants who are “in need of help”<sup>1</sup>, emphasising that it is a humanitarian obligation for Finland to *help* refugees. The positive contribution that refugees could potentially make, apart from an occasional reference to their ability to enhance aspects of the cultural life in the country, is rarely addressed in mass media, official reports or even academia.

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<sup>1</sup> Translated from Finnish: “Suomella tai muilla Pohjoismailla on varaa huolehtia pakolaisista tai muista apua tarvitsevista maahanmuuttajista.”

In spite of the Ministry of Labour's (MOL) focus on labour market participation as the route to integration, refugees have been largely ignored in labour market research (for two notable exceptions, see Lavikainen and Salmenhaara 2002 and Ally 2004). While refugees' poor labour market position is widely acknowledged (Paananen 1999; Valtonen 1999 and 2004; Forsander and Ekholm 2001; Forsander 2000 and 2002; Lavikainen and Salmenhaara 2002; Ally 2004; MOL 2005a, 2005b), the reasons behind it are rarely explored in detail. The high unemployment rate amongst nationality groups that consist largely of refugees is commonly dismissed as the result of low levels of formal education. The Labour Administration's response to this has been to establish vocational training programmes that aim to improve refugees' employability, mostly by (re-) educating them for fairly low-skilled jobs in those sectors of the labour market that are suffering from labour shortages.

Although vocational training programmes are undoubtedly beneficial for refugees who have little or no education, the Ministry of Labour's preoccupation with vocational training has detracted attention away from the need for language training (Finnish League for Human Rights 2002). This development has particularly harmful consequences for highly educated refugees, whose prospects of being able to access employment that corresponds with their qualifications are largely dependent on their Finnish language skills. Recent research by Ally (2004) reveals that although refugees' high unemployment rate is generally considered to be caused by low levels of educational attainment, highly educated refugees are not much better positioned in the Finnish labour market than their less educated counterparts.

According to the Ministry of Labour estimates (MOL 2005b), many of the highly educated immigrants who are currently excluded from the paid labour market, or employed in jobs that are not commensurate with their qualifications, have skills that are in growing demand. Healthcare professional refugees, it has been argued, are one group whose skills have been largely underutilised (Abdulla 2004; Ally 2004). As will be discussed in more detail in chapter 1, Finland is facing growing shortages of skilled healthcare professionals, and the situation is expected to intensify in the near future. In recent years, the shortage of healthcare professionals has reached such an alarming level that the issue was addressed at length in the government's new immigration policy (MOL 2006), which presented active recruitment from abroad as the most feasible solution to the problem at hand. Such a proposal, however, ignores the reasons that currently prevent educated refugees from accessing jobs that correspond with their skills and qualifications, while also overlooking the fact that Finland does not necessarily have a very high competitive advantage when it comes to recruiting

skilled workers from abroad (Schulman 1997). Indeed, Finnish healthcare professionals who work abroad far exceed the numbers of licensed foreign healthcare professionals in Finland. For several years now, Finnish healthcare professionals have been migrating in large numbers to countries such as Norway, United Kingdom and Saudi Arabia, which actively (and successfully) recruit (particularly nurses) from Finland (*Sairaanhoitaja* 26.6.2003; *Helsingin Sanomat* 15.7.2006; Isolauri 2006).

Simultaneously, Finland's healthcare professional refugees form a largely untapped resource. At the moment, many healthcare professionals who have obtained their original qualifications outside the EU/EEA region face difficulties in accessing appropriate employment due to the strict licensing regulations that govern healthcare professionals' rights to practise their professions in Finland (Huttunen 2002; Ally 2004; Kyhä 2006), and the inability or unwillingness of the integration services to address this issue. Yet, in the face of the looming labour shortages in the sector, it would be reasonable to facilitate healthcare professional refugees' quick return to their professional roles. An awareness of the difficulties that refugees face in their quest to return to appropriate employment in Finland can help to identify barriers that can be addressed by policy changes or carefully planned integrative measures. In order to do this, a more comprehensive understanding of healthcare professional refugees' labour market position must be formed, and the reasons behind it explored.

Moving beyond a simplistic dichotomy between employment and unemployment, the purpose of this research project is threefold. First, it seeks to identify the factors that either inhibit, or potentially enhance, healthcare professional refugees' ability to obtain formal recognition for their qualifications. Second, it sets out to explore how factors such as language skills and employers' attitudes affect licensed healthcare professional refugees' access to appropriate employment in Finland. Related to this is the question of how healthcare professional refugees' cultural and linguistic skills can benefit the Finnish healthcare sector. Third, it aims to contribute to academic and policy debates about refugees, focusing on refugees as a resource rather than a burden.

This research is building on a notion that a strategy enabling more effective integration of healthcare professional refugees' skills into the Finnish workforce would benefit both refugees *and* the Finnish society. First, refugees' skills could be employed to ease the labour shortages. Second, refugees' ability to re-establish their careers in Finland could possibly have a positive impact on individual refugees' psychological well-being. As previous

research shows, being ‘downgraded’ from a doctor or a nurse to a cleaner or a healthcare assistant does not only mean loss of income, but also a loss of status and identity (Colic-Peisker and Tilbury 2003; Valtonen 2004). Considering that refugees were “forced to flee, usually at short notice, often leaving behind family as well as jobs, homes and possessions” (Duke *et al.* 1999: 105), investment in integration policies and practices that enable professional refugees to preserve at least their professional identity is justifiable on moral grounds. Moreover, the successful integration of healthcare professional refugees to the Finnish public healthcare system could, at least potentially, help to deliver a message about the valuable contribution that refugees can make for the benefit of the Finnish society, if given the opportunity.

Because qualification recognition and the ‘updating’ of an existing degree are core issues of this research, only refugees who had a qualification in medicine or other healthcare profession (as defined by the Finnish National Authority for Medicolegal Affairs) *before* arriving in Finland are included.<sup>2</sup> Due to practicalities, the study is limited to analysing the situation of doctors, dentists and nurses, which are numerically the largest professional groups in the healthcare sector, and the three professional groups that are projected to be most affected by labour shortages. In order to understand why some healthcare professional refugees fail to get their qualifications officially recognised in Finland, the refugee sample contains also healthcare professional refugees who have not been through the qualification recognition process.

According to Essed *et al.* (2004), individual decisions are generally affected by a wider set of environmental and socio-political factors that hold advantages as well as disadvantages. This can be seen applicable to the Finnish integration services as well as the refugees themselves. The purpose of this research project is to understand how the contextual, socio-political and other factors have influenced individual healthcare professional refugees’ opportunities to resume their professional roles in Finland. People who arrive in any given country as refugees or asylum seekers often lack any existing contacts with members of the host population upon arrival (Bloch 1999a), and their settlement (including access to qualification

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<sup>2</sup> These professions include physician, dentist, head dispenser, psychologist, speech therapist, dietician, pharmacist, nurse, midwife, public health nurse, physiotherapist, medical laboratory technician, radiographer, dental hygienist, occupational therapist, optician and dental technician.

recognition training and appropriate employment), is very much influenced by the official integration policies and training opportunities that are offered to them under the broad category of ‘integration training’. Consequently, healthcare professional refugees’ opportunities to access employment that is commensurate with their qualifications is largely dependent on integration services’ ability and willingness to provide them with appropriate guidance and support.

In order to appreciate the rationale behind this research, a degree of familiarity with contemporary Finnish society is essential. This thesis begins by introducing the Finnish context in chapter one, which sets the scene for the following chapters by providing an overview of the history of diversity and migration in Finland. The legislative measures that regulate migration and migrants’ opportunities to participate in the social and political life of the Finnish society are outlined. A large part of the chapter is dedicated to a discussion of Finland’s present and future labour market trends, with an emphasis on the healthcare sector and the position of migrants in the Finnish labour market. The official qualification recognition requirements for healthcare professionals who have been educated outside the EU/EEA region are described in detail in section 1.4.5.

Before proceeding to the more specific issues relating to Finland’s refugee populations and integration, it is important to establish the usage of different concepts that provide the framework for this thesis. This is the aim of chapter two. Focusing on migration, integration and discrimination, this chapter discusses how approaches to migration and the presence of refugees in Western societies have evolved over time. Special attention is given to the analysis of forced migration<sup>3</sup> and people’s changing attitudes towards refugees and asylum seekers. Although the practice of distinguishing refugees from other migrants has been widely contested and subjected to much debate, this distinction is here considered to be an essential one. For the purposes of this thesis, refugees are seen as a ‘special’ migrant category. This decision is justified with reference to the ways in which refugees’ settlement is affected by the involuntary nature of their migration process.

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<sup>3</sup> The term ‘forced migrant’ (or ‘humanitarian migrant’) is here applied to all people who fall under the 1951 Geneva Convention’s (and/or the 1967 Bellagio Protocol’s) definition of a refugee, or who are seeking asylum. For more a detailed definition, see chapter 2.

As Bloch has noted (1999a), factors that affect refugees' settlement into the host society fall roughly into two categories: the characteristics of the refugees themselves, and the national policies applying to them. The Finnish policies relating to refugee settlement and integration are discussed in detail in chapter two. In Finland, refugees are rarely looked at as a separate group from other migrants, regardless of the fact that they "have distinctive needs which necessitate specific policies if resettlement is to be successful" (Duke *et al.* 1999: 105). This tendency to overlook the differences between refugees and so-called voluntary migrants has led to integration policies and practices that do not meet refugees' needs, and fail to address diversity within the 'refugee' category. The harmful effects of discrimination and xenophobia further exacerbate the marginalisation of refugees in Finnish society, widening the divide between forced and voluntary migrants and justifying increasingly restrictive asylum policies.

Chapter three focuses on the composition of Finland's refugee population. The purpose of this chapter is to introduce Finland's largest refugee groups and provide a detailed overview of the asylum process and the rights and obligations of refugees in Finland. In addition to governmental responses to forced migration, refugees' integration prospects are influenced by their access to paid employment and ability to form relationships with members of the mainstream population. Focusing on the characteristics of different refugee groups, refugees' living standards and labour market position, and the relationships between refugees and mainstream Finns, this chapter tries to provide some insight into forced migration within the Finnish context.

According to Jaakkola's (1999) model of 'ethnic hierarchy' and Suurpää's (2002) 'hierarchy of difference', refugees are viewed negatively by mainstream Finns, and generally believed to 'lack' all forms of human and social capital required for making a positive contribution. The predominance of such attitudes towards refugees implies that the government's official commitment to multiculturalism is not very enthusiastically supported by a sizeable proportion of the Finnish population. The negative conceptualisations of refugees turn people with refugee backgrounds into 'prisoners of their origin', shaping their employment prospects and living standards. Regardless of a fairly generous allocation of rights, including the right to work, refugees remain on the fringes of Finnish society, socio-economically marginalised and largely incapable of participating in the everyday life of their local communities.

Chapter four returns to the issue of integration, looking at how Finland's current integration policy may function to maintain refugees' disadvantaged position in Finnish society. The

chapter starts with a critical evaluation of the government's new immigration policy (MOL 2006). With its focus on labour migration, this policy can be rightfully described as unreasonable in the light of existing data on immigrants' employment prospects (for example, Jaakkola 2000; Forsander 2000 and 2002; Paananen 1999 and 2002; Huttunen 2002; Kyhä 2006).

An overview of existing literature indicates that one of the most notable shortcomings of Finland's current integration policy is its preoccupation with labour market participation. Emphasising paid employment as the route to successful integration, the integration policy focuses on the development of vocational training schemes for uneducated refugees at the expense of high-quality language training. The current integration policy has been criticised for assuming that participation in the paid labour market will eventually lead to other forms of integration. This, it has been argued, is a highly idealistic and unrealistic assumption (Paananen 1999; Lavikainen and Salmenhaara 2002; Finnish League for Human Rights 2002), considering that refugees' employment prospects are largely restricted to the 'ethnic' sector or the low-paid service sector (Valtonen 1999 and 2004; Ally 2004; Pentikäinen 2005), both of which offer limited opportunities to socialise with mainstream Finns. The fact that most working-age refugees wish to work, regardless of the quality of the employment that is available for them, has led to a gradual 'racialisation' or 'ethnification' of the low-paid service sector, with more immigrants and diminishing numbers of mainstream Finns working in this sector. As a result, employment in the low-paid service sector offers refugees increasingly limited opportunities to establish contact with mainstream Finns and develop the kinds of social networks that would help them to improve their Finnish language skills and 'move on' from the low-paid service sector jobs. The emerging segmentation of the Finnish labour market is supported by vocational training schemes that train refugees (and other immigrants who are considered to suffer from low employability) predominantly to relatively low-paid service sector jobs in fields that are suffering from labour shortages, mainly due to mainstream Finns' reluctance to undertake work in this sector.

The long-term problems that arise from refugees' concentration in the low-paid service sector are not limited to the segmentation of the labour market. Although the jobs offered by the service sector are often referred to by researchers as 'sisääntuloammatti', a temporary arrangement (Forsander and Alitolppa-Niitamo 2000; Trunx 2000; Forsander 2002), there is a real danger that these jobs will turn into permanent arrangements even for the highly skilled who, lacking the much-desired Finnish language skills, are unable to move on to

qualification recognition training or employment that would be more appropriate for them. In fact, previous research on highly educated refugees' labour market position reveals that most refugees with high levels of educational attainment are either unemployed or working in jobs that do not correspond with their skills and qualifications (Ally 2004). According to existing literature, this situation is commonly explained in terms of human capital mismatch, insufficient language skills and discriminatory recruitment practices (Paananen 1999 and 2002; Valtonen 1999 and 2004; Forsander 2000 and 2002; MOL 2001, 2005b). Though it is believed that discrimination has a notable negative impact on refugees' employment prospects (for example Ekholm 1994; Paananen 1999; Jaakkola 2000; Forsander 2002), the fact that ethnic discrimination is often hard to prove makes the situation difficult to address (Jaakkola 2000; Finnish League for Human Rights 2002). Interestingly, employers' discriminatory attitudes are often 'excused' as the (more or less inevitable) consequences of historical and cultural factors (Paananen 1999 and 2002; Forsander 2002), and it is possible that the acceptance of this view has led to an assumption that the benefits of qualification recognition training programmes would be limited. The institutional and/or structural barriers that prevent highly educated refugees from following their career aspirations in Finland have received little attention from researchers.

Moving on to the empirical part of this research project, the function of chapter five is to introduce the research design, and explain the reasons that led to the decision to approach the topic from a constructivist epistemological standpoint, using an abductive research strategy and middle-range theory. In addition to giving some insight into the advantages and disadvantages of the methods that were chosen, this brief and largely descriptive chapter also provides an overview of the research process, and discusses the challenges that arose in the fieldwork that informs this thesis. The approach to the research questions (outlined in chapter 5.4.1), has been greatly influenced by the prevailing tendency of most Western nations to view refugees as a 'liability' or as a 'humanitarian burden'.

In line with the constructivist epistemological standpoint, emphasis is given to healthcare professional refugees' personal accounts of their own experiences. The characteristics of the refugee sample are listed in table 5.1. To facilitate a more comprehensive understanding of the different opportunities and barriers to qualification recognition and appropriate employment for healthcare professional refugees, the refugee respondents' accounts are supplemented with interview data from institutional sector key respondents (table 5.2). In addition to 13 refugee respondents, 10 semi-structured qualitative interviews were

conducted with key respondents from integration/employment services, educational sector, and the three largest healthcare sector professional associations. The factors that led to the refugee sample being fairly small and lacking of any African refugees, and the implications of this for the validity of the research findings, are discussed in section 5.4.

Chapter six analyses the range of barriers that healthcare professional refugees themselves define as having negative effects on their ability to obtain formal recognition for their overseas qualifications. The findings of this chapter suggest that healthcare professional refugees' ability to re-establish their careers in Finland is influenced by a range of structural and institutional barriers that make it difficult, or impossible, for them to acquire official recognition for their qualifications. Most notably, the integration services seem to be unable and/or unwilling to accommodate the needs of refugees with high levels of educational attainment. Factors such as poor quality language training, misguidance, 'victimisation', and disregard of refugees' own aspirations form barriers that limit healthcare professional refugees' ability to access qualification recognition training and appropriate employment.

The advice and support that healthcare professional refugees receive from the integration services is often seriously lacking, and sometimes even against their best interest. Vocational training programmes are frequently recommended for refugee nurses, even though their existing professional qualifications are in growing demand. All five nurses who participated in this research project had been told that their overseas nursing degrees were 'worth nothing', and they should either redo their entire degree in Finland or re-qualify as healthcare assistants. The fact that refugee nurses are systematically encouraged to undertake jobs that are below their skill level suggests that they are subjected to discriminatory treatment by the very system that is supposed to help them integrate into the Finnish society.

Further problems are caused by the qualification recognition requirements. An established qualification recognition procedure, consisting of practical training and three exams, is available for doctors only. Although the existence of this procedure makes it possible for refugee doctors to acquire formal recognition for their qualifications, the process is very elaborate and time-consuming. Out of the four fully re-qualified doctors in the sample, only one had managed to get his qualifications recognised in less than five years, indicating that the training that is made available for doctors with overseas qualifications does not facilitate their quick return to the medical profession. Refugee nurses and dentists are faced with even more unfavourable circumstances, as no established qualification recognition procedure is

available for them. In the absence of opportunities to qualification recognition, many nurses have educated themselves to new professions that are below their original qualification level.

As a follow-on from the chapter six, chapter seven investigates the different factors that can potentially enhance healthcare professional refugees' ability to re-establish their careers in Finland. Although these so-called opportunities for qualification recognition and appropriate employment are numerically fewer than the barriers discussed in chapter six, the interview data implies that at least *some* healthcare professional refugees have been given opportunities that have enabled or helped them to acquire formal recognition for their qualifications. The opportunities that have a notably beneficial effect on refugee' qualification recognition prospects include high quality language courses, practical training opportunities and established qualification recognition procedure. The strict licensing requirements and the lack of established qualification recognition procedure for nurses and dentists effectively outweigh all the positive effects that high quality language training and practical training opportunities could otherwise have on their ability to re-establish their careers in Finland.

Chapter eight assesses the extent to which previously used explanations for highly educated refugees' inability to access employment that is commensurate with their qualifications are applicable to healthcare professional refugees. Interestingly, the data indicates that healthcare professional refugees who manage to obtain formal recognition for their qualifications, or who are willing to work as healthcare assistants, encounter little difficulty in finding suitable employment. Contradicting previous research findings, human capital mismatch, insufficient language skills, and employers' reluctance to employ people with foreign qualifications appear to have very little effect on healthcare professional refugees' employment prospects. The refugee respondents' accounts suggest that the growing demand for skilled labour in the public healthcare sector effectively offsets the negative effects that employers' suspicions or weak language skills may have on their employability. Refugee doctors who have passed the first of the three exams, and who are thus entitled to apply for a temporary licence to practice medicine in Finland, appear to encounter little difficulty in finding appropriate jobs.

As a timely and unique contribution to the growing body of literature on Finland's refugee populations, this thesis is the first project that concentrates on the labour market position of a specific professional refugee group. Looking at the interconnections between forced migration, integration, discrimination and the needs of the Finnish labour market, this thesis approaches the issue of refugees' labour market participation from a viewpoint that has been

largely overlooked in existing research in Finland, focusing on refugees as a potential resource rather than a burden. Moving beyond a simplistic dichotomy between employment and unemployment that commonly features in the Finnish integration policy and research on refugees' labour market participation, this thesis can be used to form a better understanding of the kind of support that could be provided for professional refugees in order to facilitate their efficient return to appropriate employment in Finland.

The empirical research findings discussed in chapters 6-8 suggest that healthcare professional refugees' skills are not yet effectively utilised for the benefit of the Finnish healthcare sector, despite the fact that their employment prospects following qualification recognition appear to be reasonably good. At the moment, many healthcare professional refugees, especially nurses, remain unable to re-establish their careers due to institutional and structural barriers. Instead of being enabled to contribute to the Finnish economy, many depend on welfare benefits or other types of financial support that is made available for them (in the form of unnecessary re-training, for example), reinforcing stereotypical notions of refugees as welfare dependants rather than potential contributors to Finland's welfare. Rather than being the result of human capital mismatch or other uncontrollable factors, this state of affairs is largely caused (and maintained) by the organisation of Finland's refugee reception and integration system, and can therefore be addressed by policy changes and the implementation of integrative measures that take into consideration the diversity within Finland's refugee populations.

# CHAPTER 1: THE FINNISH CONTEXT

## Introduction

The purpose of this chapter is to provide a brief overview of the Finnish society in order to enable the reader to contextualise the subsequent discussion of different factors that have affected healthcare professional refugees' experiences in Finland. This chapter will begin with an overview of Finland's population structure, followed by a brief description of religious and ethnic diversity in Finland. It will then move on to discuss the structure of the Finnish labour market, as well as the present and future labour market trends. Extensive attention is dedicated to a detailed overview of the healthcare sector, and the regulations that control healthcare professional immigrants' rights to practise their professions in Finland. The chapter will close with a brief summary of the legal and procedural issues related to immigration and asylum and healthcare professional immigrants' rights to practice their professions in Finland.

## 1.1 Finland – A Short Introduction

### *1.1.1 Historical overview*

After being ruled by Sweden from the Iron Age onwards, the political situation in Finland changed radically in 1809 when the region of what is now known as Finland became an autonomous Grand Duchy of the Russian Empire. During the subsequent years, the wars between Sweden and Russia, combined with unfavourable climate, resulted in disease and food shortages in the region during the 19<sup>th</sup> century. Despite the industrialisation that took place in the late 19<sup>th</sup> century, hundreds of thousands of Finnish people migrated to the United States and Russia to escape from poverty during the 19<sup>th</sup> and early 20<sup>th</sup> century (Peltonen 2002).

At independence in 1917, the population of the country was approximately 3 million, until the civil war in 1918 and the subsequently worsened living conditions that ensued resulted in a decline of the population. During the late 1940s, over 80 000 Finns lost their lives in the Second World War, and many families sent their young children to Sweden, which remained neutral during the war. After the war, Finland ceded a large part of the Karelia region and some other regions to the Soviet Union. The loss of the Karelia region resulted in Finland

having to cope with the relocation of over 400,000 displaced Karelians (ethnic Finns from the Karelia region).

Following the Second World War, the demography and economy changed radically again. Partly due to the baby-boom generation, Finland's population reached four million in 1950. In the latter part of the 20<sup>th</sup> century, industrialisation, urbanisation, an increase in the size of the service sector and the depopulation of rural areas resulted in structural changes and economic difficulties. Some 200,000 Finns who had migrated into the cities from the rural areas looking for employment in the service and manufacturing sectors were left unemployed and migrated to other countries (predominantly Sweden), in search of jobs. While some returned after the economy improved, many settled abroad for good (Peltonen 2002).

### ***1.1.2 Population structure***

The structure of Finland's population has changed significantly since the 1950s. The most visible of these changes have been; the decline in the proportion of children, the increase in the proportion of the elderly, the decreased membership in the Lutheran Church, and the increased ethnic and linguistic diversity. Prior to the sudden increase in immigration rates during the 1990s, Finland was a relatively homogenous country in both ethnic and religious terms. While the Swedish-speaking *linguistic* minority remains the largest minority group in Finland today, the traditional minority *ethnic* groups, the Sami and the Romani, may soon be outnumbered by the Somalis and other, growing, refugee populations from the former Yugoslavia, Iran, Iraq and Afghanistan. Changes regarding the age structure and people's mother tongue and religion are presented in table 1.1.

The population of Finland reached five million in 1991. This natural growth of population has subsequently slowed, and the population is now ageing rapidly. Indeed, it has been predicted that, by the year 2025, one third of the Finnish population will be 65-years-old or older (Ketola and Kuntz 2005). Consequently, the need for immigrant labour has been identified by many as one of the major future challenges of the country, although the opinions on the importance of active recruitment of foreign workers vary considerably (for example, see MOL 2001; MOL 2005c; Tehy 2005a). Although Finland still receives few immigrants compared to other EU-countries, Peltonen (2002; no page numbers) has rightfully noted that "Finland, formerly a source of emigrants, is now becoming a destination for immigrants."

**Table 1.1: Finland's Population 1900-2003**

<b>Population</b>	<b>Unit</b>	<b>1900</b>	<b>1950</b>	<b>1990</b>	<b>1997</b>	<b>2000</b>	<b>2001</b>	<b>2005</b>
Total	1 000	2 656	4 030	4 998	5 147	5 181	5 195	5 256
Male	1 000	1 311	1 926	2 426	2 509	2 529	2 538	2 572
Female	1 000	1 345	2 104	2 572	2 638	2 652	2 657	2 683
<b>Age</b>								
0-14 yrs.	%	35,0	30,0	19,3	18,7	18,1	17,9	17,3
15-64 yrs.	%	59,6	63,3	67,2	66,7	66,9	66,9	66,7
65- yrs.	%	5,4	6,7	13,5	14,6	15,0	15,2	16,0
<b>Language <sup>1)</sup></b>								
Finnish	%	86,75	91,10	93,53	92,74	92,42	92,27	91,64
Swedish	%	12,89	8,64	5,94	5,71	5,63	5,60	5,50
Sami	%	0,06	0,06	0,03	0,03	0,03	0,03	0,03
Russian	%	0,29	0,12	0,08	0,40	0,54	0,60	0,75
Other	%	0,01	0,08	0,42	1,13	1,37	1,50	2,07
<b>Religious Affiliation</b>								
Lutheran	%	98,1	95,1	87,9	85,6	85,1	84,9	83,1
Orthodox	%	1,7	1,7	1,1	1,1	1,1	1,1	1,1
Other	%	0,2	0,4	0,9	1,0	1,1	1,1	1,1
Non-affiliated	%	-	2,7	10,2	12,3	12,7	12,9	14,7
Unknown	%	-	0,1	0,0	0,0	0,0	0,0	0,0

**1.** Official Languages Finnish and Swedish

(Source: Statistics Finland 2004a; Statistics Finland 2006)

(Source: Statistics Finland 2004; Statistics Finland 2006)

As Table 1.1 illustrates, the number of people whose mother tongue is not Finnish, Swedish or Russian has increased significantly from 1990 onwards, while the percentage of Swedish speakers of the total population has decreased. Due to privacy laws that forbid the collection of statistics based on ethnicity, mother tongue is the only readily available indicator of Finns' 'ethnicity'. When a foreign-born person becomes a Finnish citizen, his/her previous nationality is no longer recorded, and statistics will classify him/her as a Finn. However, the person's original mother tongue remains recorded. For example, out of the 7,777 persons who spoke Somali as their first language in 2003, only 4,700 were born in Somalia, and even fewer (4, 642) were Somalian citizens (MOL 2004c).

### ***1.1.3 Religion***

In principle, Finland has total freedom of religion. This, however, does not mean that all religions have equal status in the country. Until the reformation that took place during the 16<sup>th</sup> century, the Christian Church was independent of the state, and even superior to the secular powers. After the reformation, which impaired the Church's economic and political power in the Swedish empire, the Protestant Church (the only Church in the Swedish Kingdom), was made subordinate to the state authorities and the King was declared the head of the Church (Heikkilä *et al.* 2005). "In the 17<sup>th</sup> century, when Sweden was a major power, the Church became a State Church, religious activities being safeguarded by the secular powers" (Heikkilä *et al.* 2005:3). This State-Church relationship remained unchanged throughout the 18<sup>th</sup> century (*ibid.*).

After Finland became part of Russia in 1809, the Swedish Church Code, which applied to all subjects of the Kingdom, and which governed the activities of the clergy was maintained, as was the relationship between ruler and Church; the established Lutheran church remained unchanged under the rule of the Orthodox Grand Dukes. During the 19<sup>th</sup> century, however, liberalism and new theological movements loosened the extremely close bonds between the Lutheran church and the state, and the 1986 Church Code for the Lutheran Church of Finland applied only to the members of the Lutheran denomination (Heikkilä *et al.* 2005).

**Table 1.2: Finnish Population by Religious Affiliation (2000)**

Religion	Members (2000)	% of total Population
<b>Total Population</b>	5,181,115	100.0
<b>Evangelical Lutheran Church</b>	4,408,381	85.1
<b>Other Lutheran Churches</b>	2,228	0.0
<b>Greek Orthodox Church of Finland</b>	55,692	1.1
<b>Other Orthodox Churches</b>	1,088	0.0
<b>Jehovah's Witnesses</b>	18,492	0.4
<b>Free Church of Finland</b>	13,474	0.3
<b>Seventh Day Adventists</b>	4,316	0.1
<b>Roman Catholic Church</b>	7,247	0.1
<b>Methodist Churches</b>	1,260	0.0
<b>Jewish Congregations</b>	1,157	0.0
<b>Islamic Congregations</b>	1,199	0.0
<b>Others</b>	920	0.0
<b>Persons not Belonging to Any Religious Community</b>	650,979	12.7

Source: Heikkilä *et al.* (2005:1-2), Statistics originally from Statistics Finland (2002:117). According to Kirkon Tutkimuskeskus (2004) statistics regarding Finns' religious affiliation are only partially accurate because large numbers of Orthodox and Muslim immigrants have not registered with the Orthodox or Islamic religious communities in Finland.

After Finland's independence, "the denominational neutrality of the state and the freedom of religion were enshrined in the Constitution Act of Independent Finland in 1919" (Heikkilä *et al.* 2005:5). The principles of religious freedom were set out in detail in The Law of Religious Freedom in 1922. The special status that was granted to Lutheran and Orthodox churches as national churches was justified by the fact that the vast majority of Finnish people belonged to these churches.

During the past decade and a half, however, the relationship between the Lutheran church and the State has changed quite radically. In 1993, the Lutheran Church Law was divided into two parts; a Church Code passed by the State to regulate the relationship between the Church and the State, and the Church Ordinance passed by the church to regulate the doctrines and

life of the church. Additionally, the bishops are no longer regarded as state officials but church servants, and they are no longer appointed by the Head of State, the President of Finland. In 1998, the Lutheran Church, that was previously responsible for taking care of the population register of Finland, gave up this duty to the State. Nevertheless, the Lutheran Church continues to have a special status in Finnish society in the sense that it oversees its own population register and has the right to conduct civil marriages and issue marriage documents.

Increased ethnic diversity among school-aged children has prompted some changes in religious education at schools in recent years. For example, (Lutheran) religious education is now to be non-confessional, and teachers who do not belong to the church are allowed to teach the subject. Under the new Law on Religious Freedom (2003), schools are obliged to teach the religion of the majority of pupils, while non-members of this religion can choose to opt out of religion classes altogether and study ethics, or receive education in their own religion (provided that a group of three or more pupils of any minority religion can be formed). In practice, however, the reference to the religion of the majority of pupils means that all public schools include the teaching of Lutheran religion in their curriculum (Heikkilä *et al.* 2005).

In principle, non-affiliated persons and members of minority religions have a constitutional right to be exempt from participation in any religious activity. Religious communities, other than the Lutheran and the Orthodox churches, are private subjects that operate under the Freedom of Religion Act (2003). After registering with the National Board of Patents and Registration, religious communities have full legal capacity as autonomous juridical persons (Heikkilä *et al.* 2005). The activities of all religious communities, however, are controlled by the Freedom of Religion Act. All religious communities must respect and uphold constitutional and human rights.

Despite the gradual process towards fewer constitutional or other official links between the State and the Lutheran and Orthodox churches, these churches can be described as having a privileged position in Finnish culture. Most notably, the Lutheran and Orthodox churches are entitled to levy taxes from their members through the general tax authorities and a certain proportion of the state-collected general income tax is directed to the Lutheran and Orthodox churches. In practice this means that all companies and associations, regardless of their shareholders' and/or employees' religious affiliation, are obliged to participate in the funding

of the two state churches. Religious communities, however, are exempt from income tax, and are thus not obliged to contribute to the maintenance of the state churches.

## **1.2 Contextualising Diversity in Finland**

Raento and Husso (2002:1) have defined minorities as groups, which “consist of numerically fewer members than the majority population, are not in a dominant position in society, have distinctive linguistic, ethnic or religious characteristics, and wish to maintain distinctiveness.” The term ‘minority ethnic group’, although being an appropriate description of the Sami and the Romani peoples, is slightly controversial in the Finnish context, as race and ethnicity are not recorded in the census and thus a person’s affiliation with a particular ethnic or racial group is difficult to define. For example, a person with one grandparent who spoke Sami as their mother tongue may identify themselves as Sami, while a person with one Romani parent may prefer not to identify themselves as Romani. Because there are no official statistics regarding people’s ethnicities in Finland, the numbers of Sami and Romani are based on estimates which, in turn, are based on individuals’ feelings of belonging and descent (Raento and Husso 2002).

Before the late 1980s, the largest minorities in Finland were the Swedish-speaking linguistic minority, and the Sami and Romani minority ethnic groups. Other minority groups, Jews and Tatars, are numerically significantly smaller. As noted by Raento and Husso (2002), most of these ‘traditional’ minorities have quite clearly defined regional heartlands, and their status has been remarkably unequal. In order to provide a basic understanding of the degree to which ethnic and religious diversity were present in the lives of the majority of Finnish people before the late 1980s this chapter will now move on to a brief discussion of each of these ‘traditional’ minority groups.

### ***1.2.1 Swedish-speaking Finns***

Finns have traditionally been classified as ‘Finnish-speakers’, ‘Swedish-speakers’ or ‘speakers of other languages’. Municipalities, in turn, are categorised as bilingual or monolingual. The 289,868 (2003) Swedish-speakers form roughly six percent of Finland’s total population (MOL 2004). Municipalities where the linguistic minority forms less than six percent of the total population are classified as monolingual, and municipalities where the minority linguistic group comprises over eight percent of the municipality’s total population

must be classified as bilingual. In 2000, 21 of Finland's 452 municipalities were defined as monolingual Swedish-speaking, and 42 municipalities were classified as bilingual (Raento and Husso 2002). 16 out of the 21 monolingual Swedish-speaking municipalities are located in the autonomous and demilitarised region of the Åland Islands, where Swedish is the only official language. The 25,700 residents of the Åland Islands have their autonomous provincial government, which is responsible for the islands' cultural and educational affairs, postal service, law enforcement and economic development under its own annual budget (Raento and Husso 2002). On Finland's mainland, Swedish is the majority language in 22 bilingual municipalities and five monolingual Swedish-speaking municipalities.

The Swedish-speaking minority in Finland can be rightfully described as a historical remnant. During the Iron Age, when Swedish rule was established in Finland, Swedish settlements were founded on Finland's coastal sites (Peltonen 2000). Since settling in Finland, the Swedish-speaking people have formed two separate groups; the urban upper classes and the farmers, fishermen and seafarers who settled mainly on the southern and western coasts. Many of the Swedish-speakers in the rural regions of Finland's west coast are monolingual, while bilingualism is typical among the Swedish-speakers who reside in southern parts of the country, mainly in and around the capital city of Helsinki.

Despite the fact that the region today known as Finland was surrendered to Russia in 1809, the Swedish language remained dominant in Finnish society until the late 19<sup>th</sup> century, when the importance of Finnish began to increase as part of the independence movement (Raento and Husso 2002). Although Finnish language was granted an official status in mid-19<sup>th</sup> century (Liebkind *et al.* 1997), it was not until 1922, five years after Finland's independence, that Finnish earned constitutional equality with Swedish. Today, Finland is a bilingual country with two official languages, Swedish and Finnish.

The status of Swedish, however, has been diminishing from 1922 onwards, and today Swedish is clearly recognised as a minority language. This process was accelerated by changes in the educational system during the 1960s. From 1969 onwards Finnish children have been able to choose whether to study Swedish or another language (usually English) as their first 'foreign' language. Although all Finnish people are still required to study Swedish at school, the vast majority of children now study Swedish only from grade 7 onwards and, consequently, only a small minority of monolingual Finns are fluent in Swedish. At the same time, the number of monolingual Swedish-speakers has decreased, as the ability to speak

Finnish fluently has become increasingly important (Liebkind *et al.* 1997). Nevertheless, the “Swedish-speaking Finns can be described as a ‘strong minority’ with a clearly defined institutional status and considerable weight in the economy, politics, and culture” (Raento and Husso 2002:1). According to Liebkind *et al.* (1997), the Swedish-speaking minority has been able to maintain such strong standing in Finnish society largely due to their political activity. Since universal suffrage in 1906, the vast majority of Swedish-speaking Finns (approximately 75-80 percent) have consistently supported the Swedish-speaking party (RKP) (Liebkind *et al.* 1997).

The strong standing of the Swedish-speaking minority in Finnish society is assisted by Swedish-speakers’ own comprehensive educational system, whereby Swedish-speaking education is made available from kindergarten to university. Although Finnish-speakers are, in principle, allowed to enrol in Swedish-speaking schools and universities, the fact that Swedish-speaking institutions of higher education carry out their entrance exams and teaching in Swedish significantly limits the numbers of Finnish-speakers who are able and willing to enrol. Bilingual Swedish-speakers commonly enrol in Swedish-speaking schools where they study Finnish as their second national language. Despite the fact that more and more Swedish-speakers are increasingly bilingual, Finnish legislation guarantees Finland’s Swedish-speakers the right to receive education in Swedish, and use Swedish in their dealings with all government-run offices, as well as services provided by municipalities (Liebkind *et al.* 1997).

### ***1.2.2 The Sami***

Unlike Swedish-speakers, the Sami have suffered from social, political, cultural, and economic marginalisation. The Finnish Sami are part of the larger Sami ethnic group, i.e. the Nordic countries’ indigenous population, which has inhabited the northernmost parts of Finland, Sweden, Norway and Russia since at least the Middle Ages (Seurujärvi-Kari *et al.* 1997). Approximately 6,500 Finns recognise themselves as Sami, but no official statistics about the number of Finnish Sami exist. The definition of the Sami is based on individual self-description and linguistic ancestry. A person can be classified as Sami if at least one of his/her parents or grandparents spoke one of the three Sami languages as their mother tongue. Due to the historic marginalisation of the Sami people, less than half of the Finnish people who define themselves as Sami speak Sami as their first language (Raento and Husso 2002).

The current Sami territory in Finland, known as the Sami Domicile Area, consists of three of Finland's Northernmost territories (Inari, Enontekiö, and Utsjoki), and the Lapland reindeer herding district in Sodankylä municipality. Some 4,000 Sami are assumed to live in this area. Only approximately one third of the total population living in the Sami region are of Sami origin, and the Sami form a majority only in the Utsjoki municipality (The Sami in Finland 2000). An estimated 40 percent of the Sami living within the Sami Domicile Area get their incomes from traditional livelihoods, such as reindeer herding, fishing, hunting, gathering, and traditional craftworks. In practice, these traditional livelihoods are often practiced in a mixture with small-scale agriculture and/or tourist industry (The Sami in Finland 2000). The majority of the rest are employed by the service sector or tourism. Approximately half of Finland's reindeer stock is bred in the Sami Domicile Area, and some 85 percent of these reindeer are under Sami ownership (Raento and Husso 2002).

Although the status and rights of the Sami in Finland improved considerably during the 1990s, "the rights of the Sami as an indigenous people are not fully realized in conformity with international human rights agreements" (The Sami in Finland 2000: no page numbers). The official recognition of the Sami languages in 1991 improved their status in education, and now every Sami child who lives in the Sami Domicile Area has the right to primary and secondary education in Sami language. Higher education, however, is not yet available in the Sami languages, and instruction in primary and secondary schools "suffers from a constant lack of qualified teachers and teaching material" (Raento and Husso 2002:8). At the moment, only some 600 children receive their basic education in Sami (ibid.). From 1992 onwards, the Sami have also had the right to approach authorities in Sami and to receive a response in the same language. However, a large number of the older Sami are illiterate in their mother tongue as Sami has only been taught in schools from the early 1990s (The Sami in Finland 2000).

Since 1973, the Sami have elected a representative body, the Sami Parliament, amongst themselves and the representatives of the Sami Parliament have been heard in the Finnish Parliament in Helsinki over matters that concern the Sami people since 1991. The Sami are the only ethnic minority in Finland to have such a right. However, it is important to note that, although a symbolically meaningful acknowledgement of the Samis' distinctiveness, The Sami Parliament has "neither power to determine matters that are of importance to the Sami, nor adequate resources to influence such decisions when they are made" (The Sami in Finland 2000; no page numbers). In other words, although the Sami Parliament is an

autonomous body of the people who have been granted a cultural autonomy, it does not hold the power to resolve the conflicts between the Sami people and the Finnish Government over Sami people's disputed rights to land, water and traditional livelihoods.

### ***1.2.3 The Romani***

Although the Romani are numerically probably the largest ethnic minority in Finland, they “have been at the bottom of the social pecking order of Finnish society since their arrival in the country in the sixteenth century” (Raento and Husso 2002:9). Despite the fact that the estimated 10,000 Finnish Romani form an undeniably distinctive ethnic group, their minority status has been only partially recognised and they do not have a representative body comparable to the Sami Parliament. Although the disadvantaged position of the Romani people has been addressed by the Finnish authorities and human rights groups from the 1950s onwards, their living conditions remain below the national average (Grönfors *et al.* 1997).

The first Romani people settled in Finland, or the Swedish-ruled region today known as Finland, in the 16<sup>th</sup> century (Grönfors *et al.* 1997). These first Romani came to Finland from the West, through Sweden, although they are believed to originate from India's Romani-speaking nomad population (*ibid.*). After enduring varying degrees of discrimination, marginalisation, and suppression under the Swedish and Russian rule, the Finnish Romani were recognised as Finnish citizens in 1919 (Kortteinen 1996). In an agrarian society, the Romani survived well with their traditional skills, and the government paid very little attention to them. At that time, their most significant source of income was horse breeding and trade (Ollikainen 1995). The economic development that took place after the Second World War, however, seemed unable to reach the Romani population, and the quality of Romani's living conditions and the level of children's education fell *significantly* below the national average (Grönfors *et al.* 1997).

Until the 1950s, the Government's approach to the Romani was that of assimilation; the Romani were largely viewed as a ‘foreign’ group of villains who had to be re-socialised and taught to respect the laws and norms of the wider society (Ollikainen 1995). Like their European counterparts (generally known as Roma), the majority of Finland's Romani have always stayed faithful to their non-European customs. According to Grönfors *et al.* (1997), it is this refusal to give up one's own culture which is, in many ways, in conflict with the more general norms of the Finnish society, that has been one of the most significant causal factors

in determining the Romani's economic and social standing in the country.

The first culturally sensitive governmental attempts to improve the lives of the Romani people, who were largely excluded from the mainstream society, were the establishment of the 'Gipsy Committee' in 1953 and the foundation of an 'Advisory Board on Gipsy Affairs' in 1956 (Kortteinen 1996; Raento and Husso 2002). Unfortunately, however, the Advisory Board on Gipsy Affairs failed to draw attention to the structural causes of the Romani's poverty and social exclusion, and the Romani were largely forgotten by the Finnish Government again until 1968, when the Advisory Board on Gipsy Affairs was reorganised and renamed The Advisory Board on Romani Affairs. New concerns regarding equality and social justice were reflected in 1970s legislation that included a ban on discrimination and improvements of the Romani's living conditions. These measures, however, were passive in nature, and it was only in the 1990s that Romani's voices began to be heard in the decision-making processes (Raento and Husso 2002).

In 1967, the Finnish Romani founded the Gipsy Association of Finland (Suomen Mustalaisyhdistys) and started a radical campaign to improve the Romani's poor living conditions. The aim of the Gipsy Association was to reduce discrimination against the Finnish Romani, and to initiate a culturally sensitive set of changes to improve their lives. In 1991, the organisation was renamed the Romani Association of Finland (Suomen Romaniyhdistys). A year later, the Board of Education established a special Romani Education Unit, which became responsible for monitoring the Romani population's educational needs and enhancing the position of Romani language and culture (Kortteinen 1996). In 1996, the Romani language became recognised as a minority language, and it is now possible for children to study Romani language as their first language at school, as long as they study Finnish or Swedish as their second national language. Romani language, however, is available in only a limited number of schools, and there is no precise legislation that obliges municipalities to arrange Romani lessons to Romani children. In 1996, some 300 children were studying the Romani language (Kortteinen 1996).

It has been argued that the relatively weak official status of Romani language and culture in Finland can be explained by the fact that the Romani are dispersed across the country instead of inhabiting a specific geographical region. Although the improved legal status of the Romani language has enhanced the institutional recognition of the Romani identity in recent years, the positive changes have been distributed unequally, and the marginalisation of the

Romani has even accelerated in some regions outside the urban areas. As Raento and Husso (2002:10) have noted, “the Romani remain among the groups looked upon most negatively in Finnish society. Discrimination still forms a part of the Romani everyday experience in Finland, and support from Finnish law enforcement has often not been forthcoming.”

Despite a high level of discrimination experienced by Romani who display their ethnic distinctiveness, Finland’s Romani population has maintained a strong cultural identity, and Romani traditions are still upheld by a significant proportion of the Romani population (Grönfors *et al.* 1997). However, it has been argued that the discrimination faced by the Romani has prompted many of them to think that it is impossible for a Romani to succeed in ‘the white man’s world’, leading to a further marginalisation of the Romani in Finnish society (*ibid.*). The status of the Romani as ‘the most hated’ population group in Finland has been replaced only recently – by the Somali (Cavada 1998, cited in Raento and Husso 2002).

#### ***1.2.4 Jews***

The presence of Jewish people in Finland’s geographical region dates back to the early 19<sup>th</sup> century. By the 1850s, Finland’s Jews numbered 300, and the numbers rose steadily until the late 1870s. The majority of Finland’s Jews are the descendents of Russian soldiers and their families, who remained in Finland after the region was handed over to Russia in 1809. When Finland was attached to Russia, the legislation that was established under the Swedish rule remained unchanged, and refused Jewish people the right to citizenship or permanent residence. While Finland was unable to pass any changes regarding Jews’ rights under the Russian rule, changes in Swedish legislation in 1870 granted Jews full right to citizenship and, consequently, many of Finland’s Jews moved to Sweden at that time. However, more Jews fleeing persecution in Russia, Poland and Lithuania arrived in Finland in 1880s, and the number of Jews increased again (Pentikäinen 1997).

Under the Russian rule, Jews’ economic activities in Finland remained strictly controlled, and restricted to different kinds of trading (Skurnik 1982 in Pentikäinen 1997). These restrictions regarding Jews’ economic activity left a permanent mark in Finland’s Jewish community, and even in the 1940s, three out of four economically active Jews in Finland worked in trade. Until Finland’s independence, Jewish people were allowed to settle only in specified areas, and Jewish people who wanted to leave their parents’ house or get married were not allowed

to remain in Finland (Skurnik 1982 in Pentikäinen 1997).

In January 1918, less than two months after Finland's independence, Jews were granted full citizenship rights. In the same year, a Jewish school was founded in Helsinki. Until the 1930s when Jews got caught up in the language debate and decided to start embracing relations with the rising Finnish-speaking political elite, the majority of Finland's Jews were Swedish-speaking. In 1932, the Jewish congregation made a decision to change the Jewish school's language of instruction from Swedish to Finnish, partly due to fears that financial support from the government would soon be withdrawn from all Swedish-speaking schools (Hämäläinen 1968 in Pentikäinen 1997).

During WWII, the number of Jews residing in Finland increased again when Karelians were evacuated and resettled in other parts of Finland. By the end of WWII, Jews had become fully integrated into the mainstream Finnish society. The first Jewish MP was elected in 1979. Because of the small size of the Jewish community, intermarriage between Jews and non-Jewish people is common and, combined with the ageing of Finland's Jewish population, has led to a notable decrease in the numbers of religiously active Jews in Finland (Pentikäinen 1997). In order to encourage Jews to preserve their culture and traditions, the Jewish congregation has launched their own magazine and established a range of services, including a sports club and an old people's home (Harviainen 1988). The majority of Finland's Jews have settled in and around Helsinki, where the country's only synagogue, Jewish school and Jewish kindergarten are located.

### ***1.2.5 Tatars***

Considering the high level of discrimination against Somalis and other Muslims in contemporary Finland, it is ironic that the oldest Islamic community in Nordic countries can be found in Finland. The first Muslim Tatars arrived in Finland from Russia after Finland became part of Russia in 1809, and the first Islamic congregation was founded in 1924 (Suomen Islam-Seurakunta 1975). However, the size of Finland's Tatar population remained very small until the late 19<sup>th</sup> century, when growing numbers of Tatar traders settled in Finland permanently (Pentikäinen 1997). By 1980 the number of Finland's Tatars had increased to 939 from just 46 in 1870 (ibid.).

Upon their arrival in Finland, most Tatars settled in large cities, and even today the majority

of Finland's Tatars live in Helsinki. Although well integrated into mainstream Finnish society, Tatars have managed to preserve their cultural traditions and language. The Tatar language is still spoken as a first language in most Tatar homes, and the preservation of the Tatar language and culture is supported by the Tatars' Islamic congregation, which organises summer and winter camps for Tatar children. The congregation also arranges special classes in Islamic faith for children who do not speak Tatar as their first language. Because it is not uncommon for Finland's Tatars to marry outside their ethnic/religious community, the otherwise exclusive Islamic Tatar congregation allows Tatars' non-Tatar spouses to join the congregation (Suomen Islam-Seurakunta 1975). Despite their strong commitment to cultural and linguistic distinctiveness, Finland's Tatars have a long history of participating in the compulsory armed service. During WWII, 156 Tatar men fought on Finland's side against the Soviet Union, and ten Tatars lost their lives defending Finland's independence (Pentikäinen 1997).

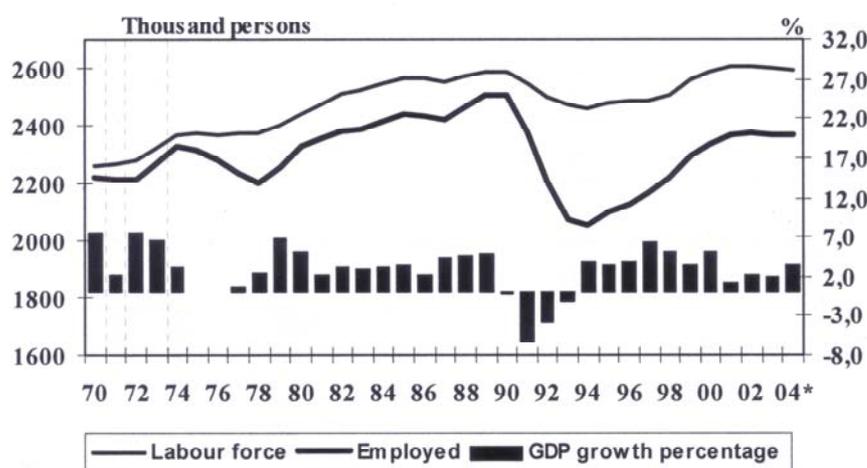
### **1.3 The Finnish Labour Market**

In recent years, the issues of immigration and labour market have become increasingly intertwined, and changes in the labour market have begun to influence Finland's official immigration and integration policies. Having a basic understanding of Finland's labour market is vital in order to be able to contextualise the healthcare professional refugees' experiences that will be discussed in chapters 6-8.

#### ***1.3.1 Labour market participation and unemployment***

In spite of a fairly high unemployment rate of 8.8 percent, Finland has a comparatively high labour market participation rate of 67.2 percent (MOL 2004d). In 2004, there were approximately 2,365,000 employed persons, out of which 87.3 percent were wage and salary earners, and 12.7 percent entrepreneurs or assisting family members. Of those employed, 72.1 percent worked in the private sector, 21.4 percent worked in municipalities and federations of municipalities, and 6.3 percent were employed by the state (MOL 2004d). The vast majority of employed people in Finland work full time; in 2004 only 13.5 percent of the employed labour force reported working part-time (less than 30 hours/week). In 2004, three quarters of all salary and wage earners worked in permanent, full-time employment, while an additional 16.2 percent had fixed-term full-time jobs (MOL 2004d).

**Figure 1.1: Labour Force, Unemployment, Employment and Economic Growth**



(Source: MOL 2004d:5)

Since industrialisation, formal education has become highly valued in the Finnish society. According to Paananen (2002), social skills and level of education have a notable impact on a person’s employability. Education in particular is commonly considered to have a direct impact on one’s labour market status, as individuals with low levels of educational attainment (basic education) are four times more likely to be unemployed than persons with intermediate or higher education (Paananen 2002). High levels of educational attainment, however, do not necessarily result in higher wages. As a recent study by a major newspaper in Finland reveals, manual labourers with vocational training are catching up with university graduates, and some manual professionals such as plumbers already earn significantly higher salaries than many university graduates. In particular, persons with degrees in arts and/or humanities tend to earn less than persons with highly demanded vocational skills (*Helsingin Sanomat* 12.11.2006).

Due to the high overall educational level, unemployment among university graduates is increasing, and particularly people who have studied arts or humanities find it hard to find employment that corresponds with their qualifications. The unemployment rate of art school graduates is approximately 8 percent, which is only slightly below the overall unemployment rate of 8.8 percent (*Helsingin Sanomat* 12.11.2006). This development, together with a growing trend toward fixed-term employment among young, highly educated women (Kakkonen and Parviainen 2005; UM 2005), has raised questions about the extent to which higher education improves one’s employment prospects, especially for women (Kakkonen

and Parvianen 2005).

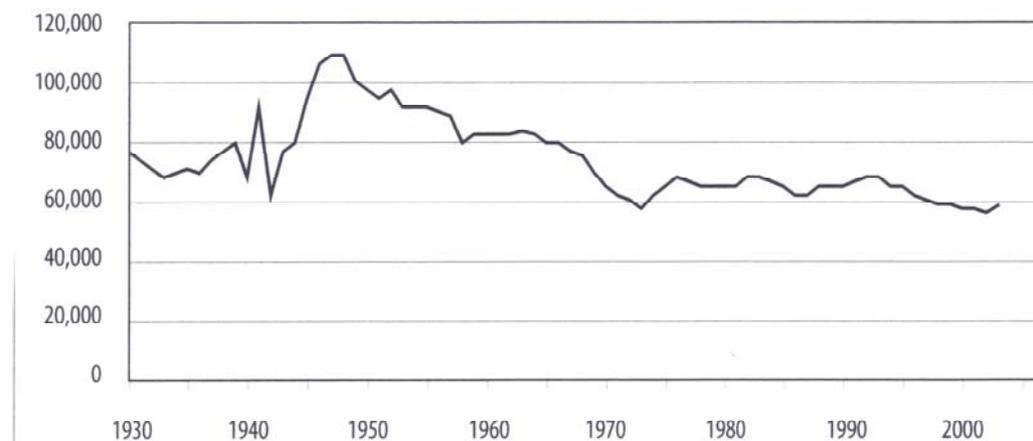
### ***1.3.2 Gender equality in the Finnish labour market***

One of the reasons why Finland has not previously looked to recruit from abroad is women's high labour force participation rates (Ihmisoikeusliitto 2002). Although women are disadvantaged in the paid labour market in the sense that their average income is still lower than men's (Statistics Finland 2006a) and they account for two thirds of the labourers on a fixed-term employment and part-time employment (MOL 2004d), Finland fares relatively well in terms of gender equality in comparison with other European countries. According to the European Commission (2001), Finland has the second-lowest gender gap in employment rates in the European Union, and Finnish women are less likely to be unemployed than women in other EU-countries. While unemployment among women in EU-countries is on average 3 percent higher than among men (European Commission 2001), women's unemployment rate in Finland is only 0.2 points higher than that of men (Statistics Finland 2006a). Women's average monthly income (EUR 2,107), however, remains significantly below men's average monthly income (EUR 2,621) (ibid.). Moreover, due to growing competition in the global marketplace and cuts in public sector spending, growing numbers of young female university graduates find themselves caught in the vicious circle of short-term contracts, reducing their willingness to commit themselves to mortgage payments or child-bearing (Kakkonen and Parvianen 2005).

### ***1.3.3 Demographic trends and their impact on the labour market***

After sixty years of continuous population growth, birth-rates began a steady fall in the 1970s, stabilising at 1,73 in the mid-1990s (MOL 2001; Ketola and Kunz 2005). The decline in birth rates has resulted in such a low natural population growth that, without a significant increase in immigration, Finland's population is projected to start declining around 2010 (MOL 2001). Although this prospect has raised fears about Finland's ability to sustain economic growth (Ketola and Kunz 2005), public debates have focused primarily on the impacts of constantly growing median age and dependency ratio.

**Figure 1.2: Births in Finland**



(Source: Ketola and Kuntz 2005:18)

Due to the impending retirement of the baby-boom generation (people born in 1945-1950), Finland is expected to face a considerable undersupply of skilled manpower in the years to come (Ihmisoikeusliitto 2002; Vuorensyrjä 2006), as “the labour force begins to contract on a continuous basis” (Vuorensyrjä 2004:6). While population ageing is a problem that affects most European countries, the situation in Finland is further exacerbated by the comparatively large baby-boom generations (Ketola and Kunz 2005) and relatively low immigration rates (OECD 2004). According to demographic forecasts, Finland is expected to have the most unfavourable dependency ratio (73 dependent persons per 100 working-aged persons) in Europe by 2030 (*Helsingin Sanomat* 13.11.2006). If no radical changes occur, over a quarter of Finland’s residents will be aged 65 or over by 2040 (Statistics Finland 2006a). Because the Nordic welfare system is dependent on a high labour market participation rate, population ageing and the subsequent increase in dependency ratio poses a real threat to its preservation (Ketola and Kunz 2005). Since the turn of the millennium, population ageing and its consequences have become recognised as major socio-political issues, which will presumably affect all aspects of the Finnish society from the cost of living to education, healthcare and the labour market (MOL 2001).

In particular, attention has been paid to increasing expenditures on pensions and health care, and the high likelihood of future labour shortages (Ketola and Kunz 2005). Population ageing, combined with increasing life expectancy, is expected to place exceptional stress on

the public health sector. This topic, identified as one of the major future challenges, has attracted extensive attention from the media, as well as researchers and governmental institutions. According to the Ministry of Labour (2001), people aged 65 + use healthcare services over four times more than average citizens. At the same time, the retirement of baby-boom generations is going to affect the healthcare services from within, as large numbers of healthcare professionals will reach retirement age within a relatively short period of time.

#### ***1.3.4 Present and future labour market trends in Finland***

Since its independence, Finland has undergone a change from a relatively poor agrarian society to a relatively wealthy post-industrial information society, and the structure of the labour market has evolved accordingly. While the importance of agriculture has decreased steadily for a long period of time, jobs are now being lost in manufacturing industry, mainly due to globalisation and its side-effects (MOL 2004d). Although manufacturing industry is expected to maintain its position as a significant employer in the Finnish labour market, this is mostly due to growing employment in executive and expert work in electrical and electronics industries, while employment in primary production is falling (MOL 2002). Projections for 2000-2015 estimate decreasing employment in agriculture and forestry and office work, while employment is expected to grow in the service sector, the healthcare and social care sector, teaching, transportation and finance (MOL 2002).

Since the severe recession of the early 1990s and another bout of recession in the early 2000s, Finland's economy showed a clear upturn in 2004 (MOL 2004d). Economic development, however, has been unequally distributed throughout the country. While some regions suffer from low levels of economic development and high unemployment, large cities in Southern Finland pull skilled workers from other regions to satisfy the needs of their continuously growing economies (Ketola and Kunz 2005). To make matters more complicated, the regions which are currently suffering from high unemployment are already experiencing labour shortages in some sectors of the labour market, namely the health sector. Due to high levels of outward migration, these regions are expected to face *severe* labour shortages in the near future, as the working-aged population will fall below the numbers of currently employed persons in 2010s or 2020s (ibid.). Moreover, the migration flow toward the growth centres from these regions is very selective, composed particularly of women, the young, and the educated (Ketola and Kunz 2005), resulting in significant increases in the median age and the dependency ratios in the regions of economic stagnation and high levels of outward

migration.

The capital region and other centres of economic growth, on the other hand, continue to suffer from high unemployment (particularly among the less educated), due to high levels of internal migration. While unemployment continues to be a problem for immigrants, people with low levels of formal education, and people with certain types of university qualifications, the mismatch between the educational qualifications of the available workforce and the needs of the labour market is expected to result in a situation characterised by persistent unemployment as well as labour shortages in certain sectors of the labour market, such as the public healthcare sector (*Helsingin Sanomat* 13.11.2006).

The possibility (or likelihood) of future labour shortages features heavily in the Ministry of Labour's agenda, and different measures to counter them have been integrated in the Ministry's policies and policy recommendations. Already, the number of people exiting from the labour market annually exceeds the number of people entering the labour market (Ministry of Social Affairs and Health 2006). Not surprisingly, then, the past 15 years have witnessed a shift of emphasis in the Ministry's agenda from unemployment to labour shortages. Members of the public sometimes object to this development demanding more aggressive measures to address the persisting unemployment instead. However, emphasis on labour shortages has been justified by noting that the ageing of the baby-boom generations means further reductions in the unemployment rate as currently unemployed baby-boomers leave the ranks of unemployed job seekers (Ally 2004).

Although unemployment is considered to be a problem, it has been increasingly realised that the anticipated labour shortages may be eased by the adoption of more aggressive practical measures that aim to improve currently unemployed job seekers' employability. The main objective of the current cross-administrative Employment Policy Programme is to (1) lower structural unemployment; (2) prevent exclusion from the paid labour market; (3) increase the labour supply (MOL 2004d). However, unemployment is expected to decrease naturally over the next 10 years due to radical demographic changes. In fact, it has been argued that "the estimated 147,000 unemployed who will still be available to the labour market in 2015 could fill roughly 15 % of the employment opportunities that will open" (Ally 2004:16), although the skills of the currently unemployed persons are unlikely to match with the future needs of the labour market.

### *1.3.5 The healthcare sector*

The expected labour shortages in the healthcare and social care sector have become hotly debated themes in Finland, and suggestions regarding different ‘solutions’ have been put forward by a number of parties. Finding a practical ‘solution’ to the problem, however, is made difficult by the strict licensing regulations set by the National Authority for Medicolegal Affairs (TEO). Professions that can be practiced only by licensed professionals include: physician, dentist, psychologist, speech therapist, dietician, pharmacist, nurse, midwife, public health nurse, physiotherapist, medical laboratory technician, radiographer, dental hygienist, occupational therapist, optician and dental technician (TEO 2006). As will be demonstrated below, however, the parties that are actively engaged in the public debate over potential solutions to the looming labour shortages in the healthcare sector commonly ignore the practical obstacles created by the licensing requirements and the organisation of Finland’s healthcare system (which appears to make Finland a relatively unattractive destination for foreign healthcare professionals).

As in other Nordic countries, the Finnish labour market is characterised by high levels of unionisation. Healthcare professionals are no exception; 98 percent of dentists and 95 percent of doctors are members of their respective trade unions (Finnish Medical Association 2005; Finnish Dental Association 2006). Other healthcare professionals<sup>4</sup> are united under the Union of Health and Social Care Professionals (Tehy), an amalgamation of nine smaller professional organisations. Although Tehy caters for a wide range of healthcare professionals, 50 percent of Tehy's members are nurses, and the Nurses’ Association is by far the largest of Tehy’s co-operative professional organisations.

Public healthcare services account for the majority of the available health services in Finland (figure 1.3), and less than 15 percent of qualified healthcare professionals in the country work in the private sector (Isolauri 2006). A notable exception to this rule, however, is dentists, almost half of whom work in the private sector (Finnish Dental Association 2006). The public healthcare system is organised in a two-tiered system, whereby municipal health

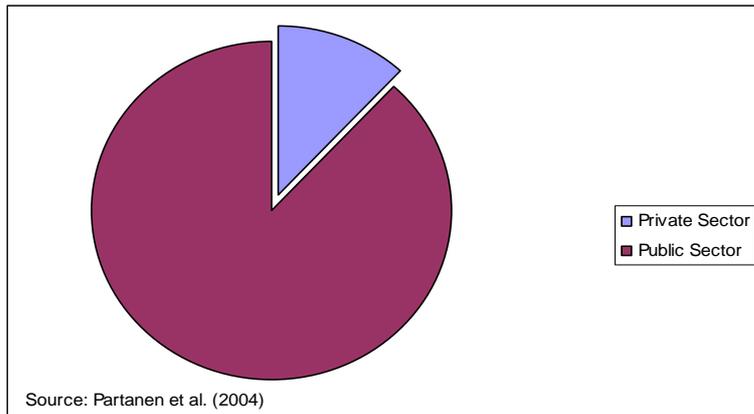
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<sup>4</sup> Nurses, midwives, practical nurses, dental assistants/dental hygienists, practical children's nurses, emergency medical technicians and ambulance staff, practical mental health nurses, radiographers, medical laboratory technologists and physiotherapists

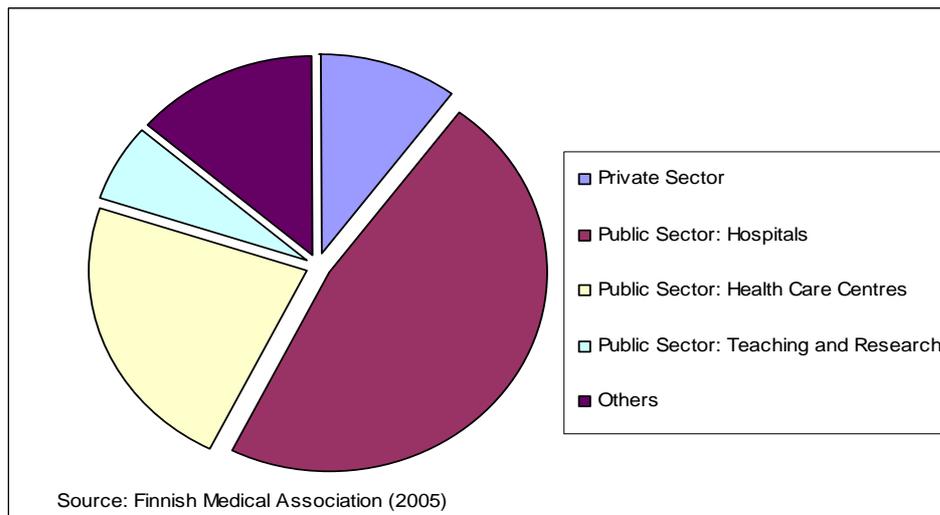
centres are responsible for primary healthcare, and specialised care is provided by regional, central and university hospitals, which are owned by joint municipal boards (Ketola and Kunz 2005).

**Figure 1.3: Selected Healthcare Professionals by Sector of Employment**

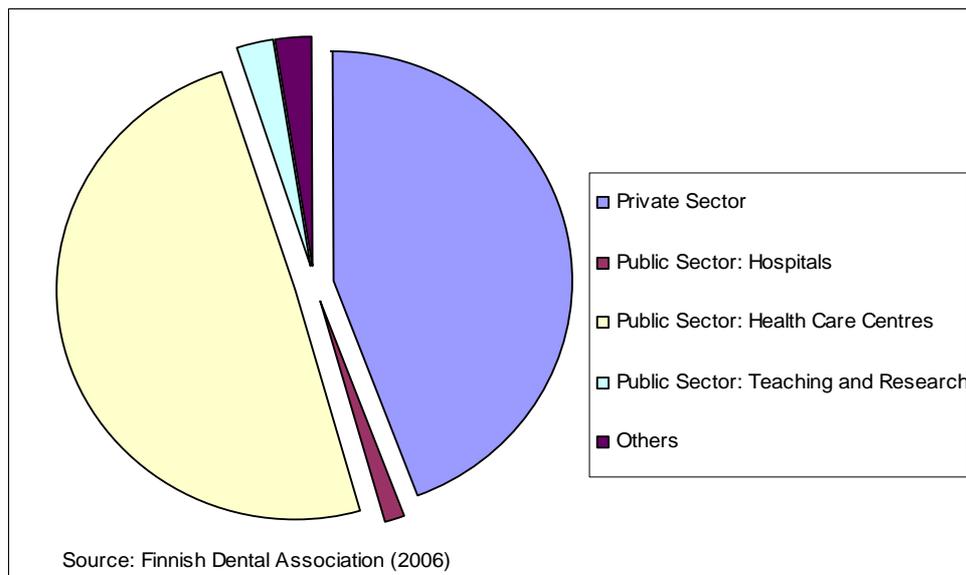
**Nurses**



**Doctors**



## Dentists



As already mentioned, the ageing population is expected to place enormous pressure on the public healthcare system. Until the late 1990s, the organisation, management and availability of publicly funded healthcare did not attract much political interest in Finland. This, however, has changed radically in recent years, as the deterioration of the public healthcare system has become evident (Ketola and Kunz 2005). Indeed, the fears of a growing gap between the supply and demand have reached such high levels that it is not uncommon to see the situation being referred to as 'crisis'. A growing concern over the ability of the public sector to provide good quality care under the mounting pressures has led to a growing demand for private health services, and the number of doctors working for the private sector has increased significantly from mid-1990s onwards (Finnish Medical Association 2005). This development serves to further complicate the situation, as more and more young doctors are seduced by the higher wages of the private sector. Consequently, the lack of sufficient numbers of doctors willing to work for the public sector forces municipalities to buy services from the private sector.

Although the anticipated labour shortages in the healthcare sector have been extensively discussed in the Finnish media, no comprehensive analysis has been conducted about the scope of these (predicted) labour shortages. Instead, the discussion has commonly centred on the rapidly increasing demand for doctors, dentists and nurses, and the inability of the Finnish educational system to produce sufficiently skilled professionals at the required rate. Although the fears of rising imbalance between supply and demand can be partly rationalised by low unemployment figures and a high median age among doctors and dentists (Finnish Medical

Association 2005; Finnish Dental Association 2006), labour shortages in terms of an absolute lack of appropriately qualified staff have materialised only in the case of doctors, predominantly in the field of primary healthcare services (municipally run healthcare centres). This might be at least partially caused by the pay gap between private and public sector appointments and the (above mentioned) growing demand for private sector services.

Shortage of dentists has so far manifested itself mainly by lack of appropriately qualified persons who would be willing to accept employment on a fixed-term basis. This has been recognised as a growing problem particularly because the majority of practicing dentists in the country are women<sup>5</sup>, and the need for maternity leave replacements is expected to worsen the anticipated labour shortages in this sector in the future (*Helsingin Sanomat* 14.11.2006). However, it has also been argued that an absolute shortage in terms of numbers is likely to occur, as a declining proportion of the ageing population wear dentures and more people continue to require dental care in old age (*Helsingin Sanomat* 19.9.2006).

Unlike with doctors and dentists, the assumed shortage of nurses has become a highly controversial issue. Instead of there being a lack of educated nurses *per se*, there appears to be a reluctance on the part of trained nurses to work as nurses due to low pay and undesirable working conditions (Partanen *et al.* 2004; Isolauri 2006; *Helsingin Sanomat* 28.11.2006b). According to Isolauri (2006), approximately 30 percent of registered nurses in Finland do not work as nurses, and a further 5 percent of Finnish nurses work abroad. At the same time, a high number of open positions for nurses in the public healthcare services indicate a growing demand matched with insufficient supply. This situation, however, is not caused by an absolute *lack* of appropriately trained persons, but rather the unattractiveness of the nursing jobs in the public healthcare sector. Most significantly, public sector pay is not very attractive (monthly taxable income EUR 2,224), and the continuing lack of sufficient nursing staff means that it is not uncommon for nurses to be overworked. In a survey of nurses' working conditions, 71 percent of respondents reported having too much work to do and 86 percent of respondents experienced stress at work (Partanen *et al.* 2004).

The increasing tendency to hire nurses on a fixed-term basis has further reduced the profession's appeal. Fixed-term contracts are used by public sector employers to reduce the

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<sup>5</sup> In 2006, 68 percent of employed dentists were female (Finnish Dental Association 2006)

costs caused by maternity leave and other benefits to which full-time employees on permanent contracts are entitled. Despite an abundance of available temporary vacancies, nurses struggle to find permanent employment. Fixed-term contracts, comparatively low pay, and unpleasant working conditions are reportedly among the main reasons behind Finnish nurses' willingness to accept employment abroad (*Helsingin Sanomat* 15.7.2006). Finnish nurses are a much wanted workforce abroad, and active recruitment by countries such as Norway, Britain and the US makes it easy for Finnish nurses to find more appealing and better paid employment abroad, often in countries where taxation is significantly lower than in Finland (*Sairaanhoitaja* 26.6.2003; *Helsingin Sanomat* 15.7.2006).

**Table 1.3: Doctors, Nurses and Dentist in Finland**

	Licensed Working-aged Professional
<b>Nurses</b>	<b>58,800</b> (2003) (Isolauri 2006)
<b>Doctors</b>	<b>17,946</b> (2005) (Finnish Medical Association 2005)
<b>Dentists</b>	<b>4,572</b> (2005) (Finnish Dental Association 2006)

	Practitioners / 1,000 Inhabitants
<b>Nurses</b>	<b>9.6</b>
<b>Doctors</b>	<b>2.6</b>
<b>Dentists</b>	<b>0.9</b>

(Source: Ministry of Social Affairs and Health 2006)

The shortage of nurses has thus turned into a question about the unattractiveness of the profession, and the responses have been mixed. On one hand, arguments have been made in favour of solving the problem by improving nurses' working conditions and increasing the wages in order to make the profession attractive to new high school graduates as well as registered nurses who currently work in other professions (Kokoomus 2006). On the other hand, recruitment from abroad has been seen as the ultimate solution, or at least an important element of any potential solution (MOL 2001; MOL 2004d; MOL 2005c). Proposals that have been put forward include a wide range of suggestions, such as (1) increased numbers of starting places in polytechnics (Ministry of Social Affairs and Health 2004); (2) more active

recruitment from abroad (MOL 2001; MOL 2005c); (3) implementation of government support scheme to enable municipalities to raise nurses' wages (Kokoomus 2006). According to one of Finland's largest political parties (the centre-right party Kokoomus), Finland should start financially rewarding nurses who would be willing to return to Finland from abroad, and establish educational institutions in populous developing countries, where foreign nurses could be trained to work as nurses in Finland (*Helsingin Sanomat* 28.11.2006a). Many of the proposed solutions to the anticipated (and existing) shortage of nurses, however, are problematic, as they would require either a large pool of trained nurses willing to migrate to Finland, a large number of high school graduates who wish to start a career in nursing, or large sums of money that would pay for the expenses of founding educational establishments in Third World countries.

The possibility of recruiting from abroad has gained momentum as the most feasible solution, despite the fact that strict licensing requirements may have a negative impact on foreign healthcare professionals' willingness to migrate to Finland. Yet suggestions to recruit foreign workers to ease the labour shortages in the healthcare sector have turned the growing concern over the deficit of doctors and nurses into an immigration policy issue. The subsequent discussion has centred around two themes. Firstly, the need to relax immigration policy in order to make immigration into Finland easier for suitably qualified individuals (MOL 2001). Secondly, the need to improve employers' preparedness to hire foreign workers under the circumstances of labour scarcity (MOL 2004d). Some political parties (such as Kokoomus), have proposed a Canadian-style points system, whereby persons who possess skills that are in demand in the Finnish labour market would be prioritised in the immigration system (*Helsingin Sanomat* 28.11.2006a). Whether the Canadian model would ever work in Finland, however, is debatable, considering that other Nordic and European countries continue to attract Finnish healthcare professionals, particularly nurses, *away* from Finland. In 2005, approximately 4,100 Finnish nurses worked abroad (*Helsingin Sanomat* 18.4.2006), while only 256 foreign-educated nurses held a licence to practice in Finland (Isolauri 2006). Judging from these figures, it appears that immigration or recruitment from abroad may not be able to provide a solution to the looming labour shortages in the health sector.

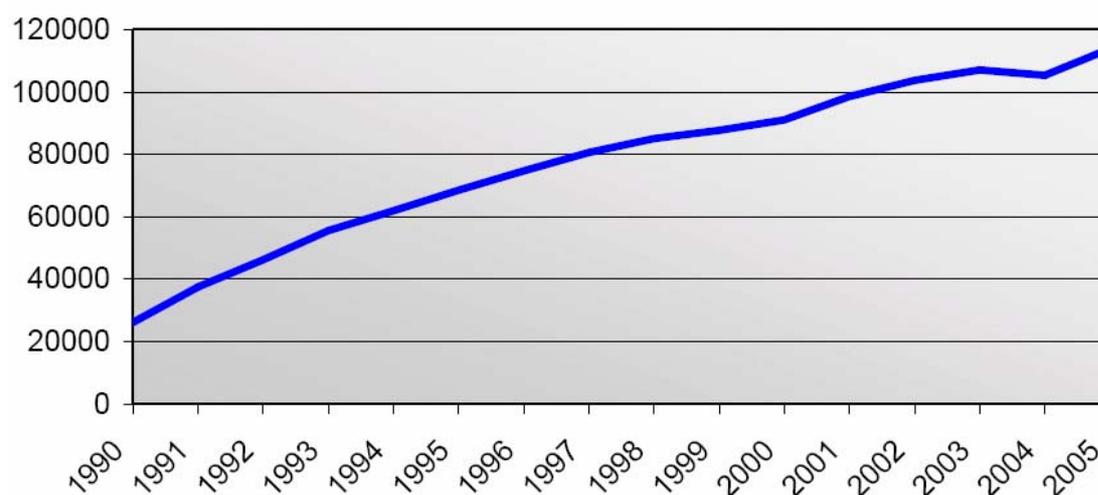
## **1.4 Migration and Migration Policy**

Located in Northern Europe between Sweden and Russia with approximately one-quarter of the territory lying above the Arctic Circle, Finland has a low population density of 17 persons

per square kilometre. Unlike most Western European countries, Finland does not have a long history as an independent state. Finland has never had any colonies, and there has never been a need to import labour from abroad. As Schulman (1997:11-12) writes, “[t]he climate in Finland is not enticing, nor is the difficult majority language.” It may not be surprising, then, that the number of foreign residents in Finland has traditionally been low, and the reasons behind individuals’ decisions to migrate to Finland have been predominantly non-economic (Shakir and Tapanainen 2005). Labour migration into the country has always been low (MOL 2005c, see figure 1.5).

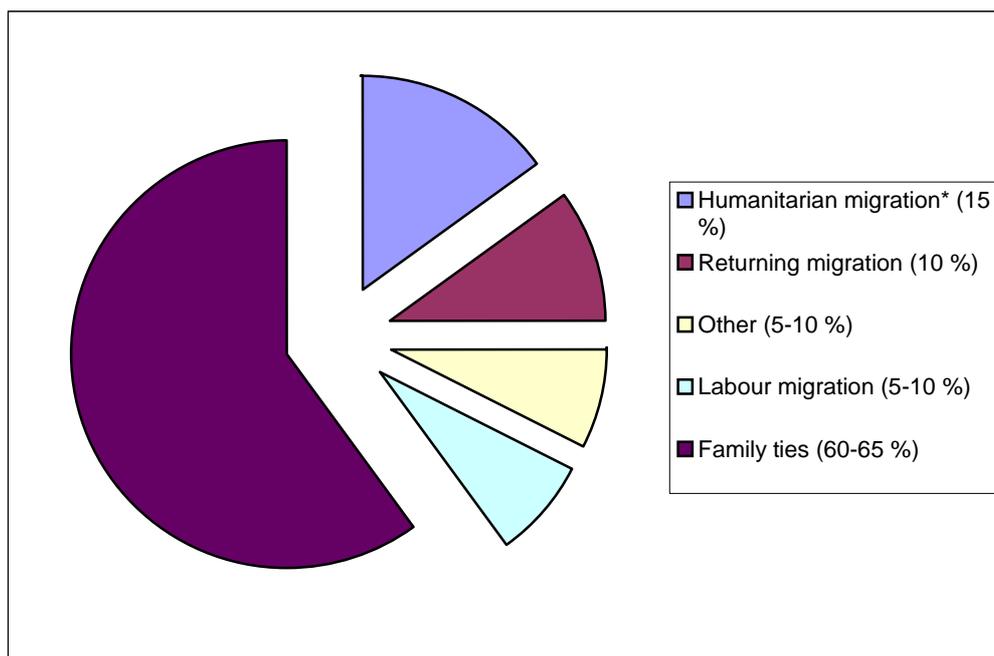
Nevertheless, largely due to the sudden increase in international refugee movement, the number of foreign people in Finland has been increasing steadily from the late 1980s (see figure 1.4). In 1980, the total number of foreign nationals living in Finland was 12,800. The vast majority of these people were Swedish, Russian, German and American citizens. By 1990, the number had increased into 26,200. In 2001, the total number of foreigners reached 99,000 and the majority of these people were of Russian, Swedish, Estonian and Somali origin. Figure 1.4 shows the development in the number of foreigners residing in Finland (see also table 1.4). According to Ministry of Labour estimates, the most common reason for migrating to Finland during 1990-2005 was family ties, while the second largest group of migrants consisted of humanitarian migrants (MOL 2005c) (see figure 1.5).

**Figure 1.4: Foreigners in Finland 1990-2005**



(Source: MOL 2005e:1)

**Figure 1.5: Estimation of Reasons for Migration to Finland 1990-2005**



(Source: MOL 2005c:5)

\* The term 'humanitarian migration' is used to refer to quota refugees as well as people who have arrived in Finland as asylum seekers, and who have thereafter been granted either an asylum or a temporary or permanent residence permit

**Table 1.4: Foreign Citizens in Finland 1990-2005 by Nationality**

<b>Country of citizenship:</b>	<b>1990</b>	<b>1995</b>	<b>2001</b>	<b>2005</b>
<b>Russia</b>	.	9 720	22 724	24 621
<b>Estonia</b>	.	8 446	11 662	15 459
<b>Sweden</b>	6 051	7 014	7 999	8 196
<b>Somalia</b>	44	4 044	4 355	4 704
<b>Former Yugoslavia (including Serbia and Montenegro)</b>	75	2 407	4 240	3 954
<b>Iraq</b>	107	1 341	3 222	3 267
<b>United Kingdom</b>	1 365	1 865	2 352	2 762
<b>Germany</b>	1 568	1 748	2 327	2 792
<b>Iran</b>	336	1 275	2 166	2 562
<b>China</b>	312	1 412	1 929	2 981
<b>Turkey</b>	310	1 335	1 981	2 621
<b>USA</b>	1 475	1 844	2 110	2 086
<b>Thailand</b>	239	763	1 540	2 605
<b>Bosnia and Herzegovina</b>	.	928	1 668	1 584
<b>Vietnam</b>	292	2 084	1 778	1 657
<b>Ukraine</b>	.	366	1 133	1 317*
<b>Afghanistan</b>	.	.	719	1 833
<b>Others</b>	14 081	21 974	24 672	28 549
<b>Total</b>	<b>26 255</b>	<b>68 566</b>	<b>98 577</b>	<b>113 852</b>

\* Figures not updated from 2003 (Source: Statistics Finland 2004a; Statistics Finland 2006a)

### ***1.4.1 Foreigners' rights to reside and work in Finland***

Citizens of EU countries, as well as citizens of Liechtenstein, Norway, Iceland and Switzerland, can reside in Finland freely, and work freely for a period of three months. EU citizens who wish to work in Finland for a longer period must register their intention to reside in Finland. This is a simple procedure and can be done at the nearest police station. The residence certificate granted by the police is valid until further notice, although after four years an EU citizen can be granted a permanent residency status (UVI 2004).

Non-EU citizens who wish to reside in Finland need a residence permit, and non-EU citizens who wish to work in Finland need a residence permit for employed persons. These permits are applied for from the Directorate of Immigration (UVI), and they are either temporary or continuous in nature, depending on the bases on which the permit is granted. The first permit is always fixed-term, and is commonly granted for a year, unless specifically applied for a shorter period. After this, a person who is granted a continuous residence permit may apply for an extension of no more than three years at a time, while a person with a temporary residence permit can be granted an extension of no more than one year at a time. A person who has been granted a temporary residence permit can later apply for a continuous permit if the grounds for residency have changed during their stay in the country (for example, due to marriage). A residence permit for an employed person is normally granted for a certain professional field, and the needs of the labour market are taken into consideration. "Granting a residence permit for an employed person requires that the alien's means of support are guaranteed" (UVI 2004: no page numbers).

According to the Directorate of Immigration (UVI 2004) a foreign person does not need an additional permit for employment purposes if s/he has been granted

- A permanent or continuous residence permit *on grounds of other than employment* (such as marriage)
- An asylum, a refugee status (permanent or continuous residence permit) or a temporary residence permit on humanitarian grounds (due to the need for temporary protection, for example).
- A fixed-term Finnish residence permit on the grounds that s/he serves as a

professional athlete or trainer; works for a religious or non-profit organisation, or professionally in the field of science, culture or the arts; works as a company executive or mid-management or holds an expert position that requires special skills; or is engaged professionally in the field of mass communications

Foreign students, academics, and people who are engaged in specific international projects have a limited right to work without a residence permit for an employed person.

Persons who *do not* need a residence permit at all, include (UVI 2004)

- interpreters, teachers, experts or referees who, upon invitation or under contract, work for no more than three months in Finland
- professional artists or athletes or assistants of them who, upon invitation or under contract, work for no more than three months in Finland
- sailors who work on a vessel that is entered in the list of merchant vessels as a vessel operating in international transport or sailing mainly between foreign ports
- pickers of berries or fruits who work for a maximum of three months in Finland
- permanent employees of a company operating in another EU/EEA country who perform temporary acquisition or subcontract work in Finland, and who have valid and appropriate residence and work permits in the other country.

#### ***1.4.2 Humanitarian Migration***

Until the late 1980s, Finland received very few immigrants and asylum seekers and, apart from the quota refugee policy, lacked an official immigration policy altogether. Thus the Aliens Act (1991) was Finland's first official immigration policy. Since 1991, this Act has been amended some twenty times and reformed radically in 2001, 2002 and 2004. Yet it has still been criticised for being "neither comprehensive nor coherent" (Salmenhaara 2003:16).

Until 1997, the reception of refugees was the responsibility of the Ministry of Social Affairs and Health, while the reception centres were run by the Finnish Red Cross. As long as the

numbers were small and those who arrived were almost exclusively quota refugees<sup>6</sup> from UNHCR refugee camps, refugees were placed in municipalities soon after arrival, and the few existing reception centres functioned mostly in temporary bases. After the numbers of asylum seekers started to grow rapidly in the early 1990s, more reception centres were required, and the need for a more systematic approach to the integration of refugees and other immigrants became apparent.

In March 1995, the Directorate of Immigration (UVI) commenced operation under the supervision of the Ministry of the Interior. The function assigned to UVI was to implement Finland's official immigration and refugee policy, and it was soon agreed that it would also be made responsible for carrying out all asylum interviews, which had previously been the responsibility of the local police. During the same year, an Immigration and Refugee Policy Commission was appointed to assess the government's principles of immigration and refugee policy. In 1997, the primary responsibility for the reception and integration of refugees shifted from provincial administrations and the Ministry of Social Affairs and Health to the Ministry of Labour (MOL). The Ministry of Interior, however, is engaged in the selection and reception of quota refugees. Forced migration issues and Finland's refugee populations will be discussed in more detail in chapter 3.

### ***1.4.3 Finnish integration policy***

The Act on the Integration of Immigrants and Reception of Asylum Seekers (better known as Integration Act) came into force in May 1999. As stated in the Act, the duties and responsibilities relating to the integration of refugees are divided between the Ministry of Labour, the Ministry of Education and the refugee-receiving municipalities. Although the Ministry of Labour is responsible for the general development of integration procedures, the responsibility for the actual integration process in practice continues to be divided between the Ministry of Labour, the Ministry of Education, the National Board of Education, and the Regional Employment and Economic Development Centres (REED-centres) (MOL 2001). The Integration Act was reformed in 2002, when more explicit guidelines regarding language

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<sup>6</sup> As defined by UVI (2004), quota refugees are people whose right to asylum has been determined by UNHCR prior to their arrival in Finland. Quota refugees are granted an entry permit into Finland under an annually defined refugee quota.

training, citizenship education and settlement were introduced. From 1999 onwards, all working-age immigrants who register themselves as unemployed job-seekers have been entitled to an individual integration plan and a supplementary integration allowance. Although the monitoring of integration and settlement is the responsibility of the Ministry of Labour, the responsibility for drafting the individual integration plans in practice falls on municipal authorities, who do not necessarily have sufficient resources and/or experience (for example, see MOL 2001; Kelmedi 2002; Erharuyi 2002; MOL 2005a). Moreover, a wide gap remains between the objectives of the integration programmes and the reality of integrative measures and practices (The Finnish League for Human Rights 2002). Finland's integration policy will be discussed in more detail in chapters 2 and 4.

#### ***1.4.4 Acquiring Finnish citizenship***

People who have lived in Finland without interruption for six years, able to prove their identity, and either over 18-years of age or married, are eligible to apply for Finnish citizenship. If a person has lived in Finland discontinuously, the period of residence required for eligibility to apply for a Finnish citizenship is eight years (UVI 2004). Applicants must demonstrate that they are capable of supporting themselves financially, and have a working knowledge of Finnish, Swedish, or the Finnish sign language. Applications can be refused due to the applicants' inability to fulfil the above criteria, or existing proof of the applicant's involvement in criminal activities (UVI 2004). Depending on their age, male applicants may become liable for military service if their application is successful. A child whose mother or father is Finnish is entitled to Finnish citizenship on request. However, if the parents are not married and the mother is not Finnish, the child's eligibility to Finnish citizenship is conditional on parents' ability to prove the biological relationship between the child and the father (UVI 2004).

As table 1.5 demonstrates, nationalities in which the proportion of refugees is large (Somalia, Vietnam, Iran, Iraq and Former Yugoslavia) are well represented among the recipients of Finnish citizenship. As will be discussed in the following chapters, the large number of Finnish citizens of refugee origin is problematic in a statistical sense; because Finnish legislation prohibits the recording of a person's ethnic origin, individuals are commonly classified by their nationality or their first language. In labour market statistics people are commonly classified according to their nationality, and it is thus very difficult to determine

the labour market position of naturalised immigrants/refugees.

**Table 1.5: Recipients of Finnish Citizenship by Former Citizenship 1995-2002**

	1990	1995	2000	2005	Total 1990-2005
<b>Russia</b>	-	94	666	2 094	<b>9 846</b>
<b>Somalia*</b>	-	1	346	414	<b>3 257</b>
<b>Vietnam*</b>	4	30	155	82	<b>1 871</b>
<b>Iraq*</b>	5	4	185	346	<b>1 913</b>
<b>China</b>	-	17	92	60	<b>1 127</b>
<b>Sweden</b>	228	98	44	198	<b>1 980</b>
<b>Former Soviet Union</b>	85	55	48	50	<b>1 479</b>
<b>Iran*</b>	5	1	102	233	<b>1 185</b>
<b>Bosnia and Herzegovina*</b>	-	-	4	129	<b>364</b>
<b>Serbia and Montenegro*</b>	-	-	4	346	<b>775</b>
<b>Turkey</b>	13	16	85	128	<b>1 015</b>
<b>Thailand</b>	5	38	63	31	<b>718</b>
<b>Former Yugoslavia*</b>	6	2	67	92	<b>787</b>
<b>Other</b>	548	312	1 116	1 480	<b>15 854</b>
<b>Total</b>	<b>899</b>	<b>668</b>	<b>2 977</b>	<b>5 683</b>	<b>42 171</b>

\* Groups that consist predominantly of refugees

(Source: Statistics Finland 2006b)

#### ***1.4.5 Immigrants in the Finnish healthcare sector***

All healthcare professionals in Finland must have a license to practice. Such licenses can be obtained only from the National Authority for Medicolegal Affairs (TEO), which is responsible for ensuring that all healthcare professionals in the country fulfil the specified competency requirements. In 2005, the National Authority for Medicolegal Affairs granted 403 nurses, doctors and dentists from EU/EEA countries the licence to practice in Finland. Altogether, 853 (5 percent) out of the 16,765 doctors who practiced medicine in Finland in

2005 had obtained their qualifications abroad (Finnish Medical Association 2005). A large proportion of these doctors, however, may be Finnish citizens who were educated abroad. In comparison with countries such as the United Kingdom, the number of immigrants working in the Finnish healthcare sector is minimal.

Persons who have obtained their healthcare sector qualification in another EU/EEA- country are entitled to obtain a licence to practice in Finland without having to undertake further examination. However, all doctors, dentists and nurses who acquired their original qualification outside of Finland must submit an application to the TEO in order to obtain a licence to practice in Finland. Such application can be made in Finnish, Swedish or English, and it must include the following appendices: (1) a copy of the passport or a corresponding document; (2) a degree certificate or a diploma with their appendices (list of courses, grades etc.) and its official translation into Finnish, Swedish or English; (3) a certificate of a valid right to practise a profession in another EU/EEA country; (4) a certificate of the compliance of training with EU directives (TEO 2006). The licence from TEO is subject to a charge of EUR 300. Nurses, doctors and dentists who have obtained their qualification in an EU/EEA state are not required to undertake a language test in order to obtain a licence to practice in Finland (TEO 2006).

**Table 1.6: Licensed Doctors, Dentists and Nurses from EU/EEA Countries (2005)**

Country	Profession		
	Doctors	Dentists	Nurses
Austria	1	-	-
Belgium	2	-	-
Czech Republic	-	1	-
Denmark	7	-	-
Estonia	182	17	43
France	1	-	-
Germany	29	2	4
Great Britain	1	1	1
Hungary	5	6	1
Iceland	-	-	-
Ireland	-	-	-
Italy	1	-	1
Latvia	-	1	-
Lithuania	1	1	-
Netherlands	1	-	-
Norway	2	-	-
Poland	11	-	-
Portugal	1	1	-
Spain	2	-	-
Sweden	63	6	5
Switzerland	1	-	1
<b>Total</b>	<b>311</b>	<b>36</b>	<b>56</b>
<b>Total from EU/EEA</b>			<b>403</b>

(Source: TEO 2005:10)

Healthcare professionals who were educated outside the EU/EEA region, on the other hand, are subjected to rigorous examination in order to determine their competence. According to Isolauri (2006), only 481 doctors and 54 nurses who were educated in non-EU/EEA countries have obtained a licence to practice in Finland since it became possible in 1994.

Comprehensive statistics on dentists are not available, but in 2005 only 8 dentists who had been educated outside the EU/EEA region were granted either full or limited right to practice in Finland (TEO 2005). While one possible explanation for such low numbers is the low overall number of immigrants, another potential explanation might be the difficulty of the legalisation procedure. Although it is possible for persons who acquired their qualification outside of the EU/EEA to obtain a licence to practice in Finland, the legalisation process is both complicated and time consuming (Kyhä 2006). The conditions and prerequisites are considerably different for different professions. As this research focuses on doctors, nurses and dentists alone, the qualification recognition requirements for other healthcare professionals will not be discussed in detail here.

Whereas an organised qualification recognition procedure has been available for doctors since 1994 (Ministry of Education 2002), dentists and nurses have been largely left to their own devices. The basic principle is that the National Authority for Medicolegal Affairs (TEO) may grant permission to practise a particular profession to health care professionals who have been trained outside EU/EEA region, providing that the applicant's training corresponds with Finnish requirements. In principle, dentists and nurses can clarify the equivalence of their training with TEO. This can be done by sending TEO an application form with appendices that include: (1) officially certified copies of original degree certificates; (2) official translation of original degree certificates; (3) officially certified copies of documents indicating the subjects and the number of corresponding lessons included in training/degree both in the original language and in Finnish; (4) an official certificate or a copy of the passport (TEO 2006). Being able to provide all required documentation, however, does not mean that the applicant will automatically be granted a licence to practice in Finland. Instead, foreign-educated dentists and nurses are commonly required to obtain some supplementary training at a Finnish educational institute. This is to be done by contacting an appropriate Finnish educational establishment which provides training leading to the qualification in question and arranging to undertake the required supplementary training as specified by TEO (TEO 2006).

As TEO does not keep records of how foreign-educated dentists and nurses have obtained the necessary supplementary training in order to receive their license to practice in Finland, it is impossible to determine how many dentists and nurses have managed to requalify in Finland without redoing their entire degree. It should be noted, however, that universities and polytechnics assess each case individually (Ministry of Education 2006) and, although a

lack of appropriate statistics makes it impossible to confirm, it is possible that Finnish persons who have obtained their qualification in non-EU/EEA countries such as Canada or the US find it easier to negotiate an agreement over flexible entry and individually designed qualification updating than non-Finnish persons. Nurses and dentists who are required to redo their entire qualifications must enrol in a Finnish educational establishment that provides training leading to their pre-existing qualification. Enrolment in Finnish institutes of higher education, however, is not a simple matter. Universities and polytechnics select their students independently, and candidates are commonly expected to participate in the entrance examinations, which are normally carried out in the Finnish or Swedish language (Ministry of Education 2006). Foreign nurses and dentists who fail to negotiate agreements regarding individually designed supplementary training with appropriate institutions must enrol in these institutions by participating in the entrance exams and obtaining their place in competition with Finnish high school graduates.

Prior to the commencement of two ESF-funded pioneering projects (SATU and Hammaslääkäri-SPECIMA) in 2003 and 2004, no organised qualification recognition programmes were available for dentists and nurses who had acquired their qualifications outside the EU/EEA (*Monitori* 4/2005; Soinne 2005). Although the results of both pioneering qualification recognition training programmes were largely positive (*Monitori* 4/2005; Soinne 2005), systematic qualification recognition procedures for dentists and nurses have yet to be established (Soinne 2005). While the SATU-project was repeated in 2006 and 2007 with national funding, there are (so far) no plans to repeat the SPECIMA qualification recognition programme for dentists after the termination of the ESF-funding period at the end of 2006.

Due to the established qualification recognition procedure that is available for doctors, they are in a slightly better situation than nurses and dentists. Indeed, the difference in the numbers of non-EU/EEA qualified doctors and nurses in Finland may be a direct result of the differences in the qualification recognition process for these two professional groups. Nevertheless, the recognition of non-EU/EEA medical qualifications is still a time-consuming and costly process. Information regarding the qualification recognition procedures is not always readily available from integration services and employment offices, and many foreign-qualified doctors have reportedly given up their careers after arriving in Finland (Huttunen 2002). All prospective candidates are subjected to a rigorous screening process, whereby their eligibility to undertake the exams is assessed. The examinations are arranged

by University of Tampere Medical School, and the licensing and monitoring of the process is controlled by TEO (Huttunen 2002).

In order to be allowed to start the legalisation procedures, foreign-qualified doctors must present TEO with their original degree certificate and an official translation. Candidates must also demonstrate sufficient level of knowledge of Finnish or Swedish by undertaking a language test (either Civil Service Language Proficiency Certificate or National Certificate of Language Proficiency). Completed language courses in Finnish or Swedish are not accepted as a proof of language skill (TEO 2006). The applicant is responsible for covering all the costs for the language tests and the translation of the degree certificates. Before being allowed to commence the examination process, candidates are required to carry out a minimum of six months of practical training as an *amanuenssi* physician<sup>7</sup> in a Finnish hospital or a health centre. Monitoring of activities, voluntary work, or general introduction to the Finnish working-life arranged by the employment officials are not acceptable forms of practical training (TEO 2006). The National Authority for Medicolegal Affairs does not supply any training positions, and thus all applicants are responsible for obtaining their practical training positions independently by contacting hospitals or health centres.

After completing the required 6 months of practical training, candidates are allowed to start the legalisation examinations. The examination process consists of three separate exams: (1) a written examination on the core areas of medicine; (2) a written examination on health care administration; (3) an oral examination in the context of practical consultation with a patient (TEO 2006). The examination is arranged in Finnish and Swedish, and the exams must be taken in the above order. Candidates are responsible for covering the costs of these exams independently. After passing all three exams, doctors with non-EU/EEA qualifications can obtain a restricted licence to practice medicine in Finland. This restricted licence entitles them to work as a doctor under the supervision of a licensed doctor in public sector units of healthcare or social welfare (TEO 2006). Under special circumstances the TEO may grant a limited permission during the examination stage. Under such special circumstances, candidates are allowed to work in public hospitals after the first exam. After successfully passing the second exam, candidates can be allowed to work in healthcare centres as well.

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<sup>7</sup> Service as a clinical assistant or other service including tasks that correspond with those required from Finnish medical students.

Extensive permission, i.e. the general permission to practise medicine independently may be granted to a physician who has worked by virtue of the above-mentioned limited permission as a physician in institutes within health care or social welfare for the period of at least two years. This two-year service must include: (1) six months of service in a central or regional hospital or in the hospital of a health centre directed by a medical specialist; (2) nine months of service as a doctor in the outpatient care of a health centre; (3) at least six months of service as a general practitioner in an institute providing medical care (TEO 2006). Extensive permission is normally granted for a period of two years at a time, and a precondition for granting extensive permission is that the physician has an opportunity for employment in Finland. The right to practice medicine independently is normally granted only for citizens of Finland or other EU/EEA states. A citizen of a non-EU/EEA state may be granted the right to practice a profession as a licensed physician in compliance with special consideration by TEO. According to TEO (2005), 118 non-EU nationals held a licence to practice medicine in Finland in 2005.

Considering how demanding it is for doctors, nurses and dentists from a non-EU/EEA region to obtain a licence to practice their profession in Finland, Finland's ability to attract significant numbers of healthcare professionals from outside of Europe is questionable. Although the number of Russian and Estonian doctors in the country is relatively high<sup>8</sup>, Finland has not attracted many doctors from other EU-countries, and the number of foreign-educated nurses is minimal compared to the overall number of nurses in Finland. Furthermore, while Finland's close cultural and geographic proximity with Estonia - combined with the wealth gap between the two countries - has rendered Finland a relatively attractive destination for Estonian doctors and nurses in the past, evidence suggests that this trend is most likely short-lived. Since Estonia joined the EU, less and less Estonian doctors who decide to migrate choose to migrate to Finland (Isolauri 2006). Although Estonian doctors accounted for over half of all foreign-educated doctors who were granted a licence to practice medicine in Finland in 2005,<sup>9</sup> only approximately 10 percent of Estonian doctors

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<sup>8</sup> In 2005, 177 Russian-speaking and 84 Estonian-speaking doctors held licences to practice medicine in Finland (Finnish Medical Association 2005).

<sup>9</sup> According to TEO (2005), 182 out of the 311 EU/EEA educated doctors, 17 out of 36 EU/EEA educated dentists, and 43 out of 56 EU/EEA educated nurses who obtained a licence to practice in Finland in 2005 were from Estonia.

who emigrated from Estonia in 2005 migrated to Finland. Considering this, Finland cannot carry on assuming that immigration of skilled individuals from the Baltic states will continue unchanged, providing a safe solution to the anticipated labour shortages.

## **Conclusion**

Historically, comparatively large ‘baby-boom’ generations as well as women’s exceptionally high labour force participation (LFP) rates have ensured sufficient supply of labour throughout the 20<sup>th</sup> century, making Finland a unique case amongst other Western European countries. Unlike most Western European countries, Finland has no colonial ties (like France, Netherlands and Britain), it has never been involved in so-called guest-worker systems (like Germany and Switzerland), and it did not receive significant numbers of Jewish Refugees during the interwar period and WWII (like Sweden).

In recent years, however, Finland has begun to encounter problems similar to those faced by other EU-countries. The demand for workers in service industries has increased, as has the demand for workers with secondary education or higher education qualifications. At the same time, the demand for less educated workers has fallen in most sectors of the labour market (Ally 2004). The increased demand for an educated workforce has led Finland to follow the example set by other European countries, and the new Immigration Policy accepted by the Finnish Parliament in 2006 places unprecedented emphasis on recruitment from abroad. As Zimmerman (2005:1) writes, “human capital is the ultimate resource of the twenty-first century, and all developed societies face a large and a growing demand for skilled labour force.” This demand, according to Zimmerman, is not satisfied by the labour force or educational systems in the ‘developed west’, leading European nations into a fierce competition with each other over the skilled workers from outside of Europe.

As already noted, Finland is likely to suffer from population ageing more acutely than most other European countries, as the population in Finland is ageing faster and the labour market is weaker than in many other countries, such as Sweden and Denmark, with sizeable baby-boom populations (Ketola and Kuntz 2005). One of the most substantial future challenges, Ketola and Kuntz (2005) argue, will be the provision of adequate health services for the elderly. However, due to Finland’s past as a country of emigration rather than immigration, its comparatively weak economic situation in comparison with other Nordic countries (*ibid.*), and its strict control over people’s rights to work in the healthcare sector Finland may not be

a very attractive destination for foreign healthcare professionals. Moreover, healthcare professionals are actively recruited by several Western European countries that can offer them higher wages (combined with lower taxation), and where the spoken languages are more familiar to people who come from outside of Europe. In fact, Finland is competing for the skilled immigrants alongside other European countries, which have successfully recruited educated workers from Finland to ease their own labour shortages (MOL 2001).

Considering Finland's limited attractiveness for highly educated migrants it would make economic sense for Finland to view refugees as a resource rather than a burden, and establish programmes akin to Britain's Refugee Health Professional Steering Group (BBC News 19.7.2004) to maximise the utilisation of refugees' human capital, which is now left largely unused (for example, see MOL 2001; the Finnish League for Human Rights 2002; Ally 2004; Tehy 2005a). Moreover, as the number of foreign-born people in the country has increased over the past 15 years, the need to provide better healthcare services for them has raised questions about the potential benefits of having more persons with immigrant backgrounds working in the Finnish public healthcare sector (MOL 2001; the Ministry of Social Affairs and Health 2004; Tehy 2005). Yet the Finnish government has done very little to enable qualified refugees in Finland to access employment in the healthcare sector. According to Tehy (2005), only 0.9 percent of Finland's immigrant population worked in the healthcare sector in 2004. At the same time, the low numbers of foreign-educated doctors and nurses who have obtained a licence to practice in Finland indicate that immigrants who have skills that are in demand in many Western European countries and North America, and who are in a position to *choose* their destination, rarely choose Finland.

## CHAPTER 2: THE CONCEPTUAL FRAMEWORK

### Introduction

In the past decade or so, particularly after the September 11<sup>th</sup> 2001 attack in New York, the murder of Dutch filmmaker Theo van Gogh, the July 2005 terrorist attacks in London underground and October 2005 ‘minority’ riots in France, immigration and the subsequent ethnic diversity in the West have become hotly debated themes in academic circles and the mass media alike (for example, Afshar 2005; *Time* 21.11.2005; Wieviorka 2006; Haddad and Balz 2006; *The Economist* 3.2.2007). At the same time, the expansion of the European Union (EU) and increasing numbers of asylum seekers arriving in Europe have given rise to progressively restrictive and selective immigration and asylum policies in EU member states, prompting fears about the formation of a ‘fortress Europe’ (Düvell and Jordan 2002; Dwyer 2005; Schuster 2005).

In recent years, asylum and immigration have become increasingly interlinked with questions about integration, inclusion and exclusion. In Britain, for example, “migration policy has become inextricably linked with domestic race-relations policy” (Zimmermann 2005:8). The 2005 riots in France have further elevated civic discussion about the potential ‘dangers’ of immigration, with a special reference to the negative effects of immigrants’ economic disadvantage (for example, see *Helsingin Sanomat* 11.19.2005; *Time* 21.11.2005). Despite the fact that Finland’s immigrant population is very small compared to the immigrant population in France, the 2005 riots in France generated increased interest in integration issues in the Finnish mass media (for example, see *Helsingin Sanomat* 11.19.2005 and 19.11.2005a,b).

Although this thesis focuses on the highly specific issue of healthcare professional refugees and their employment prospects in Finland, broader debates on migration and integration form a context within which the topic has to be studied. The key concepts of migration, integration and discrimination, in turn, involve a range of debates regarding inclusion/exclusion, racism, xenophobia and Islamophobia, as well as different political and ideological approaches to diversity. Many of the concepts used in this research are contradictory and contested. Hence the objective of this chapter is to clarify how these concepts have been understood and used for the purposes of this research, and how different theoretical approaches have informed the research process. As this research approaches the

topic of refugees' employment prospects from a social constructivist position, emphasis is given to the socially constructed nature of difference, inequality and discrimination. Following Ore (2003), this research is founded on a notion that it is not difference *per se* that causes inequality, but the meanings and values that are attached to those differences. According to the social constructivist approach, culturally constructed categories of difference that people in any given society consider 'real' are actually artificial constructions created through human interaction, and can thus be subject to change. In line with Ore's (2003) writings on the social construction of difference and inequality, this chapter examines the ways in which Western societies have turned the presence of (largely non-Western) refugees into a problem by adopting and upholding policies and tolerating attitudes that do not facilitate integration and social inclusion.

The chapter begins by looking at migration as a multifaceted phenomenon that has shaped the population structures of different countries in different ways. The categorisation of migrants is discussed in more detail and, due to the focus of this research project, special attention is given to 'forced' or 'humanitarian' migration. Section 2.2 focuses on different approaches to managing diversity. In this section, Finland's official integration policy, which is based on the multicultural ideal as defined by Castles (1997), is examined in more detail. The last section, on discrimination, concentrates on the ways in which difference is employed to create hierarchical categories and to justify selective exclusionary practices. The disadvantage suffered by refugees in Finland (and elsewhere in Europe) is a theme that runs through this chapter, and all three main concepts will be discussed with reference to labour market and employment opportunities. Although this chapter is divided into three separate sections, it should be noted that migration, integration and discrimination are closely related, and significant changes in one field are likely to affect other fields as well.

## **2.1 Migration**

### ***2.1.1 Migration in 'modern' Europe***

International migration is not a new phenomenon. Throughout time, people have, for a variety of reasons, left their homes and kin – voluntarily or involuntarily. Over the past five hundred years, imperialism, trans-Atlantic slave trade, decolonisation, and the formation of nation states have all contributed to the establishment of a variety of migration patterns that have shaped the population structures and economic developments in the Americas as well as

in Europe, Africa and Australasia (Manning 2005; Zimmermann 2005).

In the three centuries after Columbus ‘discovered’ the Americas, millions of Europeans willingly crossed the Atlantic to settle in the ‘New World’, while nearly eight million Africans were forcefully transported across the Atlantic (Manning 2005). In the 19<sup>th</sup> and early 20<sup>th</sup> centuries, famine and unemployment in Europe encouraged hundreds of thousands of Europeans to leave the Old World for the Americas. In addition to the trans-Atlantic migration, the first half of the 20<sup>th</sup> century witnessed large-scale intra-European migration, as millions of Europeans fled from fascist regimes and sought refuge in other European countries and the United States. Indeed, refugees and migrant workers made a significant contribution to the restructuring of European economies after WWII (Düvell and Jordan 2002).

Since the end of WWII, outward migration from Europe has decreased, and Europe has become one of the main migrant-receiving regions in the world (Zimmermann 2005). From the early 20<sup>th</sup> century onwards, (former) colonial powers, such as Britain, France, Belgium and Netherlands, have become destinations for international immigrants and returning migrants from their (former) overseas territories (Zimmermann 2005). Although immigration into European countries from overseas colonies was loosely controlled until the mid-20<sup>th</sup> century (the so-called colonial subjects being commonly considered citizens of the ‘mother country’ with equal residential rights) more restrictions were put in place as the numbers of immigrants from the colonies increased. During the 20<sup>th</sup> century, Britain, for example, has constrained ex-colonials’ rights to live and work in the UK by passing a series of restrictive immigration policies (Dwyer 2004).

The economic growth in the 1950s and 1960s, on the other hand, resulted in active recruitment of foreign labour by many European countries, such as Netherlands, Switzerland, and Sweden. Other countries, such as Germany, established large-scale guest-worker regimes to provide labour for the growing needs of the economy (Zimmermann 2005). These liberal immigration policies, nevertheless, were brought to a halt by the oil-price crisis of 1973 (ibid.). As a result, the significance of humanitarian migration as an immigration channel into Europe from the outside increased (Joly 1992; Sales 2002; Zimmermann 2005). At the same time, the globalisation of the movement of displaced people from the Third World began to influence the immigration and asylum policies in the EU member states. The removal of boundaries *within* Europe has been coupled with the strengthening of the external boundaries.

An integral part of this development is a trend towards selective immigration policies, which seek to ensure that the receiving country benefits economically from accepting immigrants. Accordingly, many EU countries have adopted increasingly tough asylum policies to deter asylum seekers (Düvell and Jordan 2002; Sales 2002; Bloch and Schuster 2002; Dwyer 2005).

### ***2.1.2 Restricted migration - different migrant categories***

After the dawn of the new millennium, European welfare states have come to realise that growing shortages of skilled labour, particularly in the health sector, are likely to worsen as the baby-boom generations begin to retire (Ketola and Kunz 2005). Decreasing birth rates, combined with rising life expectancy and the impending retirement of the so-called baby-boom generations, have elevated fears about the ability of European welfare states to provide services and pensions to the growing numbers of retirees (Ackers and Dwyer 2002; Ketola and Kunz 2005). In their quest to ease the looming labour shortages, many European countries have engaged in active recruitment of highly skilled personnel from non-EU countries. The British National Health Service (NHS), for example, has recruited doctors and nurses from several Commonwealth countries, while Germany has established policies that are explicitly designed to recruit information technology specialists from abroad (Castles 2003; see also *Lancet* 28.5.2005). In Finland, the policy recommendations for new immigration policy focus on the need to attract more highly educated labour migrants (MOL 2005c). At the same time, however, the entry of less skilled people and asylum seekers remains strictly controlled throughout Europe (Castles 2003).

As Castles and Miller (1998) have noted, globalisation and the subsequent differentiation of migration have resulted in the widening of the gap between different migrant categories. While immigration regulations are now being *selectively* relaxed in many EU countries in order to recruit much needed skilled labourers (and taxpayers) from outside of Europe, concerns about the need to harmonise asylum policies within the EU to render Europe unattractive to the 'potential' asylum seekers point to a continuing desire to limit the numbers of asylum seekers (Bloch and Schuster 2002; Düvell and Jordan 2002; Castles 2003). This trend, as Bloch and Schuster (2002) have noted, is built on a (narrow-minded) view of asylum seekers as recipients of, rather than potential contributors to, welfare. These widespread notions of refugees' economic worthlessness, together with suspicions regarding the genuineness of their asylum claims, have led to differential treatment of humanitarian

migrants and labour migrants in terms of admission.

Although the appropriateness of the distinction between ‘involuntary’ and ‘voluntary’ migrants has been questioned by many (ICIHRI 1986; Cohen 1997; Alitolppa-Niitamo 2004), it is essential to distinguish those who leave their homes voluntarily from those who are forced to do so (Joly 1992; Bloch 1999a; Duke *et al.* 1999). Unsurprisingly, such distinction is ambiguous in nature and not an easy one to make. As the Independent Commission on International Human Rights Issues (ICIHRI) (1986) stresses, there are no sound explanations for why the category of ‘forced’ migrants (or ‘humanitarian’ migrants) should not include also people who flee from drought, famine, environmental disasters and socio-economic decline as well as those who flee from persecution. Furthermore, the term ‘forced’ migrants could also be used appropriately to refer to the millions of people who are involuntarily displaced every year by development projects such as dams, airports and roads (Castles 2003).

For the purposes of this research project, the distinction between ‘forced’ migrants (refugees and asylum seekers) and ‘voluntary’ migrants (labour migrants and people who migrate for family reasons) is an important one, not least due to the fact that ‘forced’ and ‘voluntary’ migrants are commonly subject to different regimes in respect of both admission and settlement. However, the extent to which ‘voluntary’ migrants with low levels of formal education are equated with ‘forced’ migrants rather than highly skilled labour migrants is debatable, further complicating the simplistic division of people into ‘forced’ and ‘voluntary’ migrants. Indeed, ‘voluntary’ migrants with low levels of formal education are often considered to be ‘economic migrants’, who have little to offer to the receiving society (Castles and Miller 1998) and who are therefore largely regarded as undesirable as asylum seekers.

As Bloch (1999a:2) writes, “[a]n atmosphere of suspicion has emerged around refugees and asylum seekers.” The eagerness with which EU has coordinated efforts to reduce the numbers of asylum seekers in Europe indicates that it is widely assumed that many asylum seekers are economic migrants in disguise (Castles and Miller 1998). However, it has also been suggested that Europe is keen to keep asylum seekers out because, if granted refugee status, they are entitled to welfare benefits (Düvell and Jordan 2002). The process of establishing common EU asylum policy in order to curb ‘asylum shopping’ culminated in an agreement over “shared procedures for the processing of asylum claims, and the reception, care and

removal of forced migrants” in May 2004 (Dwyer 2005:624). The purpose of this new directive, generally known as the ‘Qualification Directive’, was to set “minimum standards for the qualification and status of third-country nationals as refugees and persons otherwise in need of international protection and the content of the protection granted” (Lambert 2006:161). The provisions of the Directive were to be implemented into member states’ national legislation by 10 October 2006 (ibid.).

The Qualification Directive (2005) is, by no means, an unproblematic piece of legislation. In addition to granting refugees less protection than the Geneva Convention and the European Convention of Human Rights, the Directive has been criticised for including Articles that can be interpreted in a way that conflicts with the international law (Lambert 2006). Most notably, the Directive enables EU member states to differentiate Convention refugees (people who have been granted an asylum or a refugee status) from those who have been granted a residence permit for need of protection (so-called subsidiary protection). Under the minimum standards and provisions set by the Qualification Directive, the minimum level of rights and benefits of people falling into the ‘subsidiary protection’ category is considerably lower than that of Convention refugees. Beneficiaries to ‘subsidiary protection’ may thus be prohibited from entering the labour market and accessing the integration facilities (ibid.), although member states are by no means enforced to differentiate them from the Convention refugees. Individual member states retain the right to exercise their own discretion in this matter as well as in the asylum hearing process, and to decide upon the status that is granted to asylum seekers who are allowed to remain in the country and the rights associated with that status (Dwyer 2005).

While asylum seekers have become closely linked to welfare and welfare dependency (Körmendi 1989; Düvell and Jordan 2002; Bloch and Schuster 2002; Sales 2002) and terrorism (Castles 2003), *selected* ‘voluntary’ migrants are largely viewed as a potential solution to the labour market rigidities and skill shortages (Düvell and Jordan 2002). According to OECD (2004), labour-related immigration to Europe has grown rapidly from 2001 onwards, particularly due to the migration of qualified individuals in the fields of information and communication technologies and in health and education sectors. Considering the recent trends in European immigration policies, it appears that while most European countries compete to attract highly skilled immigrants from outside of Europe, strict measures have been put in place to keep asylum seekers and so-called economic migrants from entering Europe due to widespread negative assumptions regarding their

economic worthiness (Harris 1996). This sort of positioning of labour migrants in more favourable terms than humanitarian migrants has arguably led to stricter and more limited interpretations of the 1951 Geneva Convention.

Probably the most detrimental effect of the widespread differentiation of potential immigrants into ‘wanted’ and ‘unwanted’ based on their perceived economic value to the receiving society is the violation of asylum seekers’ human rights. Increased employment of visa requirements and interception measures by Western nations effectively prevent people who need protection from reaching countries that have made an official commitment to uphold human rights by accepting asylum seekers (Brouwer and Kumin 2003; Hathaway 2005). Furthermore, negative perceptions of refugees and asylum seekers may also function to debilitate refugees’ integration into the host society (Duke *et al.* 1999). One of the issues explored in this research is the potentially negative effects that widespread perceptions of refugees’ and asylum seekers’ economic worthlessness among Finland’s mainstream population (for example, see Suurpää 2002; Jaakkola 1999 and 2005) may have had on refugee integration policies and refugees’ employment opportunities. This matter will be discussed in more detail in chapter 3.

### ***2.1.3 Refugees and asylum seekers in Europe***

Refugees, as distinct from asylum-seekers who are still waiting to have their claims processed, are persons who have been granted a permission to stay in the receiving country for one reason or another. In general terms, refugees can be divided into Convention refugees<sup>10</sup>, *de facto* or humanitarian status refugees (asylum seekers whose claims are unsuccessful, but who are granted a permanent or temporary leave to remain for humanitarian reasons), and protected persons (persons falling into the ‘subsidiary protection’ category). So-

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<sup>10</sup> Following the definition of a ‘refugee’ as defined in Article 1A(2) of the *1951 Geneva Convention*, the term ‘Convention refugee’ refers to a person who “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it” (UNHCR 1996).

called failed asylum seekers, who remain in the country illegally, are not entitled to any benefits or humanitarian assistance, and have no legal status. Ever since the large increase in the number of refugees and asylum seekers arriving in Europe in the late 1980s and the early 1990s (Castles 2003; OECD 2004), the recognition of Convention refugees has decreased sharply, while the recognition of humanitarian status refugees has increased (UNHCR 2006).

When talking about humanitarian migration in the late 20<sup>th</sup> and the early 21<sup>st</sup> century, it is worth remembering that the original 1951 Geneva Convention's definition of a 'refugee' was drafted by Europeans for other Europeans and, until the 1967 Bellagio Protocol, it applied only to post-WWII displaced Europeans. Since the 1950s, however, states with "artificial boundaries, fragile national unity, brittle political systems and distorted economies" (ICIHRI 1986) have emerged from colonial subordination and the collapse of the communist Soviet regime, producing large numbers of political refugees and victims of inter-ethnic conflicts. Famines and natural disasters have rendered many regions in the developing world largely uninhabitable, forcing the locals to emigrate in order to survive. At the same time, mass displacement of people has become a truly global phenomenon, with refugees moving not only from east to west but also from south to north. These so-called 'new' refugees and asylum seekers from less developed countries have been branded as a 'problem' by Western nations, largely because they are considered to be culturally and ethnically too different from their hosts. As Stein (1981:330) has put it, "They come from less-developed countries, at a different stage of development from that of the host, and they are likely to lack kin and potential support groups in their country of resettlement."

From the 1980s onwards, EU states have adopted a variety of restrictive measures, ranging from visa requirements imposed on citizens of asylum-seeker producing countries and interception measures to limited benefit entitlements and increased use of detention. Such measures - combined with the implementation of the Dublin Convention, accelerated procedures, and the acceptance of the principles of 'safe third country' and the 'safe country of origin' - have led some to believe that, contrary to the humanitarian ideal of the 1951 Geneva Convention, European countries are irritated by the unpredictability of asylum and refugee movements and the cost of settlement programmes and thus seek to reduce the numbers of asylum seekers and refugees in their territories (Phillips 1989; Joly 1992; Düvell and Jordan 2002; Bloch and Schuster 2002; Hathaway 2005). Moreover, the clear preference of *selected* economic migrants over refugees whose skills profiles can be similar to those recruited through official schemes (Düvell and Jordan 2002) has raised suspicions that the

cultural and ethnic backgrounds of the 'new' refugees "has acted as a major disincentive to the recognition of their plight" (Cohen and Joly 1989).

In addition to concerns over the genuineness of asylum seekers' claims, many European nations have resorted to the (xenophobic) argument of 'cultural difference' to justify their increasingly restrictive asylum policies (Stolcke 1993). According to the 'cultural difference' argument, the presence of 'cultural others' endangers the national values and culture of the host country, inevitably unleashing social conflict. The exclusion of 'cultural others' is thus considered justifiable for the sake of national identity and unity (Stolcke 1993). Norway, for example, being one of the richest countries in the world and thus unable to plausibly plead poverty to explain its reluctance to accommodate refugees, has promoted discussion about the 'cultural homogeneity of Norway' as an obstacle to its ability to accept large numbers of culturally different refugees (Cohen and Joly 1989). In the light of recent events, there is also a real danger that an argument for 'national security' will become increasingly employed by the US and EU to justify individual nations' rights to exclude 'cultural others' (Fekete 2004). Indeed, a recent newspaper report on quota refugee selection process indicates that the 'cultural difference' argument is securing a strong foothold in Finland's quota refugee selection (*Helsingin Sanomat* 21.12.2006).

Some fear that the cultural distance between the 'new' refugees and their European hosts may result in the 'Americanisation' of the European welfare states, as cultural diversity within the states increases (Kymlicka 2005). Although the theory of a human disposition to support only intra-ethnic group redistribution has been refuted by empirical research, there still appears to be a tendency amongst people to divide others into 'deserving' and 'undeserving' among racial/cultural lines (Kymlicka 2005). As Cohen and Joly (1989:11) have noted

European governments *have* held out a hand of friendship and *have* voted funds for admission and resettlement schemes. But the hands have been held out half-stretched and the purse strings have only been fractionally opened. In short, European governments are reluctant hosts, barely fulfilling their international obligations and barely recognising the humanitarian values that purportedly underlie their own democratic constitutions (see also Loescher 1993)

The not so uncommon view that refugees are predominantly 'economic migrants in disguise', seeking easy access to European welfare provisions, has led to the implementation of policies

that aim to reduce the numbers of asylum seekers (Loescher 1993; Bloch and Schuster 2002; Brower and Kumin 2003). Such views, it has been argued, fail to recognise that by concentrating on the potential contributions that refugees can make to their new countries of residence the receiving countries could not only fulfil their humanitarian and pragmatic responsibilities but also benefit from doing so (Phillips 1989; Bloch and Schuster 2002; Düvell and Jordan 2002; Tomlinson and Egan 2002; Sales 2002). This kind of prejudiced approach to asylum issues creates a cycle of exclusion, misunderstanding and dislike (Joly 1992; Bloch and Schuster 2002). Public discussion which concentrates on the need to adopt more restrictive asylum policies refuels xenophobic fears and ‘legitimises’ hostility towards refugees and other (obvious) foreigners (Joly 1992; Bloch and Schuster 2002), making it increasingly difficult for skilled and settled refugees to make a positive contribution. If this cycle is to be broken, good integration and settlement strategies are needed. As Cohen and Joly (1989:17) note, “despite the growth of xenophobia in Europe, humanitarian initiatives at the level of civil society can influence public opinion [...] The ‘new refugees’ can provide a strength and a depth to European culture and economic advancement, just as other refugees have done in the past” (see also Ally 2004; Winkelmann-Gleed and Eversley 2004).

#### ***2.1.4 ‘Forced’ and ‘voluntary’ migrants in Finland***

The distinction between ‘forced’ and ‘voluntary’ migrants is significant in the Finnish context, where the vast majority of ‘voluntary’ migrants come from the neighbouring countries of Sweden, Russia and Estonia, which are culturally, religiously and ethnically close to Finland. Swedish immigrants, for example, are native speakers of one of Finland’s two official languages, and also resemble mainstream Finns both ethnically and culturally. Considering this, they are in a very different position in the Finnish labour market than other immigrants. Estonians, on the other hand, often learn Finnish in school, and are thus better equipped to find employment and form contacts with mainstream Finns. Although Russian immigrants reportedly experience more racism and discrimination than Swedes and Estonians (Jaakkola 1999; Makkonen 2000; Jasiskaja-Lahti *et al.* 2002), it is necessary to note that Ingrian Finns form a significant proportion of Russian immigrants in Finland (according to Jaakkola 2000, by the end of year 1998, some 21,000 of the 38,000 ‘Russian’ citizens in Finland were Ingrian Finns). Although Ingrian Finns report higher rates of discrimination than Swedes and Estonians, they have reportedly encountered less racism and discrimination than other Russian immigrants (Makkonen 2000).

In 2003, the three largest immigrant groups of Russians, Estonians and Swedes comprised 43 percent of Finland's total foreign population. The fourth, fifth and sixth largest groups were the Somali, former Yugoslavians and Iraqis, the vast majority of whom came into the country as refugees (Statistics Finland 2004). Coming into the country as asylum seekers through Russia or as refugees from UNHCR refugee camps, these people did not choose to come to Finland, and were largely unable to receive tuition in Finnish language and culture prior to their arrival, placing them at a significant disadvantage compared to 'voluntary' migrants. Unlike in other European countries, labour migration has traditionally been very low in Finland (5-10 percent of total immigration), surpassed by 'forced' migration (approximately 15 percent of total immigration) and migration due to family reasons (60-65 percent of total immigration) (MOL 2005c, also see figure 1.5). In line with Finland's strict immigration legislation (Vartiainen-Ora 1996), employment is commonly a prerequisite for a residence permit for immigrants who do not have family ties in Finland, meaning that labour market exclusion, for instance, affects labour migrants less frequently than refugees or persons who have immigrated for family reasons. Yet the diversity of Finland's foreign population has not received much attention from academics or the different authorities that are involved in the design and implementation of integration policies. Most studies do not view refugees as a separate group from other immigrants, making it difficult to determine whether the living standard of people with refugee backgrounds is lower than the living standard of immigrants in general.

One of the few academics who has realised the importance of differentiating 'forced' migrants from 'voluntary' migrants in the Finnish context, is Ylänkö (1997), who stresses that it is very different to come to a foreign country as an asylum seeker, being totally dependent on the social security and goodwill of the receiving country, than to move to a new country as a labour migrant or to join a family member. Considering the significant impact that social networks have on people's integration and employment prospects (for example, see Joronen 1997; Jaakkola 2000), individuals who enter Finland as family joiners are in a very different position from those who have no pre-existing contacts with members of the mainstream population. Salmenhaara (2003), for example, has associated the relatively high level of entrepreneurship among Turkish immigrants in Finland to the frequency of intermarriage between Finns and Turks, suggesting that a Finnish spouse plays an important role in an immigrant's decision to set up a business of his/her own. Similarly, Jaakkola's (2000) research on the employment paths of immigrants in Finland reveals that immigrants

who are married to a Finn have often found employment through their spouse's social networks. In the light of Jaakkola's research, it can be suggested that refugees are indeed excessively disadvantaged compared to so-called 'voluntary' migrants. This proposition is also supported by nationality-specific unemployment statistics, which reveal a significantly higher unemployment rate among nationalities in which the proportion of refugees is large (Somalis 59 percent, Iraqis 64 percent, Iranians 56 percent, and Afghans 66 percent) (MOL 2004b).

## **2.2 Integration**

The sudden rise in the number of asylum seekers during the 1990s has prompted countries such as Finland with very limited previous experience of incoming migrants to find ways to accommodate the growing number of foreign residents. The fact that a significant proportion of the newcomers are of non-European descent, and thus ethnically different from the Finnish host population, has added an extra dimension to the already complicated integration issue, as cultural and ethnic differences give rise to xenophobic fears and generally hostile attitudes among the mainstream population, making successful integration of the new arrivals all the more difficult. This section introduces the different strategies to manage ethnic diversity. The impact of discrimination on integration will be discussed in more detail in section 2.3.

### ***2.2.1. Managing ethnic diversity***

Integration, the incorporation of newcomers into the host society, is closely linked to the question of inclusion and exclusion. Integration, as well as exclusion, has several dimensions, and inclusion on one level does not necessarily prevent exclusion from other levels. Furthermore, the extent to which integration can be achieved depends on institutional practices and government policies as well as on the host populations' attitudes towards the newcomers. As Hurme (2002) has noted, the integration of 'others' is largely dependent on 'our' feelings, actions and attitudes. According to the Ministry of Labour, neither Finland's institutional structures nor the attitudes of the mainstream population in their present form can be said to offer sufficient support for successful integration of immigrants (MOL 2005a).

Although it may be that the increase in hostile attitudes is temporary and will decrease over time, the fact that African-Caribbeans, for example, still form an ethnically disadvantaged minority group in Britain despite their lengthy presence in the country (Modood 1997), can

be taken to indicate that there is a real threat that the social exclusion of newcomers may easily become a permanent condition. As Brochman (1999:15) has pointed out, “admitting immigrants who will then be subjected to unequal and discriminatory treatment may create lasting marginalisation.” This holds true especially for refugees, who often face discrimination due to their ethnicities and/or their backgrounds as coming from less developed countries (Paananen 1999).

Due to the varied definitions of the term, integration is never an easy topic for discussion. On one hand, integration can be measured in terms of social (language skills, relations with members of the mainstream population), political (voting, following of current affairs, formation of ‘ethnic’ organisations) or economic (participation in the paid labour market) integration (Liebkind 2000). Yet the different approaches to integration and the management of ethnically and culturally diverse populations are not strictly defined, and different policies can operate in different spheres. Although governmental responses to refugee and asylum issues vary from one country to another, and even within any one country across time, Castles’s (1997) three-dimensional model for managing ethnic diversity offers probably the most useful framework within which the different approaches to integration can be discussed. According to Castles’s theory, states’ responses to increasing ethnic and cultural diversity can be divided broadly into three models, which are; (1) differential exclusion; (2) assimilation; (3) pluralism. As Castles (1997) notes, different models may operate on different areas of society. For example, a state can adopt a pluralist approach in the field of cultural policy while supporting assimilative tactic in economic matters.

Castles (1997:115) defines differential exclusion “as a situation in which immigrants are incorporated into certain areas of society (above all the labour market) but denied access to others (such as welfare systems, citizenship and political participation).” Such exclusion may be the result of institutional and/or legal restrictions, or discrimination occurring at the individual level. In a context where the mainstream population has negative attitudes towards the newcomers, differential exclusion can lead to a situation where integration is not successful even in sectors where immigrants’ active participation is encouraged by government policies. Labour market segmentation (Castles and Miller 1998) and the ‘racialisation’ or ‘ethnification’ of certain sectors of the labour market caused by discrimination in recruitment, for example, can lead to marginalisation of even economically active individuals.

While Finland does not officially endorse differential exclusion and refugees are fully integrated into the welfare system, their integration into the paid labour market is problematic. As Ally (2004) and Valtonen (2004) point out, the fact that refugees in Finland are *allowed* to work does not mean that they are able to find a job. Due to their right to welfare, refugees have become trapped in an uncomfortable situation in which unemployed refugees are seen as a burden to the state, employed refugees are seen to be stealing jobs from the members of the host community (Phillips 1989; Castles and Miller 1998; Jaakkola 1999), and refugees who study to acquire skills which would improve their chances of finding employment are seen as ‘bogus’ refugees whose real motive to migrate was (free) education (Körmeni 1989). Such views have extremely powerful (negative) effects on the social relations between refugees and the host population, especially at times when welfare expenditures are being cut, or when unemployment levels among the host population are high. Such was the situation in Finland during the recession years of the early 1990s when the number of asylum seekers rose sharply, and it is possible that the (unsympathetic) models of thinking about refugees at this time persisted even after the economic situation improved (Jaakkola 1999; Jaakkola 2000; Lepola 2002a; Salmenhaara 2003).

Unlike differential exclusion, which aims to generate only partial integration, the assimilative approach seeks to integrate the new arrivals fully into all aspects of the mainstream society – providing that they are willing to relinquish their distinctive linguistic, cultural or social characteristics. In short, newcomers who wish to integrate must become indistinguishable from the majority population (Castles 1997; Castles and Miller 1998). A good example of an assimilative approach to diversity is France’s decision to ban all visible symbols of religious affiliation from the state-run institutions. This much-debated piece of legislation, although defended by France’s long tradition of assimilation and separation between the Church and the state, has been subjected to extensive criticism, especially from those who view such legislation as a breach of religious freedom (BBC News 11.12.2004). Furthermore, as Haleh Afshar *et al.* (2005) note, restrictions imposed by the state on Muslim women’s right to cover themselves serves an exclusionary rather than inclusive function. According to Afshar *et al.* (2005), policies that force girls and women to choose between attending state schools and following traditional ethnic practices, such as wearing a niqab or hijab, can hardly be considered to enhance integration.

From the 1970s onwards many developed countries with sizeable immigrant populations (such as Canada, Australia and Sweden) have come to question the righteousness and

effectiveness of assimilative policies (Ylänkö 1997; Castles and Miller 1998), and the need for an integration model, which would allow the newcomers a degree of cultural rights, has become apparent. Consequently, a new approach, known as multiculturalism or ethnocultural pluralism, emerged in countries such as Canada and Sweden. Characterised by “the acceptance of immigrant populations as ethnic communities which remain distinguishable from the majority population” while entitling the newcomers to “equal rights in all spheres of society, *without* being expected to give up their diversity”, this approach is qualitatively different from the assimilative approach (Castles 1997:118-119, emphasis added).

The pluralist (or multiculturalist) model is often considered to be ideal in the sense that it, in principle, entitles equal opportunities and rights to all residents regardless of their cultural, religious or ethnic backgrounds. Yet it is worth noting that the granting of equal rights in principle may be accompanied by biased admission policies, which aim to keep people with certain backgrounds out of the country (Castles 1997). Multiculturalism has also been criticised for offering the receiving societies a way to appear tolerant without really doing much to eliminate existing segregation, exclusion and inequality (Hurme 1997). As Kurdo Baksi (1996, cited in Hurme 1997) commented on the Swedish model of multiculturalism, it is not good enough that immigrants are allowed to dance, eat and dress according to their preferences if nothing is done to eliminate the discrimination, geographical segregation, unemployment, and exclusion that still persist.

A further problem with the multiculturalist model is that it is difficult (if not impossible) to implement in practice, as governments have limited control over their populations. Even legislative measures against racism and discrimination cannot ensure a full realisation of the principles of equality and tolerance among the citizens, and an official commitment to the multiculturalist approach on the government’s part does not mean that the underlying principles of this approach will be accepted and upheld by the members of the mainstream population. In order to work, multiculturalism would require high levels of cooperation from society as whole, including individuals as well as institutions (Schulman 1997; Ylänkö 1997).

### ***2.2.2 Integration programmes for refugees***

As Colic-Peisker and Tilbury (2003:61) have noted, the “increased demand for refugee admissions and services in developed Western countries makes it vital for host nations to understand the resettlement process.” In line with the general approach to ethnocultural

diversity, most states have established special 'settlement' or 'integration' programmes for refugees. The terms 'settlement' and 'integration' are used to describe "the activities and processes of becoming established" in the country of settlement (Valtonen 2004:70). Although the settlement and integration programmes which are made available for refugees often share certain core elements, the content, structure and implementation of these policies can in practice vary a great deal between different states (for example, see Duke *et al.* 1999).

After receiving a positive decision, refugees are commonly expected to undertake a given number of language classes and, in some cases, more extensive courses in 'citizenship education'. In terms of social integration, the most important factor of settlement is the empowerment of the refugees through a provision of knowledge and skills that will enable the refugees themselves to actively approach acculturation and seek opportunities for social inclusion (Colic-Peisker and Tilbury 2003). As Valtonen (2004) points out, it is important (and difficult) to find a balance between too much and too little help; while too little help (such as inaccessibility of language training) results in frustration, too much help (forced economic inactivity) encourages passivity.

The aim of settlement and integration programmes is normally to help refugees to integrate into their host societies according to the expectations of the government policies. As studies about different settlement strategies reveal, integration into the labour market is more often than not the central focus of settlement programmes (Sayers 1989; Robles 1989; Valtonen 2004). Colic-Peisker and Tilbury (2003), who have studied refugees' settlement processes in the Australian city of Perth, however, argue that greater emphasis should be given to refugees' own priorities, especially in the early stages of the settlement process. Although employment is deemed important by refugees themselves, other factors can be of even greater importance for successful settlement. In Finland, refugees have reported that employment, family reunification, comprehensive language and citizenship education, contact with mainstream Finns and close proximity to members of the same ethnic community are all important factors affecting the settlement process (Ekholm 1994; Valtonen 2004; ETNO 2005; Pentikäinen 2005). Family reunification, when still outstanding, was the only issue that superseded employment in importance (Ekholm 1994; Valtonen 2004).

One of the main challenges in developing and implementing successful integration programmes is the balancing act between government's objectives and refugees' own, individually defined priorities. As Ghorashi (2005:181-182) notes, the departure point for

refugee integration programmes in many welfare states is to “help the weak, the poor and the helpless.” This approach, however, can have unintended consequences of stripping refugees of their agency and rendering them dependent on the state, often against their own will (Colic-Peisker and Tilbury 2003; Essed 2004; Ghorashi 2005). Instead of picturing refugees as passive victims of unfortunate circumstances, Essed *et al.* (2004) suggest that the integration officials in refugee-receiving countries should acknowledge and respect refugees as social actors, capable of processing their own experiences and utilising their skills and knowledge to engage in the integration process.

### ***2.2.3 Individual integration plans***

According to the National Board of Education, the objective of Finland’s integration training is “to give adult immigrants linguistic, social and cultural facilities, and to empower them to be equal partners in everyday life in a new cultural environment” (Lavikainen and Salmenhaara 2002:15). As already mentioned, the primary responsibility for the integration of refugees in Finland lies with the Ministry of Labour. In practice, however, the labour administration takes full responsibility only for immigrants who have individual integration plans, while municipalities are responsible for providing integration training for housewives and other people who are not actively seeking employment. The National Board of Education (NBE) is involved in the designing of suitable short courses and training programmes for immigrants, and immigrants with university-level qualifications from outside the EU/EEA must deal with the NBE to find out about the possibility of acquiring formal recognition for their qualifications. The NBE is fully responsible for assessing the comparability of all (academic) foreign degrees with their Finnish equivalents and, when additional training is required in order to obtain a formal recognition for any given qualification, the NBE is responsible for specifying the nature of the problem and recommending a course of action. The notable exception to this rule is medical qualifications, which are the responsibility of TEO (see chapter 1).

In Finland, all immigrants who register themselves as unemployed jobseekers or who have claimed living allowance are entitled to individual integration plans. The purpose of individual integration plans is to identify “the best measures to help the refugee’s integration” (Ally 2004:10). In spite of the integration policy’s focus on employment, individual integration plans can include a wide variety of measures, such as language training (Finnish or Swedish), labour market training, independent training (enrolment on a course that is not

provided as part of the ‘integration training’), occupational guidance, rehabilitation and apprenticeship training. An integration plan is commonly drafted for the duration of three years, and it can be changed according to the individual’s changing circumstances. Integration training is financially supported by government subsidies, and people who participate in integration training are entitled to financial support in the form of an ‘integration allowance’, which is slightly higher than the standard unemployment benefit. Since the drafting of the individual integration plans is the responsibility of a municipality, however, one must be placed in a municipality in order to be entitled to an individual integration plan. People who live in reception centres are ineligible for individual integration plans, meaning that people who arrive in Finland as asylum seekers “have usually lived in Finland from 1 to 2 years before integrative measures start to take place” (Lavikainen & Salmenhaara 2002:20).

Also issues relating to refugees’ entitlement to education are commonly discussed under the concept of ‘education for immigrants’, which does not distinguish refugees from other immigrants (Lavikainen and Salmenhaara 2002). In principle, refugees as well as other immigrants (except foreign students) are entitled to the same educational opportunities as Finnish people, including free higher education. From January 2006 onwards, it has been possible to include full-time studies in institutions of higher education in individual integration plans. However, compulsory participation in entrance exams effectively renders most immigrants unable to access Finnish institutions of higher education before mastering the Finnish language. Entry into vocational training, on the other hand, is commonly made available through ‘flexible’ entry requirements that are applied to persons who do not have a Finnish school-leaving certificate (Lavikainen and Salmenhaara 2002).

Although Finland’s integration policy has developed significantly over the past decade, there is still “a wide gap between the objectives of the integration programmes and the existing reality of measures and practices” (Finnish League for Human Rights 2002:8). In addition to problems caused by insufficient funds, successful realization of individual integration plans is complicated by confusion over the areas of responsibility between different government bodies and other agents, as well as the lack of standardised and functional systems for the recognition of foreign qualifications (Lavikainen and Salmenhaara 2002). At the moment, the lack of a functioning system of transferring foreign degrees limits the planning of integration training for well-educated refugees, who are commonly guided to courses that do not match with their own interests or prior qualifications (ibid.). Also the rules regarding refugees’

entitlement to individual integration plans have been criticised for excluding people who are not considered to be economically active (Lavikainen and Salmenhaara 2002; Ally 2004). Healthcare professional refugees' own experiences of individual integration plans, which will be discussed in chapter 6, reveal more specific problems that may be encountered by people who have high levels of education upon their arrival in Finland.

#### ***2.2.4 Integration through employment***

Realising the (largely under-utilised) potential of refugees, some commentators have criticised asylum policies for being preoccupied with limiting the numbers of asylum seekers rather than focusing on high-quality settlement and integration programmes for the already existing refugees (Sales 2002; Ally 2004). While Finland has continued to accept an annual quota of refugees and even devoted considerable attention to the development of integration training for the quota refugees and successful asylum seekers, the work of the Ministry of Labour has attracted a degree of criticism concerning the organisation of the integration training.

According to the Finnish League for Human Rights (2002), Finland's integration policy deserves to be criticised for its preoccupation with employment. Since 1997, the integration of all immigrants in Finland has been predominantly the responsibility of the Ministry of Labour. Consequently, "vocational education is emphasized, and language courses and more general integrative education are in a smaller role than before" (The Finnish League for Human Rights 2002:4). Being built on a (misguided) notion that integration into the labour market will automatically lead into social and political integration, the 1999 Integration Act emphasises heavily the importance of paid employment in successful integration (Lepola 2002a; Jaakkola 2000; MOL 2001; MOL 2004a; MOL 2005a). This narrow notion of integration as inclusion in the paid labour market has been described as problematic, restrictive, and even unwise and idealistic (Salmenhaara 2003; the Finnish League for Human Rights 2002).

Although economic self-sufficiency is reportedly important to immigrants' self-esteem and psychological well-being (Field 1985; MOL 1997; Forsander *et al.* 2001; Tomlinson and Egan 2002; Colic-Peisker and Tilbury 2003), it should not be regarded as the *only* indicator of successful integration. The central role played by employment in Finland's current integration policy has led into a situation where immigrants are encouraged to find work as

quickly as possible (Jaakkola 2000), and the *quality* of the employment has not received much attention. As a result, it is not uncommon for immigrants with university diplomas to work in the low-paid service sector (MOL 2001; Shakir and Tapanainen 2005) while the official integration policy continues to ignore the fact that not *all kinds of* employment facilitate good relations between the immigrants and the host population (for example, see Fong and Ooka 2002; Forsander 2002).

In Finland, integration policies have been informed by the principles of equality and ethnocultural pluralism, as defined by Castles (1997). Unfortunately, however, these principles are not very well realised in practice. While politicians are happy to talk about the benefits of seeing cultural differences as a basis for integration, the sharpening of Finns' attitudes towards immigration since 1987 and the persisting high unemployment rate among immigrants indicate that the acceptance of ethnocultural pluralism on paper has not had much positive impact on integration in practice (Schulman 1997; Ylänkö 1997; Jaakkola 1999; Jaakkola 2000; Makkonen 2000; Streng 2004). Considering Ylänkö's (1997) argument that the ability of immigrants to integrate into any given society is determined more by the attitudes of the host population than the characteristics of the newcomers, it is highly likely that the government's integration plans are hampered by (although at least partially unintentional) institutional discrimination and/or prejudiced attitudes of the mainstream population. According to recent research, both discrimination and outright racism are common in Finland (The Finnish league for Human Rights 2002; Lepola 2002b; Toivonen 2002; Ally 2004; Tehy 2005a). This kind of negative atmosphere further complicates refugees' and other immigrants' settlement and adaptation into the Finnish society (Makkonen 2000; The Finnish League for Human Rights 2002; Streng 2004; Shakir and Tapanainen 2005; Jaakkola 2005; Pentikäinen 2005).

## **2.3 Discrimination**

As Schulman (1997:11) has noted, "the beautiful principles of equality and cultural pluralism will [...] carry no fruit unless those who apply them [...] reconsider their customary habits and grounds for their own idea of the world." Whether caused by ignorance, limited knowledge and/or understanding of 'foreign' customs and practices or racist environment, ethnocentrism, a notion of one's 'own' culture as superior to the cultures of 'others', sets up a fertile breeding ground for discriminative practices. Within the past decade or so, racism and discrimination have reached such high levels in Europe that it was considered necessary to

establish a European-wide network to monitor the situation and combat the spread of racism in the region. The European Monitoring Centre on Racism and Xenophobia (EUMC) commenced its activities in 1998 with a mandate to provide the European Union and its Member States with information and data on racism, xenophobia and anti-Semitism.<sup>11</sup> As an EU Member State, Finland is subject to European-wide legislation against racism and discrimination.

Legislative measures, however, can hardly eradicate racism and discrimination altogether, and these matters continue to affect immigrant integration and refugees' employment prospects. Given the focus of this research project, this section concentrates on looking at racism and ethnic discrimination, predominantly in the paid labour market, although discrimination *per se* is a far more complex and multifaceted issue. In fact, ethnic discrimination alone is a complicated problem, which manifests itself in a variety of ways. For this reason, it is helpful to approach the topic by looking at discrimination in terms of direct and indirect and discrimination.

### ***2.3.1 Direct discrimination***

Direct discrimination, whereby individuals are treated with prejudice due to an unalterable feature of their being, such as their gender, age or skin colour, is prohibited in Finland under the Constitution (amended in 1995), the Equality Act of 2004 and a set of international agreements. The fact that it is illegal, however, does not mean that it does not exist. One of the most common causes of direct discrimination is racism which, in its original form, is based on a belief that phenotypical differences can be used to explain perceived differences in peoples' intellectual, physical, and artistic temperaments and capabilities (Omni and Winant 1986). In other words, impressions of individuals are constructed in terms of stereotypical – rigid, oversimplified, often exaggerated and unsubstantiated - notions of what members of a particular 'racial' group are 'like' (Omni and Winant 1986; Ore 2003).

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<sup>11</sup> In March 2007, EUMC was renamed the European Union Agency for Fundamental Rights (FRA), following an agreement to extend the centre's mandate to cover most fundamental rights defined in the Charter of Fundamental Rights of European Union.

Direct discrimination can also take the form of 'ethnic' discrimination. Unlike racism, the term 'ethnicity' refers not only to peoples' hereditary traits such as their skin colour, but also to their *cultural* characteristics, such as language, religion, family customs and food preferences (Ore 2003). Ethnic discrimination, then, refers to practices whereby individuals are subjected to differentiated treatment due to their ethnic background. As the ordering of humans hierarchically into races has become scientifically indefensible, culture and 'ethnicity' have largely replaced 'race' as the markers of difference (Stolcke 1993). Ethnic discrimination can be fuelled by ethnocentric attitudes, racist beliefs about the superiority of one culture over another, or stereotypical notions about people's inherent characteristics. According to Paananen (1999), the high unemployment rate among immigrants in Finland (especially among immigrants of African origin), can be explained in terms of employers' stereotypical notions about the work ethics of certain groups of people and the subsequent perceptions of their 'suitability' for certain types of work. The most common reply Paananen received from Finnish employers was that people of African origin are 'suitable' *only* for manual work, while British immigrants, for example, are considered to be unsuitable for physical labour altogether! The fact that people of Somali and Arab origin, who reported the highest rates of discrimination in recruitment (Paananen 1999), also had the highest unemployment rates in 2003 would indicate that ethnic discrimination is at least partly responsible for the high unemployment rate among people of Somali and Arab origin (Shakir and Tapanainen 2005).

Although racist and ethnocentric beliefs can explain direct discrimination to an extent, it has been argued that discriminatory practices may also be the result of xenophobia, a fear-infused hostility towards strangers and everything unfamiliar (Stolcke 1993). Unlike racism, xenophobia is not founded on notions of superiority and inferiority, but on the logic of 'difference'. What makes xenophobia so potentially harmful is that xenophobic fears are stimulated by stereotypical (mostly unfounded) perceptions of the cultural 'others', and the avoidance of the object of fear often results in discriminative behaviour and avoidance of the 'cultural others' (Jaakkola 2000). While the contact hypothesis (Allport 1954) suggests that contact at a personal level between individuals from different ethnic groups will improve the relations between these groups, mainstream population's xenophobic fears can effectively prevent such personal contacts from developing. Public discussion that concentrates on the need to adopt more restrictive asylum policies further refuels xenophobic fears and reinforces the mainstream population's hostility towards refugees.

During the past few decades, a specific form of xenophobia, Islamophobia, has emerged in the West. The Gulf War, the Rushdie affair (Ghail 1999) and, later on, the September 11<sup>th</sup> and July 7<sup>th</sup> terrorist attacks have given rise to increasing anti-Islamic feelings in Europe and North America. Like xenophobia, Islamophobia can be described as a combination of fear and hatred towards *stereotypical* notions of ‘others’, who in this case are Muslims (Halliday 1999). As the Runnymede Trust’s Islamophobia Report (1997) points out, Islamophobic individuals tend to hold closed and prejudiced, even irrational, views about Islam. Thus one of the most fundamental features of Islamophobia is that it is ‘practiced’ almost exclusively by people who have limited knowledge of Koran and the Islamic teachings, and whose perceptions of Islam are built on Western (biased) media coverage of Islam.

Although Islamophobia and Islamophobic behaviour are, to a great extent, caused by the combination of ignorance and active imagination, the consequences of Islamophobia are very real. In addition to physical violence and verbal harassment directed towards individual Muslims, the growing anti-Islamic feelings have resulted in some concrete consequences for refugees and asylum seekers, as well as established ethnic communities. Despite the fact that none of the terrorists involved in the September 11<sup>th</sup> attacks were refugees or asylum seekers, refugees (especially Muslim refugees) have become increasingly branded “as a sinister transnational threat to national security” (Castles 2003:16). The London bombings in 2005 further elevated anxieties about integration and the potential spread of extremist ideologies within Muslim communities in the West, reinforcing visions of Muslims as ‘enemies within’ (Fekete 2004).

This ‘enemy within’ ideology and the ‘demonisation’ of the Muslim communities in the west, Afshar (2005) argues, cause problems on two fronts. First, they are used to legitimise increasingly strict immigration legislation and islamophobic tendencies amongst the mainstream non-Muslim populations in the West. Second, they breed hatred and anger among Muslims who are not accustomed to the idea of themselves as ‘enemies’ of the Western states where many of them have grown up. To force Muslims to choose exclusive identities, to make a choice *between* being British *or* a Muslim can, in the worst case scenario, lead to the adoption of the ascribed identity of an ‘enemy within’, resulting in a growing divide between the Muslim communities and the mainstream society. As an annual report on racism and xenophobia (EUMC 2006:3) in the EU states, “there has never been such an urgent need for implementation of concerted action and for balanced information... for elaborating societal

rules and regulations to ensure that ethnic, cultural and religious minorities and the majority populations can live together peacefully.”

### ***2.3.2 Indirect discrimination***

Unlike direct discrimination, which commonly takes the form of ‘blatant’ prejudice, indirect discrimination is a more subtle, and thus less obvious, form of discrimination (Pettigrew 1998). According to Joronen and Salonen (2006), indirect discrimination occurs when a policy or procedure which appears to treat everybody equally has the effect of disadvantaging certain individuals or groups without a reasonable requirement, or when a seemingly harmless or neutral policy, practice, or procedure results in a discriminatory outcome. Indirect discrimination is typical especially in recruitment, where formal competence demands that are irrelevant to the job are implemented to deter unwanted applicants (Jaakkola 2000; the Finnish League for Human Rights 2002). This kind of indirect discrimination is believed to be fairly common in Finland (Jaakkola 2000; ETNO 2005; Shakir and Tapanainen 2005; Joronen and Salonen 2006), and to affect particularly educated refugees’ employment prospects. Although both immigrants and employers agree that a good knowledge of the Finnish language is often a fair prerequisite for employment (Helsinki City Council 1999; MOL 2001; ETNO 2005; Ally 2004), irrelevant and unfounded language skill or citizenship requirements are often designed to exclude foreigners (Joronen and Salonen 2006). Yet, in the absence of official statistics or large-scale research findings (and due to the ‘subtle’ nature of indirect discrimination), the impact of indirect discrimination on refugees’ employment prospects is impossible to determine.

Indirect discrimination, when perpetuated through the policies and practices of public and/or private bodies, often unintentionally, takes the form of institutional discrimination. The relatively high unemployment rate among professional refugees in Finland is sometimes explained in terms of structural barriers and institutional discrimination, such as authorities’ and employers’ reluctance to recognise foreign qualifications due to difficulties in determining the level of one’s skill in the absence of equivalent degrees and qualifications (Makkonen 2000). As Pettigrew (1998:88) notes “indirect discrimination, as a result of systemic patterns, is largely unrecognised.”

### ***2.3.3 Finnish legislation against discrimination***

Finland is a party to a range of international and European Human Rights conventions, and the Non-Discrimination Act (which was implemented to integrate the EU directives on Racial Equality and Employment Equality into the Finnish legislation) entered into force in February 2004. The purpose of the Act is to enhance equality, and to provide more effective protection to victims of discrimination. One of its key aims was to establish a general framework for equal treatment, irrespective of a persons' racial or ethnic origin, in employment and occupation. The Non-Discrimination Act applies to both public and private activities, and covers direct as well as indirect discrimination (UM 2005). One of the most notable changes following the integration of the Racial Equality Directive into the Finnish legislation was the shifting of the burden of proof from the 'victim' to the alleged discriminator in a situation where discrimination had supposedly taken place (FRA 2007).

In principle, the rights of minorities and immigrants (including refugees) are now well protected. The short history of immigration in Finland, however, is visible in legislation as well as individual Finns' attitudes towards immigrants. Although the principles of equality and non-discrimination are written into the Section 6 of Finland's Constitution (amended in 1995), the Penal Code and the public law, the lack of ethnic diversity in the past means that it was never (prior to 2004) considered necessary to draft more specific legislation regarding ethnic discrimination and the rights of minority ethnic groups. As the unequal status of different 'traditional' minorities (discussed in chapter 1) shows, their rights have conventionally been negotiated between the government and the representatives of the minority groups on a case-to-case basis and the outcomes of such negotiations have rarely been applied to other minority groups.

A good indicator of the lack of diversity prior to the late 1980s is the fact that a systemic monitoring of racism in Finland started no sooner than the late 1990s. The first book on minorities and ethnic discrimination was published in 1996 (Dahlgren *et al.* 1996), and the first report on racism was published in 2000 (Makkonen 2000). Despite the fact that the first (independent) study about Finns' attitudes towards immigration was conducted in 1987, the findings of this survey were not published before 2000 (Jaakkola 2000a). Considering that several studies report that experiences of racism and discrimination are fairly common among immigrants in Finland (for example Joronen 1997; MOL 1997; Makkonen 2000; Jaakkola 2000; the Finnish League of Human Rights 2002; Shakir and Tapanainen 2004; Jaakkola

2005), it is surprising that racism and racist harassment did not attract much attention from the media or governmental institutions until the 2000s.

Until the passing of the Non-Discrimination Act in 2004, the most significant development was the establishment of the Discrimination Board and the post of Ombudsman for Minorities under the Ministry of Labour in 2001. The main duties of the Ombudsman for Minorities include the promotion of good ethnic relations and the advancement of the status and legal protection of ethnic minorities and foreigners in the Finnish society, as well as the monitoring of compliance with the anti-discrimination legislation. Despite the fact that the Ombudsman for Minorities was contacted 312 times in 2004, only two cases were put forward to the Discrimination Board. While most of the complaints were concerned with accommodation issues and restricted access to shops and restaurants/clubs, few complaints dealt with employment issues, such as discriminatory job advertisements and discrimination in the workplace. The low number of cases concerning discrimination in recruitment may be caused by the fact that alleged discrimination in recruitment or employment may be prosecuted through other channels as well as through the Ombudsman (UM 2005). Most complaints were filed by Russians, Romanis and Somalis, and all but two cases were settled by an out of court agreement (Shakir and Tapanainen 2005). By the end of 2004, no complaints made to the Ombudsman for Minorities had resulted in convictions (ETNO 2005), indicating that discrimination is often 'swept under the carpet' by quiet settlement or outright denial. The low overall numbers of cases that were put forward to the Ombudsman may reflect immigrants', especially refugees', powerlessness and lack of knowledge concerning their rights rather than high levels of equality. The impact of discrimination and racism on integration and employment prospects, and the experiences of different immigrant and refugee groups, will be discussed in more detail in chapters 3 and 4.

## **Conclusion**

The purpose of this chapter has been to explain how the key concepts guiding this research have been used and understood. It has also sought to exemplify how difficult it is to evaluate the success of different integration and anti-discrimination policies and practices, not least due to the diversity of immigrant populations and historical and geographic changes in states' responses to increasing ethnic diversity within their borders. As demonstrated above, immigration, integration and discrimination are complex topics, involving a range of terms and concepts that are disputable, multifaceted and difficult to define. The distinction between

‘forced’ and ‘voluntary’ migrants alone has been widely contested, resulting in policies and practices that do not make special allowances for refugees. At the same time, the growing resentment towards asylum seekers and refugees in Europe has led to stricter asylum policies and attempts to curtail humanitarian migration by restricting asylum seekers’ access to Europe, sometimes through means that can be seen to conflict with refugees’ rights as defined in the 1951 Geneva Convention. This kind of hostile climate, it has been argued, can have an adverse effect on refugees’ integration prospects. As Duke *et al.* (1999:126) noted almost a decade ago, the “climate of hostility toward asylum seekers, together with restraints on welfare spending make it an inauspicious time to be developing positive policies toward refugee resettlement.” Yet in the current context, characterised by negative attitudes towards refugees on both individual and institutional levels, positive policies may be more important than ever before.

Immigration and integration policies, as well as official responses to discrimination, are not always clear-cut or carefully implemented. Finnish integration policy, for example, has been criticised for being *pluralist* only in the sense that the “settling groups have the right to maintain their cultures and identity, while participating equally and fully in the society” (Valtonen 2004:73), while *assimilation* appears to be the norm in the economic and political spheres. Moreover, the government’s official commitment to multiculturalist principles does not mean that the approach is supported by the native population. According to existing research findings discussed in this chapter, discrimination and racism continue to be commonly experienced by immigrants in Finland, indicating that a significant proportion of Finnish people are unwilling to accept cultural diversity to a level that would be required for the successful realisation of the official multiculturalist integration policy.

Due to the highly specific focus of this research project, much of the discussion in this chapter has focused on forced migrants and the Finnish labour market. Yet the position of refugees in the Finnish labour market, as well as in Finnish society more generally, must be studied within the wider European context rather than in isolation. Although integration policies and practices are determined and executed by each state individually, the EU policy requirements regarding refugee reception and resettlement affect the framework within which national policies are implemented. Furthermore, a growing anti-refugee movement that appears to be spreading in Europe is likely to affect the position of refugees in Finland as well in other European countries.

## CHAPTER 3: REFUGEES IN FINLAND

### Introduction

Finland has been party to the 1951 Geneva Convention since 1968. Since 1973, people have come to Finland from all over the world as quota refugees, individual asylum seekers and family members of those who have been allowed to remain in Finland. In 1986, Finland signed an agreement with the United Nations High Commissioner for Refugees (UNHCR), agreeing to admit an annually determined quota of refugees from the refugee camps. Until the early 1990s, Finland received very few asylum seekers, and the vast majority of the 1,239 refugees who arrived in Finland before 1990 were quota refugees and their family members (MOL 1999).

In Finland, refugees are classified into (1) quota refugees, who have been granted a Convention refugee status by UNHCR prior to their arrival in Finland; (2) successful asylum seekers, who have been granted asylum by Finnish authorities; (3) *de facto* refugees; (4) persons who have arrived in Finland through family reunion. The small number of asylum seekers in Finland, in comparison to other European countries, has made it possible to monitor the situation closely, keeping the number of non-deported failed asylum seekers insignificantly small. For the purposes of this research, the term ‘refugee’ is used interchangeably to refer to all above-mentioned groups, apart from the so-called ‘failed asylum seekers’, who have remained in the country illegally.

In the late 1980s, the number of asylum seekers rose rapidly. While less than 1,000 quota refugees and asylum seekers arrived in Finland in 1980-1988, the situation changed unexpectedly in 1989, when Finland received 547 asylum seekers and refugees in one year (UVI 2004). In 1990, Finland received 2,743 asylum seekers, and the number of asylum claims kept rising steadily (UVI 2005a). The vast majority of asylum seekers receive a negative decision, with only very few people being granted asylum. In 2004, asylum was granted to 29 asylum seekers out of a total of 3,861, while a *de facto* refugee status for humanitarian reasons was granted to 771 persons (UVI 2006). Being party to the Schengen Agreement and the Dublin Convention, Finland is now able to reject most asylum claims with reference to the Dublin Convention or the (highly contested) principles of a ‘safe third country’ and ‘safe country of origin’. Under the principle of a ‘safe third country’ asylum seekers are returned to other European countries, or non-European countries that are

considered to be 'safe', if they have passed through these countries on their way to Finland. Due to Finland's geographical location, it is relatively difficult to reach its border without passing through another 'safe' country. Consequently, the number of successful asylum claims has begun to decrease in recent years. However, Finland continues to accept quota refugees in cooperation with the UNHCR, and the Ministry of Labour has repeatedly proposed to raise the annual quota to 1,000 (MOL 2001).

By the end of 2005, Finland had granted a leave to remain to over 26,000 individuals who had come into the country as asylum seekers, quota refugees or through family reunion (UVI 2006). As Valtonen (2004:72) points out, humanitarian migration "has been a significant factor in increasing ethnocultural diversity" in Finland. Yet ever since Finland started to accept quota refugees, the reception of refugees and asylum seekers has been considered to be a 'moral obligation' (Shakir and Tapanainen 2005), and refugees have been viewed as an economic burden rather than a welcome addition to the Finnish society or a possible (or at least partial) solution to the challenges presented by changing population structure and the anticipated labour shortages (Ally 2004).

Although many European countries offer only limited welfare provisions to humanitarian status refugees (while Convention refugees are entitled to less restricted economic assistance), in Finland all refugee groups are, in principle, eligible for the same entitlements and responsibilities (Levy 1999). In practice, however, the manner of arrival can have significant impact on an individual's ability to access appropriate language and integration training. Focusing exclusively on the Finnish context, the purpose of this chapter is to discuss some of the issues that may affect refugees' settlement/integration prospects in Finland. Section 3.1 of this chapter concentrates on legislative issues relating to refugee reception and the asylum process, while section 3.2 introduces the largest refugee groups in the country. Section 3.3 examines existing literature on the relationships between refugees and the mainstream Finnish population, and section 3.4 provides an overview of refugees' position in the paid labour market.

## **3.1 ‘Forced’ Migrants in the Finnish Context**

### ***3.1.1. Quota refugees***

Finland is one of the 16 countries worldwide that currently accept quota refugees in cooperation with UNHCR (MOL 2004e). Unlike people who arrive in Finland as asylum seekers, quota refugees have had their asylum claims considered by UNHCR officials who, after a careful screening process, have granted them a refugee status. After their refugee status is determined (this can take up to 2 years), UNHCR selects individuals according to Finland’s specifications, which prioritise refugees who are considered to be most ‘suitable’ for resettlement in Finland. The files of selected refugees are passed on to the Finnish Ministry of Labour, which forwards them to UVI and the Finnish Security Police, who carry out a background check on their person and writes a statement regarding the possible safety risks that they may cause for Finland. After all background checking is completed, the Finnish delegation, consisting of selected civil servants from the Ministry of Labour, UVI, and the Finnish Security Police, meets to select individuals who will be considered for resettlement in Finland, and make arrangements to conduct interviews with them (MOL 2004e).

Once the Finnish delegation arrives in the refugees’ existing location, those refugees who have been shortlisted for an interview receive some basic information about Finland (recently in the form of an introductory video and a few booklets). After that, refugees who are still interested in resettling in Finland are interviewed by the Finnish delegation, which chooses the most suitable candidates according to predetermined criteria. Information regarding preliminary decisions (that are subject to change) is given to the local UNHCR personnel immediately after the interview, although the final decisions are made only after the delegation has returned to Finland. Information about the selected refugees is then forwarded to UVI, which grants the necessary permits, and to municipalities that have volunteered to accept quota refugees. After all necessary arrangements are completed, the Finnish embassy (or in rare instances the International Red Cross representative unit) nearest to the selected refugees’ existing location provides them with the required travel documents. Travel arrangements are then made in cooperation with the International Organization for Migration (IOM) and relevant local authorities in refugees’ present location (MOL 2004e).

In the 1970s and early 1980s, the criteria according to which Finland accepted refugees were

exclusively humanitarian, prioritising families, the sick and the disabled. From the late 1980s onwards more attention has been paid to the quota refugees' language and professional skills, primarily in order to ensure that larger refugee groups will include some individuals who are qualified teachers of the children's mother tongues. Although the importance of educational background and the (related) alleged ability to integrate have recently come to play an increasingly important role in the selection process, approximately one tenth of the annual quota is still to be filled by particularly vulnerable individuals (such as single mothers with young children, the sick, the disabled, and victims of torture). Approximately half of Finland's refugees are quota refugees (Ally 2004). Since 2001, Finland's annual refugee quota has been 750 persons, although the quota is not necessarily filled every year. In 2006, for example, conflicting views between the Ministry of Interior and the Ministry of Labour resulted in substantial delays in the selection process in Turkey and, despite rushed interviews in late December, the number of accepted refugees fell short from the annual quota by approximately a hundred persons (*Helsingin Sanomat* 21.12.2006).

### ***3.1.2 Applying for asylum in Finland***

A person wishing to apply for asylum in Finland must file their claim 'as soon as possible' after entering into the country or, preferably, on the border. Applications can be filed with the Border Patrol, the Passport Control, or the local police. After handing in an asylum claim, a person is considered an asylum seeker, and is placed in one of the 15 reception centres. Asylum seekers who are unable to prove their identity, or the route via which they reached Finland, are placed into the asylum detention centre in Helsinki (Finnish Refugee Council 2004).

Although asylum seekers are not allowed to choose which reception centre they will be placed, they can stay with friends or relatives outside the centre if they wish to do so. However, a person who decides *not* to stay in a reception centre is not entitled to any financial support from the state, while a person who decides to reside in a reception centre is entitled to free accommodation in the centre and to financial support that is 85 percent of the minimum subsistence benefit given to Finnish citizens. Some reception centres provide only limited accommodation or no accommodation at all, and prefer to house asylum seekers in local council houses instead. In such instances, asylum seekers are entitled to state support, and the accommodation is provided to them free of charge (Lukkaroinen 2005).

Although the accommodation and healthcare in reception centres is free, each asylum seeker is responsible for their other expenses such as food, clothing, and transportation. In principle, the reception centres offer translation services, Finnish and Swedish language courses, citizenship education, and IT courses, all free of charge. This training, however, is not necessarily of very high quality, and many refugees have reported that it is not uncommon to have to wait for several months or even a year before receiving any language training (Ally 2004). Some reception centres also support children's leisure activities financially. Most of these benefits are conditional, and if an asylum seeker refuses to participate in educational activities offered by the reception centres without an acceptable excuse (such as poor physical health of oneself or one's relative), his/her subsistence benefit can be cut by 20 percent (Finnish Refugee Council 2004).

While waiting for a decision, asylum seekers are free to undertake activities, both in- and outside the reception centres. Although asylum seekers who are waiting for decisions to their claims are not eligible to free higher education, they are entitled to free upper secondary schooling (equal to A-levels) and free courses organised by the reception centre. After waiting for their decision for three months, asylum seekers who are over 16 years of age are eligible to apply for a work permit. All 7-16-year-old asylum seekers are entitled to free primary and secondary schooling. Pakolaisneuvonta, a non-profit non-governmental organisation, offers free legal advice to asylum seekers (Finnish Refugee Council 2004).

The validity of an asylum claim is determined by an initial asylum investigation, followed by an interview by the Directorate of Immigration (UVI), which commenced operation in March 1995. After the initial asylum investigation, UVI assesses the validity of each asylum claim, and decides whether the asylum seeker is entitled to a normal application procedure, or whether his/her application will be dismissed or dealt with in an accelerated manner (UVI 2006). A claim can be dismissed if an applicant has passed through another EU-country or other 'safe' country on his/her way to Finland. Asylum seekers whose claims are dismissed can appeal to the Helsinki Administrative Court within 30 days but may be deported before their appeals have been considered.

The accelerated procedure, enabled by the 2001 reform of the Alien Act (1991), is applied to 'manifestly unfounded' asylum claims. Accelerated procedure can result only in a refusal of the claim. The accelerated process is commonly undertaken if the asylum seeker fulfils one or

more of the following criteria.

- 1) the applicant is applying for asylum in Finland for a second time after being refused once
- 2) the applicant's country of origin is considered to be 'safe'
- 3) the applicant's claim is regarded as being 'manifestly unfounded'

If an application is refused according to the 1<sup>st</sup> criteria, the applicant is entitled to appeal to the Helsinki Administrative Court within 30 days. Such an applicant, however, can be deported before the court has considered the appeal. If a person's asylum claim is refused because s/he is seen to fall under the 2<sup>nd</sup> or 3<sup>rd</sup> criteria, s/he is entitled to appeal to the Helsinki Administrative Court and is given eight days to obtain cancellation to the deportation before the deportation will be carried out (Refugee Advice Centre 2007). Asylum seekers whose claims are dealt with in accelerated manner and whose appeals are refused by the Helsinki Administrative Court do not have the the right to appeal to the Supreme Administrative Court, and will be deported following a refusal from the the Helsinki Administrative Court (Refugee Advice Centre 2007). The strictly enforced deportations have attracted negative attention from human rights organisations in both Finland and abroad (Streng 2004), but they have managed to keep the number of 'failed' asylum seekers who remain in the country following a negative decision minimal. Since the reform of the Aliens Act (2001), an increasing number of asylum claims are dealt with in accelerated manner.

Asylum seekers whose claims are not dealt with in accelerated manner can appeal a negative decision in the Helsinki Administrative Court, and cannot be deported before the court has considered their appeal. If the appeal is refused by the Helsinki Administrative Court, one can apply for a permission to appeal to the Supreme Administrative Court. The applicant cannot be deported before all appeal avenues have been exhausted (Refugee Advice Centre 2007).

The problem with the current system is that it is very slow. The Directorate of Immigration has been criticised for the extensive use of accelerated procedure in processing asylum claims and the unfairness of the eight-day limit within which asylum seekers whose claims are dealt with in accelerated manner have to apply for the cancellation of the deportation. The Directorate has also been accused for excessive reliance on the lists of 'safe countries of origin' (Finnish Refugee Council 2004; Refugee Advice Centre 2007).

**Table 3.1: Asylum Applications and Decisions 1990-2005**

Year	Applicants	Favorable decisions by reason				Total of favorable decisions
		A	B	C	D	
1990	2,743	15		93	49	157
1991	2,137	16		1,684	19	1,719
1992	3,634	12	128	339	97	576
1993	2,023	9	91	1,952	30	2,082
1994	839	15	30	247	24	316
1995	854	4	29	170	20	223
1996	711	11	16	305	13	345
1997	973	4	16	231	30	281
1998	1,272	7	56	300	16	379
1999	3,106	29	155	270	42	496
2000	3,170	9	248		210	467
2001	1,651	4	346		463	813
2002	3,443	14	250		327	591
2003	3,221	7	142		345	494
2004	3,861	29	206		565	800
2005	3,574	12	141		444	597
<b>Positive decisions 1990-2005 (not including family reunion)</b>						<b>10,336</b>

**A** Asylum

**B** Residence permit for need of protection

**C** Residence permit for strong humanitarian reasons

**D** Residence permit for other reasons

(Source: UVI 2006)

### 3.1.3 Refugee status and refugees' rights

A person can be granted a residence permit for several reasons. The term 'refugee' is used to refer to persons who have

- been granted asylum
- been granted a residence permit for need of protection
- been granted a residence permit for strong humanitarian reasons<sup>12</sup>
- been granted a residence permit for family reasons
- come to Finland as quota refugees
- been granted a residence permit 'because it would be unreasonable to deny such permit' (Aliens Act 2001, Article 20) (Finnish Refugee Council 2004).

Approximately half of the residence permits granted to asylum seekers whose claims for asylum are unsuccessful are temporary one or two year permits. In 2005, Finland received 3,574 asylum seekers. 12 of them were granted asylum, and 585 received a residence permit. Out of these 585 residence permits 259 (44%) were temporary permits. A person who has been a resident in Finland continuously for two years is eligible to apply for a permanent residence permit. Quota refugees and people who have been granted asylum or residence permit based on the need of protection (*de facto* refugees), humanitarian reasons, family reasons or because it would be unreasonable to deny such permit are allowed to work without a special permit (Finnish Refugee Council 2004; UVI 2004).

People who have been granted refugee status are placed in municipalities across Finland. Each municipality is obliged to provide refugees living within their region with accommodation, free translation services, free family reunion, and a personal integration plan (if registered as unemployed job seekers). The state refunds all expenses that refugees cause to municipal councils for a period of three years. Refugees are entitled to the same welfare benefits and civil rights with Finnish citizens and other people who are permanently resident in Finland. These rights include free primary, secondary, upper secondary, and higher

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<sup>12</sup> As from May 1999, asylum applicants are no longer granted residence permits for strong humanitarian reasons (Act on Amending the Aliens Act 537/1999)

education. Refugees have also the right to family reunification, whereby (1) an under-aged refugee can apply to be reunited with his/her family members, including his/her parents and under-aged unmarried siblings; (2) a married refugee can apply the right to be reunited with his/her spouse and under-aged unmarried children (Finnish Refugee Council 2004).

The same rules that regulate other immigrants' eligibility to acquire Finnish citizenship are applied to refugees. However, a child who is born in Finland to a foreign couple is granted a Finnish citizenship if s/he is unable to receive the citizenship of his/her parents' country of origin. In practice, therefore, virtually all children born to refugees in Finland are registered as Finnish citizens from birth (*Koulutie 17.5.2004*). It has been noted that refugees in particular have a high interest in receiving Finnish citizenship (MOL 2003). As table 1.5 (p. 59) revealed, Somalis and Iraqis, who came to Finland predominantly as refugees and through family reunification programmes, are among the largest naturalised groups.

**Table 3.2: Received Refugees by Region of Origin**

<b>Year</b>	<b>Latin America</b>	<b>Asia</b>	<b>Near and Middle East</b>	<b>Africa</b>	<b>Eastern Europe</b>	<b>Total</b>
<b>1973-77</b>	182					<b>182</b>
<b>1978-80</b>		115	1	1		<b>117</b>
<b>1981</b>		19		3		<b>22</b>
<b>1982</b>	9	21				<b>30</b>
<b>1983</b>		151	5			<b>156</b>
<b>1984</b>	3	62		1		<b>66</b>
<b>1985</b>		24	1			<b>25</b>
<b>1986</b>	3	131	1	1		<b>136</b>
<b>1987</b>	4	144	12	7		<b>167</b>
<b>1988</b>	1	311	27	1		<b>340</b>
<b>1989</b>	4	466	59	13	5	<b>547</b>
<b>1990</b>	1	461	365	20	11	<b>858</b>
<b>1991</b>	1	276	351	606	132	<b>1,366</b>
<b>1992</b>		138	642	1,255	314	<b>2,349</b>
<b>1993</b>	4	263	525	975	1,922	<b>3,689</b>
<b>1994</b>	24	163	365	582	278	<b>1,412</b>
<b>1995</b>	14	66	440	304	591	<b>1,415</b>
<b>1996</b>	5	28	594	160	406	<b>1,193</b>
<b>1997</b>	7	27	778	491	103	<b>1,406</b>
<b>1998</b>	2	41	482	349	84	<b>958</b>
<b>1999</b>	2	78	542	130	437	<b>1,189</b>
<b>2000</b>		342	370	142	358	<b>1,212</b>
<b>2001</b>	2	363	477	397	618	<b>1,857</b>
<b>2002</b>	23	397	545	320	273	<b>1,558</b>
<b>2003</b>		258	355	442	147	<b>1,202</b>
<b>2004</b>	2	341	447	622	250	<b>1,662</b>
<b>2005</b>	2	404	221	698	176	<b>1,501</b>
<b>Total</b>	<b>295</b>	<b>5,090</b>	<b>7,605</b>	<b>7,520</b>	<b>6,105</b>	<b>26,615</b>

(Source: *Monitori 2/2006*)

## **3.2. Refugees in Finland – Introducing the Largest Refugee Groups**

As discussed in chapter 2, integration is a complex and multidimensional process, and the degree to which refugees are able to integrate into their new host societies is influenced by a range of factors, such as the historical, political and economic situation of the majority community, the refugees' background and own activity, as well as the situation in their countries of origin (Ekholm 1994). In Finland, the manner (with refugee status/ through family reunification/ asylum seeking) and time of arrival have had a profound impact on refugees' integration opportunities. Furthermore, the polarisation of Finns' attitudes towards newcomers and the formation of an 'ethnic hierarchy', whereby immigrants and refugees are categorised into 'wanted' and 'unwanted', have arguably also had an impact on their integration (Jaakkola 1999).

The purpose of this section is to introduce each of the largest refugee groups, and discuss the factors that have influenced their settlement and integration into Finnish society. Although there are significant differences between different refugee groups, they still share a common status as 'forced' migrants. Unlike other immigrants, they were largely unable to utilise their existing (transnational) social networks and to choose their destination and their time of departure (Valtonen 1999). Unlike voluntary migrants, they tend to lack the choice of immediate return to their home countries if things do not work out in the new host country (ibid.). Although they face similar difficulties in integration as other immigrants, they are also likely to face additional problems caused by the 'forced' nature of their migration experience.

### ***3.2.1 Chilean and Vietnamese refugees***

Although the 182 Chileans fleeing Pinochet's dictatorship in 1973 were the first foreign refugees in Finland's history, very little has been written about them. This lack of interest in the Chilean refugees may be due to their small number or the fact that many of them re-migrated shortly after their arrival in Finland (FRC 2002; Päivärinne 2002). Being political refugees persecuted for their pro-democratic views, the Chileans received sympathy from the Finnish mainstream population, and their reception was largely seen as a question of political solidarity with individuals who oppose authoritarianism (Päivärinne 2002).

After 1973, Finland received very few asylum seekers until 100 Vietnamese refugees were accepted from Malaysian refugee camps in 1979 (Finnish Refugee Council 2004). The arrival

of Vietnamese refugees continued until 1995, largely due to their right to family reunion. In 2005, Finland again agreed to accept some 'primary' refugees from Vietnam. The majority of the Vietnamese who arrived in the mid and late 1980s had spent several years in refugee camps in Southeast Asia. Many of their relatives were later allowed to join them, and the majority of the Vietnamese who arrived in the early 1990s were family members of the early Vietnamese refugees. In 2001, Vietnamese was spoken as the first language by over 3,700 people in Finland (Pohjanpää *et al.* 2003). By the end of 2004, 1,443 Vietnamese people had received Finnish citizenship, and additional 1,538 Vietnamese citizens had a permanent residency in Finland (UVI 2004). The vast majority of Finland's Vietnamese are either forced migrants or their Finnish-born children (Pohjanpää *et al.* 2003).

The Vietnamese who arrived in Finland in the 1980s came from a variety of different backgrounds, although most of them had low levels of formal education (Pylvänäinen 1989). Despite the heterogeneity of Finland's Vietnamese population, the ethnic community and the preservation of the Vietnamese culture have reportedly been very important to Finland's Vietnamese population (Ekholm 1994). From the very early days of refugee reception, Finland has pursued policies that enable refugees to uphold their cultural and linguistic traditions, as far as these traditions are not in conflict with the country's legislation or international Human Rights agreements. Much attention has been paid to refugee children's right to receive instruction in their mother tongue and religion as part of their general education (Ikonen, 1994; Päivärinne 2002; MOL 2002; Manninen 2004; *Helsingin Sanomat* 20.10.2005). In the 1980s, the Finnish authorities aided the Vietnamese refugees to preserve their cultural and linguistic traditions by arranging summer camps for Vietnamese children and offering financial assistance for the organisation of some traditional Vietnamese festivities (Tuomarila 1989). The so-called 'language and culture courses' continue to be arranged every summer, and separate camps are now organised for different age-groups of all sizeable refugee populations (*Monitori* 2/2007a).

Before the reception of the quota refugees started in 1986, practical issues relating to refugee reception were largely handled by the Finnish Red Cross. As the numbers remained small until the late 1980s, the reception centres were of a temporary nature, and refugees rarely spent long periods of time in these centres. Thus the majority of the pre-1986 Vietnamese refugees were placed in municipalities soon after arrival. Because families were prioritised in the selection process, a large percentage of the Vietnamese refugees were children. Although children received tuition in both their mother tongue and Finnish, they were expected to

integrate into normal classes according to their age soon after arrival. As all Finnish children, younger children were entitled to municipality-organised childcare, where they received tuition in Finnish and, in some municipalities, also in their mother tongue.<sup>13</sup>

Upon their arrival in Finland, the Vietnamese had difficulty adapting to the cold weather, a difficult language and a different culture. From 1981 onwards the Vietnamese were entitled to family reunion but, because the process is slow, worry over left-behind family members persisted, making the adaptation into Finnish society considerably more difficult (Ekholm 1994). While many of the Vietnamese children who were in their teens at the time of arrival reportedly experienced severe acculturation stress, young children had less difficulty in learning the language and their performance in school has been reasonably good (Kosonen 1994). The fact that a relatively large proportion of Finland's Vietnamese have been born and/or schooled in Finland has caused problems within Finland's Vietnamese families as the younger generations have adopted 'Finnish' views about independence and family values while their parents, especially their mothers, cherish the Vietnamese family values and traditions (Liebkind 1994; Pentikäinen 2005).

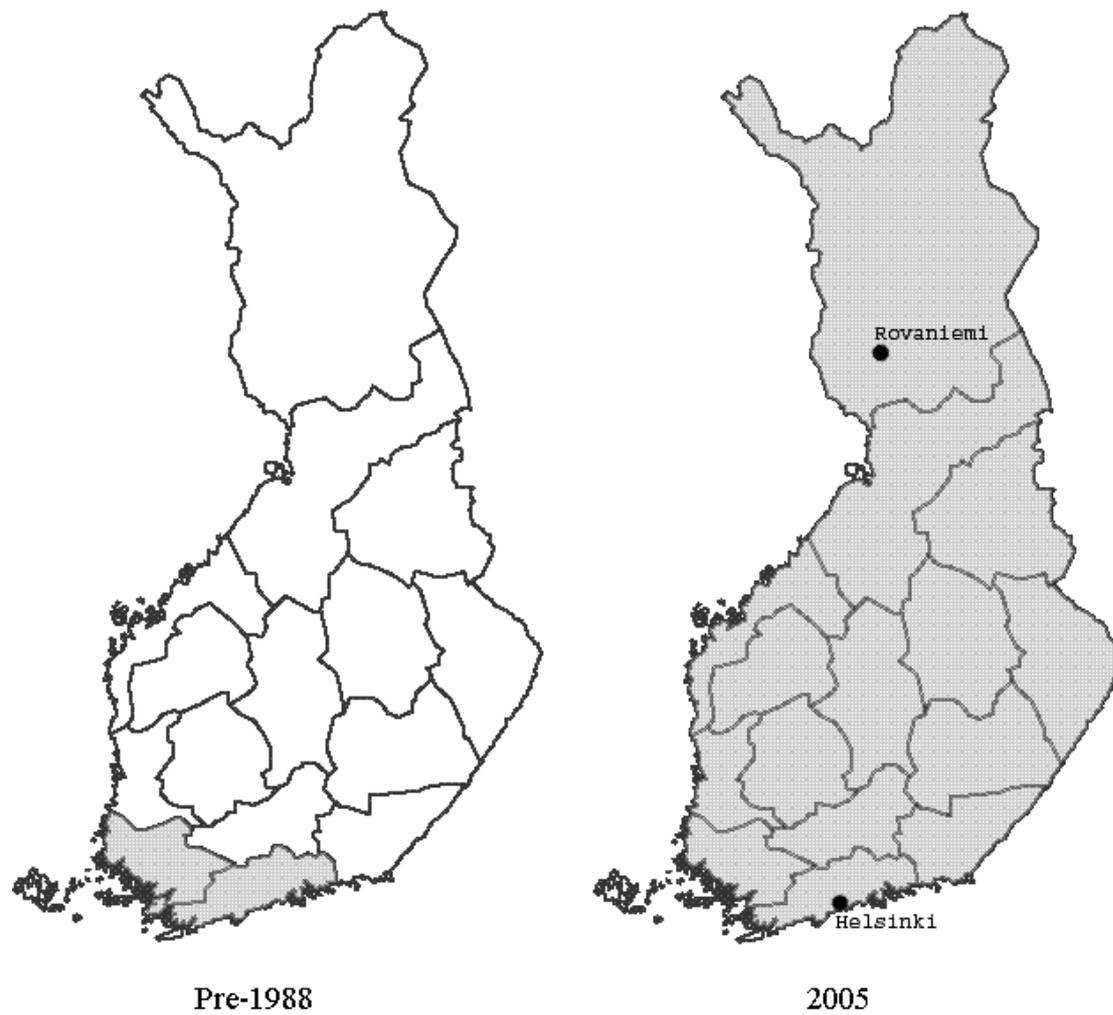
Prior to 1988, only the three cities in the capital area (Helsinki, Espoo, Vantaa), one city right outside of the capital area (Kerava) and one of the country's largest cities on the west coast (Turku) accepted refugees (Tuomarila 1989).<sup>14</sup> This policy of non-dispersal, as opposed to the post-1986 policies, facilitated the formation of reasonably sized ethnic communities. Considering the potential positive impact that an active ethnic community can have on individual's survival in an unfamiliar environment (Ekholm 1994; Wahlbeck 1997; Valtonen 1999; Duke *et al.* 1999; Liebkind *et al.* 2000; Manninen 2004), the benefits of the pre-1986 non-dispersing refugee reception system probably lessened the disadvantage suffered by the early refugees in terms of undeveloped integration programmes and unsystematic language training.

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<sup>13</sup> Many municipalities that accept refugees choose to arrange refugee children some tuition in their mother tongue. Although municipalities are not obligated to do this, such education is financially supported by government subsidies.

<sup>14</sup> The situation had changed considerably by 2005, when 15 out of Finland's 20 geographical regions, including Lapland, were involved in refugee reception/resettlement (MOL 2005d).

**Figure 3.1: Refugee-receiving Regions in 1980s and 2005**



Areas involved in refugee reception are painted grey. Until 1986, only five cities in Southern Finland accepted refugees. By 2005, refugees were accepted by 19 out of Finland's 20 regions. In 2005, refugees were placed in municipalities throughout Finland, Rovaniemi being the northernmost city involved in refugee reception (MOL 2005d).

Though Finland was not very experienced in matters relating to refugee reception in the 1970s and 1980s, the Chilean and Vietnamese refugees who arrived before 1986 were in some respects at an advantage compared to the refugees who arrived later. Prior to 1986, permanent housing was made available to refugees relatively shortly after arrival. While the orientation course arranged for refugees back then was not as developed as today's 'integration training', the employment opportunities were much better. Despite low levels of formal education (an average of six years, according to Pylvänäinen 1989), the early Vietnamese refugees became well integrated into the paid labour market. As Valtonen (2004:80) remarks, those Vietnamese individuals who arrived in the 1980s, "rapidly obtained employment in the electronic industry, assembly plants and at factory floor level, soon after they had completed the orientation phase of language and labour market courses." Many Vietnamese refugees also found jobs in bakeries, restaurants and clothing factories (Pentikäinen 2005).

While many Vietnamese who found employment in the industrial sector in the 1980s lost their jobs in the early 1990s, research by both Ekholm (1994) and Valtonen (1999) indicate that some were able to hold on to their jobs even during the recession years. However, while paid labour market participation and economic self-sufficiency were important to refugees themselves, working in manual jobs such as on assembly lines did not necessarily generate much interaction between Vietnamese refugees and the Finnish mainstream population (Ekholm 1994). Although some of Ekholm's (1994) respondents reportedly had found Finnish friends through work, one Vietnamese man admitted being unable to speak or understand any Finnish after working in a factory for four years. Some stay-home mothers, on the other hand, reported having made Finnish friends through their children's school-related activities, illustrating that sometimes non-economic activities facilitate contact with members of the mainstream population more effectively than paid labour market participation. The financial benefit that could be gained from working in a factory was also meagre, meaning that employed refugees were not necessarily financially better off than their counterparts who were dependent on welfare benefits. Due to their ability to find employment in spite of their deficient language skills, few Vietnamese adults who arrived in the 1980s were interested in continuing their education (Pylvänäinen 1989).

Despite the fact that unemployment among the Vietnamese increased during the recession, their unemployment rate remains significantly below that of other refugee groups (Forsander and Alitolppa-Niitamo 2000), and has decreased further after the end of the recession

period (Pohjanpää *et al.* 2003). According to Jasinskaja-Lahti *et al.* (2002) relatively low unemployment rate among Finland's Vietnamese may be at least partially responsible for the reportedly lower levels of racism and discrimination towards the Vietnamese than other 'visible' minorities, such as the Somali and the Arabs (see also Makkonen 2000).

### 3.2.2 Somalis

While some individual Somalis sought asylum in Finland in the late 1980s, the first 'large' Somali groups arrived in Finland in 1990 (Virtanen 1993). Partly due to refugees' rights to family reunion and partly due to the ongoing conflicts in Somalia, the arrival of the Somali has continued uninterrupted for over fifteen years, with more Somalis arriving every year. In 2004, Finland granted a residence permit to 85 Somalis (UVI 2004). At the end of 2004, nearly 8,100 people in Finland spoke Somali as their mother tongue, although only 4,771 of them were born in Somalia (MOL 2005e). The Somali have been particularly well represented among the recipients of Finnish citizenship, and many Somali children are granted Finnish (rather than Somali) citizenship at birth. Consequently, nearly half of Finland's ethnic Somalis are Finnish citizens (MOL 2005e). Because the privacy laws in Finland prohibit the recording of individuals' ethnic identity, it will be assumed that all individuals whose mother tongue is Somali are 'ethnic' Somalis, and thus the term 'Somali' is here used to refer to people who speak Somali as their mother tongue, regardless of their citizenship status.

The Somali form Finland's largest single refugee group, largest ethnic group with an African background, and the largest Muslim population (Alitolppa-Niitamo 2004). If the estimates regarding the size of Finland's Sami population are accurate (Raento and Husso 2002), Somalis now outnumber the Sami (MOL 2005e), thus forming Finland's second largest minority ethnic group. The Somali are also Finland's fourth largest foreign population (MOL 2005e). Unlike the members of the three largest immigrant groups (Russians, Estonians and Swedes), who comprise a large but *visually* less distinctive proportion of Finland's foreign population, the Somali stand out through both physical appearance and style of dress.

Unlike the Vietnamese who were granted refugee status by the UNHCR prior to their arrival in Finland, the Somali have come into the country predominantly as asylum seekers or through family reunion. Most Somalis who arrived in Finland as asylum seekers came through Russia, which was not party to the Geneva Convention in the early 1990s (Virtanen

1993). When the Somali began to arrive in the late 1980s, Finland was still relatively inexperienced in terms of refugee reception and integration. Moreover, Finland had almost no experience at all in the reception of asylum seekers, and the rapidly rising numbers of the Somali asylum seekers exceeded all expectations. The Somali were placed in hastily organised reception centres, where many of them remained for over a year whilst waiting to have their asylum claims processed (Marjeta 2001). In the early years of the 1990s, asylum seekers were not allowed to work without a work permit before their refugee status was confirmed.

Although very few were granted asylum, most of the Somali asylum seekers were allowed to remain in the country for humanitarian reasons or the need for protection. As so-called *de facto* refugees, most were granted permanent leave to remain, which also permitted them to work (Virtanen 1993). In many ways, the arrival of the Somali started a new phase of migration to Finland. Alitolppa-Niitamo (2004:104) accurately describes the Somali as the ‘icebreakers’ in Finnish immigration history, noting that their arrival “set in motion an unprecedented stream of reactions both in the media and in civil debate” (ibid.). As the term ‘asylum seeker’ was rarely used in Finland at that time, the word ‘refugee’ quickly became synonymous with the term ‘Somali’ in the civil debate, where “threatening images and negative news prevailed” (Alitolppa-Niitamo 2004:104, see also Virtanen 1993; Jaakkola 1999; Marjeta 2001; Suurpää 2002).

The early 1990s marked the beginning of an economic recession in Finland. Within a relatively short period of time thousands of people lost their jobs as numerous companies, including some large banks, went bankrupt. The unemployment rate rose to 22 percent, the Finnish mark was devalued, welfare services were reduced and pensions and other benefits were cut (Pohjanpää *et al.* 2002). At the same time, the number of asylum seekers rose unexpectedly. In 1991, Finland received 1,366 asylum seekers, predominantly from Somalia. In the following years, the number of asylum claims kept rising steadily, mainly due to the situations in Somalia and Yugoslavia (Virtanen 1993; MOL 2003). The fact that the Somali started to arrive in Finland in the recession years placed them into a disadvantaged position from the beginning.

Many of the first Somali asylum seekers were young and educated individuals, who had been studying in the Soviet Union when the political situation in Somalia began to deteriorate. Following the collapse of the Soviet Union and the subsequent cancellation of their

scholarships, many of them fled to Finland (Forsander 2002). In spite of their educational background and (often extensive) language skills, these first Somali asylum seekers were virtually unable to find any kind of employment (Virtanen 1993). Indeed, Ekholm's (1994) research findings indicate that the only employment available to refugees who arrived during the recession period was in the refugee reception sector. According to Alitolppa-Niitamo (2002), early exclusion from the labour market inhibited the development of good relationships between the Finnish host population and the Somali minority from the beginning. Being unable to find work, the vast majority of Somalis were forced to rely on social welfare benefits – a fact that encouraged many Finns to view them as 'bogus' asylum seekers, who were believed to be more interested in welfare benefits than asylum.

Unable to find paid work, many of the early Somali arrivals focused their energies in learning Finnish and obtaining qualifications which would hopefully help them secure employment in the future. As a result, the majority of the Somali are now relatively fluent in Finnish. As Ekholm (1994) has noted, persons of Somali origin appeared to have good Finnish skills compared to other refugees already in 1994. This, however, may also be due to similarities in pronunciation between Finnish and Somali, and learning to write in Finnish proved to be much more troublesome (Ekholm 1994). The lack of sufficient integration mechanisms, structures, and strategies in the early 1990s resulted in many young Somalis with little or no previous education being excluded from active literacy and Finnish language programmes (Alitolppa-Niitamo 2000). Frustrated by their inability to find employment, some young Somali turned to crime, a fact that attracted significant amounts of negative press and worked to further strengthen Finns' negative perceptions of the Somali (ibid.).

During economic recession, absolute and relative deprivation, unemployment, unrealised hopes and expectations often result in frustration, increasing people's tendency to start victimising minorities (Richmond 1994). Especially when a particular ethnic minority appears to be growing rapidly, negative attitudes towards the members of that group are likely to intensify. Ever since 'large' numbers of the Somali started to arrive in Finland, they have been blamed for all possible social ills, often in a contradictory manner. In the minds of many mainstream Finns, employed refugees are seen to be 'stealing' jobs from the members of the host community, while unemployed refugees are considered to be 'economic migrants' and an unnecessary burden to the state (Jaakkola 1999 and 2005; Finnish Refugee Council 2004; see also Körmeni 1989; Phillips 1989; Castles and Miller 1998). As noted in *Koulutie*

(17.5.1999) “the Somali who arrived in Finland fleeing the Somalian civil war shocked the Finnish population – not by their destinies but by their arrival.”<sup>15</sup>

While Jaakkola’s (1999) research on Finns’ attitudes towards immigrants indicates that personal contact with individuals with immigrant background is the most important factor in the development of positive perceptions of the newcomers, the large-scale mistrust toward the Somali, combined with their practical exclusion from the labour market, has made it nearly impossible for the Somali to form relationships with members of the mainstream population. Recent research suggests that the bad reputation of the Somali has remained more or less unchanged even after the country recovered from the recession and the economy started to improve again around mid-1990s (Jaakkola 1999; Jaakkola 2000; Salmenhaara 2003; Suurpää 2002; Jasinskaja-Lahti *et al.* 2002). As Alitolppa-Niitamo (2004:90) points out, “access to mainstream contacts and linking social capital seemed to be a ‘scarce resource’ for many Somali-speaking persons in Finland” even some ten years later.

In addition to recession, Somali’s adaptation to life in Finland was made difficult by cultural differences as well as the different social structures of Finnish and Somali societies. Further problems were created by both Finns’ and Somalis’ lack of experience of ethnic diversity (Alitolppa-Niitamo 2002). The negative implications that Finns’ prejudiced attitudes toward the Somali have had on their social and economic integration prospects can hardly be exaggerated. Even Somali’s eagerness to learn Finnish and educate themselves has not been positively received. As Suurpää’s (2002) research among young Finnish people indicates, the concept of a ‘political refugee’ is difficult (especially) for young Finnish people to grasp. While images of refugees as ‘victims’ or deprived individuals can prompt young Finns to pity them (although not necessarily with great empathy), refugees who “strive for a right to participate in Finland’s socio-political and cultural life” are seen as ‘demanding strangers’ (Suurpää 2002:116), whose attempts to integrate are often met with disapproval. In many ways, constructive dialogue between mainstream Finns and Finland’s Somali has been insufficient, and the tensions between the mainstream Finnish society and sections of Finland’s Somali population have escalated to such high levels that the social welfare authorities in the capital area (where approximately 80 percent of Finland’s Somali live)

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<sup>15</sup> My translation from Finnish “Sotaa pakenevat Somalialaiset järkyttivät suomalaiset: eivät kohtalolla vaan tulolla.”

(Pohjanpää *et al.* 2003), have deemed it necessary to employ Somalis with appropriate qualifications to work as ‘intermediaries’ between the Finnish authorities and some Somali communities (*Helsingin Sanomat* 23.10.2005).

Since the early 1990s, the Somali have been linked with negative images and terminology in the mass media, with much of the discussion focusing on the Somali’s (presumed) inability to ‘adapt’ to life in Finland. The stigma attached to being a Somali has become strong; a mistake made by one Somali is quickly turned into an indication of the inability of *all* Somali to ‘adapt’. Although some Somali have publicly admitted the existence of ‘antisocial’ Somali individuals (for example, see *Alueutiset* 26.10.2005), the fact that Finnish people have definitely not made it easy for the Somali to ‘adapt’ has been largely ignored by the media. A study of immigrants’ experiences of racism, for example, reveals that the Somali experience more racism and discrimination than members of any other immigrant group (Jasinskaja-Lahti *et al.* 2002). To make life more tolerable in this largely hostile environment, many Somalis have turned to religion (Ekholm 1994; Valtonen 1999). Ironically, Somalis’ religious views appear to be one of the main factors that ‘irritate’ Finnish people. As a recent study revealed, over half of all Finnish people hold at least some suspicions about Islam (*Helsingin Sanomat* 28.9.2005). Thus it is possible that Somalis’ strengthened religious identity and increasing reliance on Islam have functioned to their disadvantage in a largely Islamophobic society.

Because of their historical impact on Finland’s ethnic composition and refugee reception, the Somali has received more attention from academics than any other refugee or immigrant group before or after them. The lives of Somali women especially have aroused curiosity in female researchers and, as a result, quite a lot has been written about a wide variety of topics ranging from the Somalis’ perceptions of health and illness (Hassinen-Ali-Azzani 2002) to Somali youth (Visapää 1997; Alitolppa-Niitamo 2004) and family (Marjeta 2001). Much of the literature on the Somali is ethnographic in nature, and focuses on the cultural ‘otherness’ of the Somali, paying particular attention to Islam and the role of religion in the lives of Finland’s Somali. Notably, though, very little research has been conducted among the adult Somali males, despite the fact that they were amongst the first Somalis to arrive in Finland.

In spite of a degree of internal (clan-related) conflict amongst Finland’s Somali population (Alitolppa-Niitamo 2004), the Somali have been active in setting up their own organisations. Suomen Somaliliitto functions as an umbrella organisation for over 120 separate small

Somali associations and organisations, while also seeking to promote knowledge of Somali culture among Finland's mainstream population (Suomen Somaliliitto 2007). Some Somali have also participated actively in Finnish politics, and Somalis have even established their own political organisation called Somali Social Democrats. Although no persons of Somali origin are yet represented in the House of Parliament, some Somali are active in city councils, and a well-known Somali woman named Zahra Abdulla was one of the Green Party's MP candidates in 2003 and 2007 Parliamentary Elections (*Helsingin Sanomat* 17.12.2006).

### ***3.2.3 Refugees from Former Yugoslavia***

Due to their heterogeneity in terms of ethnic origin, language, religion and nationality, the refugees from former Yugoslavia can hardly be looked at as a 'group'. Their manner of arrival has also been diverse; while large numbers of former Yugoslavians arrived in Finland as asylum seekers, many others have come through family reunification and as quota refugees. The first asylum seekers from former Yugoslavia arrived in Finland in 1992. Overwhelmed by the large numbers of asylum seekers from former Yugoslavia in the summer of 1992, the House of Parliament passed a bill enabling the Ministry of Interior to proceed the former Yugoslavians' asylum claims in an accelerated manner, granting all 1,660 former Yugoslavians already in the country a *de facto* refugee status on humanitarian grounds. Simultaneously, however, visa requirements were imposed on all citizens of former Yugoslavia (Stefanovic and Summa 1995).

In autumn 1992, Finland established an additional quota of 200 for Bosnian prisoners from concentration camps and their family members. In 1993 and 1994, a further 227 prisoners' family members arrived as quota refugees outside the official quota of 500, although they were given a *de facto* refugee status rather than a quota refugee status. In cooperation with UNHCR and International Organization for Migration (IOM), Finland also accepted 111 patients in need of medical care and 142 carers under the Special Medical Programme. Both the patients and their carers were granted a temporary residence permit for need of protection. In December 1994, the Ministry of Interior decided that all existing refugees, including medical evacuees, from Bosnia-Herzegovina should be granted a permanent leave to remain, as no one should be returned to Bosnia against their own will (Stefanovic and Summa 1995). This decision was significant in the sense that only individuals who have a permanent leave to remain are allowed to work and entitled to family reunion.

More refugees from Bosnia-Herzegovina arrived in the mid-1990s (Jasinskaja-Lahti *et al.* 2002). In 1995 and 1996, the Finnish Government established additional quotas of 500 for refugees from former Yugoslavia. During 1989-2004, Finland accepted a total of 5,929 refugees from Eastern Europe, the vast majority of them from former Yugoslavia (MOL 2004b). Kosovan Albanian refugees who arrived in May 1999 were the first sizeable refugee group ever to gain the sympathies of the mainstream Finns, making their experience very different from that of the Somali asylum seekers (Jaakkola 1999). According to Jaakkola (1999), Finns' sympathetic attitudes towards the Kosovan Albanians were the result of comprehensive media coverage spattered with shocking photos of the plight of the Kosovan Albanian population. Others, however, have argued that Kosovan Albanians have been subjected to better treatment due to their more 'European' appearance (Jasinskaja-Lahti *et al.* 2002) or their cultural proximity to their Finnish hosts (Paananen 1999). Whatever the reason behind Finns' supposedly positive reactions towards Kosovan Albanians as opposed to other refugee groups, Yugoslavian refugees reportedly experience less racism and discrimination than other refugees in Finland (Paananen 1999). Although the unemployment rate among former Yugoslavians remains higher than that of 'voluntary' migrants and Finnish people (35 percent among individuals from Bosnia-Herzegovina and 53 percent among persons from Serbia and Montenegro), it is still significantly lower than that of most other populations that comprise largely of refugees (MOL 2005f). Because ethnicity is not recorded, it is difficult to determine whether the sympathies that Kosovan Albanians reportedly received from Finns (Jaakkola 1999) have had a positive effect on their labour market position.

The refugees from former Yugoslavia have not attracted as much media attention or negative publicity as the Somali. Indeed, those Yugoslavians who arrived in the late 1990s were in many ways advantaged in comparison to the Somali who arrived in the early 1990s; Finland's economy was growing, more jobs were available, and the experiences with the Somali had resulted in several changes and improvements in the institutional structure of the refugee reception system and the organisation of integration training. In the late 1990s, more attention was being paid to good 'ethnic' relations and anti-racist policies than was the case in the early 1990s (UM 2005). The experiences with the Somali had also prompted the authorities responsible for refugee reception to design more specific guidelines for the municipal authorities regarding refugee children's schooling, including offering opportunities for teenagers (15-18-year-olds) who were too old to be integrated into the mainstream schools at the time of arrival and too young to be integrated into the labour market.

Unlike the early Vietnamese refugees, refugees from former Yugoslavia were dispersed around the country. Considering that the Yugoslavian refugees came from a number of different ethnic groups, the government's strict adherence to the dispersal policy meant that the formation of sizeable ethnic communities was not possible in most areas. In Finland, refugees are the responsibility of a receiving municipality, and no municipality is willing to take on large numbers of refugees at once. In 2004, for example, refugees were placed to over 40 different municipalities across the country (MOL 2005d). Refugees from former Yugoslavia have reportedly suffered a great deal from the dispersal policy and the consequent lack of sizeable ethnic communities (Salminen 1997). Because of the importance of ethnic communities, many refugees from former Yugoslavia who were originally placed into small cities and/or isolated areas later moved to the big cities, often interrupting children's schooling and adults language training (Salminen 1997).

At the end of 2004, 4,870 citizens of former Yugoslavia had a permanent residency status in Finland. It is likely that the vast majority of them came into the country as refugees (see table 3.2). Statistics on mother tongue indicate that the vast majority of former Yugoslavians in Finland are individuals of Albanian origin, as Albanian language is the mother tongue of 4,808 persons in Finland (MOL 2004b). Some refugees from the former Yugoslavia have already received Finnish citizenship or returned to their home countries. From 1996 onwards, 161 refugees from Bosnia-Herzegovina have received government subsidies to facilitate their return to Bosnia-Herzegovina. Such subsidies have also been paid to 54 individuals from other parts of the former Yugoslavia (MOL 2004).

#### **3.2.4 Kurds**

In official statistics, Kurds are classified according to their country of origin rather than their ethnicity. As the privacy laws forbid the recording of individuals' ethnic origin, Kurds who live in Finland but have not yet obtained Finnish citizenship have been registered as citizens of Iran, Iraq or Turkey. The size of Finland's Kurdish population is thus best determined by statistics on mother tongue. At the end of 2004, Kurdish language was spoken as the mother tongue by 4,745 individuals in Finland (MOL 2005e). Kurdish refugees have arrived in Finland largely through refugee quotas from refugee camps in Iran, Iraq, and Turkey. Although the first Kurdish refugees to arrive in Finland were those who fled Saddam Hussein's army in 1988, Kurds started to arrive in Finland in large numbers only in the late

1990s and early 2000s (Vartiainen-Ora 1996).

In academic literature, Finland's Kurds are mentioned most commonly with reference to the importance of an ethnic community. As Wahlbeck (1999) notes, ethnic community has a special meaning for Kurds, who share a strong sense of ethnic unity due to their discriminated status in their countries of origin. Kurdish communities in Finland function as political forums through which the fight for independent Kurdistan continues from exile, although Kurds' ability to form sizeable ethnic communities has been negatively affected by the dispersal policy. Like former Yugoslavians, many Kurds have 'voted with their feet', moving into the bigger cities in South Finland, resulting in the formation of sizeable Kurdish communities in cities such as Helsinki, Turku and Lahti. For Kurds, political activism and religion have both functioned as survival mechanisms (Mero 1998; Wahlbeck 1999), though ethnic identity appears to be more important than religion. Unlike the Somali who have often turned to religion to gain strength to deal with continuing discrimination and isolation, Kurds identify themselves primarily in terms of their ethnic identity, religion being of secondary importance to them (Ekholm 1994; Wahlbeck 1999).

Since few statistics classify people according to their mother tongue rather than nationality, it is difficult to say how well Kurds have adapted to life in Finland and how well they have become integrated into the paid labour market. As Mero (1998) notes in her study of Kurdish refugees from Al-Tash refugee camp, the fact that large numbers of Kurds had spent long periods of time in refugee camps before arriving in Finland had an adverse impact on their integration prospects. Although some individuals were (and are) motivated to learn the language, find a job and build a new life in Finland, many of the Kurds from Al-Tash have become frustrated by the lack of social relations with their own ethnic communities and mainstream Finns. Worst off are those who live in Finland but have no strength left to actively study the language or participate in the integration training. Instead of engaging with their immediate surroundings, these people worry about friends and relatives left behind on the camps and remain preoccupied with news from the camp, making no effort to learn Finnish or make contact with the locals. Refugees from Al-Tash, however, form only a small minority of Finland's Kurds.

### ***3.2.5 Other refugee groups***

In addition to the larger refugee groups discussed above, Finland has accepted quota refugees

from Cambodia, Sudan, Afghanistan and Myanmar, and some individual asylum seekers have come from sub-Saharan Africa, Latin America and Central Asia. During 1995-2004, hundreds of refugees arrived from Iran and Iraq every year (MOL 2005d). Although a large proportion of Iranian and Iraqi refugees is comprised of Kurds who came to Finland as quota refugees, Finland has also accepted Iranian refugees who fled their country after the Islamic revolution (Kinnunen 1999), and individuals from Iraq's ethnic minorities. These groups, however, are numerically so small that they have not stimulated much academic interest, and thus detailed information about them is not available.

### **3.3 Relations between Refugees and the Host Population**

As already discussed in chapter 2, the integration of 'others' is largely dependent on 'our' feelings, actions and attitudes (Hurme 1997). Virtanen (1993) and Ylänkö (1997) go even further, arguing that immigrants' integration prospects are determined more by the attitudes of the host population than the characteristics of the newcomers. On the other hand, the characteristics of the refugee populations appear to affect the host population's reactions toward them. In Finland, the attitudes of the host population towards refugees vary greatly between different refugee groups. While some refugees, such as the Somali, have arguably been negatively perceived by a large proportion of the mainstream population since their arrival, other refugees, such as the Kosovan Albanians, have reportedly received a much warmer welcome (Paananen 1999: Jaakkola 2005).

#### ***3.3.1 Finns' perceptions of refugees***

Although mainstream Finns reportedly held fairly positive views about both labour migration and humanitarian migration in 1987, the early 1990s witnessed a negative shift in Finns' attitudes towards immigrants in general and refugees in particular (Jaakkola 2005). While recording a general improvement in Finns' attitudes towards immigration after the end of the recession, Jaakkola's (2005) research reveals high levels of polarisation in Finns' attitudes towards different migrant groups. Using the term 'ethnic hierarchy', Jaakkola describes a practice whereby immigrants are classified hierarchically into different groups based on their perceived 'usefulness' or potential 'harmfulness'. While white Europeans are largely viewed as 'useful' and thus welcomed by the majority of Finnish people, humanitarian migrants appear to be perceived in less favourable terms, being enthusiastically welcomed only by a small minority of Finns. Interestingly, Jaakkola's (2005) findings indicate that Finns'

sympathies toward humanitarian migrants are divided along gender lines and affected by refugees' nationality. According to Jaakkola (2005), Finnish women hold more positive views of humanitarian migrants than men, and refugees from Eastern Europe are viewed more positively than refugees from other regions. Although men are largely unsympathetic towards humanitarian migrants, they have nothing against presumably 'useful' migrants, such as scientists, athletes, and restaurant entrepreneurs (ibid.).

After the primary responsibility for the reception and integration of refugees was handed over to the Ministry of Labour in 1997, growing concern over the deteriorating 'ethnic' relations and the possible marginalisation and social exclusion of the new minority populations began to feature in the Ministry's agenda. A year later, this concern culminated in the establishment of the Advisory Board for Ethnic Relations (ETNO), which was to serve as a national cross-sectional expert body on 'ethnic' relations (Lepola and Suurpää 2003). One of ETNO's most fundamental objectives is to promote tolerance and combat racism and ethnic discrimination by tackling negative stereotypes (ibid.). In the Finnish environment, however, this may be a real challenge. As Paananen (1999) has noted, Finns' perceptions of members of any specific 'ethnic' or national groups are based on the reputation these groups have. Once one group gets a certain 'reputation', it is very difficult to get rid of it (Paananen 1999). In his study of foreigners' position in the Finnish Labour market, Paananen (1999) reported hearing so many strikingly similar negative (and outright discriminatory) accounts of the Somali jobseekers who had been 'greedy' and 'picky' that it could not have been coincidental. Indeed, he reports that some of the accounts he heard over and over again had the characteristics of 'urban legends', such as the story about a Somali man who wanted to get a job as a driver although he did not even have a driver's license. According to Paananen (1999), the prejudiced attitudes against the Somali appear to be so widespread and internalised that it seems almost impossible for the Somali to ever break out of that vicious cycle. Every time a Somali person attempts to defend his/her rights, a new story about the 'pickiness' and 'greediness' or the Somali is born, reinforcing the existing prejudiced perceptions mainstream Finns have of them.

### ***3.3.2 Racist perceptions***

Although members of some 'ethnic' or nationality groups reportedly experience significantly less racism than members of other groups, racist and discriminatory perceptions and attitudes (as defined in section 2.3) are arguably still prevalent amongst sections of the Finnish

Population (Finnish league for Human Rights 2002; Toivonen 2002; Ally 2004; Tehy 2005a; Jaakkola 1999 and 2005; Jasiskaja-Lahti *et al.* 2002; Pentikäinen 2005). In 1998, almost fifty percent of mainstream Finns agreed with the statement that ‘some people are just not suitable for living in a modern society’, while one-quarter of Finns believed that biologically determined differences in people’s intelligence are ‘race’-related (Jaakkola 1999). According to Jaakkola’s research, one-fifth of the Finnish people also agreed with the xenophobic argument that it is better if different cultures do not mix with each other. Slightly over 25 percent of Finns thought that practising Islam should be made illegal in Finland because it poses a threat to the Finnish culture. Considering this, it may still be more appropriate to talk about refugees’ survival rather than integration, as Ekholm suggested in 1994.

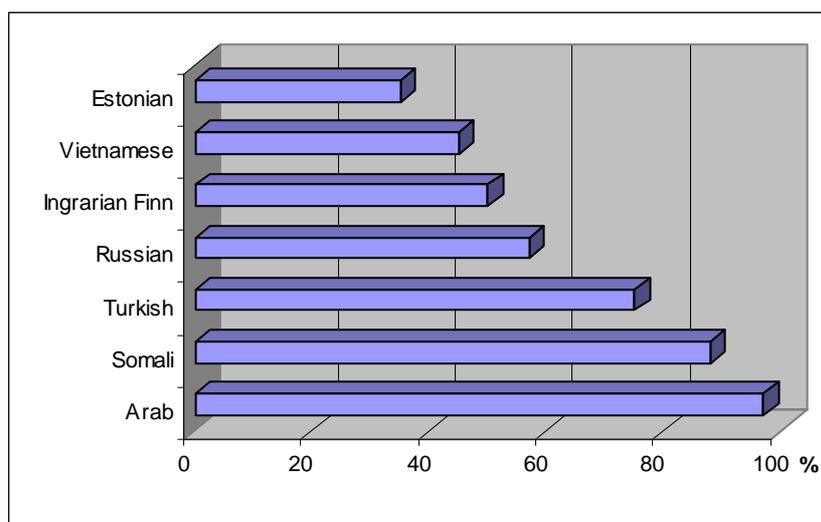
### ***3.3.3 Refugees’ experiences of racism and discrimination***

Most individuals (with the notable exception of the Vietnamese and Kosovars) who came to Finland as refugees have reportedly encountered racism, discrimination and/or xenophobia (Jaakkola 1999 and 2005; Jasiskaja-Lahti *et al.* 2002; Pentikäinen 2005). Foreigners’ experiences of racism (figure 3.2), however, do not fully support the findings of Jaakkola’s (1999 and 2005) attitude survey discussed in section 3.3.1. If men indeed hold no objections toward restaurant entrepreneurs, the high level of racism encountered by Turkish people would be unlikely, as most foreign restaurant entrepreneurs in Finland are of Turkish origin (Salmenhaara 2003). On the other hand, most of Finland’s Vietnamese are humanitarian migrants, and yet they have reportedly encountered significantly less racism than members of some nationality groups that consist predominantly of labour migrants, such as Turks and Russians.<sup>16</sup>

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<sup>16</sup> Although some Turkish Kurds have come to Finland as quota refugees, the vast majority of Turks in Finland are labour migrants who work predominantly as entrepreneurs in the restaurant industry, and Turkish men who are married to Finnish women (Wahlbeck 2005).

**Figure 3.2: Self-assessed Experiences of Racism by Nationality/Ethnicity**



Source: Makkonen (2000:46)

According to Makkonen's (2000) research findings, data on foreigners' experiences of racism imply that positive associations as well as (perceived) 'similarity' in terms of culture and appearance may have more impact on Finns' attitudes towards foreigners than their manner of arrival or their economic activity. As illustrated in figure 3.2, immigrants who resemble Finns' in terms of appearance (Estonians, Ingrarian Finns and Russians) have reportedly encountered less racism than those whose appearance differs more significantly from that of mainstream Finnish people (Turks, Somalis and Arabs). Estonians, in particular, appear to be much better accepted by the mainstream Finns than other immigrants (see also Jasinskaja-Lahti *et al.* 2002). A possible explanation for this might be the close cultural, linguistic and geographic proximity between Finland and Estonia. A notable exception, however, are the Vietnamese, whose appearance differs significantly from that of mainstream Finns but who, nevertheless, appear to experience less racism than many other nationality groups, such as Ingrarian Finns and Russians (whose appearances resemble that of the mainstream Finns).

As mentioned briefly in chapter 2, discrimination in the labour market is believed to affect nearly all foreign people in Finland, although people from nationality groups that comprise largely refugees appear to experience more discrimination than most voluntary migrants. This disadvantage, it has been argued, might be caused by Finns' stereotypical notions of refugees as well as their lack of knowledge about the circumstances behind forced migration (for example, see Suurpää 2002; Jaakkola 2005). According to the findings of a large-scale research project conducted by Jasinskaja-Lahti *et al.* (2002), over half of the 3,656

immigrants (including refugees) living in the capital area reported feeling that they had at least once been bypassed for a job because of their background. These feelings were most common amongst the Somali, over 80 percent of whom reported having experienced discrimination when looking for work (ibid.).

### 3.4 Refugees in the Finnish Labour Market

Due to the selection criteria of quota refugees and the large size of many refugee families, Finland's refugees are much younger than Finnish people on average (table 3.3). Nearly 45 percent of Finland's Somalis and some 38 percent of Finland's Vietnamese are under 15 years of age, while very few refugees (0.5 percent of the Somali and 2 percent of the Vietnamese, for example) are aged 60+ (Pohjanpää *et al.* 2003). Although refugees are still largely excluded from the paid labour market, the fact that the proportion of children is higher and the proportion of elderly (65+) lower amongst Finland's refugee populations than amongst Finns suggests that humanitarian migration is having a positive impact on Finland's population structure. The age structure of refugee populations indicates that they form a largely underutilised pool of labour that *could* be utilised to alleviate the looming labour shortages. Yet their current labour market position is weak, and very few refugees are economically active.

**Table 3.3: Age Structure of Finns and Selected Refugee Populations (2001)**

Citizenship	0-14 years % of total	15-64 years % of total	65+ % of total	Total
Somalia	38,1	61,2	0,7	100,0
Former Yugoslavia	39,3	59,8	0,9	100,0
Iraq	36,8	61,6	1,5	100,0
Iran	34,2	63,8	2,0	100,0
Vietnam	28,5	69,0	2,6	100,0
Bosnia-Herzegovina	25,1	68,8	6,1	100,0
<b>Finland</b>	<b>17,9</b>	<b>66,7</b>	<b>15,3</b>	<b>100,0</b>

(Source: Pohjanpää *et al.* 2003:18)

### ***3.4.1 Educational backgrounds of Finland's refugee populations***

While refugees in general are less educated than Finnish people and 'voluntary' migrants, the levels of educational attainment vary a great deal between different nationality groups as well as within specific nationality groups. As Lavikainen and Salmenhaara (2002) point out, the disproportionately large proportion of acute refugees<sup>17</sup> has resulted in an exceptionally low overall educational level among Finland's refugee populations. The accuracy of this theory, however, cannot be supported or refuted by existing data for two reasons. First, Statistics Finland commonly classifies people by their nationality, meaning that each nationality group includes only those individuals who have not yet obtained Finnish citizenship, as those who have been in the country for long enough to obtain Finnish citizenship are effectively excluded. Consequently, official statistics may offer a highly distorted account of the true level of the educational attainment amongst Finland's refugee populations. Second, the Statistics Finland statistics on foreigners' educational attainment classify those whose educational attainment cannot be verified and/or matched with a Finnish qualification as having only lower secondary education (Statistics Finland 2004b).

### ***3.4.2 Statistics on refugees in the labour market – problems with classification***

Widespread use of the umbrella term 'immigrant' to describe all persons of non-Finnish origin has resulted in some significant shortcomings in labour market research. Apart from a few notable exceptions (Valtonen 1999; Lavikainen and Salmenhaara 2002; Ally 2004), labour market research rarely distinguishes refugees from other immigrants, despite the fact that their disadvantaged position in the labour market has been widely recognised. Moreover, the classification of people by their nationality (rather than ethnicity) affects statistics on refugees' labour market status as well as the statistics regarding their educational background. Newly arrived persons are disproportionately represented in these statistics (the Finnish League for Human Rights 2002), making it possible for policy makers to dismiss the significance of refugees' high unemployment rate by arguing that it is only temporary, and bound to improve over time.

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<sup>17</sup> Refugees who leave only after the situation in their home country has become intolerable and fleeing inevitable.

Yet there is no evidence to support a claim that naturalised Finns with refugee backgrounds do not remain disadvantaged after their naturalisation. Indeed, a set of statistics, which classifies foreign-born Finnish people by their country of origin, demonstrates that the unemployment rate for predominantly refugee nationalities remains high even after naturalisation (see table 3.4). In 2002, Finnish citizens who were born in Somalia, Iran, Iraq and Serbia-Montenegro had significantly higher unemployment rates than foreign-born people on average (Shakir and Tapanainen 2005), indicating that people from the above mentioned countries are disadvantaged in the labour market in comparison with other immigrants even after a relatively long period of residency in Finland. Moreover, the unemployment rate is significantly higher for both non-naturalised and naturalised predominantly refugee groups than it is for foreign(born) people in general (ibid., see table 3.4).

**Table 3.4: Refugees' Unemployment Rate by Citizenship Status (2002)**

<b>Country of Origin</b>	<b>Unemployment rate (%) (foreign citizens)</b>	<b>Unemployment rate (%) (naturalised Finns)</b>
<b>Afghanistan</b>	83*	Not Available
<b>Iran</b>	61	49
<b>Iraq</b>	73	67
<b>Somalia</b>	60	56
<b>Former Yugoslavian Republic</b>	56	48
<b>Serbia-Montenegro</b>	55*	46*
<b>Bosnia-Herzegovina</b>	40	36
<b>All Foreigners</b>	29*	24*

(Source: Statistics Finland 2004b:25; \* Source Shakir & Tapanainen 2005:64-65)

### ***3.4.3 Labour market position of refugees in Finland***

In the absence of comprehensive statistics, probably the most reliable source for data regarding refugees' economic activity is the existing literature on different studies that collect information about refugees' living conditions. Unfortunately, however, such research projects have been conducted only in the capital region, and the extent to which this data provides a

representative overview of Finland's refugee populations is debateable. In the absence of more comprehensive statistics, there are few options but to use the existing data, while bearing in mind that it is not representative of all refugees in Finland and must be regarded as indicative rather than conclusive. Moreover, due to the use of citizenship status rather than immigration status as an indication of individuals' background in all statistical data, not all people included are refugees, and not all refugees are included.

A brief look at three of the most comprehensive surveys suggests that labour force participation (LFP) in most population groups that comprise predominantly refugees is low (Ekholm 1994; Pohjanpää *et al.* 2003; Sutela 2005). Although Somalis consider participation in the paid labour market to be extremely important (Pohjanpää *et al.* 2003), a comparison of their employment opportunities in the early 1990s and the early 2000s does not reveal any significant improvements in their labour market position (Ekholm 1994; Pohjanpää *et al.* 2003). In some of the largest refugee populations (Somalis, Iranians and Iraqis) low labour force participation rates<sup>18</sup> are accompanied with high unemployment rates (Ally 2004, see tables 3.4 and 3.5), making the overall number of Somalis, Iranians and Iraqis in paid employment rather small. In 2004, the low LFP rates among Somalis and Iraqis meant that only 1,105 Iraqis and 1,241 Somalis were included in the labour force. With unemployment rates of 60 percent among the Somali and 66 percent among the Iraqi (table 3.4), the number of employed individuals in these two largest refugee populations in Finland is very small indeed (MOL 2005f).

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<sup>18</sup> Labour force participation (LFP) rate refers to the proportion of the working-aged persons (aged 16-64) who are economically active (either employed or unemployed job seeker).

**Table 3.5: LFP Rates of Finnish and Selected Refugee Populations in Finland (1997)**

Citizenship	Men (%)	Women (%)	Overall LFP rate (%)
Somalia	52	26	39
Former Yugoslavia	66	53	59,5
Iraq	56	49	52,5
Iran	60	56	58
Vietnam	57	52	54,5
Afghanistan	60	56	58
<b>Finland</b>	<b>80</b>	<b>79</b>	<b>79,5</b>

(Source: Forsander 2002:137)

While most available statistics are hardly comprehensive or representative of Finland's total refugee population, they offer a sufficient proof that the employment situation for refugees overall is difficult (Lavikainen and Salmenhaara 2002). The low labour force participation among nationalities in which the proportion of refugees is high is often explained in terms of women's economic inactivity caused by low levels of formal education and large families (Forsander 2002). Yet given that even the highest LFP rate among the men of so-called refugee nationalities (66 percent for Former Yugoslavians) is over 10 percent lower than that of Finnish men (see table 3.5), it is surprising that the reasons behind refugee men's comparatively low labour force participation rate have not been explored in detail.

As indicated by the findings of several research projects, refugees who arrived in the early 1990s continued to experience difficulties in finding employment even after the economy improved (Joronen 1997; Paananen 1999; Jaakkola 2000; Forsander and Ekholm 2001), indicating that a disadvantaged position after arrival and early exclusion from the labour market had a permanent negative effect on their employment prospects. Those (relatively few) persons with refugee backgrounds who have been able to access paid employment are highly likely to be employed on a fixed-term or part-time basis, most likely in the low-paid service sector (Forsander 2002).

#### ***3.4.4 Educational attainment and refugees' employment prospects***

In Finland, where the population's educational level is high, the high unemployment rate of

nationalities, in which the proportion of refugees is large, is commonly thought to result from their low educational level (for example, see Jaakkola 2000). Previous research on immigrants' labour market position, however, indicates that even educated and motivated refugees experience great difficulty in finding employment (Paananen 1999; Forsander *et al.* 2001; Huttunen 2002; Ally 2004), and well-educated individuals who refuse to accept employment that does not correspond with their qualifications often face the risk of long-term unemployment (Forsander *et al.* 2001; Ally 2004). Although Joly (1992) and Phillips (1989) noted over a decade ago that refugee-receiving societies could benefit considerably from effective utilisation of the refugees' strengths, skills, and experiences, the absence of suitable training and support mechanisms that would enable highly qualified refugees to obtain formal recognition for their overseas qualifications continues to prevent educated refugees from realising their full potential in their new host society.

The assumption that unemployment affects predominantly immigrants with low levels of education is based on a misguided assumption that immigrants' employment patterns follow the same logic as Finns', amongst whom educational attainment generally has a positive impact on one's employment prospect.<sup>19</sup> Unfortunately, data made available by Statistics Finland reveals only the unemployment rate and the distribution of different qualifications among any nationality group, making it impossible to determine the impact that education may have on immigrants' employment prospects. According to existing research findings, however, education does not appear to improve refugees' employment prospects in Finland. Despite having an average of only six years of formal education, the Vietnamese have been relatively successful in the Finnish labour market (Pylvänäinen 1989). For the Vietnamese, employment was "a very empowering dimension of the integration process" (Valtonen 2004:80), especially since both sexes were able to participate in the labour market. As Valtonen (2004:88) claims, "the universal childcare arrangements of the Finnish welfare state, provision of a living allowance and labour market training in early settlement... facilitated labour market participation in the case of Vietnamese women, to the extent that this phenomenon can be seen as emancipatory" (Valtonen 2004:88). For the Somali, on the other hand, the Finnish labour market has offered very little emancipation. Although some 23

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<sup>19</sup> According to Paananen (2002), Finnish people who have only basic (secondary) education are four times more likely to be unemployed than Finnish people with intermediate or higher education.

percent of the Somali asylum seekers in 1993 reported having a university degree and speaking several languages with fluency (Virtanen 1993), the Somali have never been properly integrated into the Finnish labour market.

As Forsander (2002:121) notes, the requirements regarding social and cultural capital mean that better educated foreigners are not necessarily better positioned in the Finnish labour market, and the country in which education has been obtained determines its value more than the actual qualification (Paananen 1999). Existing research on immigrants in the Finnish labour market reveals that well-educated immigrants, apart from labour migrants who have been recruited directly from abroad, are highly unlikely to find employment that corresponds with their previous qualifications and/or work experience (Valtonen 1999; Paananen 1999; Jaakkola 2000; MOL 2002; Forsander 2002; Lavikainen & Salmenhaara 2002; Huttunen 2002; Paananen 2002; Ally 2004; Shakir & Tapanainen 2005).

#### ***3.4.5 The significance of paid labour market participation***

Economically productive activities have traditionally been very highly valued in Finnish society. While the social security system and the generous government subsidies now make it possible to survive and avoid poverty without paid employment, employment and profession are generally regarded as some of the most central aspects of one's identity (Paananen 2002). Despite the mass unemployment of the early 1990s and the post-recession structural change in Finland's labour market, or probably partly because of it, paid employment continues to serve a significant function in determining one's social status (Haapakorpi 1998). Furthermore, because the operation of redistributive welfare services depends on high labour market participation rates, the general consensus is that all citizens who are able to work should do so. In the minds of many Finns, the high unemployment rate of immigrants in general (and refugees in particular) lessens their right to enjoy similar levels of social support with mainstream Finns (Paananen 2002). In a way, then, refugees' high unemployment rates function to strengthen Finns' negative perceptions of them, further reducing their integration prospects. Consequently, refugees' increasing labour market participation could be a very important factor in improving the relations between refugees and mainstream Finns.

As Valtonen (2004:76) writes, Finland's refugees value employment "as a form of interdependence" and realise "that it would largely be through employment that they would attain a respected and robust civic role." In addition to Valtonen's insightful observation that

mainstream Finns have little respect or sympathy for refugees who do not work (for further detail on Finns' attitudes, see Jaakkola 2005), it is also worth noting that employment is important for refugees' own sense of self-worth (Ekholm 1994; MOL 1997; Colic-Peisker & Tilbury 2003; Valtonen 2004; Pentikäinen 2005). For people who come from countries where a public welfare system is unheard of, welfare dependency is often considered humiliating, and most refugees try their very best to acquire employment of any kind to achieve economic independency (Ekholm 1994; Valtonen 1999; Colic-Peisker & Tilbury 2003; Ally 2004; Pentikäinen 2005). As one refugee respondent told Ekholm (1994:89), "unemployment promotes dependency and passivity, it increases prejudice against us, and weakens our self-esteem."<sup>20</sup> Employment, on the other hand, reportedly has a positive impact on refugees' self-confidence and psychological well-being (Pentikäinen 2005).

For professional and other highly educated refugees, employment is important for the above-mentioned reasons, although their long-term goal is understandably to find employment that responds to their existing skills and qualifications. For many highly educated refugees, their profession or occupation forms the main axis of their identity and "abandoning it would... involve not only a loss of income and status but also a loss of identity" (Colic-Peisker & Tilbury 2003:68). In this sense, well-educated refugees risk losing even more than their less-educated counterparts when they choose to leave their home countries. According to Jupp's (1990:18) research among refugees in Australia, the loss of professional status is "a major factor precipitating emotional stress and illness in many postwar refugees."

In their research on former Yugoslavian and East African refugees' resettlement styles in Australia, Colic-Peisker and Tilbury (2003) divide different resettlement styles into four categories; 'consumers' and 'achievers' who had assumed a predominantly active approach to settlement, and 'endurers' and 'victims' who had adopted a predominantly passive attitudes toward resettlement. The 'top' category, 'achievers', consists of younger, predominantly well-educated individuals, who "can be described as goal-oriented toward achieving their previous (or higher) occupational and social status" (Colic-Peisker and Tilbury 2003:68). Because the recognition of previous qualifications often requires updating of existing skills, 'achievers' are enthusiastic about learning the language of the host society,

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<sup>20</sup> My translation from Finnish ("Työttömyys... lisää passiivisuutta, riippuvaisuutta, ennakkoluuloja, heikentää itsetuntoa jne.")

and consider full-time study “as a way to reach their long-term goals” (ibid). Although the ‘achievers’ are eager to return to work, they place high priority to language learning, and thus welcome mixing with members of the mainstream community. As will be discussed in more detail later on in chapter 4, Finland’s integration policy does not support potential ‘achievers’ in the best possible manner. Although refugees from Former Yugoslavia and the Horn of Africa (as in Colic-Peisker and Tilbury’s sample) form two of Finland’s largest refugee groups, the potential ‘achievers’ among them have often, due to structural constraints and/or employers’ hostility and prejudice, had to settle for employment that does not respond to their skills and qualifications (Ally 2004; Pentikäinen 2005). This problem is particularly severe among healthcare professionals and other individuals with high levels of educational attainment.

#### ***3.4.6 The impact of high unemployment on refugees’ living standards***

Due to low labour market participation rates, refugees are socio-economically disadvantaged in comparison to Finnish people as well as immigrants on average (Ekholm 1994; Forsander 2002; Pohjanpää *et al.* 2003). According to Pohjanpää *et al.* (2003), refugees have significantly lower incomes than Finnish people or foreigners in general: while some 79 percent of refugees in the capital region can be classified as having low income (annual taxable income less than EUR 9,000), the corresponding figures for Finnish people and foreigners in general are 28 percent and 35 percent.

Refugees’ low labour market participation rates make them more likely to be dependent on social security benefits. Dependency on benefits, in turn, affects refugees living arrangements. Age-controlled comparison between refugees and other residents reveals that refugees are much more likely to live in rented accommodation (85 percent) than immigrants (64 percent) or Finnish people on average (31 percent) (Forsander 2002:113-114). Although there is no evidence of geographical segregation along ethnic lines so far, Forsander (2002) has noted that immigrants in general (and refugees in particular) have concentrated in certain areas of the capital region that can be described as socio-economically deprived.

#### ***3.4.7 Government efforts to tackle unemployment among refugee populations***

Although unemployment statistics show that unemployment is much more common amongst nationality groups that comprise largely of refugees (Iraqis, Iranians, Somalis, Vietnamese,

Bosnians and Herzegovinians) than amongst Finnish people or ‘western’ immigrants more generally (see table 4.1 on p. 148), the Finnish government has not taken much interest in developing special measures to address refugees’ weak labour market status (Ally 2004). Instead, unemployed refugees are encouraged to participate in government initiatives that aim to improve the labour market position of immigrants in general (Ally 2004).

In addition to language courses, the Labour Administration arranges different types of vocational trainings for immigrants. In recent years, these vocational training schemes have been used to encourage immigrants to qualify for sectors that require low levels of formal education and suffer from increasing labour shortages. Refugees are recruited to participate in special training programmes that qualify them to work as bus drivers, healthcare assistants and cleaners. Most of these courses are so-called labour market policy training courses. Participation is free, and participants are entitled to a benefit called ‘työmarkkinatuki’, which is a type of unemployment benefit that is available for those who have no extensive employment history (in Finland).

According to Lavikainen and Salmenhaara (2002) the Finnish government is not using all possible measures to reduce unemployment amongst Finland’s refugee populations. As Lavikainen and Salmenhaara (2002) note, the Labour Administration is suffering from a range of adaptation problems, which have only been tackled by different projects. In accordance with this approach, refugees’ labour market position is often addressed by local projects (that focus on immigrants more generally) rather than legislative measures or extensive training schemes.

## **Conclusion**

The purpose of this chapter has been to set the scene for chapters 6-8 by introducing Finland’s largest refugee populations and providing a brief overview of their position in the Finnish society. Although integration policies and practices have improved considerably over the past 17 years, refugees are still largely excluded from the paid labour market. Despite the high value that refugees themselves place on economic self-sufficiency (Ekholm 1994; Ally 2004; Pentikäinen 2005), a combination of low labour force participation rates and high unemployment rates means that very few refugees are economically active (Forsander 2002). Even refugees with substantial levels of formal education experience difficulties in accessing the Finnish labour market (Paananen 1999; Valtonen 1999; Forsander & Alitolppa-Niitamo

2000; Forsander 2000; Ally 2004; Shakir & Tapanainen 2005), especially if they insist on finding employment that corresponds with their qualifications (Forsander 2002; Kyhä 2006).

While significant progress has been made over the past two decades in terms of addressing issues such as racism and discrimination, refugees' integration and employment prospects continue to be affected by prejudice and discrimination. Although immigrants' own experiences indicate that discrimination is common in recruitment, the legislation that prohibits the recording of individuals' racial or ethnic background makes it very difficult to prove the existence of discriminatory practices or systemic disadvantage of groups that comprise largely refugees. The Ministry of Labour (2005c) recognises that discrimination plays a part in determining refugees' labour market position, but emphasises that refugees' weak labour market position is also influenced by their (lack of) qualifications, language skills and other skills, which are considered important by employers. As Lavikainen and Salmenhaara point out (2002), interaction between refugees, mainstream Finns and the paid labour market must be enhanced in order to improve refugees' employment prospects.

Refugees' low LFP rates have had a notable impact on their living standards as well as their integration prospects. In the long run, discrimination and refugees' subsequent inability to find employment, or to find employment outside the 3D-sector,<sup>21</sup> can result in social exclusion and/or social stratification (the Finnish League for Human Rights 2002). Moreover, an inability to find employment in Finland can encourage especially highly skilled refugees to migrate to other countries, where their employment prospects may be better. After obtaining Finnish citizenship, refugees are able to migrate to other EU-countries where discrimination is lesser and where their skills might be more highly valued. Thus instead of performing an inclusive function in any other than political level, citizenship may well result in outward migration of skilled refugees (for example, see *Helsingin Sanomat NYT-Liite* 30/2004).

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<sup>21</sup> The term 3D jobs stands for 'dirty, difficult, dangerous'. In many countries, including Finland, these jobs are commonly the only employment available for refugees (in addition to employment in the 'ethnic' sector, such as interpretation and translation services). In Finland, the 3D jobs are often referred to as 'entry-level jobs', which are for 'passing through'. In the absence of better employment opportunities, however, these jobs often turn into permanent arrangements.

## CHAPTER 4: EMPLOYMENT AND INTEGRATION

### Introduction

In Finland, immigration-related racial and ethnic diversity, as well as the disadvantage caused by discrimination and racism in the labour market, have become topics of social and political significance only recently. Because immigration is a recent phenomenon, most working-aged immigrants are so-called first generation immigrants, who have been born and educated outside of Finland. As discussed in previous chapters, the labour market position of these people is weak. The reasons for this are believed to be related predominantly to discrimination, the immigrants' insufficient language skills, their poor levels of educational attainment, or the mismatch between the needs of the Finnish labour market and the skills and qualifications of the immigrant population. The extent to which the Finnish integration policy has been successful in integrating the immigrants into the Finnish labour market is open for debate.

According to Valtonen (2004:76), employment is the prime indicator of refugees' integration.

Income from employment is key to a good standard of living and provides a material resource base to reinforce other types of participation, e.g. education, recreation. Employment is also a source of contact with out-groups and gives scope for networking and building social capital into the wider community.

While there is no denying that Finland's refugees themselves consider paid employment to be among the most important aspects of integration (for refugees' own accounts, see Ekholm 1994; Valtonen 2004; Ally 2004; Pentikäinen 2005), the extent to which the kind of employment usually available to refugees in Finland provides them with a source of contact with mainstream Finnish population is debateable. Although refugees themselves place high value on labour market participation, and society at large expects the refugees to support themselves, paid employment is an option that is available only to a few, and predominantly in marginal sectors of the labour market. In addition to employers' prejudices, the priorities of contemporary integration policy contribute to refugees' low employability outside the 3D-sector by supporting measures that promote vocational training over comprehensive language training (Lavikainen and Salmenhaara 2002).

The purpose of this chapter is to look at the role that paid employment plays in Finland's integration policies and practices. The chapter will start with a brief look at Finland's new immigration policy. Finland's official integration strategy - which was briefly introduced in chapter 2 - will be looked at in the light of evidence from previous research on immigrants' labour market position in section 4.1.2. Despite the excessive emphasis that Finland's integration policy places on quick integration into the paid labour market, the labour market position of immigrants, especially of forced migrants, remains weak (see chapter 3.4). The role that high language requirements and discrimination in recruitment play in determining immigrants' labour market position will be examined in section 4.2 with reference to the labour market position of highly educated refugees. The last section of this chapter (4.3) concentrates on ethnic communities, ethnic 'economies' and labour market segmentation. While the first two sections seek to explore why Finland's integration policy has largely failed to integrate refugees into the Finnish labour market, the last section of this chapter focuses on the potential outcomes that dispersal policies and continuous marginalisation can have on Finland's refugee population.

## **4.1 Employment in Finland's Immigration and Integration Policy**

### ***4.1.1 Finland's new immigration policy***

In the Government's *New Immigration Policy* (MOL 2006), the Labour Administration calls for increased labour migration and active recruitment of skilled workers from abroad. What is often ignored in Finland, however, is that integration into the paid labour market, as well as the mainstream society more generally, is affected by a number of factors, such as the characteristics of the host society and the size and make-up of the immigrant population. The present position of immigrants in the Finnish labour market makes it difficult to envisage how large-scale recruitment of foreign labourers would be feasible in a country like Finland.

Finland did not recruit labour from abroad even to boost industrialisation after WWII (Schulman 1997), and labour migrants continue to form a very small proportion (some 5 percent) of Finland's immigrant population (MOL 2005c). When immigrants are invited to ease labour shortages, most of them face little or no difficulty in obtaining employment, making immediate long-term unemployment among immigrants a lesser problem. Among immigrant populations in which the labour force participation rate is high, employment may indeed be a feasible path to integration. This, however, is not the case in Finland. Regardless

of qualifications and work experience, long-term unemployment after arrival appears to be a rule rather than exception, especially for refugees who comprise a large proportion of Finland's immigrant population. As Finland's immigration policy has never made chain migration possible (The Finnish League for Human Rights 2002), immigrant populations have remained small and large 'ethnic communities' have not emerged. The related absence of sizeable ethnic 'economies' means that the *disadvantages* of an immigrant background are highly likely to far outweigh any *advantages* of minority ethnic status in recruitment. The various benefits of sizeable ethnic communities, and the consequences of their absence in the Finnish context, will be discussed in more detail in section 4.3.

In many ways, learning the language that is generally spoken in the country of immigration is an essential prerequisite for positive career development. Immigrants' ability to master the host society's language, however, depends on a variety of factors, including their prior skills, the difficulty of the language, and the availability of suitable language courses. In addition to limited availability of language courses, immigrants who arrive in Finland are burdened by bilingualism. In accordance with the legislation regarding Swedish-speakers' rights to use Swedish in their dealings with all publicly funded governmental offices and municipal services (see chapter 1), knowledge of both Finnish and Swedish is a general entry requirement to all public sector appointments as well as most non-manual posts in the private sector (Forsander 2002).

According to Somali and Vietnamese refugees interviewed by Pentikäinen (2005), learning the language was the greatest challenge they encountered upon their arrival in Finland. Not least due to an elaborate system of consonant gradation and vowel changes, Finnish has a notorious reputation as a 'difficult language', and the situation is made even more difficult for foreigners due to Finnish employers' demand for 'perfect' language skills (Paananen 1999; Valtonen 2004). Considering that very few native speakers speak grammatically correct Finnish, this requirement often translates as 'Finnish without an accent'. For refugees who are arbitrarily placed to municipalities in Finland, and who may be placed into a Swedish-speaking municipality, the situation is further complicated by Finland's bilinguality. In Swedish-speaking municipalities refugees sometimes learn only Swedish (as many predominantly Swedish-speaking municipalities are keen to preserve the majority status of Swedish language). Yet refugees who are originally placed in Swedish-speaking municipalities must learn Finnish if they wish to migrate to a predominantly Finnish-speaking

or bilingual municipality.

In view of the above-mentioned issues, Finland's ability to attract highly skilled labour migrants in the near future is debateable. Moreover, the extent to which the present-day integration policy, in spite of its focus on integration through employment, could facilitate highly skilled labour migrants' return to employment that corresponds with their qualifications is questionable. Finland is not the only country that is anticipating severe labour shortages in the years to come. Skilled labour migrants are (and will be), in demand throughout Europe. To a great extent, the needs of Finland's and other EU countries' labour markets are (and will be) very similar, meaning that Finland will have to compete for a limited supply of skilled migrants within a competitive, global marketplace. Considering this, it would make sense for Finland to look for the required labourers from within their borders rather than abroad. At the moment, refugees form a largely underutilised reserve of labour that could be more effectively utilised to ease Finland's looming labour shortages.

#### ***4.1.2 Integration through employment – why is this a problematic approach?***

The fact that the responsibility for refugee integration was allocated to the Ministry of Labour in 1997 gives a good indication of the central status of paid employment in Finnish society. In general, integration is understood as a process whereby refugees are helped to acquire the necessary degree of linguistic and conceptual competence to participate in the common life of the wider society and find their way around in the society at large (Parekh 1997). The central role of the Labour Administration in Finland's refugee integration, however, has resulted in a set of integrative practices that focus heavily on economic integration through labour market participation. This emphasis is further demonstrated and re-enforced by the individual integration plans, which focus above all else on integration into the paid labour market (Lepola 2002a). This approach has been criticised for reflecting "a very narrow definition of integration, leading to several problems" (Salmenhaara 2003:51). The purpose of this section is to discuss these problems in more detail, in order to determine whether a broader definition of integration, coupled with more comprehensive integration measures, could enhance well-educated refugees' access to employment that corresponds with their qualifications.

While Valtonen (1999) rightfully points out that participation in the paid labour market is a fundamentally important aspect of successful integration, her claim that employment (more or less automatically) leads to social, political and cultural integration is an optimistic one,

and indeed refuted by the experiences of some Vietnamese refugees who successfully found employment in factories, but failed to learn Finnish and make contact with mainstream Finns at work (Ekholm 1994, see chapter 3.2.1). Yet this is the assumption on which the 1999 Integration Act has been founded (Lepola 2002a; Jaakkola 2000; MOL 2001, 2004a, 2005a). There are at least two identifiable problems that are inherent to this approach. First, very little attention has been paid to developing practices that would promote integration through other channels – despite the fact that refugees are predominantly unemployed or outside the paid labour market. Second, the focus on rapid labour market participation has resulted in a set of practices and training schemes, which largely ignore the importance of high-quality language training and fail to improve refugees' ability to integrate in other spheres of Finnish society.

As discussed in chapter 3, refugees' unemployment rate has remained high and their labour force participation low since the early 1990s. In 1994, Ekholm's study of refugees' living conditions in the capital area concluded that the greatest obstacle to integration is unemployment (Ekholm 1994). By 2002, there had been very little progress in this field, with unemployment rates for all Finland's largest refugee nationalities (apart from the Bosnians), remaining above 50 percent (Statistics Finland 2004b; Shakir & Tapanainen 2005, see also chapter 3.4). Regardless of the integration policy's excessive emphasis on employment and labour market participation, refugees' labour market position has not improved markedly between 1994-2002, despite the significant fall in overall unemployment rate (from over 20 percent in 1994 to less than 10 in 2002) (MOL 2004d).

Not surprisingly, the Ministry of Labour's 'integration through employment'-approach has been criticised for being both inadequate and inappropriate (Paananen 1999; Finnish League for Human Rights 2002; Salmenhaara 2003). As already discussed in chapter 3, refugees have been virtually excluded from the paid labour market, with the notable exceptions of the Chilean and Vietnamese refugees who arrived in Finland before the 1990s. When the focus of an integration policy is on paid employment and the prevailing assumption is that other forms of integration will be achieved through integration into the paid labour market, low labour force participation rate combined with high unemployment among refugee populations can lead into a situation in which integration opportunities are beyond the reach of most refugees. As Paananen (1999) has noted, the labour market does not appear to be a very favourable area for social integration.

Refugees reportedly have high levels of motivation for paid work soon after being placed in

municipalities (Valtonen 2004; Pentikäinen 2005). However, when unemployment extends over a considerable period of time, the unemployed individuals may begin to question the effectiveness of the work-focused integration policy (Valtonen 2004:78). According to Valtonen (2004:76), “unemployment circumscribes the participatory opportunities and circles of citizens, and can be a major causal factor predisposing people to social exclusion.” The effect of unemployment may be even more detrimental in a context where employment is largely considered to be the only access route to integration. In line with the Labour Administration’s guidelines, the new integration policy gives very little consideration to the importance of language skills and general information regarding the structure and organisation of the Finnish society, regardless of the fact that these particular areas have been identified by refugees and immigrants themselves as significantly important facilitators of employment opportunities (for example, see Ekholm 1994; Jaakkola 2000; Lavikainen and Salmenhaara 2002; Valtonen 1999 and 2004; Ally 2004). As pointed out by the Finnish League for Human Rights (2002:4), the current integration legislation emphasises vocational education, while “language courses and more general integrative education are in a smaller role than before.” Considering that a command of the Finnish language has been identified as one of the most significant factors affecting refugees’ employability (by employers and refugees alike), it does not seem rational to promote different vocational training schemes at the expense of language training.

Learning Finnish is important for other reasons as well as for the purpose of finding employment. To a great extent, shared language is a key to interaction and mutual understanding, and good language skills enhance integration into all aspects of social and political life of the host society (Valtonen 1999:35). As one of Ally’s (2004) refugee respondents notes, learning Finnish is the first priority after arrival in Finland, as knowing Finnish allows one to communicate with Finnish people. Learning the local language enables one to participate in the life of the new community, whereas inability to learn the language creates an invisible barrier between the newcomer and the receiving society, excluding the newcomer from the day-to-day life of the surrounding community (Pentikäinen 2005:170). Inability to speak the local language often results in inability to represent oneself, leading to dependency on other people with the relevant language skills, such as one’s children or an interpreter. Furthermore, it is difficult for refugees to understand the high levels of organisation and bureaucracy in Finnish society without being able to understand Finnish (Valtonen 1999). In a country where virtually all aspects of citizens’ lives are subject to

different regulations, ability to speak the language is a fundamental precondition for successful integration. Although paid employment certainly can provide refugees with integration opportunities, language skills are often a precondition for employment (Virtanen 2002). In this sense, good quality language training may actually increase refugees' employment and integration prospects more than other integration measures or vocational training.

Comprehensive good quality language training could also prevent the marginalisation of young refugees. According to Valtonen (1999), a large number of young refugees are highly motivated to undertake full-time studies in Finnish universities. Yet the fact that all applicants with foreign school-leaving certificates still have to undertake written entrance exams (commonly available only in Finnish and Swedish, and occasionally in English), forms a nearly impenetrable barrier to university education for many refugees. As Valtonen (2004:81) notes, only very few refugees have been admitted to universities in Finland despite university education being the aspiration of many. Consequently, "persons of immigrant/refugee background will be unrepresented in professional occupations for a considerable period of time" (Valtonen 2004:82). Due to free university education and universal state schooling, however, children who have received all or most of their formal education in Finland are unlikely to suffer any great disadvantage in terms of access to higher education.

Due to the current policy's emphasis on quick employment results, the bulk of the funding is channelled to different vocational training schemes. At the same time, the potentially positive impact that comprehensive language training could have on refugees' employability is largely overlooked. With its narrow focus, Finland's integration policy effectively discourages the potential 'achievers' (as defined by Colic-Peisker and Tilbury 2003) from achieving social mobility, while exploiting refugees' will to earn their income. Instead of supporting thorough integration, an integration policy of this kind can be seen to promote labour market segmentation and formation of a marginal labour reserve that is willing to take on the menial jobs that Finnish people no longer want.

## **4.2 Ethnic Discrimination and Inequality in the Labour Market**

According to previous research findings, different forms of discrimination have a profound impact on refugees' employment prospects in Finland. Building on chapters 2 and 3, the purpose of this section is to examine how discrimination functions in recruitment, and how

different types of requirements may be used by Finnish employers to justify the dismissal of immigrant applicants as 'unsuitable' or inappropriately qualified.

#### ***4.2.1 Integration, discrimination and the Finnish labour market***

It is now widely recognised that finding employment is one of the main factors that facilitate successful resettlement and social integration (for example, Bloch 1999b; Forsander and Ekholm 2001; Ally 2004). It has also been argued that refugees who have a job, or good prospects of finding employment after the initial language training, are better motivated to learn the language (Alitolppa-Niitamo 2004). According to Finland's (former) Minister of Labour Tarja Filatov (2002), ethnic discrimination in Finland is most clearly manifested by immigrants' high unemployment rate. While many employers deny both direct and indirect discrimination, 'victim' surveys show that discrimination is often considered to be the most difficult obstacle when seeking employment (Paananen 1999; Jaakkola 2000). As revealed by Jasinskaja-Lahti *et al.* (2002), over 80 percent of the 2,598 Somali who participated in their questionnaire-based research project reported having experienced discrimination when looking for work. Indeed, the bad 'reputation' of the Somali has led to a situation where some employers do not accept Somali interns even when they are willing to work for free to acquire Finnish work experience (Paananen 1999).

As Jaakkola's (2000) research on immigrants' employment prospects indicates, the likelihood of encountering discrimination is greatest among so-called visible minorities and individuals who come from cultures which are considered to be very 'different' from the Finnish culture (see also MOL 1997; Paananen 1999). This trend can also be demonstrated by a brief look at Finland's unemployment statistics, which suggest that race and religion may affect individuals' employment prospects. In 2004, the average unemployment rate among Finland's foreign residents was 27 percent (MOL 2005f). While the unemployment rate of European immigrants such as the Poles and the French was significantly below this average, the unemployment rates among people of Arab and African origin was visibly higher.

Interestingly, unemployment levels were highest among nationality groups that consist largely of refugees (MOL 2005f), indicating that the manner of arrival affects immigrants' employment prospects. As discussed earlier in this thesis, refugees are more dependent on institutional integration and settlement programmes than other migrants. Although the exceptionally high unemployment rates amongst Finland's refugee populations are likely to

be caused by a combination of factors, Finnish institutions may be at least partially responsible for this outcome due to, for example, integration services' failure to provide refugees with sufficiently good language training. While the high unemployment rate among some groups, such as Afghans, can be explained by their recent arrival, insufficient language skills and ongoing adaptation to Finnish society, such explanations cannot be applied to other groups such as the Somali.

**Table 4.1: Unemployment Rates among Selected Foreign Populations in 2004**

Citizenship	Unemployment Rate (%) in 2004
<b>Population total</b>	<b>9</b>
<b>Foreigners total</b>	<b>27</b>
Somalia	60
Iraq	66
Iran	55
Serbia and Montenegro	53
Bosnia-Herzegovina	35
Turkey	30
Poland	14
France	13
China	10

(Source: MOL 2005f)

#### ***4.2.2 Discrimination in recruitment – the classification of foreign job seekers***

According to Forsander (2002), the most important factor determining immigrants' employment prospects in Finland is a combination of skills and qualifications, Finnish language skills, and 'suitable' personality and attitude. What is meant by 'suitable' personality and attitude, however, is not defined anywhere. One assumption that can be made based on existing research findings is that this 'suitability' consists of a person's degree of 'Finnishness' (see Rastas 2005). Indeed, a brief look at the unemployment statistics (table 4.1) suggests that members of some immigrant groups (such as Estonians) are much more likely to be perceived as having this 'suitable' personality and attitude than members of other groups, indicating that 'suitable personality and attitude' may be just an euphemism for

cultural proximity and 'Finnishlike' appearance. The high unemployment rate amongst naturalized refugees (as demonstrated in table 3.4 in chapter 3) would indicate that a Finnish citizenship alone does not make a foreign-born person sufficiently Finnish in the eyes of employers.

Finns' stereotypical notions of refugees are believed to have a significant negative impact on refugees' employment prospects. Paananen (1999), who has studied Finnish social workers' and job centre personnel's perceptions of immigrant job seekers has noted that these people play a central role in determining the immigrants' employment opportunities. For this reason, he refers to the social workers and job centre personnel who deal with immigrants as 'gatekeepers'. As Paananen's research on gatekeepers' attitudes reveals, they commonly use the immigrant's (Finnish) language skill-level and country of origin as the basis to determine their ability to perform in the Finnish labour market. According to Paananen (1999), the gatekeepers' and employers' preconceptualised and often outright prejudiced notions regarding the credibility of applicants' qualifications are based heavily on their perceptions about the quality of education available in their country of origin. These ideas are then used to determine how 'good' his/her skills are (Paananen 1999:100). Stereotypical notions of this kind affect most heavily the employment prospects of those people who have obtained their education in a third world country, or in another country that has been negatively portrayed in the Finnish media. In practice, such stereotypical notions amount to a systematic devaluation of refugees' skills and abilities (Valtonen 2004).

Because the gatekeepers are responsible for giving immigrants information about available qualification recognition programmes as well as vocational courses, prejudiced perceptions on the part of a gatekeeper have far-reaching consequences. Most notably, the gatekeepers can prevent immigrants from finding out about courses and training schemes that would enable them to get their existing qualifications recognised in Finland. The gatekeepers are also responsible for passing on the details of promising employees to prospective employers and, again, their views on immigrants' skills and abilities may influence their decision to pass on their clients' details. One prejudiced person can thus effectively prevent many talented, well-educated, hard-working immigrants from finding appropriate employment or accessing appropriate qualification recognition training programmes.

In their overview of ethnic discrimination in recruitment, the Finnish League for Human Rights (2002) concludes that foreign education and work-experience are not valued by

Finnish employers, who have a tendency to use 'substitute factors', such as the applicant's name or language skill to determine their competence to perform successfully (see also Jaakkola 2000). Even though the use of these 'substitute factors' is a form of discrimination, it is very difficult to prove (Streng 2004). Some refugees' own accounts suggest that one's name is often used as a substitute factor to determine the applicant's language skills (for example, see Valtonen 1999; Jaakkola 2000; The Finnish League for Human Rights 2002). An Iraqi man told Jaakkola (2000:57) that he thinks some private sector employers do not even read through an application in which the applicant's name is clearly foreign.

As Forsander and Ekholm (2001) note, people often (unconsciously) attach certain notions of lack to persons of unfavourable gender, age, linguistic or ethnic background. These perceptions of lacking qualities are then used to classify members of specific groups as unsuitable for particular types of jobs (or modern working life in general). These stereotypical notions are believed to affect especially Africans' employment opportunities, as education from a developing country is considered to be of low or no value, and perceptions of Africans as being suitable only to manual labour are still widespread (Paananen 1999). Indeed, Paananen (1999:101) reports how a social welfare officer who is responsible for finding employment for immigrants admitted that the wisest thing for educated migrants from African countries is to stop dreaming about being able to find a job that reflects their skills, qualifications and work experience, and rather re-educate themselves and/or go and work in the service sector, where comprehensive Finnish language skills are less important.

According to Valtonen (2004), the somewhat ethnocentric manner in which applicants with a foreign background are evaluated is incompatible with Finland's official commitment to multiculturalism. The prejudice of employers toward non-Finnish people has resulted in a situation where the *de facto* norm in the paid labour market appears to be assimilation rather than pluralism (Valtonen 2004). While the official integration policy encourages refugees to maintain their ethnocultural identity, poor employment opportunities for well-educated refugees mean that the maintenance of this 'distinct ethnocultural identity' may force one to give up his/her professional identity. The extent to which a refugee background forms a barrier to good employment, however, is difficult to determine in the lack of appropriate statistics. Yet the failure to utilise the skills of professional and academically educated refugees has, according to Valtonen (1999), reached such high level that it can be rightfully described as a major waste of human resources. Furthermore, it creates an effective barrier to well-educated refugees' settlement and integration. Inability to find appropriate

employment in Finland may also encourage well-educated refugees to move on to a third country. As Lavikainen and Salmenhaara (2002) note, most of the few well-educated Vietnamese refugees who arrived in Finland in the 1970s and early 1980s later migrated to other Western countries. Considering the looming labour shortages, it is surprising that organisations akin to Britain's Council for Assisting Refugee Academics (CARA) have not been established in Finland.

#### ***4.2.3 Language requirements – are they reasonable?***

As mentioned in chapter 3.4.4, language requirements form a very effective barrier to good employment in Finland. Existing research findings indicate that there are some discrepancies in how an immigrant's language skills are determined and, indeed, how well immigrants are expected to speak the language in order to obtain a job. The fact that immigration is a new phenomenon in Finland means that most of the working-aged immigrants are so-called first generation immigrants who were educated abroad. Consequently, their disadvantaged labour market position is often explained in terms of poor language skills. Among well-educated immigrants, the problem of non-transferability of existing skills is closely related to language problems, as discussed in section 3.4.4.

Valtonen (2004:79), however, claims that good Finnish language skills are common among Finland's refugee populations. Interestingly, research shows that refusal of employment due to presumably lacking language skills is particularly common among refugees who consider their Finnish to be good, very good, or excellent (Jasinskaja-Lahti *et al.* 2002). Although it may be possible that these people have been seeking so-called better jobs and been unjustly dismissed with a reference to insufficient language skills, rejection on the grounds of assumed lack of language skills is common also when the performance of the job in question does not require high fluency in Finnish (Valtonen 2004). In jobs that require higher education, an additional problem to foreign(born) people is caused by language requirements that demand excellent Finnish skills, as well as fluency in Swedish, English, and (frequently) an additional foreign language.

While immigrants who have been recruited directly from abroad are rarely competent in Finnish and often end up working in environments where English is the working language, immigrants who did not come into the country as labour migrants but who are fluent in English find their opportunities to good quality employment hindered by their insufficient

Finnish skills. As The Finnish League for Human Rights (2002:15) points out, “the current flagship of [the] Finnish economy, information technology, serves as an English speaking islet in Finnish working life, but these jobs are difficult to achieve, and usually unattainable for those immigrants who have not been recruited straight from abroad.”

Although most highly educated immigrants (apart from the ones who have been recruited from abroad), reportedly face difficulties in finding appropriate employment – mainly due to insufficient language skills - this problem is considered to be particularly severe among immigrants with academic education (for example, Joronen 1997; Haapakorpi 1998; Forsander and Alitolppa-Niitamo 2000; Huttunen 2002; Valtonen 2004). During the past few years, however, universities and other institutions of higher education have significantly increased their selection of modules and even run entire degree programmes in English. The recent trend to adopt English as a language of instruction has been so widespread that it has prompted the Finnish Language Centre (Kielitoimisto) to voice their concerns of the diminishing use of Finnish as a scientific language (*Vapaa Sana* 7.4.2005). In a context where English is increasingly used as the working language, it appears unreasonable to require excellent Finnish skills from foreign academics who are capable of teaching classes in English.

While a certain level of fluency in Finnish is often a reasonable requirement, the frequency with which immigrants and refugees in Finland report being rejected for employment due to insufficient language skills (Joronen 1997; Haapakorpi 1998; Forsander and Alitolppa-Niitamo 2000; Huttunen 2002; Valtonen 2004) raises questions about the reasonableness of language requirements. As Forsander (2002) reveals, even grammatically correct Finnish that is spoken with an accent can lead to the dismissal of an immigrant applicant due to ‘insufficient language skills’, for no other reason but the associations that accented Finnish evokes in the employer’s mind. In the absence of a clear definition for ‘sufficient’ language skills, immigrants can easily fall victim to unreasonable language requirements.

In Finland, both employers and gatekeepers often ignore the fact that language skills commonly improve with usage, in studying or in employment. As Valtonen (2004:82) points out, “when language features rigidly or exclusively as an admission criterion in certain participatory areas, it has an exclusionary function”. Instead of demanding perfect language skills from the refugees, Finnish people should learn to appreciate imperfect and accented Finnish. If refugees were given more opportunities to use their developing Finnish skills in

interaction with the mainstream population, they would probably develop much faster than they do now that job centre personnel and welfare officers send them home for a year to ‘improve their language skills’ (as demonstrated by Paananen 1999).

In any case, it ought to be noted that the supposedly insufficient language skills of immigrants who have lived in Finland for several years indicate a lack of free (good quality), language training. The Finnish government is aware of the lack of available language training (MOL 2001; MOL 2002; MOL 2005a,b), but continues to blame inadequate resources. So far, very little has been done to ensure that all immigrants have access to high quality language training at an appropriate level, and refugees and other immigrants continue to suffer from unemployment due to presumably insufficient language skills. As Salmenhaara (2003:62) notes, “the fact that authorities can simply ignore their duties and whine about inadequate resources is awkward, since the lack of resources is decided and produced by themselves.”

#### ***4.2.4 Highly qualified refugees – victims of institutional discrimination?***

Good command of Finnish language and ability to use it in an abstract level is considered to be particularly important in jobs that require higher education (for example Forsander & Ekholm 2001; Lavikainen & Salmenhaara 2002; Paananen 2002; Matinheikki-Kokko *et al.* 2003). According to Joronen (1997), the necessary communication skills, language skills and other forms of cultural competence that are often required in positions that require academic education can be acquired only over a period of time by interaction with Finnish people who work in that specific field that an immigrant wishes to enter. She thus concludes that immigrants should be content with having to work in positions of lesser standing immediately after their arrival until they acquire the necessary skills that are demanded in positions of higher standing. The problem with such an approach, however, is that the positions of lesser standing that well-educated immigrants so often need to accept upon their arrival do not facilitate the kind of interaction that would help them to acquire the necessary language skills or cultural competencies that they need in order to advance to positions that would respond to their education, skill level or previous work experience. In many cases, access to this kind of interaction with Finnish people who work in a specific field is available only through practical training. Although the benefits of practical training have been widely recognised, not least by immigrants themselves (for example, see Ally 2004), practical training opportunities are still scarce and, for some nationality groups such as the Somali, virtually

unattainable (Paananen 1999; Valtonen 1999).

Immigrants who have an academic education are in certain ways disadvantaged compared to less educated immigrants (Valtonen 1999; Huttunen 2002; Kyhä 2006). Getting existing qualifications recognised and finding employment in an appropriate sector of the labour market is often a real struggle, and can lead to high levels of frustration, long-term unemployment and marginalisation. As Lavikainen and Salmenhaara (2002:26) note, a functioning system of transferring foreign education degrees does not exist, limiting the planning of integration education for highly qualified refugees. In the absence of established sets of requirements, the starting level for each student who wishes to obtain formal recognition for their qualifications needs to be determined on an individual basis, making the process time-consuming and elaborate. According to Valtonen (1999), only a very small minority of refugees with academic degrees have managed to get their existing qualifications recognised and find appropriate employment in Finland.

The point at which an immigrant's educational qualifications and/or past work experience offset the potential dangers of employing a 'cultural other' is difficult to reach. In Finland, immigrants, especially those who come from distant countries and cultures, are still very much considered 'alien', and the risk associated with employing them is believed to be real. As Jaakkola (2000) notes, an employer must be brave, open-minded and unprejudiced to employ a person with a 'foreign' cultural background. An immigrant must first 'prove' his/her professionalism, ability and suitability, and only then will s/he be given an opportunity to work in an appropriate position (Forsander & Ekholm 2001). Unfortunately, however, it is rather difficult in practice to prove one's suitability or professionalism *before* being given any opportunities to work in a position that responds to one's existing skills and qualifications. Furthermore, to expect highly skilled immigrants to work in non-skilled manual positions to prove their 'worth' and reliability before being allowed to move up the occupational ladder is a waste of human resources.

According to Makkonen (2000), institutional discrimination in Finland is probably most clearly manifested in unreasonable requirements of qualification 'updating'. Although it may be appropriate to require immigrants to undertake some additional training in order to adapt their expertise to a new system and new idiosyncrasies, it is hardly justifiable to require them to practically redo their entire qualifications before being allowed to practice in Finland, as is presently the case especially with many overseas nurses (for example, see Ally 2004).

Getting overseas qualifications recognised in Finland is a difficult and lengthy process, especially if the previous qualifications contain a practical element (ETNO 2005; Kyhä 2006). Doctors and nurses, as already discussed in chapter 1, are often required to complete several courses to update their existing qualifications. While some re-training may be justifiable, the fact that this ‘updating’ of one’s medical/nursing qualifications takes normally a *minimum* of two years full time (MOL 2005b) indicates that the qualifications requirements may be unjust. As Salmenhaara (2003) has noted, the system is slow, complicated and inefficient, and the situation could be improved considerably by more active involvement of educational institutions. According to Ally (2004:5), educational institutions should “improve refugees’ access to their programmes and develop tailor-made programmes that take into consideration refugees’ prior learning.”

The Finnish government is aware of the complicated nature of the qualification recognition process and the lack of high-quality language training that would be directed specifically for well-educated refugees with developed study skills (MOL 2002: MOL 2005a; ETNO 2005; MOL 2005b). So far, however, the Labour Administration has done very little to ensure that refugees with high levels of educational attainment are encouraged and sufficiently supported to update their qualifications and find employment in appropriate sectors of the labour market. Indeed, very little has been done to establish qualification recognition training programmes that would help educated refugees to obtain the training that they are required to undertake in order to be allowed to practise their professions in Finland.

## **4.3 Ethnic Communities**

### ***4.3.1 Ethnic communities in the Finnish context***

Finland’s dispersal policy and the lack of chain migration have made it nearly impossible for Finland’s refugees and other immigrants to form sizeable ethnic communities. While this may be seen as positive in the sense that it prevents geographical segregation and the formation of immigrant ‘ghettos’, it should be noted that the existence of ethnic communities, in some instances, could also function to enhance successful integration.

As Ballard (1994) maintains, the early South Asian immigrants in Britain welcomed sizeable ethnic communities, as the close proximity of others with similar ethnic background made it easier for them to maintain their cultural distinctiveness and continue practising their religion.

As the communities grew, it became possible for the South Asian immigrants to retain many of their traditional practices and to celebrate life-cycle rituals in Britain. The ethnic community also functioned as a shield against the hostility of mainstream Britons. As Reitz (1990) notes, and as will be discussed more in the next section, ethnic communities also provide their members with employment opportunities, and make it possible for minorities to mobilise their resources to further their own economic interests. Sizeable ethnic communities may form ethnic consumer markets, promoting the creation of ethnic enterprises (ibid.).

Research among Finland's refugee populations shows that they generally hold very negative views about the dispersal policy. As some Somali and Vietnamese told Pentikäinen (2005), they often feel lonely, and miss the kind of support they would get in a close-knit community setting. Although Finland's refugees expressed their wishes to be enabled to form sizeable ethnic communities back in the early 1990s (Ekholm 1994), dispersal of refugees has continued uninterrupted. In addition to the dispersal policy, the formation of sizeable ethnic communities is effectively inhibited by small overall numbers, as well as internal conflict among some of the largest refugee groups (such as the Somali and the former Yugoslavians). Consequently, Finland's refugees have difficulty obtaining support for the preservation of their distinctive ethnocultural identities. At the time of Valtonen's first study of Finland's refugees (Valtonen 1999) many refugees reported feeling isolated, lonely and excluded. By the time of the second study (Valtonen 2004), many refugees had migrated to the big cities (mainly in Southern Finland), where they could find greater concentrations of persons of the same ethnic background.

Although it is often assumed that the absence of sizeable ethnic communities enhances integration, it can also function to further alienate (especially older), immigrants from any form of contact with people outside their immediate families. As Ballard (1994) notes, the existence of close-knit ethnic communities makes it difficult for those who wish to embrace the mainstream society's way of life to distance themselves from their roots and the ethnic community. On the other hand, the small size of ethnic communities, or their total absence, makes it very difficult for those who wish to maintain their ethnic traditions to do so. This is often the case in Finland (Wahlbeck 1997; Valtonen 1999), making the preservation of immigrants' cultural traditions and practices so difficult that the dispersal policy that further aggravates the situation can be seen to conflict with the country's official commitment to multiculturalism.

Valtonen (1999:40), who has studied the very small Cambodian communities in Finland (altogether there were 64 Cambodians in the whole country at the time), recognises that small communities do not have sufficient social and cultural resources to support their members, strengthen their ethnocultural identities, prevent their marginalisation and support their integration into the mainstream society. According to Valtonen (1999), the risk of total marginalisation is particularly great among first generation Cambodians who never learned Finnish properly, and whose contact with the mainstream society has depended on their children. When this so-called second generation comes of age and leaves their families, the parents often lose the only link that they have had to mainstream Finnish society.

Overall, Finland's integration policy (especially when it comes to refugee integration) appears to focus exclusively on the potentially negative effects that the formation of ethnic communities may have on integration prospects, while overlooking the potentially positive impact that the support of people's own ethnic communities can have. In view of the education authorities' dedication to mother language tuition for refugee children, it would make also economic sense to support the formation of ethnic communities. As will be discussed in the next section, formation of ethnic communities could also provide Finland's largely unemployed refugee populations with potential (although limited) employment opportunities. So far, ethnic communities have created employment opportunities predominantly for religious instructors, refugees who can teach their mother tongue to children, and individuals who can work as interpreters.

#### ***4.3.2 Labour market segmentation***

As Reitz (1990:136) has noted, "economic and occupational equality is critical to the social incorporation of minority ethnic groups, and is probably its most important indicator." Although refugees cannot necessarily be regarded as a minority ethnic group, as such, citizens of Iran, Iraq, Somalia, Bosnia-Herzegovina and Afghanistan appear to form a group that is significantly disadvantaged in the Finnish labour market (as discussed in chapter 3 and section 4.2). While the underlying reasons for this disadvantage may be multiple and complex, there is a real danger that the marginal status of Finland's refugee populations in the labour market will result in their total labour market exclusion or increasing labour market segmentation and/or 'ethnification' of certain low-paid sectors of the labour market.

Although none of the above-mentioned visions paint an appealing picture, total exclusion from the paid labour market is the worst scenario. Despite the fact that some (very few), persons with refugee backgrounds have managed to establish themselves in the paid labour market, Valtonen (2004) notes that the disproportionately high unemployment levels in Finland's refugee populations - combined with lengthy periods of unemployment and adverse hiring practices - indicate that the Finnish labour market is slowly beginning to show signs of segmentation. Indeed, she considers that the disadvantage suffered by Finland's refugee populations has reached such high levels that it amounts to labour market exclusion. Exclusion from the labour market, especially in a context where integration is expected to take place through labour market participation, creates critical barriers to refugees' successful integration.

According to the segmented labour-market theory, the labour market can be seen as consisting of primary labour markets and secondary labour markets. While primary labour markets "contain jobs with specialized skills and stable employment", secondary jobs are characterised by "unstable employment, poor wages, and lack of career-development prospects" (Reitz 1990:140). Though labour market segmentation along ethnic lines has not yet become very notable in Finland, the emergence of a pattern whereby refugees are disproportionately represented in the low-paid service sectors but severely underrepresented in the more valued and better paid sectors is becoming increasingly pronounced. As research among Finland's refugee populations indicates, the only employment that has been available for refugees who arrived in the 1990s or later is in the low-paid service sector or in the 'ethnic sector' (Ekholm 1994; Paananen 1999; Lavikainen & Salmenhaara 2002). Early signs of the development of this kind of ethnic hierarchy were noted already in the early 1990s (Ekholm 1994).

The question of labour market segmentation along ethnic lines is a difficult one. While it is positive, in principle, that some maintenance companies recruit increasingly from amongst Finland's growing immigrant and refugee populations (Lepola 2002b), it ought to be noted that this practice is probably encouraged by Finns' reluctance to work in maintenance services. Although recruitment campaigns that target immigrants and refugees improve their access to paid employment, their concentration into the low-paid service sector can function to reinforce mainstream Finns' perceptions of immigrants and refugees as uneducated people who are only suitable for menial manual jobs. In the long run, the concentration of foreign workers in this sector can potentially serve to increase and reinforce ethnic inequalities in

the labour market. Moreover, the possibility of attaining financial independence from working in the service sector may encourage well-educated refugees with professional skills to give up their fight for employment that corresponds to their qualifications/skill level.

A further problem of labour market segmentation is that the increasing concentration of immigrants and refugees into certain industries facilitates integration only in the economic sense. When non-Finnish people are disproportionately represented in a certain sector of the labour market or in a certain line of work, the opportunities to meet Finnish people at work diminish. The fewer Finnish contacts foreigners have at work, the less opportunities they have to make Finnish friends and learn the Finnish language. The more immigrant-concentrated the low-paid service sector becomes, the less integration opportunities employment in that sector offers. In line with the integration policy's focus on paid labour market participation and the subsequent emphasis on vocational training, refugees are frequently encouraged to attend certain vocational training courses that are designed specifically for immigrants and are offered to them under the broader scope of integration training or labour market training. The fact that these vocational training courses concentrate on preparing refugees to work in the low-paid service sector jobs that attract few mainstream Finns further enhances labour market segmentation. While vocational training schemes that prepare refugees for jobs in the low-paid service sector can indeed improve their employment prospects, they also contribute to the 'ethnification' or 'racialisation' of the low-paid service sector.

#### ***4.3.3 Ethnic employment***

Like employment in the low-paid service sector, employment in the ethnic sector has a tendency to enhance financial self-sufficiency rather than integration. As briefly mentioned in the preceding section of this chapter, sizeable ethnic communities can increase the employment opportunities available for members of minority ethnic groups. Reitz (1990), for example, notes that employment in the so-called 'ethnic' sector enables some individuals to take advantage of their particular skills and/or qualifications, which may not interest employers in the mainstream economy. This so-called ethnic employment also enables persons with minority backgrounds to circumvent discriminatory hiring practices and racism/discrimination of the mainstream labour market. Indeed, members of minority groups may find that their ethnicity functions as a positive asset when seeking employment in ethnic

economies.

On the other hand, ethnic employment commonly offers few possibilities for upward mobility and provides limited opportunities to make contact with members of the mainstream population. As research by Fong and Ooka (2002:125) in Toronto reveals, “working in ethnic economies hampers participation in the social activities of the wider society.” Ethnic employment thus may work against integration. Although it offers immigrants an ‘alternative avenue’ to employment and economic independence (ibid.), it does not provide an alternative avenue to integration. According to Reitz (1990:138), ethnic communities provide “protected-but-marginal work domains.” Considering Finland’s refugee populations’ poor access to the paid labour market, however, the positive aspects of sizeable ethnic communities would still most likely outweigh the potentially negative ones. After all, even most refugees who find employment in the so-called mainstream sector work almost exclusively among their own nationalities, even when hired by Finnish authorities (The Finnish league for Human Rights 2002; Lavikainen & Salmenhaara 2002; Valtonen 2004).

## **Conclusion**

The purpose of this chapter has been to discuss the central role that employment plays in Finland’s integration policy. It has looked at several aspects of the integration process, and examined the extent to which the integration policy in its current form provides Finland’s refugees (and other immigrants) with the best possible tools to enhance their employment prospects and occupational mobility. Throughout this chapter, the aptness of the current integration policy’s employment-centred approach has been subjected to evaluation. Although paid labour market participation may enhance other forms of integration, the findings of previous research projects indicate that language skills may be an equally, or even more, crucial factor in facilitating successful integration. Considering refugees’ low labour force participation rates, the continuing emphasis on employment ‘as the road to integration’ leaves the vast majority of Finland’s refugees into a position where they have very few, if any, opportunities for integration.

As The Finnish league for Human Rights (2002:10) accurately points out, “there is a gap between the labour force strategy, which is based on immigrant labour, and the weak labour market position of immigrants at present.” While the *New Immigration Policy* (2006) focuses on labour migration and the need to attract more labour migrants, research on immigrants’

labour market participation clearly indicates that the ability to use Finnish is a crucial competency in order to find employment. If good quality employment is virtually unattainable for the majority of Finland's existing immigrants - largely due to their supposedly 'insufficient language skills' - how likely is it that Finland will ever be able to attract skilled workers from abroad, as the Finnish language is not widely spoken or taught outside of Finland?

A large part of this chapter has been devoted to a detailed discussion about the (un)reasonableness of language and qualification recognition requirements. Combined, these two sets of requirements appear to form a barrier to good employment for refugees with high levels of educational attainment, making it difficult (or nearly impossible) for them to re-establish their careers in Finland. The integration policy's emphasis on quick labour market integration, epitomised by the promotion of vocational training schemes at the expense of high-quality language training and a general disregard for the potential benefits of a delayed-gratification approach to integration, further aggravates the situation. Due to integration services inclination to overlook the needs of highly educated immigrants, educational qualifications do not necessarily translate into improved labour market position. Instead, even immigrants with high levels of educational attainment risk facing exclusion from the labour market, or being drawn into menial jobs in the low-paid service sector.

The increasing segmentation of the Finnish labour market, characterised most notably by the 'ethnification' of the low-paid service sector, has resulted in growing numbers of refugees working in jobs that provide diminishing opportunities for career development or social interaction with mainstream Finns. This development increases socio-economic inequalities between immigrants and mainstream Finns, while also lessening immigrants' abilities to improve their language skills at work. Inability to improve one's language skills at the workplace, however, can lead to continuing inability to move on from the 3D sector due to 'insufficient language skills'. Moreover, as the Finnish League for Human Rights (2002) remarks, discrimination in the paid labour market can result in 3D-jobs, or the so-called entry-level jobs, becoming permanent employment for many immigrants, escalating the risk of lasting socio-economic marginalisation of even working individuals.

## CHAPTER 5: METHODOLOGY

### Introduction

To date, most of the research amongst Finland's refugee populations has either been ethnographic in nature, focused on one ethnic/national group, or based within one locality (for example, Niemelä 1980; Pylvänäinen 1989; Kokkarinen 1993; Alitolppa-Niitamo 1994, 2000 and 2004; Kosonen 1994; Liebkind 1994; Stefanovic and Summa 1995; Salminen 1997; Wahlbeck 1997; Mero 1998; Marjeta 2001; Hassinen-Ali-Azzani 2002; Pohjanpää *et al.* 2003; Pentikäinen 2005). Unlike much of the previous research, this thesis is not an ethnographic project, and it does not focus exclusively on any specific ethnic group. Although themes such as ethnicity and forced migration are undoubtedly relevant to the topic of this thesis, detailed analysis of refugees' cultural traditions or even the more general experience of forced migration are largely beyond its scope. By combining data from existing research findings, theoretical literature and official documents discussed in chapters 1-4 with the primary data discussed in chapters 6-8, the ultimate objective of this thesis is to explore the ways in which different aspects of the organisation and implementation of Finland's integration policy either enhance or inhibit healthcare professional refugees' ability to re-establish their careers in Finland.

The purpose of this chapter is to provide some insight into the strategy, design and execution of this research project. The first part of the chapter (5.1) outlines the reasons that led to a decision to focus exclusively on refugees, and the different challenges that this decision presented. Concentrating on the theoretical and philosophical underpinnings, section 5.2 illustrates how the chosen approaches to empirical investigation have influenced this research project. The aim of section 5.3 is to explain why qualitative methodology and semi-structured interviews were chosen as the main methods of data generation. Focusing on the process of data generation and analysis, the final (largely descriptive) section (5.4) discusses a number of issues ranging from the practicalities of the fieldwork to ethical considerations.

## 5.1 Refugees as the Focus of a Research Project

### 5.1.1 Why focus on refugees only?

As Kelly (2004) has observed, even apparently well-intentioned policies on the part of the government are not sufficient, if their (supposedly) good intentions are not evidenced in their outcomes. In terms of this research, an important aim has been to examine how well the Finnish refugee reception system, integration training and employment services have been able to create an environment that encourages and helps well-educated refugees to re-establish their careers after their arrival in Finland.

As discussed in chapters 3 and 4, previous studies on refugees and employment (Valtonen 1999 and 2004; Lavikainen and Salmenhaara 2002; Finnish League for Human Rights 2002; Ally 2004; Pentikäinen 2005; MOL 2005b) have concluded that it is more difficult for highly qualified refugees in Finland to find work that they are qualified to do than to find other work, most commonly in the low-paid service sector. Yet the reason(s) for this have not been sufficiently explored, though it has been suggested that human capital mismatch, insufficient language skills and employers' reluctance to employ people with foreign (particularly overseas) qualifications are to blame (Valtonen 1999 and 2004; Forsander and Ekholm 2001; Lavikainen and Salmenhaara 2002; Finnish League for Human Rights 2002; Forsander 2002; Ally 2004; Pentikäinen 2005). One of the aims of this study has been to find out whether healthcare professional refugees are faced with a similar situation to other highly qualified refugees, in spite of the escalating labour shortages in the public health sector (Forsander 2000; Huttunen 2002; Salmenhaara 2003; *Sairaanhoitaja* 26.6.2003; Tehy 2005a). Furthermore, this study has sought to identify the factors that healthcare professional refugees *themselves* define as having a notable positive or negative effect on their career prospects in Finland.

Unlike most studies that are concerned with the high unemployment rate of non-Finnish people in Finland (Paananen 1999; Forsander and Ekholm 2001; Forsander 2002), this research focused solely on refugees for the reason that the problems faced by so-called voluntary migrants are often intensified in the case of refugees. Unlike voluntary migrants, refugees who make the decision to leave their home countries generally do so within a constrained social context, where their freedom to choose is severely limited. Most 'forced' migrants have left their countries of origin with very little preparation, and they often have no

previous contacts or links with their destination (Bloch 1999a). Consequently, most refugees are more dependent on the integration services than labour migrants or individuals who migrate to Finland for family reasons. As Duke *et al.* (1999) note, refugees' needs must be considered and addressed separately to those of other migrants or nationals, as their "successful resettlement depends on programmes which allow them to find a place in the new society, for example by converting their skills and qualifications so that they can be used in the new situation" (Duke *et al.* 1999: 105-106).

### ***5.1.2 The challenges of 'doing research' with refugees***

According to Robinson (2002), the most significant problems that researchers face when conducting research with forced migrants are (1) deciding who to include in the sample; (2) getting in contact with suitable respondents; (3) gaining the respondents' trust. For the purposes of this research, the term 'refugee' was used to refer to all persons who had come to Finland as quota refugees, asylum seekers or through family reunion *and* who had been granted asylum, *de facto* refugee status, or a permanent residence permit for other reasons. The requirements regarding educational qualifications were also easily specified, as already mentioned, by restricting the research to nurses, dentists, and doctors.

Gaining access to suitable respondents proved to be more difficult. As Robinson (2002) notes, many of the problems that one encounters in negotiating access to refugee populations are not very different from those faced in any other research project. However, the fact that refugees are often considered 'unwanted' in a given society – regardless of their legal resident status - can make them highly sceptical about a researcher's aspirations, rendering them more reluctant to participate. These issues are further exacerbated if the refugees' encounters with the institutions of the host society have been negative. As independent research is often not accepted or practiced in the refugees' countries of origin, they may refuse to believe that an academic research project is not government-run (Kelly 2004). A similar point has also been made by Hynes (2003), who points out that it may not be just the researcher who is mistrusted by the refugee respondents, but also the very concept of 'research'.

While the problems caused by refugees' mistrust towards research and researchers might be less pronounced in a context where the refugee sample consists exclusively of well-educated refugees, other access-related problems remain. As Robinson (2002) points out, access to

suitable refugee respondents can be complicated by the fact that some refugees want to forget their past experiences as soon as possible, refusing to accept the 'refugee' label. Attitudes of this kind greatly reduce their willingness to participate in a study that focuses exclusively on refugees. This issue turned out to have a significant effect on the refugee sample of this research, as will be discussed in more detail in section 5.4.

In addition to dealing with the trust-issue, it is important to make the potential interviewees feel that they have a good reason to give up their time. "When we ask people to be interviewed we are asking them not just to tell us their stories but also give us their time... [and] researchers have no right to *demand* such co-operation" (Robinson 2002:65, emphasis added). As Robinson (2002:65) notes,

As with all respondents, some will offer [to participate] out of a genuine desire to help others. Some will help because they have been asked by an intermediary to whom they owe a favour. Others will help because they want to tell their story, in the hope that listeners and readers will understand better the plight of asylum seekers and demand changes in the world. Others tell their story because they find doing so therapeutic or cathartic. And yet others will help because they think they will benefit directly.

When doing research with refugees, one of the questions that a researcher must face at some point is the impact that the research will have on the individual participants and/or refugee communities. While warning researchers against giving empty promises to potential respondents/gatekeepers, Robinson (2002) remarks that it is becoming the norm for researchers to offer money or other incentives to potential respondents for their time. Alternatively, however, participation in a research project can be made worthwhile for the refugees by choosing a topic that is of importance to them (*ibid.*).

Due to financial constraints (and, to a lesser extent, ethical considerations), the refugee respondents for this research were recruited by emphasising that the aim of this research was to collect refugees' own account of their experiences – what had been positive, what had been negative, and how they think things could be improved. Although respondents did not receive a financial reward for their time, this research was largely considered to be worthy of participation by the refugee respondents, as it offered them a chance to voice their opinions, have them recorded, and possibly even heard by decision makers in the future. Furthermore, the research project was perceived to have potential policy implications. Most of the 13

refugee respondents were eager to share their experiences, and had clearly given a lot of thought to the research questions prior to the interviews. However, it is highly likely that some refugees who have already had their qualifications recognised by TEO and gone on to employment that corresponds with their qualifications were not interested in participating in research that cannot benefit them personally.

Related to the issues mentioned above, representativeness and research fatigue are frequently encountered problems when doing research among forced migrants. As Bloch (2004:140) notes, “the lack of sampling frame coupled with the hidden nature of the target population can make access and representativeness difficult to achieve.” In terms of representativeness, the lack of national baseline data on the target population in Finland makes it impossible to measure how representative the sample is. Moreover, as Jacobsen and Landau (2003) point out, the problem of representativeness is exacerbated when researchers undertake small-scale projects that focus on a very specific group of people. Not only does the narrow focus mean that the people who were included in the study are not representative of *all* refugees in a specific area, but also the policy recommendations aimed at helping this particular group “can have different consequences for the majority who were excluded from the study” (Jacobsen and Landau 2003:195). This, in turn, is at odds with the imperative that should guide all research, ‘to do no harm’. For this reason, it has been considered important to emphasise that the labour administration must address the needs of well-educated refugees by introducing *additional* measures directed at this specific group instead of abandoning its ongoing attempts to address the needs of other refugee groups.

Because forced migration research relies heavily on snowball techniques as well as the help of community organisations and other groups that work with refugees, the process of negotiating access is likely to be time consuming. Refugee community organisations (RCOs), as well as government-run institutions, “have many demands placed upon them on a daily basis and [...] researchers are often a low priority” (Hynes 2003:16). More importantly, however, the use of gatekeepers means that the more isolated members of the communities are rarely included in the research (Bloch 2004). As Jacobsen and Landau (2003) note, the ‘representatives’ of RCOs - as well as those who come forward of their own accord or who the interviewer is directed towards by the RCO ‘representatives’ – may not be representative at all, but rather the more active members of a given community. Considering the recent explosion of interest in refugee issues and the heavy reliance on specific methods of accessing them, those refugees who are active in their communities and thus at the

receiving end of repeated interview requests may begin to suffer from research fatigue (Robinson 2002). The problem of research fatigue was encountered during the fieldwork that informs this research. A few individuals who have obtained something of a reputation as official spokespersons for matters concerning Finland's Somali, and whose help was requested in the search for suitable respondents for this study, were unable to get involved due to excessive and continuing demands of the mass media and researchers.

## **5.2 Theoretical and Methodological Foundations**

### ***5.2.1 Theoretical underpinnings***

This research project is, to use Punch's (2000) term, a 'theory generation study,' as it aims to build a 'model' of explanation, identifying 'key factors' which influence healthcare professional refugees' ability to access appropriate employment. Because these key factors are multiple and complex (such as efficiency and availability of language training, the nature and demands of the qualification recognitions process, the different factors that have made it easy/difficult for healthcare professional refugees to find employment), the processes that lead to a particular outcome cannot be explained in terms of only *one* determining factor. In order to be able to assess the impact of several potentially influential factors, the principles underlying middle-range theory (Merton 1968; Pawson 2000) were chosen to guide this research.

Middle-range theory's abandonment of the so-called grand theories in favour of more 'narrow' theoretical accounts that engage with reality (Merton 1968) enables the linking of a range of small-scale theories and substantive concepts into the explanation of empirical findings. As this research is an empirical study of a complex topic relating to a number of established areas of study (e.g. forced migration research, labour market policy and integration), middle-range theory forms an ideal theoretical framework for it. Although Pawson's (2000) context-mechanism-outcome model cannot necessarily be applied to this research as such, the underlying objective of this research project has been the construction of "hypotheses attempting to explain social outcomes in terms of the action of generative mechanisms acting in conducive contexts" (Pawson 2000:285).

According to Essed *et al.* (2004:3), "policy makers and practitioners are often situated between ... the realities and needs of the refugees ... and ... bureaucratic regimes, reluctant

and hostile environments, political restrictions, and shortages of material and personnel.” The ‘generative mechanisms’ applied by the Ministry of Labour in the form of different integrative measures, then, are not necessarily solely responsible for the (low levels of) integration or healthcare professional refugees’ (in)ability to acquire official recognition for their overseas qualifications. Instead, the individual experiences of refugees are affected by the wider social and institutional contexts, i.e. the factors that are outside the control of the Ministry of Labour but which, nevertheless, influence refugees’ ability to settle in Finland and get their qualifications recognised. The use of middle-range theory has enabled this research to consider the impact of these other factors alongside the effectiveness of the official integration policy and integrative measures.

To a certain extent, the logic underlying this research has also been influenced by Allport’s (1954) contact hypothesis: while contact between different groups is believed to reduce prejudice, the *quality* of this contact is of fundamental importance. As Allport (1954:263) notes, where contact between different (ethnic) groups is “firmly frozen into superordinate-subordinate relationships ... contact does *not* dispel prejudice; it seems more likely to increase it.” Thus the focus of this research has *not* been unemployment and/or exclusion from the paid labour market alone, but also the ability of healthcare professional refugees to find employment in an appropriate sector of the labour market and establish contact with mainstream Finns in these professions as their equals.

### ***5.2.2 Social constructivism***

The topic has been approached from a constructivist epistemological position, which is based on an ontological assumption that social reality is a social construction that cannot exist independently of the social actors who construct it. According to this position, it is only the accounts of these social actors that can provide the foundation for understanding social life (Blaikie 2000). As Hassinen-Ali-Azzani (2002) has pointed out, a central feature of the constructivist position is relativism, a belief in the existence of multiple realities, which are all subjective. The constructivist epistemological standpoint also facilitates a view of discriminating practices and prejudiced ideologies as social constructions rather than unavoidable consequences of diversity.

In order to access people’s subjective perceptions of social life, an interview-based research strategy was needed. To understand social reality from the viewpoints of the social actors,

these interviews had to be qualitative. The notion that “the basic access to any social world is the accounts that people can give of their own actions and the actions of others” (Blaikie 2000:116) guided both the data generation and the data analysis. Rejecting the positivist view that objective data can be produced through a high level of standardisation and self-containment, this thesis looks at the process of interviewing refugees from a social constructivist viewpoint. Instead of seeing the respondents as ‘passive vessels of answers’ and the researcher as a ‘disinterested catalyst’ (Holstein and Gubrium 1995), this thesis is built on an assumption that social research is always subjective. The possible bias and interaction-derived problems that could result in distorted and/or unreliable data can be minimised (although not altogether eradicated), through careful planning.

### ***5.2.3 Abductive research strategy***

In terms of research strategy, this research project followed the abductive strategy, which involves constructing a theory that is grounded in the data that is collected during the course of the research. It is therefore not very dissimilar from the grounded theory approach. Unlike abductive strategy, however, grounded theory approach commonly relies on inductive research strategy, which has been rejected here because of its epistemological assumption that trained humans can produce ‘objective’ data through observation (Blaikie 2000).

In principle, research that is carried out by following the abductive strategy has two stages. The first stage consists of a description of activities and meanings that the research project seeks to understand/explain. During the second stage, the researcher uses the categories and concepts derived from the data to construct ‘ideal types’ of the social situation and/or process in question. The abductive strategy is particularly suitable for this kind of research where the purpose of the project is to understand a social situation and find explanations for it (Blaikie 2000). In this case, the ‘ideal’ types are constructed by defining the similar/corresponding features of the healthcare professional refugees’ accounts. The data revealed through this analysis will then be used to form an understanding of the most influential factors that have facilitated or inhibited the healthcare professional refugees’ ability to obtain a licence to practice in Finland and to find employment that is commensurate with their qualifications. It ought to be noted, however, that the abductive strategy also has some disadvantages. Like an inductive strategy, an abductive research strategy requires the researcher to be able to set aside all preconceptions in order to generate the ‘ideal model’ out of the interviewees’ accounts, at least in the early stages of the research. The process of constructing the ‘ideal

models' is also very demanding, as it requires extensive knowledge of the field of study, as well as a high degree of imagination and creativity (Blaikie 2000).

### **5.3 Qualitative Research: Why and How?**

#### ***5.3.1 Why a qualitative approach?***

Because this project is interested in refugees' accounts of issues such as the availability of language training and appropriate instruction/advice regarding the accessibility and availability of suitable qualification recognition training, observation cannot be used as the main method of data generation for practical reasons. While quantitative research methods (such as surveying) could probably produce more generalisable data and make comparison between participants easier, quantitative methods have been rejected for their tendency to impose the researcher's own categories on the participants. Furthermore, quantitative approach was not a realistic option due to a lack of comprehensive statistical data. Qualitative interviewing, on the other hand, enables the researcher to generate data that is grounded on the interviewees' own ways of understanding the world (May 1997). Loosely structured qualitative interviewing also enables the respondents to use their own 'frames of reference', allowing the meaning and interpretation that the interviewees attribute to events to be better understood and provides "a greater understanding of the subject's point of view" (May 1997:94). This kind of emphasis on the importance of creating conditions where the respondents can "tell their stories in their own terms" has been related to the constructivist approach (Charmaz 2003:275), which is, as mentioned previously, the guiding epistemological approach of this research project.

As Maso (2003:40) has written, "researchers bring with them their own emotions, intuitions, experiences, meanings, values, commitments, presuppositions, prejudices and personal agendas, their positions as researchers and their spontaneous or unconscious reactions to subjects and events" in the field. During the past two decades or so, the impossibility of producing truly objective research has been increasingly recognised by qualitative researchers and, consequently, the notion of reflexivity has come to occupy the methodological thinking among social researchers who are engaged in qualitative research (Seale 1999). As a response to criticism that questions the scientific credentials of qualitative research, reflexive accounting and 'confessional tales' have thereafter been used by large numbers of qualitative researchers as methods of gaining authority and increasing "the integrity and trustworthiness

of their research” (Finlay 2002 in Maso 2003:41).

For some people who engage in research with their ‘own’ people, or who research those who have had similar experiences to their own, reflexive analysis is commonly used to recognise and to ‘come clean’ about possible counter-transferences (Walkerdine 1985; Walkerdine *et al.* 2002). It is also common to use retrospective reflexivity to analyse the potential impact that researchers’ own identifications or even fantasies had on the generation of the research data (Walkerdine *et al.* 2002). However, when a researcher is trying to understand the experiences of people with whom s/he has very little in common, as is the case in this research, issues such as counter-transference – the inability of a researcher to separate their own views from those of their respondents - are less likely to cause problems. Nevertheless, interviewing in general, and qualitative interviewing in particular, is still demanding (Holstein and Gubrium 1995).

### ***5.3.2 Semi-structured interviews as the primary method of data generation***

Semi-structured qualitative interviews were chosen as the primary method of data generation for three reasons. First, semi-structured questioning frames allow the researcher a degree of flexibility, while simultaneously ensuring a breadth of common coverage to allow comparison between the respondents. Second, the flexible structure of semi-structured interviews enables the respondents to bring up topics that the interviewer had not thought about (Joronen 1997). Third, refugees have been reported to react with caution to structured interviews, as such a strictly regulated interview method has reminded them of unpleasant past experiences (Alitolppa-Niitamo 1994). Although documentary analysis and statistical analysis were also used in data generation, the role of these two methods was significantly smaller, and they were used primarily in the early stages to collect background information and facilitate the structuring of the research questions.

In general, semi-structured interviews are beneficial because they enable the researcher to respond to the respondents’ answers and take cues from them about what to ask next (Mason 2002). On the other hand, the construction of interviews in the absence of a predesigned set of questions is quite demanding on the researcher, and s/he has to be able to think on the spot “quickly, effectively, coherently and in ways which are consistent with their research questions” (Mason 2002:67). To avoid losing focus, a topic guide for every interview was prepared beforehand. Following Mason’s (2002) advice, extensive attention was also paid to

the structuring of the research questions to ensure that they are meaningful to the respondents as well as the researcher.

Since the interviews with refugees were carried out in order to construct a model that takes into account their experiences *and* their interpretations of these experiences, the structuring of the interviews was quite flexible, and the respondents were encouraged to concentrate on topics that they themselves considered to be most important. Although the relative lack of structure in semi-structured interviews makes comparison more difficult (May 1997), it was considered the most suitable method in the context of this research, as it also minimises the risk of systematic response errors caused by the interviewer's own expectations. The potential disadvantages of qualitative semi-structured interviews were minimised by employing some simple measures to enable the respondents to address the topics that were of most concern to them, while also ensuring that roughly the same issues were covered in all interviews. Prior to the interviews, each respondent was sent a copy of the topic guide, listing the themes that the interview would focus on. Towards the end of each interview, respondents were asked to identify any issues that they themselves considered important but which had not been addressed yet. In line with the abductive research strategy, it was considered important for the researcher to remain open to new avenues to inquiry, aware that relevant topics may emerge at any point during the research process (Blaikie 2000).

## **5.4 Data Generation**

### ***5.4.1 Research questions***

The primary research questions that this research sought to address were:

- 1.) How has Finland's non-colonial past and relative homogeneity affected refugees' integration into Finnish society since the late 1980s? (literature review & interviews)
- 2.) What is the current employment situation of healthcare professional refugees within Finland? (literature review & interviews)

3.) What are the key factors that inhibit or enhance the employment prospects of healthcare professional refugees resident in Finland? (interviews)

- What constraints and opportunities does the current integration policy have for refugees with medical/other healthcare qualifications? (interviews)

4.) How can individual refugees and/or the Finnish healthcare system benefit from maximising the skills and qualifications of forced migrant healthcare professionals? (interviews & existing literature)

As Punch (2000) has remarked, each general research question is to be subdivided into specific research questions. The more specific research questions for this project were formed in an iterative manner as the literature review progressed. The more specific questions, further elaborated in the interview topic guides, are listed in Appendix 1.

#### ***5.4.2 The refugee sample***

A total of 13 qualitative semi-structured interviews were carried out with individual refugee respondents who had been fully educated outside of Finland. The personal characteristics of the refugee respondents varied considerably, as did their asylum routes and the reasons for their flight. The refugee sample consisted of seven doctors, five nurses and one dentist. Three of the respondents were women and ten of them were men. Most were 30-50-years-old, although one was in his late 20s and another one in his early 50s. The respondents came from Iran, Iraq, Afghanistan, Kosovo, Lebanon, Kyrgyzstan, and Uzbekistan. Seven of them had arrived in Finland as asylum seekers, three had come as quota refugees, and one through a family reunification programme. All quota refugees had spent at least two years in exile, most commonly on an UNHCR refugee camp.

All respondents had arrived in Finland in 1992-2003, and four had already obtained Finnish citizenship. Ten of the refugee respondents were married, two of them to Finnish-born partners. All of those married had children. More detailed information regarding the refugee respondents' backgrounds is available in table 5.1. Most of the more sensitive information regarding the refugee respondents' personal characteristics and past experiences has been omitted in order to protect the respondents' privacy and anonymity. The interviews with refugee respondents lasted anything between 90 minutes and three hours. For a rough

interview guide for these interviews, see Appendix 4.

The refugee sample of this research has been severely affected by the absence of Somali respondents. Although unfortunate, this outcome was not altogether surprising. According to Pentikäinen (2005), Finland's Somalis are not keen on being categorised as refugees, preferring to define themselves as immigrants instead. Keeping in line with this, all four appropriately qualified Somalis who were approached for an interview refused to participate in this research project. This problem was further exacerbated by the emigration of highly skilled refugees. Requests for contact details for healthcare professional Somalis who had obtained their qualifications prior to their arrival in Finland were frequently met with detailed information about appropriately qualified persons who would be ideal respondents - had they not migrated abroad or returned to Somalia.

**Table 5.1: Composition of the Refugee Sample**

Respondent reference *	Age	Citizenship	Employment Status	Gender	Languages	Manner of Arrival	Professional Qualification	Year of Arrival
RR 1	> 50	Finnish	Employed (temporary contract)	Male	> 4	Quota refugee	Doctor	1992
RR 2	40-50	Foreign	Unemployed	Male	3	Asylum seeker	Dentist	2000
RR 3	20-30	Finnish	Employed in other field	Male	3	Quota refugee	Nurse	2000
RR 4	40-50	Foreign	Unemployed	Female	3	Asylum seeker	Nurse	2002
RR 5	40-50	Finnish	Employed (permanent contract)	Male	4	Asylum seeker	Doctor	1998
RR 6	30-40	Foreign	Unemployed	Female	2	Asylum seeker	Nurse	2003
RR 7	20-30	Foreign	In training	Male	> 4	Family reunion	Nurse	2002
RR 8	30-40	Foreign	Unemployed	Male	3	Asylum seeker	Doctor	2000
RR 9	30-40	Finnish	Employed (temporary contract)	Female	4	Quota refugee	Doctor	2000
RR 10	30-40	Foreign	Employed (temporary contract)	Male	4	Quota refugee	Doctor	2003
RR 11	30-40	Foreign	Unemployed	Male	> 4	Quota refugee	Nurse	1997
RR 12	40-50	Foreign	Practical training ( <i>amanuenssi</i> )	Male	3	Asylum seeker	Doctor	2002
RR 13	30-40	Foreign	Employed (temporary contract)	Male	4	Family reunion	Doctor	2003

\* Respondent reference numbers have been removed from refugee respondents' quotes in chapters 6-8 of this publication to help preserve their anonymity.

### **5.4.3 Interviews**

Altogether, 23 semi-structured qualitative interviews were conducted with union representatives, employment and integration services personnel, healthcare professional refugees, and an educational sector employee. All but two of the interviews were carried out on a one-to-one basis, and one interview was conducted by telephone. Considering that the main aim of this research is to explore healthcare professional refugees' opinions, perceptions and experiences, interviews with healthcare professional refugees form the core of the interview data.

Due to the small size of the refugee sample, the results of this research are not statistically significant. The patterns that were uncovered during the course of the research, however, suggest that even this small sample size provides sufficient data to identify some of the factors that appear to have a positive or a negative impact on healthcare professional refugees' qualification recognition and employment prospects. Although a larger and more diverse refugee sample could have produced richer and more generalisable data, the negative implications of the small refugee sample have been at least partly offset by the inclusion of the institutional sector viewpoint.

To form a more comprehensive picture of the current situation in Finland, it was considered relevant to examine what kind of help and advice is made available to healthcare professional refugees by local integration/employment services and the professional associations in Finland. To do this, interviews were conducted with ten institutional sector key informants, including two representatives from each of the three largest healthcare professional associations, the Finnish Medical Association<sup>22</sup> (FMA), the Finnish Nurses' Association<sup>23</sup> (FNA), and the Union of Health and Social Care Professionals (Tehy). Interviews were also conducted with two key informants from the integration services and one key informant from both employment services and the educational sector. These interviews were conducted in December 2005-January 2006. For a rough topic guide for these interviews, see Appendix 2. As it was necessary to obtain a Ministry of Labour research permit before commencing the

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<sup>22</sup> Suomen Lääkäriliitto

<sup>23</sup> Suomen Sairaanhoitajaliitto

interviews with integration and employment services personnel, these interviews were conducted in August 2006. All institutional sector key informants are listed in table 5.2.

**Table 5.2: List of Institutional Sector Key Informants**

Respondent reference	Affiliation
KR 1	Finnish Medical Association (Suomen Lääkäriliitto)
KR 2	Finnish Medical Association (Suomen Lääkäriliitto)
KR 3	Union of Health and Social Care Professionals (Tehy)
KR 4	Union of Health and Social Care Professionals (Tehy)
KR 5	Finnish Nurses' Association (Suomen Sairaanhoidajaliitto)
KR 6	Finnish Nurses' Association (Suomen Sairaanhoidajaliitto)
KR 7	Integration Services*
KR 8	Integration Services*
KR 9	Employment Services (Kluuvi Office, Helsinki)
KR 10	Educational Sector*

\* Geographical location not disclosed to protect the respondents' anonymity.

The problems that arise in cross-cultural research, especially in settings where the interviewee and the interviewer do not share a common language and need to rely on an interpreter or a language that is foreign to both or them, have attracted mounting attention over the past decade or so (Jentsch 1998; Edwards 1998; Temple 2006; Temple and Edwards 2006; Tait 2006). At the centre of this discourse is the role of language as “an important part of conceptualisation” as well as a tool that carries “particular cultural, social and political meanings” (Temple and Edwards 2006:41). Because the fieldwork was carried out in Finnish and the thesis written in English, translation-related issues have been of methodological significance for this research.

All but one of the interviews with the refugee respondents were carried out in Finnish. One interview was conducted in English at the interviewee's request. An interpreter was used for one interview. According to Temple and Edwards (2006), the compatibility of an interpreter

and an interviewee in terms of gender, culture, religion and age is important in order to maximise the chances of producing 'accurate' or 'truthful' data. This kind of 'matching' of the interpreter's and interviewee's characteristics, however, was dismissed as both irrelevant and impractical on this occasion. The interpreter who was hired for the purpose was a friend of the interviewee, as well as being a qualified interpreter, who had worked with the interviewee in numerous occasions including her appointments with the integration services. Though Jentsch (1998) maintains that the use of an interpreter who is known to the interviewee is generally unwise, the above-mentioned arrangement was considered acceptable in this situation, primarily because first contact with the interviewee was made through this interpreter. This arrangement was in fact considered advantageous, as this kind of familiar setting helped to ensure that the richness of the data would not be compromised by the unwillingness of the respondent to allow time for translations. Against the advice of Edwards (1998), the interpreter was not given an extensive induction to the research prior to the commencement of the interview. She was, nevertheless, briefed about the key aims and objectives of the research. The possibility of grave misinterpretation or mistranslation taking place was lessened by the fact that the interviewee's language skills were fairly developed, and the interpreter was hired to accommodate the interviewee's preference rather than out of pressing necessity.

In another interview, the interviewed couple's bilingual son was present in the interview situation to help his parents find suitable translations for certain words and expressions. Though this kind of involvement of the respondents' family members in the interview situation is inadvisable (Jentsch 1998; Edwards 1998), this decision was made under practical constraints, with an understanding that the negative influence that his presence could possibly have on the content and progression of the interview would be offset by the positive impact that his occasional interpretations had on the accuracy and detail of the data.

Because an interpreter was used only in one interview, the most influential language-related issue with possible implications for the quality of the data was the translation of the quotations from the interview transcript into English. The problems that are commonly believed to impact on the quality of cross-cultural/cross-linguistic research are generally associated with the interviewer's and the respondent's lack of shared cultural frame of reference or the involvement of bilingual research assistants in the data generation process (Temple 2006). In this research, complications and deficiencies arising from inconsistent interpretations and translations caused by these factors were minimised, as far as possible, by

conducting the interviews in Finnish. Although this approach was not altogether unproblematic, most notably because it required the refugee respondents to express themselves in a language that was not their mother tongue, possibly compromising the richness and detail of the data, the use of Finnish was the only option that did not require the use of an interpreter. The medium of Finnish language also enabled the interviewer and the interviewees to use concepts that are rooted in the Finnish cultural context that all involved parties are, at least somewhat, familiar with. The problems associated with conducting interviews in a language that is not the respondent's mother tongue were considered to be lesser, and more easily controlled, than those associated with the use of interpreters.

The translation of the quotations from the interview transcripts into English was carried out by the researcher. The main objective of this exercise was to convey the meaning of what was said rather than produce a literal translation of the respondents' words. Though the translation of the quotes from Finnish to English inevitably led to a loss of data that could have been used to illustrate the respondents' language skills, the benefits of the use of Finnish in the data generation process were considered to outweigh the possible disadvantages associated with the translation of the transcripts.

#### ***5.4.4 Sampling***

Geographically, the research concentrated on the big cities in Southern Finland, where most refugees live. However, this focus was extended slightly in order to include one predominantly Swedish-speaking town. The predominantly Swedish-speaking bilingual town (for definitions, see chapter 1) that was chosen will not be named to protect the respondents' anonymity. In spite of being small and outside the capital region, this town has a comparatively high immigrant population, and it has accepted significant numbers of quota refugees (*Monitori 2/2006*).

Key informants from the unions were approached by sending e-mails to the Finnish Medical Association (Suomen Lääkäriliitto), the Finnish Nurses Association (Suomen Sairaanhoidajaliitto) and the Union of Health and Social Care Professionals (Tehy). Representatives of each union participated willingly – some even enthusiastically. Suitable respondents - one from the capital area, one from Turku and one from Tampere – were identified with the help of several people who work for the employment services in the selected areas. Several employment/integration services employees who were approached

declined a request for an interview. For a rough topic guide for the interviews with integration/employment services personnel, see Appendix 3. The key respondent from the educational sector was approached by telephone, and the interview was conducted ad hoc over the phone.

Whilst contact with the union representatives and employment/integration services personnel was easily made, the search for refugee respondents was, to use Robinson's (2002:63) words, "a very long-winded process requiring tact, persistence and stamina." In terms of gaining both access and trust, problems were caused by the diversity and relatively small overall size of Finland's refugee population. As Finland does not have a long history as a refugee-receiving country, there are only a few well-established refugee community organisations (RCOs). Moreover, the refugee population in Finland consists of a number of different national, ethnic, cultural and religious groups and, instead of forming a 'community', Finland refugee populations have organised along national, ethnic, and religious lines. Probably due to the small overall numbers and the dispersal policy, several refugee groups do not appear to be formally organised at all, even in the largest cities.

As Seale (1998:139) has pointed out, "it is often not practical to attempt to be representative or to use random sampling from a sampling frame" in a small scale study. Due to the small size of the target group and limited resources, a large-scale qualitative research project was not an option. Thus a non-probability theoretical sampling strategy known as *maximum variation strategy* was chosen. The purpose of this sampling approach is to include a variation of experiences in the sample in order to produce a theory that has taken into account the 'negative case' (Mason 2002; Blaikie 2000). In search of suitable refugee respondents, a maximum variation strategy was combined with a method of *volunteer sampling* and *snowball sampling* for practical reasons. The term 'volunteer sampling strategy' refers to a technique whereby a researcher 'advertises' his/her research and encourages interested individuals to contact him/her (Seale and Filmer 1998). Suitable interviewees were searched through institutions, advertising, and personal contacts.

Following an example of good practice set by Jacobsen and Landau (2003) and Bloch (2004), multiple entry points were used for the snowball sample. An 'advert' of this research was posted in *Monitori* (a free Ministry of Labour publication that takes interest in immigrant issues) and *Husari* (a free magazine distributed to all employees of the capital region hospital district). RCOs and cultural centres were also contacted, and the Ministry of Labour research

permit allowed a degree of cooperation with two projects run by Turku Employment Office. In addition to the above, Immigrant Services (run by City Councils) in Helsinki, Vantaa and Espoo were visited, and posters were put up in all six immigrant service centres. An electronic ‘advert’ was also posted in two Rasmus-network’s<sup>24</sup> newsletters in spring and summer 2006. These several entry-points facilitated access to suitable respondents with varying success. However, personal contacts proved to be the most successful method of reaching suitable refugee respondents.

Because the data generation for this project relied heavily on volunteer sampling, there is a danger that the refugees who were interviewed for the purposes of this research were the particularly active ones, and those who had been marginalized for one reason or another were not included. Moreover, factors that unexpectedly prevented cooperation with two other researchers working in immigration research in Finland had a considerable negative impact on the refugee sample. While doctors were easier to locate, the fact that nurses’ qualification recognition training is not organised in a centralised manner made it very difficult to locate refugee nurses. Consequently, no refugee nurses who had obtained formal recognition for their overseas qualifications were included in this study.

#### ***5.4.5 Data analysis***

All of the interviews were recorded onto audio tape and transcribed verbatim. After transcription, the interview data was uploaded onto a computer and subjected to thematic coding with the help of Nvivo. All respondents were anonymised, referred to by their country of origin and their professional title. The coding of the data began *before* the data collection process was finished, and coding schemes were developed as the research project proceeded. The decision to use Nvivo was made because: (1) it makes it possible to organise the data in hierarchical categories; (2) it enables the researcher to search segments of text for overlapping code words and; (2) it identifies speakers by means of *speaker identifiers*, enabling the user to compare what one group of people (the refugees, for example) say about a particular issue with what others (such as employment/integration services personnel) say

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<sup>24</sup> RASMUS is a national network that consists of a range of actors who oppose racism and xenophobia, and promote multiculturalism and human rights. The network is coordinated by the Finnish League for Human Rights.

about the same issue. Taking into consideration Coffey *et al.*'s (1996) and Lonkila's (1995) warnings that mechanical operations should not be used as substitutes for nuanced interpretive analysis (Charmaz 2003), the major themes were identified with the help of field notes and careful manual analysis of the interview transcripts. These major themes were used to create coding categories for the Nvivo-assisted analysis of the interview data. In the content analysis of the interview transcripts, emphasis was given to the respondents' own perceptions of the impact that different factors have had on their ability to find employment in the Finnish healthcare sector.

#### **5.4.6 Ethical Considerations**

As this research was partly funded by the School of Sociology and Social Policy at University of Leeds, it was carried out following the BSA Guidelines of Ethical Practice. The two basic ethical principles that underpinned the data generation process were informed consent and confidentiality.

Before the interviews commenced, all respondents were given a detailed consent form, listing all possible uses of the records made during the project (see Appendix 5). These forms were used in order to enable each individual to indicate clearly how the recorded interview and the interview transcripts can be used in the future. All respondents were also asked to indicate what personal information they do not wish to reveal. Consent was confirmed from the respondents after the interview was finished to ensure that respondents who felt uncomfortable with the questions were offered an opportunity to withdraw or change their mind regarding the personal information they wish to disclose. Following Hynes's (2003) advice, a space for comment and e-mail/postal address for a copy of research findings was added at the end of the informed consent form. All refugee respondents were also offered an opportunity to read through their interview transcripts and discuss the content if they wished to do so. All but two of the refugee respondents and most of the key respondents from the unions and the employment/integration services took up this opportunity.

In the research report, pseudonyms were used to anonymise all respondents. Due to the nature of this study, however, ensuring full confidentiality to the refugee respondents was problematic. Since the purpose of the project is to explore whether factors such as ethnicity, nationality, time of arrival etc. have influenced refugees' prospects of getting their qualifications recognised and of finding appropriate employment, concealing such

information would have worked against the purpose of the research. Anonymising opportunities were discussed with each respondent individually. However, as pointed out by Jacobsen and Landou (2003), the use of snowball sampling and the help of RCOs and the employment/integration services personnel meant that the identity of the respondents who were reached via these routes was known to those who had pointed them out as potential interviewees. Because these methods could not be abandoned for practical reasons, all respondents who had been reached by such means were made aware of the situation. Interestingly, refugee respondents were less concerned with the fact that they might be identifiable than the key respondents from the employment/integration services. Many refugee respondents were disappointed when they were told that their real identities must be concealed.

Many of the refugee respondents were working in the Finnish healthcare sector at the time the interviews took place. Although healthcare professionals in Britain are generally not allowed to participate in independent research without their employers' permission, such restrictions do not apply in Finland, where any unnecessary control over employees' rights to discuss matters related to their employment with a third party is considered to restrict the employees' freedom of speech. Thus even healthcare personnel are free to share any information *which does not concern their patients* without restrictions.

Since most of the working refugee respondents did not want to be interviewed at their workplace, and because some of the respondents were not employed at the time the interviews took place, the interviews with the refugee respondents were carried out in a variety of locations ranging from public libraries and local employment offices to private homes. All respondents were encouraged to suggest a location where they would feel comfortable. In cases where respondents wished to be interviewed at their own homes, a third person was always present. When the respondents had no preference regarding a location, the interviews were conducted either in facilities provided by local employment offices or in public libraries, which commonly rent out research rooms or allow researchers to use their facilities free of charge.

## **Conclusion**

This chapter has described the selection of theoretical and philosophical underpinnings and empirical research approaches that form the methodology for this research project. It has also

sought to address some of the methodological issues associated with cross-language and cross-cultural research. The main purpose of this chapter has been to introduce the approaches that have influenced the collection and analysis of the research data. In order to assess the effects that a number of different factors may have on healthcare professional refugees' ability to obtain formal recognition for their overseas qualifications and to access appropriate employment, this research uses middle-range theory. The overall research design and the structuring of the research questions have been greatly influenced by social constructivism. By combining abductive research strategy with middle-range theory, this thesis seeks to identify the most influential factors that either inhibit or enhance healthcare professional refugees' ability to re-establish their careers in Finland. The results of the application of this methodology for the research design and the data generation and analysis will be demonstrated in the following chapters (6-8).

Unlike most existing research on refugees' integration and/or labour market participation in Finland, this research seeks to incorporate the refugee viewpoint with that of the institutional sector. This kind of research design facilitates the construction of a more comprehensive (and possibly also more truthful), analysis of the topic. The incorporation of different viewpoints makes it possible to compare the refugees' accounts with those of the institutional sector key respondents, and reveal contradictions. Following the constructivist epistemological standpoint, emphasis is given to refugee respondents' opinions and narratives. However, interview data from institutional sector key respondents is used to supplement refugees' descriptions of the different practices, procedures and events, and to illustrate incidents where official policy guidelines appear to be abandoned or ignored, indicating that policy principles are not always translated into action.

# CHAPTER 6: BARRIERS TO QUALIFICATION RECOGNITION

## Introduction

‘Refugee doctors want to contribute to the society that has given them sanctuary, not depend on it.’ That message is frequently heard from doctors seeking asylum in the United Kingdom ... For the medical profession they present a challenge: to assist with the integration of these colleagues. For the UK they present a marvellous opportunity; at the time when the NHS needs more doctors, they bring their qualifications and expertise for free. It makes both humanitarian and economic sense to help refugee doctors re-establish their careers... (Borman 2004:21).

Although Borman is talking about refugee doctors in the UK here, his words could be used equally well to sum up the situation in Finland. While healthcare professional refugees provide the public health services with a remarkable opportunity, they present the government agencies, the integration services and the medical community with a challenge of how to provide the newcomers with sufficient and adequate support that would facilitate their successful integration into the Finnish healthcare system. The extent to which integration services and government agencies have responded to this challenge remains debatable.

Since assuming primary responsibility for the integration of refugees in 1997, the Ministry of Labour has dedicated a lot of attention to the development of immigration and integration policies and practices. As already mentioned in chapter 2, integration is generally understood as the process whereby refugees are helped to acquire the necessary knowledge and a sufficient degree of linguistic competency to enable them to become established in the receiving society (Parekh 1997; Valtonen 2004). In Finland, the official objective of integration training is to provide refugees with the necessary linguistic, social and cultural skills to facilitate their successful integration into the paid labour market (MOL 2001; the Finnish League for Human Rights 2002; Lavikainen and Salmenhaara 2002; Lepola 2002a; Valtonen 2004; MOL 2004a and 2005a).

Although some valuable progress has been made since the passing of the Integration Act (1999), Ally's (2004) findings indicate that Finland's integration policies and programmes continue to overlook the needs of educated refugees. The accounts that were collected from

healthcare professional refugees for the purposes of this study offer strong support to such claims, suggesting that the difficulty of acquiring sufficient language skills and obtaining formal recognition for overseas qualifications often result in a prolonged qualification recognition process, or sometimes in a total inability of refugee healthcare professionals to re-establish their careers in Finland. One of the possible causes of the current situation is the view that as humanitarian migrants, refugees are largely considered to be economically worthless (Bloch and Schuster 2002; Düvell and Jordan 2002).

As demonstrated by Jaakkola's (2005) attitude survey and a more recent discussion on the *Helsingin Sanomat* website (1.3.2007), negative perceptions of refugees as recipients of, rather than potential contributors to, welfare are common amongst the Finnish public (see also Suurpää 2002). The experiences of healthcare professional refugees who participated in this research indicate that such notions are not held only by individuals, but also by the representatives of many Finnish institutions. These negative views of refugees appear to be incorporated into the integration programmes, which consequently fail to address the needs of those refugees who do not fit into this narrow definition. The objective of this chapter is to determine the most significant barriers that healthcare professional refugees face in their quest to re-establish their careers in Finland by examining 13 healthcare professional refugees' personal accounts of their experiences. The chapter will start by looking at healthcare professional refugees' perceptions of the help and advice that they were given by the integration services. Because the lack of language skills is so commonly cited as the main explanation for highly skilled refugees' inability to access employment that corresponds with their qualifications (Forsander and Ekholm 2001; Lavikainen and Salmenhaara 2002; Paananen 2002; Matinheikki-Kokko *et al.* 2003), the second part of this chapter is dedicated to a more detailed discussion of the availability and quality of language training. The final part of the chapter examines the refugee respondents' views of the qualification recognition process, focusing on the qualification recognition requirements and the quality and availability of formal qualification recognition training.

## **6.1 Help and Advice from the Integration Services**

Although individual integration plans are generally given a lot of emphasis in the Ministry of Labour's integration agenda (for example MOL 2001; 2005a; MOL 2005b), very few refugee respondents recalled having individual integration plans outlined and their main functions clearly explained. None of the six respondents who had arrived in Finland after individual integration plans were introduced in 2001 regarded their individual integration plans as very helpful. While all respondents had been asked to list their own priorities in an initial meeting with the integration services personnel soon after arrival/receiving a refugee status, only two respondents reported receiving information regarding suitable qualification recognition training opportunities from the integration services. Overall, all but two of the 13 refugee respondents who held full professional qualifications at the time of their arrival in Finland maintained that the help they had received from the integration services was only partially useful, and their own hopes and desires were largely ignored.

### ***6.1.1 Needs and priorities –healthcare professional refugees' accounts***

All of the refugee respondents who participated in this study could be rightfully described as potential 'achievers,' as defined by Colic-Peisker and Tilbury (2003). As discussed in chapters 3 and 4, Colic-Peisker and Tilbury (2003) use the term 'achiever' to refer to refugees who adopt a very active approach to settlement; they are eager to learn the language, to mix with members of the mainstream population, and to return to full-time employment as soon as possible. Colic-Peisker and Tilbury (2003) describe 'achievers' as goal oriented people, who are prepared to take on full-time study in order to become fluent in local language and to restore previous occupational and social status. These characteristics were clearly demonstrated by the refugee respondents' accounts of their aspirations, which conveyed a strong sense of urgency. All of the respondents remembered being eager to get back to work, re-establish themselves and get back to 'normal' life.

*It would be good if we could get back to work as quickly as possible. First we should get on a language class, and then we should be helped to get back to work. If you are educated, it would be best to get back to work... All you need to do is to learn the language and learn how things are done here... (Doctor, Iraq)*

*I think that when educated refugees come here, it's really hard for them. We get older every day, and now we just have to wait and that's a waste of time... Time is money, and we should not waste time. (Doctor, Afghanistan)*

Previous studies on refugee integration suggest that refugees' motivation to learn the language and re-establish themselves is particularly high immediately after the arrival (Colic-Peisker and Tilbury 2003; Valtonen 2004; Ghorashi 2005; Pentikäinen 2005). The accounts of the refugee respondents who were interviewed for this study strongly support this view. The high motivation of educated refugees was also noticed by the key respondents from the integration services. According to their experiences, refugees who have professional qualifications are usually highly motivated to do whatever it takes to get back to work.

*When a refugee comes here, we have an initial meeting where we draft the integration plan. We get all the necessary information, about their background, education etc. We need this information so that we can try to find a suitable language course for them... And then we ask their own aspirations, what they would like to do... The highly educated refugees, teachers and doctors for example, are usually very motivated, and some of them, they do have a realistic chance of getting back to work, too... Like many of them learn the language quickly... I am just now thinking about this one doctor who actually got a job as a doctor before the three-year-long integration period was over (KR 7 – integration services)*

*They are all really enthusiastic when they first come to us. I think most of the immigrants actually are like that, very keen to study hard and to get back to work. You never have to drag them, to force them to move on, like you so often have to do with some of the Finnish people (KR 8 – integration services).*

The refugee respondents also had a strong sense of professionalism, and felt that their potential had not been fully appreciated by the integration services. All but two of the 13 respondents had been in full-time employment for five years or more before they had to flee their home countries. Four doctors had as much as 10-20 years of work experience, and three of the doctors had completed postgraduate specialist training. Several respondents were annoyed by the fact that the shortage of qualified healthcare professionals is repeatedly

discussed in the media, and yet many refugees with relevant qualifications are not allowed to practise their professions.

*I would like to know... I don't think that there really is a shortage of doctors here... I mean if there really was a shortage, I think that people would give more thought to how to help refugee doctors to get back to work quickly. I mean, if there is a shortage, then there should be good training opportunities for refugee doctors so that Finland could benefit from them. Maybe the Ministry of Health and Social Affairs should do something about this if there really is a shortage... (Doctor, Iraq)*

*I said to them that I want to get back to work, and that before I came here I was told that I would be able to work here, but they said no... I tried to reason with them, I said that "see, if I just sit here at home, it is your loss", but still they thought that it is better for me to just sit at home... I was sure that I would be just fine working as a doctor if only I was given a chance to do that... (Doctor, Iraq)*

All interviewees noted that tailor-made integration education that took their prior learning into consideration would enable more effective utilisation of their skills for the benefit of the Finnish society. Several of the refugee respondents were fairly analytical about their situation, and sought to make more general points instead of just describing their own experiences. The interviews revealed that none of the refugee respondents felt that they were the only ones facing problems with qualification recognition. Their accounts revealed a strong feeling amongst the respondents that the greatest barriers to paid employment are caused by structural factors rather than personal shortcomings.

*Nobody seems to consider that some refugees WANT to just get on with their lives, learn the language and get back to work, proper work. There should be some special classes for people like us. But it seems that people always think that if you are a refugee you can't be well educated, you can't possibly be useful! (Doctor, Iraq)*

### **6.1.2 Victim mentality**

Several researchers have noted that refugees are generally seen as the victims of their past rather than individuals who possess skills that could be utilised for the benefit of the receiving society (Bloch and Schuster 2002; Düvell and Jordan 2002; Tomlinson and Egan 2002; Sales 2002; Essed 2004; Ghorashi 2005). The findings of this research project indicate that this type of ‘victimising’ view appears to be incorporated into the design and execution of refugee integration in Finland. On the part of the integration services, strong credence is given to an ‘expert’ opinion that, due to refugees’ traumatic experiences, the first one or two years in Finland should be devoted to social and psychological integration (and recovery), with less emphasis being placed on qualification recognition and labour market participation (for example, see Valjus and Nirvi 2005). The effects of such an assumption (and it is important to note here that Valjus and Nirvi did not interview any refugees before making this statement regarding their needs), however, can be far-reaching if internalised by people who work in the integration services and who play a crucial role in determining refugees access to language courses, qualification recognition training and practical training. One respondent who had been eager to get on with his life recounted being told to ‘take it easy’ by integration services personnel.

*When I first arrived here, I told the people who work in the integration services that I have studied for a long time and I would really like to get on with my life as soon as possible, learn the language and get back to work. But they told me that there is no need to hurry, that I should just take it easy and not push myself. (Doctor, Iraq)*

Refugees’ particularly high motivation immediately or soon after arrival has been noted by Ghorashi (2005), who highlights the negative consequences that victim mentality among refugee reception and integration services can have on refugees’ future integration prospects. According to Ghorashi (2005:195), active life in the early years of exile could help refugees’ recovery from traumatic past experiences by enabling them to “distance themselves from the past and to put energy into building a new life in the new country.” Forced isolation and passivity during this time, on the other hand, can cause the refugees to “waste potentially the most effective years of their lives in a new country” (Ghorashi 2005:195). Yet 12 out of the 13 respondents had experienced extensive periods of forced economic inactivity either prior

to their arrival in Finland or while waiting for their asylum decision. After their status had been secured, all were eager to resume working as soon as possible.

*During the language course work placement I worked in a hospital... All the nurses and healthcare assistants complained that it's hard work and the pay is not good... I know that the pay is not good at all... But if you work, then you feel like a human being. Like equal with Finnish people. Even if the pay is bad, I would still like to work, I miss working... I know that Finland is a welfare state, and you can just sit at home all day long and get unemployment benefit. But me and my husband, we are still young, we don't want to be dependent on welfare. We have good skills and we want to work... (Nurse, Uzbekistan)*

Recent research findings indicate that the victimisation of refugees on the part of the integration services personnel can encourage refugees to adopt a passive 'victim role' (for example Colic-Peisker and Tilbury 2003; Ghorashi 2005), forming a barrier to successful settlement. Although the interviews that were conducted for the purposes of this research did not give any evidence of this type of reaction amongst healthcare professional refugees, many respondents had friends and acquaintances who had internalised the victim role assigned to them, accepting prolonged economic inactivity and related welfare dependency. The factor that seemed to protect healthcare professional refugees from adopting the victim role was their strong sense of professionalism, combined with the fact that they had studied hard to obtain their qualifications. All respondents who had been forced to remain inactive for an extended period of time had found economic inactivity deeply distressing. Instead of crushing their spirits, however, the experience had increased most respondents' motivation to return to work as soon as possible. This high motivation, however, does not appear to be very successfully exploited by Finland's integration services.

### **6.1.3 Misinformation – discrimination or lack of knowledge and experience?**

In the past, the Finnish integration services have been criticised for ignoring their clients' wishes and aspirations. According to Lavikainen and Salmenhaara (2002), it is not uncommon for immigrants to be guided to courses that do not match with their previous qualifications or their own interests. The experiences and opinions of the refugee respondents confirm that even highly motivated individuals who already possess skills that are currently in high demand are not always given appropriate advice or sufficient support by the

integration services personnel. On the whole, most of the refugee respondents thought that the integrative measures that had been made available for them did not match with their own needs and aspirations. Such a feeling was more prominent among nurses and dentists than doctors. In some instances, the interviewees' potential to become 'achievers' was stifled by the inability of the integration services to provide them with the necessary support.

*I told them in the integration services that I want to re-qualify to work as a nurse, and I asked them about possible training options. They told me that there isn't anything now, I should go home and wait, and they will get back to me if something comes up... then I was invited to attend a session where we were given information about apprenticeship training, even though you can't become a nurse through apprenticeship training... I am still hoping that some day I will be able to return to nursing. (Nurse, Iraq)*

At a first glance, the refugee respondents' accounts support Paananen's (1999) findings that job centre personnel (integration services are run by job centres) who deal with immigrants commonly hold prejudiced notions of the quality of education in developing countries, and use these perceptions to determine whether a foreign-educated professional should be directed to qualification recognition training or be advised to consider alternative options. According to Paananen (1999), these 'gatekeepers' commonly use their customers' Finnish language skills and/or country of origin as the basis to determine their ability to perform well in the Finnish labour market. When the 'gatekeepers' believe that a person's language skills are too weak or their education does not meet the Finnish standards, the information that such people receive from the integration or employment services is limited to options that the 'gatekeepers' consider to be most suitable for them.

Another explanation for the integration services' apparent inability or unwillingness to provide highly educated refugees with appropriate help and advice is the integration services personnel's lack of experience (and related incompetence) in dealing with refugees who do not fit the prototypical notion of a 'helpless victim'. As a report by Lavikainen and Salmenhaara (2002) has concluded, integration education for highly qualified refugees is undeveloped, particularly because a functioning system of transferring foreign qualifications/degrees does not exist for most professional groups. The refugee respondents' accounts that were collected for the purposes of this research indicate that the lack of such systems results in integration services personnel's inability to appropriately address the needs

of educated refugees. On the whole, integration services personnel seem to be largely unequipped to deal with customers who have professional or academic qualifications.

The findings of the RESOURCE-project (Ally 2004) reveal that sometimes a failure to obtain official recognition for previous qualifications results in a complete change of career, although the refugees would have initially preferred to continue in their original field. In Finland, this appears to be a problem particularly amongst nurses, who do not enjoy the benefits of an established qualification recognition procedure. Although all five nurses who participated in this study were keen to return to nursing (in spite of being fully aware of the low pay and the unpleasant working conditions that have pushed many Finnish nurses to accept employment that does not correspond with their qualifications),<sup>25</sup> none of them had managed to acquire formal recognition for their qualifications. Instead, all five nurse respondents had been told that they must redo their degrees in Finland if they wish to return to their previous profession.

According to the key respondents from the integration services, the official guideline is that all customers with professional qualifications are to be instructed towards appropriate qualification recognition training programmes as soon as their language skills are perceived to be sufficient. Both key respondents who are in personal contact with refugees claimed that qualification recognition, when available, is always the first option, and all refugees who possess transferable skills and have their certificates with them are encouraged to seek formal recognition for their qualifications. If qualification recognition training is not available, nurses are to be advised to contact TEO and a local polytechnic to discuss the possibility to undertake required supplementary training leading to qualification recognition. Refugee respondents' accounts, however, contradict this 'official' view. Despite the fact that all five nurses had their certificates with them, two recalled being told outright that their foreign qualifications were useless, and all five had been instructed to participate in vocational training courses to qualify as healthcare assistants if they wish to carry on working in the healthcare sector. None of the nurse respondents were advised to seek qualification recognition by contacting TEO and a local polytechnic. Instead, one nurse had been told by the integration services to send his degree certificates to the Ministry of Education and ask

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<sup>25</sup> For more detailed discussion, see chapter 1 (1.3.5)

them for formal recognition for his qualifications, despite the fact that the Ministry of Education is responsible for academic degrees alone, and healthcare professional qualifications are dealt with exclusively by TEO (see chapter 1.4.5).

While the nurses' accounts imply that refugee nurses are frequently given inappropriate and misleading advice by the integration services, the underlying causes for this are difficult to determine. Whether the situation is caused by integration services personnel's prejudiced perceptions as suggested by Paananen (1999) or their lack of knowledge regarding different qualification recognition procedures and training opportunities is debatable. On one hand, the fact that all five refugee respondents had been told that the only available option was to redo their qualifications from scratch indicates that overseas nursing degrees are not very highly valued by Finland's integration services. On the other hand, the advice may have been given against one's personal judgement, in the absence of any knowledge of more suitable alternatives. Instead of speculating on the root cause(s) of this misguidance, this research can merely reveal that the advice the nurses are getting is insufficient and against their best interest. By addressing this problem, the skills of refugee nurses could be more efficiently utilised for the benefit of the individual nurses, as well as the Finnish society.

Though interviews with nurses showed evidence of them being systematically guided towards choices that were not in their best interest, interviews with doctors revealed a general feeling of discontent for simply being 'let down' rather than ill-advised. Although all doctors had (eventually) been told that an established qualification recognition procedure is available for foreign-qualified doctors, only two doctors had received concrete help and support in the process. Instead, most doctors recalled being told to contact TEO or the University of Tampere for more detailed information regarding the process, the requirements and the training opportunities.

Nearly all of the refugee doctors had experienced difficulties in accessing information regarding the qualification recognition requirements and different training opportunities. Most had also found it difficult to come to terms with the bureaucratic constraints and different regulations regarding practical training, the qualification recognition procedure and the licensing requirements. Several doctors reported feeling that they had been left on their own, being advised to contact TEO and independent hospitals without having very developed language skills or much experience of dealing with the Finnish authorities. On the whole, the

respondents felt that they had not been given sufficient information or support by the integration services.

One problem encountered by educated refugees who often receive the necessary information in ‘snippets’ from different institutional bodies is that crucial pieces of information occasionally fall through the cracks. As a result, their progress is slowed down by unexpected setbacks that could have been avoided if appropriate guidance had been made available from the start. As one refugee doctor described his experiences

*After I passed the first exam, I was, in principle, allowed to work in a hospital. But I had to find a job, and then apply for a temporary permission to practice medicine from TEO... After I found an employer who was willing to hire me, I contacted TEO to get the permission. They told me that I can get it, but I have to take a Finnish language test first. I was surprised to hear this, especially because this conversation was conducted in Finnish, and I had already passed a level 3 Finnish test. I told them this, and they replied that in order to be allowed to work as a doctor, I need to take another kind of test, Valtion Kielitentti. Nobody had told me about this before, and these exams are only organised four times a year! (Doctor, Iraq)*

Many refugee respondents pointed out that the integration services do not appear to have much experience of dealing with highly educated refugees, and seem to think that educated refugees can take care of themselves while the less educated refugees are the ones who need help.

*I came to Finland because I had heard a lot of good about this country. And it is very good, excellent even. Apart from when a person comes with a degree diploma. When a refugee comes here with a certificate, nobody seems to know what to do, how to help them... (Dentist, Iraq)*

In a way, this notion was confirmed by the key respondents from the integration services, who frequently emphasised that the vast majority of refugees are uneducated or poorly educated, and highly educated refugees form a very small percentage of their customers.

*According to the Ministry of Labour estimates, approximately 20 percent of all refugees who come to Finland are illiterate. Based on my own experience, I suppose that this figure might be quite accurate... But then we also have some highly educated refugees, teachers, researchers, doctors... Overall, though, the number of these highly educated refugees seems to be smaller than the number of illiterate refugees... Of course, the majority of refugees fall somewhere in between these two extremes... (KR 7 – integration services)*

Considering that highly educated refugees may account for a smaller proportion of Finland's refugee population than illiterate refugees, it is hardly surprising that integration services personnel are relatively inexperienced when it comes to dealing with highly educated refugees. The consequences of the integration services inability to offer sufficient support for refugees with high levels of educational attainment, however, are substantial. By preventing these refugees from proceeding with their language training and qualification recognition training in accordance with their own abilities, the system risks killing their motivation and causing welfare dependency among potentially productive, highly skilled individuals.

#### **6.1.4 Getting stuck**

As discussed in previous chapters, immigrants who have a job, or good prospects of finding employment after initial language training, are believed to be better motivated to learn the language (Alitolppa-Niitamo 2004). Similarly, the interviews with the refugee healthcare professionals indicate that educated refugees who know that the training that they are asked to undertake helps them to get their qualifications recognised are highly motivated to complete the required training promptly and successfully. Although all refugee respondents had been initially enthusiastic about learning Finnish, some respondents who had not been able to proceed due to lack of appropriate training, lack of information regarding appropriate training, or lack of sufficient support to survive the training, reported having lost interest in continuous 'integration training' that did not seem to take them anywhere. One respondent who had been passed from one language course or integration training course to another for several years had lost all interest in the courses he was forced to take. Instead of seeing these courses as valuable opportunities that would eventually enhance his ability to obtain formal recognition for his existing qualifications he considered them to be a waste of time, as they did not give him any concrete hope of ever being able to get his qualifications recognised. A number of the refugee respondents pointed out that if they knew that each course would take

them one step closer to qualification recognition they would be motivated to work hard and do their absolute best, even if the process took several years.

*I wouldn't mind studying Finnish, if I knew that it had a purpose, that all that studying was going to take me somewhere. I wouldn't mind interning for a year, two years, three years, if I knew that there was somebody there who was looking after me, and who would tell me when I am ready to take the final exams... (Dentist, Iraq)*

Overall, the respondents noted that it would have been nice to receive all relevant information regarding language training, practical training and qualification recognition training in the very beginning of the integration period so that they could have planned their futures ahead for more than three or four months at a time.

*It would be good if we were given the necessary information about the qualification recognition process as soon as we come here... Now we waste a lot of time, first trying to get onto a good language course and then trying to find out how to proceed from there... (Doctor, Iraq)*

As discussed in chapter 1 (1.4.5), doctors who have obtained their original qualifications outside the EU/EEA are required to carry out a minimum of six months of paid practical training (*amanuenssi*) as a physician in a Finnish hospital or a health centre before being allowed to commence the qualification recognition process. The finding of suitable paid practical training posts had proven problematic for most of the doctors who were trying to get their qualifications recognised. The doctors had been left largely on their own to locate suitable paid training posts, although nearly all remarked that they would have welcomed more help in the process.

*So after I had been in Finland for 14 months, living in the middle of nowhere, I finally found out that I don't have to live there, that I am free to move away... So I decided to move to this town that was bigger and had a hospital... I was hoping to be able to get a work placement post there... So before I went, I contacted the local employment services there, and asked them for help, if it would be possible to get a work placement position, a practical training post [amanuenssi] or a job, or if I could at least go back to university there... Their*

*answer was that “you have to search the post by yourself”! Think about it, I had been here for 14 months and that’s what they said! (Doctor, Iraq)*

*I had such a hard time finding a place where I could do the compulsory practical training [amanuenssi]. I wish I had had somebody who could have helped me to find a place... It was so hard, I needed more support, more help, but there was nobody there to help me. (Doctor, Afghanistan)*

Yet the integration services seemed to be largely unaware of this. Instead, one of the key respondents from the integration services noted that, according to her experience, refugee doctors prefer to find their placements by themselves, and rarely request help from the integration services personnel. A point worth noting here, however, is that integration services personnel are conventionally involved only in arranging suitable unpaid or financially supported practical training opportunities that are made available as part of integration training or labour market training. *Amanuenssi* training that is generally undertaken only by doctors, on the other hand, is not considered an integrative measure, and thus integration/employment services are in no way obliged to help refugees to find such posts. Yet most of the refugee doctors had undertaken some paid practical training during the three-year-long integration period, when their needs should be, at least in principle, looked after by the integration services.

#### **6.1.5 Perceptions of foreign qualifications**

The refugee respondents’ accounts of their encounters with the integration services revealed a pattern whereby refugee nurses’ overseas qualifications were automatically dismissed as insufficient to merit formal accreditation in Finland. None of the refugee nurses who participated in this research had been asked to provide more detailed information regarding the content of their training to help assess the comprehensiveness of their qualifications. Without any closer inspection of their qualification transcripts, all refugee nurses had been informed that their existing degrees would not help them to return to nursing in Finland.

*They told me that my old degree will not be accepted here, that if I want to be a nurse here, I have to go back to school...They said I need to redo my entire degree! (Nurse, Iran)*

*When I arrived here ten years ago, Finland had so little experience of these things... There was no such thing as qualification recognition training, foreign qualifications were largely underrated... So because I still wanted to be a nurse I applied to the local polytechnic, I was willing to retrain, but I didn't get in... (Nurse, Iraq)*

At the time when the interviews took place, one nurse had already qualified as a healthcare assistant, and another was in the process of doing so. When the key respondents from the integration services were asked to comment on incidents like this, they remarked that such advice may have been given to immigrant nurses in the past, but since the implementation of individual integration plans in 2001, immigrants with professional qualifications should not be encouraged to opt for a lower qualification. In spite of this 'official standpoint', one nurse who had recently been granted asylum had just been told that her overseas qualifications would most likely not be recognised in Finland and she should consider either redoing her degree or retraining to qualify as a healthcare assistant. After careful consideration, she had decided that she would be willing to redo her nursing qualification, although she later gave up on that idea when she was told that such training is not available in the town where she lives, and she did not want to uproot her children. Consequently, she decided to apply to a vocational training programme to qualify as a healthcare assistant. Such a course, directed particularly for immigrants, she was told, would be available locally. A few weeks after this interview another respondent pointed out that the polytechnic in the town in question *does* offer a degree programme in nursing. This programme, however, is not designed specifically for immigrants. Whereas the reason why the recently arrived nurse was not informed about the possibility to redo the nursing degree locally can only be speculated on, her story implies that nurses are still encouraged to choose vocational training that is below their original qualification level. Another nurse respondent reported being told in early 2006 that her original degree certificate was 'worth nothing' in Finland.

Unlike nurses, doctors appear to be rarely encouraged to give up their career. Back in 1993, however, one refugee doctor had been advised to accept welfare dependency rather than seek formal recognition for his qualifications.

*When I was told that I can't work here I rang the Ministry of Health and Social Affairs, it was back when they were still responsible for our affairs... I asked them what I should do, how I could get back to work, and they sent me this*

*letter, saying that I am a refugee, and I don't need to work... It didn't seem to matter that I WANTED to work... (Doctor, Iraq)*

This doctor ended up waiting for nine years for an opportunity to commence the qualification recognition process – despite the fact that the examination procedure was established in 1994 (see chapter 1.4.5), after he had been in Finland for approximately 18 months. Nevertheless, the fact that incidents like this were not reported by any doctors who had arrived in Finland more recently indicates that integration services are beginning to realise that refugee doctors *can* be helped to get back to work. Indeed, the shortage of qualified doctors featured heavily in the discussions with the key respondents from the integration services, and immigrant doctors more generally were considered to provide (at least a partial) solution to the problem. Nurses, on the other hand, were not seen to hold as much potential, and this view was reflected by refugee nurses accounts of their experiences with the integration services.

Although interviews with the refugee respondents revealed a number of shortcomings on the part of the integration services, the problems encountered by doctors and nurses were largely of a very different nature. While nurses were ill-advised to give up their careers and opt for a lower qualification as healthcare assistants, doctors were unlikely to receive advice of this kind. Instead, most doctors reported having been left on their own, and receiving little instruction or practical help from the integration services. One concern, however, was pointed out by all refugee respondents. Regardless of their qualifications, all healthcare professional refugees called for special language classes that would be designed for well-educated refugees with developed study skills. The inability or unwillingness of the integration services to acknowledge the diversity within the refugee population and to address the needs of educated refugees culminated in the discussion of the quality and availability of language training. Language training was one of the topics that were addressed at length by *all* refugee respondents. Without an exception, all refugee respondents mentioned that special language classes should be organised for healthcare professionals, or at least highly educated refugees in general, to enable more effective utilisation of their professional skills.

## **6.2 Language Training**

Learning Finnish has often been identified as the single most important factor that facilitates successful integration into Finnish society (Ekholm 1994; Valtonen 2004; ETNO 2005; Pentikäinen 2005). This view was supported by the refugees and institutional sector

respondents who were interviewed for the purposes of this study. Regardless of their status, language skills and current position, *all* refugee respondents agreed with the key respondents from the integration and employment services that learning Finnish is a necessary precondition for being able to work in the healthcare sector. However, several refugees expressed concerns over the disparity between language skill requirements and the quality and accessibility of language training. Refugees who lived in bilingual areas also reported experiencing problems associated with bilingualism. The purpose of this section is to examine healthcare professional refugees' experiences and opinions of language training with the aim of forming an understanding of the ways in which highly educated refugees' access to qualification recognition training and paid employment could be facilitated by improving the quality and accessibility of the language courses.

### ***6.2.1 Access to language training***

Interviews with healthcare professional refugees showed a clear consensus over the importance of good language skills. Yet despite their high motivation to learn Finnish, most refugee respondents reported having experienced problems in accessing appropriate language courses. On the whole, refugee respondents' accounts indicate that properly pitched intensive language training is still available only to a small minority of highly educated refugees. Although comparison between the experiences of those who arrived in the early 1990s and those who arrived in 2003 implies that the quality and availability of language training has improved over the past 15 years, people who come to Finland as asylum seekers rarely have access to integration services and proper language training until granted refugee status. While asylum seekers are obliged to attend language classes, the classes organised by reception centres are not geared towards the needs (and abilities) of highly educated individuals. Consequently, asylum seekers who live in reception centres have limited opportunities to attain high levels of fluency in Finnish, even if they wait several years for the decision. As some respondents who came to Finland as asylum seekers described their experiences of language training

*In reception centre, the language training was really about learning the very basics. We learned a few Finnish words, but not much more than that...  
(Dentist, Iraq)*

*We lived in the reception centre for three years. The centre was located in a Swedish-speaking area, but we had language classes only in Finnish, and only two hours a week. All asylum seekers studied the language together. Many of the people in the class were completely illiterate, while others were engineers and lawyers. (Doctor, Kyrgyzstan)*

One respondent who had already lived in Finland for three years was still so insecure about her language skills that she wanted to have an interpreter present during the interview. As she recalled

*The first two years we studied Finnish in the reception centre, but it was just two hours twice a week... There were illiterate people in the same class with us... We only learned the basics, 'I am', 'you are' and so on. And we learned phrases so that we can go to shops and stuff. But me and my husband, we really wanted to learn the language... After two years we were finally given a permission to start on a more intensive course that was not organised by the reception centre. They told us that we don't have to, but we went anyway because we wanted to learn! (Nurse, Uzbekistan)*

The opportunity to enrol on a language course at the local vocational school was possible because the family was not living in a reception centre, which are often located in isolated areas or very small towns with limited educational opportunities available for the reception centre residents. Overall, respondents who had been able to live independently while waiting for their asylum decisions had more positive experiences of language training, as their circumstances had enabled them to take a greater initiative.

*We went straight to a house that was given for us to live in, we never had to stay in a reception centre. Although we lived independently, the reception centre offered two language courses, Finnish for beginners I and Finnish for beginners II. Because I wanted to learn quickly, I attended both of these courses at the same time, one in the morning and the other one in the afternoon. I also had friends who had already been granted a refugee status, and I went with them to more advanced courses that were for refugees and other immigrants. (Doctor, Kosovo)*

An additional obstacle for people who arrive as asylum seekers and who have to rely predominantly on the language training provided by reception centres is that they learn the language well enough to deal with the integration services personnel without an interpreter, but not well enough to feel comfortable using the language. In principle, people who can get by in Finnish and can pass the level 3 language exam are often considered to be ready to commence vocational training. Such people are rarely given an opportunity to attend language courses that are organized by the integration services, particularly if there is a shortage of places. Interviews with key respondents from the integration services, however, confirm the healthcare professional refugees' view that level 3 Finnish language competency is generally considered to be insufficient for working in the healthcare sector.

Healthcare professionals who learn enough Finnish to get by in everyday life before being granted a refugee status are thus trapped in limbo. They are not offered any additional language training by integration services, even if their language skills are often too weak to access practical training in the healthcare sector. A situation of this kind is particularly tricky for nurses whose only opportunity to acquire some relevant work experience is often through the practical training element of language courses run by the integration services. As one respondent described her current situation

*It has been really hard for me since we were granted a refugee status. The integration services do not send me to another language course because they say that my Finnish is good enough already. I disagree, but what can I do? I managed to get a place on a language course at the local high school, but it only lasted for a few months. Now I am without a course again... I am having a really hard time right now, I would really like to get back to work, but I can't even get onto a language course... (Nurse, Kyrgyzstan)*

Unlike asylum seekers, people who arrive in Finland as quota refugees have access to integration services immediately or soon after arrival in Finland. Being officially entitled to integration services, however, does not mean that language training is readily available. A few respondents who had arrived in Finland as quota refugees recalled being forced to wait for a long time for a suitable course to start.

*I went to ask to be enrolled on a language course the day after I arrived here. But they told me that there is none, that I should just wait. They didn't tell me*

*how long I should wait, just that I should wait. So I went to ask them for several times. In the end, I was accepted on a language course that wasn't for beginners, but they took me in, exceptionally. (Doctor, Iraq)*

Sometimes refugees have no difficulty getting on a beginners' course after they first arrive in Finland, but find it difficult (or nearly impossible) to access a second, more advanced, course after completing the first one.

*At that time, in 1997, the language courses were very short, just three or four months. And every time after one course you had to wait for the next one. It is really hard if you have to wait for a year or so to get onto a language course. Or sometimes you can get onto one course, but then after that you have to wait at home for a year for the next course. I know people who had to wait for a long time for courses. I was lucky, I managed to do three courses in a year and a half. But I worked really hard to get onto those courses. (Nurse, Iraq)*

*When I first came here I started a nine-month-long language course. Part of the language course was practical training, and because I am a nurse I went to work at the local hospital. It was hard because I didn't know enough Finnish. But after the language course ended, the hospital asked me to come back and work as a healthcare assistant for the summer, as a holiday replacement. So I went to work there, although my Finnish was still very poor. I wanted to study more Finnish, but there was no course for the next six months... (Nurse, Iran)*

### **6.2.2 Experiences of formal language training**

Overall, quota refugees in general had faced fewer problems in accessing language training than asylum seekers, particularly if they had arrived after the new Integration Act was passed in 2001. Easy access to language training, however, did not always mean that the training was considered useful. Particularly those who arrived in the 1990s were largely unsatisfied with the quality of the formal language training that was made available for them. The most significant problem, mentioned by the vast majority of refugee respondents, seems to be the inability of highly educated refugees to receive language training that is designed for people who are familiar with the Latin alphabet, who have experience of advanced levels of formal

education, and who already possess developed study skills. As one doctor who arrived in Finland in 1992 recalls

*The worst surprise was that I had to learn Finnish together with people who had never been to school at all. I remember people asking the teacher why the letter 'r' in Arabic looks different from the letter 'r' in Finnish... So for three years studied Finnish with uneducated people, "this is a, this is b and so on..."*  
(Doctor, Iraq)

Despite the official stance that refugees' educational attainment is used by the integration services to find appropriately paced language courses for all customers, heterogeneous composition of the groups was considered to cause problems also on language courses that were provided by the integration services. Some doctors recall being placed in groups with people who were not interested in learning Finnish, and people who had little experience of formal education. Heterogeneity within groups was considered to form a barrier to effective learning, as people with more developed study skills were unable to proceed at their own pace.

*Lots of people in that course were uninterested in learning Finnish, they just went there to sleep. But I really wanted to learn. So I asked the lady in the integration services if I would be allowed to get private lessons with a tutor, just one hour a day. But they told me that they can't arrange that, because we all must have equal opportunities to learn and no individual should get special treatment.* (Doctor, Iraq)

A few respondents who were eager to learn the language but who were frustrated by the slow progress and/or the poor quality of the formal language classes had resorted to self-help.

*I bought a Finnish-English dictionary and a friend of mine donated me a copy of a doctor's handbook in Finnish. And so I studied Finnish at home by myself, and slowly my Finnish improved...* (Doctor, Iraq)

*I read the newspapers and the Bible. I read the Bible in Finnish, English and Arabic. And that's how I learned Finnish, at home.* (Doctor, Iraq)

Negative experiences of language training provoked questions about the respondents' own views of how healthcare professional refugees could best be helped to learn Finnish. All respondents, including those who had very negative experiences of formal language training, emphasized the importance of learning Finnish grammar and participating in some formal language courses. However, most refugee respondents agreed that - after an initial, intensive beginners' course - language could be learned more effectively through work placement and practical training in appropriate institutions than in the classrooms.

*I think that a formal language course is very important. I think everybody should go on a language course, because you need to know the basics before you can do anything else, before you can start your practical training... But the language training shouldn't be too long... We can learn the language at work too... (Doctor, Iraq)*

### **6.2.3 Bilingualism**

As discussed in chapter 1, Finland is a bilingual country with monolingual Finnish-speaking municipalities, bilingual municipalities and monolingual Swedish-speaking municipalities. Swedish-speakers in all parts of the country are entitled to use Swedish in all services that are provided by the municipalities. Considering that healthcare services are provided by municipalities (see chapter 1), the ability to speak both Finnish and Swedish is a central entry requirement to all healthcare sector jobs in which the employee is in direct contact with patients. The findings of this research, however, indicate that this requirement is being relaxed for refugee doctors in monolingual Finnish-speaking municipalities, and even some officially bilingual municipalities. None of the refugee respondents reported being refused employment or paid practical training positions due to their inability to speak Swedish. The refugees who lived in a bilingual municipality with a significant Swedish-speaking majority, however, described a wide variety of problems caused by bilingualism.

Although none of the refugee respondents lived in a monolingual Swedish-speaking municipality, five respondents lived in a bilingual municipality with a Swedish-speaking majority. Four out of these five respondents had arrived in Finland as asylum seekers and had been placed in a bilingual municipality or a neighbouring monolingual Swedish-speaking municipality to wait for a decision. Despite the fact that bilingualism or at least a working knowledge of both Finnish and Swedish is essential in the region, all five respondents were

given formal language training only in Finnish. At the time of the interviews, all respondents had been granted permission to remain in Finland and were thus able to move to a Finnish-speaking municipality. Yet all five were reluctant to make the move. Four out of the five were determined to stay in the region of their current residence for family reasons; they had already lived in the region for several years while waiting for their asylum claims to be processed and did not want to uproot their children.

Two of the respondents who lived in a predominantly Swedish-speaking bilingual municipality had moved there voluntarily from reception centres in other parts of the country immediately after their arrival in Finland. Neither one of them had been told that their destination was a bilingual city with a significant Swedish-speaking majority. While both of them were fond of their adopted home town, both agreed that bilingualism presents refugees with a substantial additional burden, and they would have reconsidered their decision if they had been informed about the bilingualism.

*They only taught us Finnish in the reception centre... We didn't even know that Finland was a bilingual country and nobody told us that, we lived here in this city for two weeks before we realised that people here speak two different languages... If we had known, I think we would have preferred to go someplace else, to learn one new language at a time... (Nurse, Uzbekistan)*

One of the main concerns of the refugees who lived in a predominantly Swedish-speaking municipality was that the bilingual environment made it difficult to learn either language sufficiently.

*When we lived in the reception centre I studied only Finnish, and only two hours a week... But the hospital where I worked, everybody spoke only Swedish...I still don't speak either language well, although I think that my Swedish is better than my Finnish... (Nurse, Kyrgyzstan)*

*In the beginning I was really worried that I will forget Finnish if I concentrate on learning Swedish, and so I did not want to go learn it at all... Now that I have been here for such a long time I am studying it, though... (Doctor, Kosovo)*

Bilingualism presented a challenge especially for those who were, or had been, working in the predominantly Swedish-speaking municipality in question. While all five respondents who lived in this area realised that it was *possible* to survive at work without being able to speak one of the languages, they also noted that the ability to speak both languages is essential if one wishes to secure a permanent contract and establish good relations with one's colleagues. While one respondent had been bullied at work for not being able to speak Swedish, another had started to learn the language voluntarily after his working hours as soon as the language training was made available for all hospital employees who felt the need to improve their Swedish.

### **6.3 Qualification Recognition**

The purpose of this section is to offer an overview of healthcare professional refugees' perceptions of the qualification recognition process in Finland. As none of the refugee respondents had participated in the pioneering qualification recognition programmes for dentists and nurses, the evaluation of the usefulness of these projects is outside the scope of this research. However, it ought to be mentioned that the demand for such courses exceeds the supply,<sup>26</sup> implying that - despite all the talk about growing labour shortages - the professional skills of refugee nurses and dentists are not effectively utilised at the moment. While the views of the one dentist and five nurses who participated in this research are included in the general discussion about the appropriateness of the current qualification recognition requirements (section 6.3.1), the latter sections focus separately on nurses (6.3.2) and doctors (6.3.3) in order to illustrate the different nature of problems faced by these two professional groups.

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<sup>26</sup> The first qualification recognition training for dentists (SPECIMA) accepted 15 candidates out of 29 applicants, while the second training programme accepted 4 candidates out of 13 applicants. The first SATU qualification recognition training for nurses had 34 appropriately qualified applicants, 20 of whom were accepted for the training programme. The second SATU project accepted 13 out of 26 appropriately qualified applicants (these unpublished figures were acquired from the programme coordinators via personal communication).

### **6.3.1 Refugees' views on qualification recognition requirements**

The findings of this research project conflict sharply with previous research by Kuhlman-Keskinen and Hännikäinen (2003), who studied the labour market position of Russian immigrants with higher education qualifications. According to Kuhlman-Keskinen and Hännikäinen (2003), one of the most notable impediments to highly-educated Russians' access to employment that corresponds with their qualifications is their unwillingness to undertake any additional training or 'qualification updating'. Contradicting this conclusion, the healthcare professional refugees who were interviewed for the purposes of this thesis acknowledged unanimously that *some* updating of their existing qualifications is vital. The interviews that were conducted with the 13 healthcare professional refugees who had been educated outside the EU/EEA region revealed that all respondents were aware that some practices in Finland differ significantly from the practices in their countries of origin, and some training is essential in order to adjust their knowledge to the structure of the Finnish healthcare system and the new idiosyncrasies. Instead of thinking that the qualification updating requirements or language requirements are totally unfair, *all* respondents emphasised the importance of being able to communicate well with their patients and to 'learn how things are done in Finland'.

*Although the work in itself isn't very different, there are things you have to learn. You have to be able to read Finnish well, it's very important, because you have to understand the names of the medicines and the instructions... You also use a lot of computers here, all information is on the computer, and you have to learn how to use them... There are things that you have to learn, so yes, I think that all immigrants do need some training after they come here...  
(Nurse, Iraq)*

*If you are here in Finland, you have to be able to take care of Finnish patients, and there are things that you need to learn... You can't just ask your colleagues to do things for you, you have to learn how to do them yourself.  
(Doctor, Iraq)*

Although none of the respondents questioned the need for qualification update or qualification recognition training, nurses and doctors experienced the situation very differently, most notably because an established qualification recognition procedure is

available only for doctors. While all respondents thought that they would be able to perform well if given access to sufficient training, nurses felt that the qualification recognition requirements for them were unreasonable, supporting a view that has been already put forth by Makkonen (2000). Most doctors, on the other hand, considered their qualification recognition requirements to be relatively fair and justifiable, conflicting the previously made claims by Lavikainen and Salmenhaara (2002) and Kyhä (2006), who argue that the current requirements for doctors who come from outside the EU/EEA are too complicated, making the qualification recognition process slow. Nonetheless, as will be discussed later on in this chapter, the doctor respondents felt that the training that was made available for them did not match with the qualification recognition requirements. In their view, the process is complicated, difficult and slow, but this is due to a mismatch between the nature and quality of the training and the requirements rather than unreasonable qualification recognition requirements.

### **6.3.2 Nurses**

According to TEO, nurses and other healthcare professionals who do not enjoy the benefits of established qualification recognition procedures are advised to contact educational establishments that provide training leading to the Finnish equivalence of the qualification that they possess and negotiate agreements regarding individually designed supplementary training. Interviews with the key respondents from the integration services reveal that this is also the official guideline regarding the advice that is to be given to foreign nurses who wish to obtain formal recognition for their qualifications. Apart from the advice of what refugee nurses *should* do, however, the integration services are not equipped to give much concrete help for the nurses who wish to explore this option. Moreover, the interviews with refugee nurses revealed that it is more common for them to be instructed to redo their entire qualification or to opt for a lower qualification as a healthcare assistant than to be given the above mentioned information regarding their qualification recognition opportunities. Due to shortages of healthcare assistants, many Regional Centres for Employment and Economic Development (REED-centres) throughout Finland offer the unemployed jobseekers in their region vocational training leading to the healthcare assistant qualification. Many of these training programmes, purchased by the REED-centres from the local educational establishments, are designed explicitly for immigrants. It may not be surprising, then, that refugee nurses are frequently encouraged to enrol on these programmes and give up their initial hopes of re-establishing their careers as nurses. As one refugee nurse noted,

*The people at the job centre told me that I should go and study to become a healthcare assistant, it takes three years and then I would have a job. But I said 'no', I don't want to study to become a healthcare assistant, it takes three years and I will still be only a healthcare assistant... (Nurse, Iraq)*

Three of the nurses who were interviewed for this study had realised that it might be easier to redo their entire degree than try to obtain formal recognition for their foreign qualifications. Access to a polytechnic, however, had proven very difficult for all, indicating that foreign qualifications are not underrated only by integration services personnel (as discussed in 6.1.4) but also by Finnish polytechnics personnel. Despite the fact that they were already fully qualified nurses, and one of them also a qualified interpreter with several years of Finnish work experience, all were repeatedly refused entry to Finnish polytechnics. As one nurse who had been in Finland for quite a long time, and already re-qualified as a healthcare assistant commented

*In the TV and the newspapers you always see people talking about the shortage of nurses, and yet it seems to be impossible to get into a school to become one. I have tried three times and still they don't accept me. Last year they actually held two sets of entrance exams because so many students who started in August had dropped out by Christmas... And still they don't accept me... I think that it might be because they are worried that I will be trouble because I am not a native Finnish speaker, maybe they worry that I will need more support than the other students... (Nurse, Iran)*

A very worrying finding that emerged from the interviews with the nurses was that none of the respondents had received information about the two SATU qualification recognition programmes for nurses that were run by the REED-centre in South-western Finland. Although the logical explanation for this might be that none of the nurses who were interviewed for this study lived in the region, the SATU qualification recognition programmes were open to applicants from all parts of the country, and all but two of the nurses in the sample would have been eligible to apply. This was confirmed later during a discussion with one of the project's coordinators, who admitted that some nurses moved to the Turku area in order to participate in the programme. When asked, all but one of the refugee nurses said that they would be willing to move to another part of the country to access qualification recognition training.

While information regarding the qualification recognition procedure for doctors is available from TEO, the Medical Association and most employment offices, the fact that an established procedure akin to the tripartite examination that is available for doctors is not available for nurses means that those nurses who are determined to re-establish their careers are left largely to their own devices. It is possible that nurses who live in areas where qualification recognition projects have been run for nurses have been informed about such opportunities by the integration services. However, people who are attending vocational training or any other course are not classified as unemployed jobseekers, and are thus not informed if more suitable opportunities become available. Interviews with two refugee nurses revealed that they had not been informed about the local polytechnic's intentions to launch a one-off qualification recognition programme for immigrant healthcare professionals with polytechnic-level qualifications, even though they had repeatedly approached the job centre, inquiring about suitable training opportunities.

*I read in the newspapers that there is a shortage of nurses. Me and my friend, we are nurses, and even though we may not speak perfect Finnish I think that we understand people well enough. We would really like to get on a qualification recognition training programme so that we could get back to work. But at the job centre they always just tell us to go home. They say that they will let us know if any new opportunities come up, and then they don't...*  
(Nurse, Iraq)

When these two refugee nurses learned about this opportunity to get their qualifications recognised (due to their own initiative), they were shocked to discover that the qualification recognition programme in question accepted applicants with all kinds of different polytechnic-level healthcare qualifications. The selection process includes an entrance exam, followed by a four-month long introductory training period during which the 30 selected candidates will be narrowed down to 20 for the actual qualification recognition programme. After completing the four-month-long introductory training, the 20 selected immigrants will commence the actual qualification recognition training, which lasts for one year and nine months. Altogether, the qualification recognition process will take over two years. Both nurses who had applied to this training programme noted that it is a very long time to be 'updating' ones qualifications, considering that a standard degree in nursing takes three and a half years. Both respondents who had applied for this programme also expressed concerns

that the large number of Russian immigrants in the area may be prioritised in the allocation of places.

*I am a bit worried, though, that they rather take the Russians than us... I mean, the Russians come from nearby, and we come all the way from Iraq... Iraq is so far, people here don't know much about it, they don't know what quality of education we have there... And maybe they Russians are seen to be culturally closer, too... And maybe they speak better Finnish... (Nurse, Iraq)*

Ally's (2004:5) suggestion that educational institutions should start to "improve refugees' access to their programmes and develop tailor-made programmes that take into consideration refugees' prior learning" has been largely ignored by the polytechnics, with the notable exception of a few recently launched programmes. The absence of established qualification recognition procedure, however, means that refugee nurses will have to actively seek out opportunities to apply for training programmes, while integration services personnel remain largely ignorant of the courses that might be organised in other cities. Moreover, some training programmes are directed exclusively for Russian nurses, and even the more inclusive programmes may still prioritise Russian applicants. The absence of established procedure means that clear guidelines for qualification recognition training programmes are not available and, consequently, the length and the content of the courses can vary a lot. It is possible that more institutions would be willing to consider offering qualification recognition training for nurses, or supplementary training for individual overseas nurses, if formal guidelines for this kind of training were made generally available.

Despite the current shortage of nurses in the public healthcare sector, the interviews with refugee nurses indicate that the difficulty of the qualification recognition process (and the absence of an established procedure) renders nurses largely unable to re-establish their careers in Finland. None of the five refugee nurses had acquired formal recognition for their foreign qualifications, and were consequently unable to access employment that corresponds with their qualifications. Two nurses had trained to work as interpreters after trying several times (in vain) to access institutions where they could redo their entire degrees. One nurse was studying to qualify as a healthcare assistant, after participating in many different courses and working in several low-paid service sector jobs. The two most recently arrived nurses were unemployed at the time of the interviews. Both were hoping to access language training soon so that they could move on with their lives; one was planning to requalify as a

healthcare assistant, while the other was determined to return to nursing. On the whole, the findings of this research largely support the previously made claims (the Finnish League of Human Rights 2002; Ally 2004; Abdulla 2004) that it is more difficult for educated refugees to find employment that corresponds with their qualifications than to find other employment, particularly in the low paid service sector or the so-called ethnic sector.

### **6.3.3 Doctors**

In general, refugee doctors felt that there is a gap between the qualification recognition demands (listed in chapter 1.4.5) and the level of support that is made available for them. While all respondents acknowledged the need for some qualification updating and noted that it is understandable that Finnish authorities want to make sure that the doctors who have been educated abroad will not put their patients at risk, the general opinion was that if the requirements are high, foreign doctors should be given enough support and advice to help them meet these demands. Although all but one of the refugee doctors thought that the exams serve an important function, many noted that the qualification recognition training that is made available for them (*Lääkäriksi Suomeen-kurssi*) is not comprehensive enough.

The most common cause for frustration amongst the doctors was that the *Lääkäriksi Suomeen-* course lasted only for a few months, and did not include any practical element or a language course on medical vocabulary. Although some respondents recalled being sent on a language course that was designed for healthcare professionals and focused on professional vocabulary, the refugee doctors agreed that medical vocabulary should be taught as part of the qualification recognition training course, rather than as a separate course. On the whole, the respondents felt that the qualification recognition training should prepare the participants more directly for the exams. All doctors pointed out that the course should be longer, more comprehensive, and include both theoretical and practical elements. A few also mentioned that the candidates should be given more detailed information regarding what will be expected from them in the exams, as the marking criteria and examination conditions in Finland differ greatly from the practices that many of the refugee doctors are accustomed to.

The respondents made several suggestions of how the training course could be improved to facilitate faster qualification recognition. Below are listed some of the suggestions that were made by more than half of the respondents.

- duration of the course should be extended to 9-12 months, five days a week, preceded by 6-9 month-long intensive language training and followed by six-month-long practical training period
- medical vocabulary should be studied as part of the course
- the course should be more interactive, employing teaching techniques that would encourage the participants to speak Finnish with each other and to practice the use of medical terminology
- issues that are covered in the exams should be discussed in the class in detail, and participants should receive information regarding the marking guidelines for the exams
- observation of Finnish doctors at work should be included in the course curriculum

Overall, refugee doctors thought that it is necessary for foreign doctors to demonstrate their knowledge of the Finnish healthcare system and relevant legislation by sitting the exams, although the high demands meant that only three doctors had obtained full recognition for their qualifications. Despite the fact that one respondent had got through the qualification recognition procedure in just 3 years, the other fully qualified refugee doctors had spent 5 years or more in the process. Only one of the respondents who were still in the process was likely to complete it in less than five years. Most respondents reported feeling that more intensive and comprehensive training would have enabled them to proceed at a much faster pace. Contradicting the arguments made previously by Kuhlman-Keskinen and Hännikäinen (2003), all respondents were willing to undertake intensive training for over two years in order to obtain a license to practice medicine in Finland. A few even argued that if qualification recognition training cannot be improved, refugee doctors should be given an opportunity to enrol at Finnish medical schools as exceptional cases for reduced study periods to make return to paid employment a viable option for them.

*I wouldn't mind going back to university for a year and a half, or even two years. I know that you have to learn the language and you must know how things are done here, but now there is no good training for us for the exams, and without passing the exams you can't proceed, you can't do anything. I*

*wouldn't care if I had to study for several years to get back to work, I just wish there was somewhere where I could do that... (Doctor, Lebanon)*

## **Conclusion**

The aim of this chapter has been to assess the extent to which healthcare professional refugees have benefited from available integration measures and services. By exploring their personal accounts of their experiences, this chapter has sought to highlight a range of issues that prevent effective qualification recognition. The findings indicate that healthcare professional refugees' ability to re-establish their careers in Finland is severely restrained by the lack of high-quality language training, limited ability or willingness of the integration services personnel to assist healthcare professional refugees in the process, and the complexity (or absence) of the qualification recognition procedure. Although the lack of sufficient high-quality language training for well-educated refugees has already been recognised by the Labour administration (MOL 2002; MOL 2005a; MOL 2005b), recent developments indicate that ever since the responsibility for refugee integration was handed over to the Ministry of Labour, vocational training has been emphasised at the expense of language training (Finnish League for Human Rights 2002). The highlighting of vocational training as the most effective path to successful integration has created an environment within which it is easier for refugee nurses to re-educate themselves as healthcare assistants than to resume a career in nursing. Consequently, it is not uncommon for refugee nurses to receive inappropriate and misguided advice from the integration services.

The findings indicate that refugee doctors are much more likely to be actively encouraged to pursue qualification recognition training opportunities than nurses. While none of the nurse respondents were advised to seek formal recognition for their existing qualifications by the integration services, several doctors were given (at least some) information regarding suitable qualification recognition training programmes. Even though one doctor reported being encouraged to consider an alternative career in the mid-1990s, doctors who arrived in the latter half of the 1990s or later have been largely able to find information regarding the qualification recognition procedure, although this information was not always made available by the integration services.

Unlike nurses, doctors are unlikely to be told that their qualifications are worthless. They are also less likely to be instructed to learn a new profession for themselves. The path to

qualification recognition is, at least in principle, open to all doctors who can provide evidence of their previous qualifications. Nurses, on the other hand, are highly unlikely to obtain formal recognition for their prior qualifications under the contemporary circumstances. Although some piloting projects have organised qualification recognition training for nurses in recent years, the fact that an officially established qualification recognition procedure is not available for foreign-qualified nurses may be the main explanation for nurses' higher likelihood to receive misguidance from the integration services. Overall, the findings suggest that doctors are much more likely to obtain formal recognition for their qualifications than nurses or dentists, many of whom are actually advised to explore other career options and forget their aspirations to acquire formal recognition for their qualifications. While refugee doctors enjoy the benefits of organised qualification recognition procedure, the qualification recognition training (Lääkäriksi Suomeen) that is currently available for them does not provide sufficient support. According to refugee doctors' accounts, the course serves an important function in principle, but could benefit from a number of improvements.

Among the issues that call for urgent attention are language training, integration services' ability to support refugees with high levels of educational attainment, and the quality of qualification recognition training for doctors. The plight of refugee nurses (and dentists) calls for immediate action. If established qualification recognition procedure with set exams can be developed for doctors, it should be possible to establish such an examination-based qualification recognition procedure for nurses (and dentists) as well. At the moment, the dismissal of foreign nursing degrees as inferior to their Finnish equivalents appears to be encouraged by the organisational structure of the Finnish integration system and its emphasis on vocational training as the most efficient route to labour market integration. The absence of an established qualification recognition procedure and the lack of adequate and appropriate support and advice from the integration services are the key causal factors rendering refugee nurses' largely unable to resume their careers in Finland.

## CHAPTER 7: OVERCOMING THE BARRIERS

### Introduction

*It's not easy for anybody, it's never easy. But some of them really succeed... I like to follow their progress, first time they come and do not speak any Finnish... Then five or maybe ten months later they come and say that they don't need the interpreter anymore, and they are so pleased with their own progress, it really makes you feel good... And then some find jobs, proper jobs. It always makes me really happy, because I know that it's harder for them than it is for Finnish people. It's always harder for them... (KR 7- integration services)*

As demonstrated in chapter 6, healthcare professional refugees who wish to re-establish their careers in Finland face a number of obstacles, most notably due to a gap between requirements and the availability of appropriate advice and training. However, some refugees have found a way to overcome the barriers defined in chapter 6, and have successfully returned to appropriate paid employment after obtaining formal recognition for their overseas qualifications. The purpose of this chapter is to identify the factors that can potentially enhance healthcare professional refugees' ability to obtain formal recognition for their qualifications and to re-establish their careers in Finland. In line with the social constructivist approach (as outlined in chapter 5.2.2), this chapter uses the refugee respondents' accounts of their experiences to define the key factors that the refugees themselves regard as having improved their qualification recognition prospects.

The chapter starts by looking at the impact that the availability and accessibility of formal training opportunities has on refugees' ability to obtain recognition for their overseas qualifications. The second part of the chapter focuses on practical training. The opportunity to undertake practical training was praised by all refugee respondents, including those who had not yet re-qualified in Finland, or who were not even in the process of doing so. The chapter will end with a brief discussion of the benefits of informal support provided by friends, family, and colleagues. It is worth noting that the factors that can be seen to enhance healthcare professional refugees' return to appropriate employment are numerically fewer and less multifaceted than the barriers discussed in chapter 6.

Although only three doctors out of the thirteen refugee respondents had completed their qualification recognition process by the time that the interviews took place, three other doctors had started the process, undertaken some paid or unpaid practical training, and participated in formal qualification recognition training of some kind. Two had been granted a restricted license after successfully passing the first exam, and were in paid employment at the time. Despite having a restricted licence or no licence at all, all doctors were capable of commenting on the potential benefits of both formal qualification recognition training and practical training. Where appropriate, comments from nurses and the doctor who had not yet begun the formal qualification recognition procedure have been used to illustrate the benefits of specific opportunities that have been available for them.

## 7.1 Training Opportunities

### 7.1.1 High quality language training

Although most refugee respondents had largely negative experiences of formal language training (see chapter 6), four respondents were relatively satisfied with the language training that they had received, indicating that high quality language training *can* be organised. The perception that language training is generally of not very high quality, however, was shared by all respondents, and those four individuals who had been given an opportunity to participate in properly organised, good quality language classes were very much aware that they were in the minority. The inaccessibility of high-quality language courses was highlighted by the fact that only one of the refugee respondents had secured a place on an intensive language course that was designed specifically for highly educated immigrants by the integration services. Expressing her understanding that properly pitched intensive language classes are available to very few, she considers herself very ‘lucky’ for obtaining a place on such a course.

*Quite soon after arriving in Finland I received a letter saying that I have a place on this language course, it was one of these courses that use suggestopedic<sup>27</sup> teaching methods... Before I started the course, I didn't speak any Finnish at all, and it was really hard. Everybody else seemed to know more*

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<sup>27</sup> An alternative approach to language teaching, based on a method called ‘suggestopedia’.

*Finnish than I did...But the teachers worked really hard with me, and I tried very hard to learn myself... And then, after about 5 months or so, I started to speak Finnish! I think that I was very lucky to get onto such a good course, I know that it's very difficult to get a place on one of those courses. I was just lucky, I guess. The course was really hard, but I did learn quite quickly.*  
(Doctor, Afghanistan)

Two other respondents had managed to find good language courses by perseverance and individual effort, using their social networks. One doctor who had been refused an opportunity to attend an advanced language course by the integration services had successfully sought help from an alternative source, and enrolled on a free-of-charge language course run by a local cultural centre. This option, however, is only available for refugees who live in cities where the demand for language courses has prompted voluntary organisations and independently run educational establishments to organise their own courses. Furthermore, many language courses that are not organised by institutions that provide training for the integration services are costly, and thus beyond the reach of most refugees who do not work full-time.

*Since the integration services refused to send me onto another language course, I had to find one myself. After looking around for quite a long time I finally heard about this course that was organised by Caisa [international cultural centre in Helsinki]... And it turned out to be a very good course because we had classes for several hours every weekday. We studied for almost four hours every day, and the teacher was good too... So that was a good language course, and I learned a lot on that course.* (Doctor, Afghanistan)

*The integration services don't send me to a free course, and for all other courses you have to pay a fee, which we can't afford. I just want to learn enough Finnish to be able to deal with patients and to know that I understand them properly...* (Nurse, Kyrgyzstan)

All of the refugee respondents made frequent references to the experiences of their friends and family when discussing their own experiences of formal language training. Even though the vast majority of the refugee respondents held highly negative views of the quality and/or quantity of the language training that is generally made available to them, it was not

uncommon for the respondents to mention that they knew others who were in a similar situation or even worse off. Consequently, some respondents considered themselves to be relatively fortunate even if they were not fully satisfied with the quality or the availability of the training that was offered to them, simply because most of their friends and acquaintances were even worse off. As one Iraqi nurse points out

*I was very lucky because I didn't have to wait for more than four months between the first and the second language courses... And almost immediately after I finished the second course I got a place in this integration training course with the VALKO-project. There we learned Finnish history and culture etc., but because it was all in Finnish, we also learned language there. And that course lasted for nine months... (Nurse, Iraq)*

Overall, the refugee respondents thought that longer language courses (9-12 months) of intensive nature would be preferable to several short courses. According to the key respondents from the integration services, funding towards language training has been increased in recent years, and integration services are now better equipped to ensure that intensive language training in homogenous groups is made available for most refugees with professional/academic qualifications.

*When we form the groups for language courses, we always try to make them as homogenous as possible, because students learn better if they are in a group with other people who have similar experience and equally developed learning skills. And also if the composition of the groups is very heterogeneous then it is more challenging to teach the course as well. So we do try our best, and now that we have more funding for language training and we have been able to establish several different types of language training the situation has improved a lot. But it's still not possible to ensure that all groups are homogenous. (KR 7 - integration services)*

Nevertheless, interviews with refugees who had been transferred to the integration services from reception centres relatively recently indicate that positive developments of this kind are not very pronounced in small cities, where restricted access to language training remains a major problem. The interview data indicates that the quality and availability of language training has improved in relatively large cities outside the capital region, while high demand

for the services in the capital region has resulted in an inability of the integration services to provide appropriate training for all who need it. In small cities that receive few immigrants, the lesser demand means that fewer courses are organised, the selection is limited and individuals are not always able to access a language course as soon after arrival as would be desirable. More research, preferably of a quantitative nature, however, would be needed in order to draft any comprehensive conclusions on this matter.

### **7.1.2 Formal qualification recognition training**

As already discussed in chapter 6, the sample for this study did not contain any nurses or dentists who had taken part in qualification recognition training. The benefits of formal qualification recognition training that are discussed here thus reflect only the experiences of doctors, although project-natured qualification recognition training has also been organised for overseas nurses and dentists. Out of the seven refugee doctors who participated in this study, six had attended a formal qualification recognition training course of some kind. Despite numerous suggestions of how the qualification recognition training for doctors could be improved (listed in chapter 6.3.3), all but one of the four doctors who had participated in the Tampere qualification recognition training (Lääkäriksi Suomeen – course) agreed that the course had been at least partly useful. In particular, the respondents felt that the course coordinator had been helpful and accessible, providing the students with additional information upon request.

*The Tampere training course helped me a lot, I think. It prepared me for the exams, because I had no idea how to answer the questions. It is a different culture and different rules, and it was good to get some guidance about the process before taking the exams... And they certainly gave us lots of material, lots of photocopies etc. (Doctor, Kosovo)*

*You get a lot of useful information from there... They tell you about the qualification recognition process and the exams, where you take them, how much they cost, when you can take them and what are the preconditions. They also give you information about the paid practical training, like what you need to do to get a post, and how long you have to practice... And they also give you*

*a form that you can give to a potential employer, to let them know that they are entitled to financial support if they hire you*<sup>28</sup> (Doctor, Afghanistan)

Similar views, expressing feelings that the training course had been *partially* useful, were held by two doctors who had attended an alternative, one-off training course in the capital region. Interestingly, however, the positive feedback regarding this project-natured course centred more heavily on the psychological support that it provided for the participants than the taught content of the course.

*I think that it was good for foreign doctors to get a chance to meet each other. During the course, we had one meeting every week for eight weeks, and during these meetings we were able to share and exchange experiences... We would talk about the Finnish healthcare system, how things are organised and so on... But we would also exchange information, like if somebody knows of a person who helps foreign doctors to get paid practical training posts, and what kinds of questions may come up in the exams... And when somebody passed one of the exams, it was encouraging for all of us, ensuring the others that the exams are not impossible to pass... Overall, the course was good, in the sense that we gained more information about the organisation of public healthcare system here, and how things are done in Finnish hospitals. And we also got support from each other. (Doctor, Iraq)*

On the whole, the Tampere training course was perceived useful for providing the participants with factual information regarding the organisation of the qualification recognition procedure, while the project-natured course that was organised in the capital region focused less on the qualification recognition procedure and more on interaction between participants in the form of questions-and-answers sessions. It ought to be noted, however, that neither one of the qualification recognition training courses was very comprehensive, nor provided refugees with sufficient information to facilitate speedy completion of the qualification recognition procedure (as discussed at length in chapter 6).

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<sup>28</sup> Since 2002, the Ministry of Health and Social Affairs has been responsible for covering the 'wages' of overseas doctors during the *amanuenssi* paid practical training placements to encourage employers to accept overseas doctors to *amanuenssi* positions. For further detail, see chapter 1 (1.4.5).

Although most respondents were able to identify *some* positive aspects of the qualification recognition training courses that they had attended, all doctors were keener on pointing out how these training courses could be improved to better address the needs of refugee doctors. While most of the respondents felt that the training that was made available for them was beneficial to an extent, they also noted that it did not prepare them sufficiently well for the exams. One respondent bluntly remarked that the only real benefit of the training course was the fact that it was followed by an opportunity to sit the exams – of which this person had not been informed by the integration services/employment services during the first nine years of his residency in Finland.

### ***7.1.3 Established qualification recognition procedure***

In light of the notable shortcomings of the qualification recognition training, the most significant factor that enhances refugee doctors' ability to get their overseas qualifications recognised in Finland appears to be the established qualification recognition procedure. As previously noted, none of the nurses who participated in this study had managed to obtain formal recognition for their overseas qualifications. Most doctor respondents, on the other hand, had already re-qualified or were in the process of doing so. This notable difference in doctors' and nurses' (and dentists') abilities to obtain formal recognition for their qualifications can be largely explained by the lack of established qualification recognition procedure for nurses and dentists. If such a system is not available, excellent language skills and opportunities to undertake practical training do not bring a person with healthcare qualifications any closer to formal qualification recognition. In fact, two of the nurses were qualified translators, and still remained unable to return to nursing due to the lack of established qualification recognition procedures, which would outline clear licensing requirements for nurses with overseas qualifications.

As discussed in chapter 6, the accounts of the refugee respondents indicate that when established qualification recognition procedure is available, suitably qualified individuals are likely to hear about it, either from their peers or from the integration services personnel. When qualification recognition is available only through participation in project-natured programmes and training courses, as is currently the case for nurses and dentists, integration services personnel are unlikely to have the necessary information regarding such training programmes. Consequently, many suitably qualified candidates are left unaware of such opportunities.

The availability of an established qualification recognition procedure appears to be the single most influential factor determining healthcare professional refugees' ability to return to their professional role. As such a procedure is presently available only to doctors, the influence of one's professional qualification supersedes the potential impact that all other personal characteristics could reasonably be expected to have on a person's qualification recognition and employment prospects. Gender, marital status, pre-migration social status, country of origin, and time of arrival in Finland do not appear to have any noticeable impact on healthcare professional refugees' ability to get their qualifications recognised in Finland. Manner of entry, however, can be considered influential, although its effect is limited in scope and only applicable to doctors. Because quota refugees do not need to go through the asylum process, refugee doctors belonging to this category may be able to achieve formal qualification recognition sooner after their arrival in Finland than those who arrive as asylum seekers and must wait for their claims to be processed before commencing the qualification recognition process. Even doctors who arrive in Finland as asylum seekers are still more likely to be able to re-establish their careers in Finland than quota refugee nurses.

The route to qualification recognition and licensing follows the same pattern for recent medical school graduates and distinguished specialists with extensive work experience. Because overseas specialist training must be officially accredited separately from the more general medical qualification, and this can be done only after the candidate has completed the initial qualification recognition process, postgraduate specialist training does not appear to improve refugee doctors' qualification recognition prospects. The skills and knowledge acquired by practicing medicine, however, may help refugee doctors to perform well in the exam. Only one refugee doctor out of seven had been unable to proceed with the qualification recognition process due to his inability to pass the first exam testing candidates' clinical skills. Although it might be just a coincidence that he was also the only respondent who had arrived in Finland immediately after receiving his diploma, it is possible that his lack of work experience has been influential in determining this outcome. This interpretation of the data would support the Medical Association representatives' views that the qualification recognition exams for overseas-qualified doctors call for more extensive and thorough knowledge than is generally required in medical school final exams.

## **7.2 Learning by Doing- the Benefits of Practical Training**

Despite the fact that most of the refugee respondents had not (yet) obtained formal recognition for their qualifications in Finland, all of the respondents had some sort of experience of practical training in the Finnish healthcare sector. While the nature of the practical training varied a great deal depending on individual circumstances as well as professional qualifications, opportunities to undertake practical training were cherished by all refugee respondents. While most doctors had undertaken both unpaid and paid practical training (*amanuenssi*), nurses (and the dentist) had obtained some work experience in hospitals or health centres during a work placement phase of a language course or healthcare assistant vocational training. Without exception, all refugee respondents considered practical training to be extremely useful for a number of reasons. The purpose of this section is to examine the beneficial effects of practical training opportunities on healthcare professional refugees' lives in Finland. Although an important dimension of practical training is that it can enhance people's ability to re-establish their careers in Finland, it is worth noting that practical training was considered beneficial even when it did not have any direct effect on the qualification recognition process.

### ***7.2.1 Learning language at work***

The most commonly cited advantage of practical training, mentioned by all respondents, was the opportunity that it provided for the healthcare professional refugees to put their Finnish skills to practical use. As several respondents noted, their opportunities to interact with mainstream Finns on a daily basis are limited. For the majority of the respondents, practical training offered a rare chance to use their Finnish skills, and they felt that they learned the language more effectively at a workplace than in a classroom. All refugee respondents argued that their language skills had improved a great deal during the practical training period, even if this was fairly short, such as four or six weeks. A number of respondents also pointed out that practical training in health centres or hospitals provided them with a valuable opportunity to learn medical terminology, which is not covered in general language courses.

*Outside of work, I don't have any Finnish friends, so I don't have anybody to practice with. It's just at work where I can speak Finnish with Finnish people  
(Doctor, Afghanistan)*

*At work you learn language and get in contact with Finnish people. Outside the workplace Finnish people don't really talk to us... So at work, even if you don't become very close with your colleagues, you still have a chance to speak Finnish. At work, you have to listen and speak, so you learn ... And I think that it's easier to learn language in practice than from a book. If you have to use the language everyday, if you have the opportunity to speak and listen every day, then you learn faster... And not just language but other things as well, like how to interact with Finnish people... (Nurse, Iraq)*

A couple of respondents who lived in a bilingual area mentioned that interaction with colleagues at the workplace had helped them to learn Swedish, which is rarely taught to refugees who have begun learning Finnish.

*In the beginning they helped me to learn Finnish, every day I'd learn at least one new word... And now that I am learning Swedish they have all started to speak Swedish to me! (Doctor, Kosovo)*

Practical training was also perceived to be useful in the sense that the interaction with mainstream Finns in the workplace gave the refugee respondents an opportunity to form a more comprehensive understanding of their language skills and to develop their spoken Finnish. As one respondent noted

*I really enjoyed working, but I recognised that my language skills were nowhere near good enough... I had to spend so much energy on speaking and understanding what people say... It was during the practical training that I realised that I have to study more Finnish, I understood that I cannot work as a nurse or even as a healthcare assistant until I learn more Finnish... (Nurse, Uzbekistan)*

Although all refugee respondents believed that language can be learned more effectively at a workplace, formal language training was still deemed important. Nearly all refugee respondents pointed out that one should know the basics of Finnish before embarking on practical training. In fact, most respondents agreed that practical training should be preceded by a sufficiently long (6-12 months), intensive (30-40 hours/week) formal language course

that would cover the basics, on which the refugees could then build during practical training (see chapter 6.2.2).

### ***7.2.2 Learning Finnish workplace culture***

Another commonly cited benefit of the practical training was the opportunity to gather experience of a clinical environment and to learn Finnish workplace culture. Several respondents noted that, in addition to giving them an opportunity to improve their language skills, practical training enabled them to gain some understanding of the style and pace of work in Finland's public healthcare sector. While all respondents pointed out that the clinical skill requirements for nurses and doctors are very similar in Finland and their home countries, many remarked that some practices in Finland differ notably from those that they are accustomed to. The most commonly cited issues here were the use of computers/other technical equipment, the (excessive) paperwork that was required from doctors, and the division of labour between doctors, nurses, and healthcare assistants.

*The work that nurses do here is quite similar kind of stuff that nurses do in Iraq. But of course there are differences... Like here you have to be able to speak Finnish... And some things here are done differently. Like you use much more technology and IT here, and all the machinery is more modern here than it was in Iraq... Also nurses have to know how to use the computers and stuff, so there are things that we have to learn. But because we are fully qualified nurses it's not that hard to learn all that what is different here. The other nurses showed me what I need to do, and pretty soon I was able to do all of it by myself... (Nurse, Iraq)*

*During the language course we had a work placement phase. I was given a chance to go to the local health centre, and I was really happy to get to go there, because I wanted to learn about nursing here in Finland, like what duties the nurses have and stuff. At the health centre I had the opportunity to do just that... (Nurse, Uzbekistan)*

Although practical training placements did not take the nurses any closer to official qualification recognition, they still considered the experience useful, predominantly because it gave them a chance to improve their language skills and make contact with mainstream

Finns. All doctors, on the other hand, were already aware of the qualification recognition procedure when commencing the practical training. For them, the opportunity to undertake practical training was valuable mainly because it allowed them to observe Finnish practitioners at work, and to form a better understanding of the workplace culture.

*It's not good if you just sit in a classroom and somebody tells you how you need to fill in some forms, and how you should deal with a patient here. It's much better if you get a chance to go to the hospital, and the doctor there shows you what to do. That's how you learn what is expected from you here, how you fill in the forms and stuff. That's much more effective than sitting in a classroom like we did during that training course [Lääkäriksi Suomeen]... (Doctor, Lebanon)*

Despite all the benefits that practical training opportunities offer to refugee doctors, they have their limitations. Most notably, refugee respondents felt that their Finnish colleagues and supervisors were often ill-equipped to supervise a foreign doctor. Such problems, one respondent emphasised, are not necessarily caused by racist or prejudiced attitudes towards the refugee doctors, but rather a lack of knowledge of how to deal with people who come from different cultural backgrounds.

*Although I think that practical training is very useful, sometimes I felt that the people at the workplace did not really know how to deal with foreign trainees. They didn't give clear instructions as to what I was supposed to do, and I did not know that they expected me to ask them if I wanted to do something... But this was a problem with only some people, some others were really helpful and understanding. But I still think that people who work with foreign trainees should be given some instructions about how to deal with them, because sometimes they come from a very different culture and don't know how things are done here, they don't know that they need to ask if they want to do something... (Doctor, Afghanistan)*

Similar experiences have been reported in the UK by Ong *et al.* (2004), who highlight that badly conducted practical training opportunities which fail to serve any instructional purpose, whether it is due to resentment or ignorance, are often barren encounters that provide limited benefits to refugee doctors. While issues of this kind could be addressed by the Medical

Association, which could take a more active approach to providing their members with training opportunities to help them form more comprehensive knowledge and understanding of cultural diversity, they must also be addressed by qualification recognition training programmes. None of the refugee respondents who participated in this research had received any information about Finnish workplace culture *before* commencing practical training. Instead, they were expected to simply ‘learn by doing’, with no information regarding common norms and practices being disseminated at any point during the formal qualification recognition training or the practical training. While practical training placements at their best provide valuable learning opportunities for all involved parties, the absence of clear guidelines for the refugee trainees as well as their supervisors can result in confusion. In order to maximise the benefits of practical training placements, it would be necessary to ensure that refugee healthcare professionals *and* their Finnish supervisors were appropriately briefed about the expectations relating to their individual input as well as the overall objectives of the practical training.

### ***7.2.3 Making contact with Finnish people***

In line with Colic-Peisker and Tilbury’s (2003) definition of ‘achievers’, the vast majority of the refugee respondents who participated in this research had been eager to get to know mainstream Finns, at least when they first arrived in Finland. Corresponding to findings from Ekholm’s study in 1994, however, the refugee respondents had few Finnish friends, and most of them were unhappy about the limited opportunities to make contact with mainstream Finns. In order to demonstrate the extent of their efforts to make friends with locals some nurses and doctors illustrated their experiences with colourful accounts of their (largely unsuccessful) attempts to befriend their Finnish neighbours. Considering this context, practical training was seen by the refugee respondents as an ideal way to get an opportunity to meet Finnish people. This opinion was also common amongst Pentikäinen’s (2005) research participants. In fact, the opportunity to make contact with mainstream Finns was considered so significant that it was identified as one of the most positive aspects of practical training by most refugee nurses.

*It’s really hard to make friends with Finnish people, they are so introvert and talk so little, it’s hard to find Finnish people you could talk with... When I was doing the practical training which was part of the healthcare assistant course I finally found a Finnish friend... In the hospital I got to know this nurse and we*

*became very good friends. Now she is practically a part of our family, she and her husband come to our house or we go to their house (Nurse, Iraq)*

Even respondents who had not made any close friends at the workplace thought that practical training had offered them an unprecedented opportunity to learn more about Finnish people and Finnish culture. As one respondent noted,

*Practical training provides an entirely new channel through which you can learn about Finnish culture. At the workplace you learn things about Finnish people and Finnish culture that you wouldn't learn elsewhere. (Nurse, Iraq)*

In view of the largely negative perceptions that Finnish people reportedly have of refugees (Paananen 1999; Jaakkola 2005), the refugee respondents' accounts of their encounters with their Finnish colleagues during the practical training were surprisingly positive. Although nearly all respondents had experienced *some* bullying (as will be discussed in more detail in chapter 8), all respondents thought that they had been generally well treated by their colleagues during the practical training.<sup>29</sup> Nearly all refugee respondents also mentioned at least one or two colleagues who had gone out of their way to befriend and help the newcomers.

*There were two nurses there who really helped me a lot... They taught me how to use some equipment that I wasn't familiar with, and they taught me how to use the computers there... Whenever I needed help I could just ask them... (Nurse, Uzbekistan)*

*When I started the practical training at the hospital, there was a lot to learn. The equipment here was much more modern than what we had back home. Some things I had to start from the beginning. And the classification system that is used here is different, too... So there was a lot to learn. But my*

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<sup>29</sup> Interestingly, some respondents recalled being treated better by their colleagues during the practical training than later on when working as doctors or as healthcare assistants. Refugee respondents' accounts of their relationships with patients and colleagues will be examined in more detail in chapter 8.

*colleagues have always been very nice, always helping me... I am really thankful for them, they have been really great! (Doctor, Kosovo)*

These positive experiences of interacting with Finnish people during practical training appeared to have a significant positive impact on refugee healthcare professionals' psychological well-being. Despite the fact that most respondents experienced problems caused by weak language skills at least in the beginning of the practical training period, the inability to speak good Finnish did not stop them from enjoying the interaction with their Finnish colleagues. A few respondents mentioned that being able to spend time with their colleagues at work during practical training was the first time that they felt accepted by Finnish people.

#### ***7.2.4 Practical training and refugees' psychological well-being***

According to Pentikäinen (2005), the ability to work has a major positive impact on refugees' sense of self-worth. One commonly mentioned benefit of practical training was the positive impact that being able to work had on healthcare professional refugees' self-esteem. As already discussed in chapter 6, the refugee respondents' accounts strongly support the findings of previous studies, which reveal that refugees tend to consider welfare dependency highly undesirable and humiliating (Ekholm 1994; MOL 1997; Colic-Peisker and Tilbury 2003; Valtonen 2004; Pentikäinen 2005). Interestingly, even unpaid practical training seemed to be preferable to unemployment, despite the fact that refugees who undertake unpaid practical training are supported financially either directly or indirectly by the state.

Yet, there appeared to be a major difference, in the refugees' view, between participating in practical training and sitting at home doing nothing. Similar findings have been previously reported by Pentikäinen (2005), whose interviews with Somali and Vietnamese refugees reveals a strong desire on the refugees' part to 'earn' their welfare benefit by engaging in productive activity of some kind. Indeed, the refugee respondents' accounts that were collected for this research imply that, paid or unpaid, it is the *principle* of labour market participation that matters. Being able to get up and go to 'work' in the morning was described as a major psychological comfort, simply because it made the refugee respondents feel more 'normal' and was seen to provide some structure and meaning to one's daily existence.

*We had a work placement period as part of the language course that I took at the vocational school, and I got a place at the local health centre, which is a really big one. I loved working there! Even though it was just a work placement, being able to work made me feel human again! It was so nice to go to work in the morning, just like most Finnish people do...And I enjoyed being able to wear the nurses' uniform again... I had missed work so much...The feeling that you are doing something useful, that what you do matters... (Nurse, Uzbekistan)*

*I have been very lucky to get a practical training post [amanuessi] at this particular ward, I think that it must be the best ward in the whole hospital. I have been so happy there! I am very proud of my work, and I am proud that I can work... (Doctor, Kyrgyzstan)*

The refugee respondents' accounts also indicate that a great deal of psychological comfort was received from the prospect of being integrated into one's professional group. While a couple of respondents noted that it was nice to be back to work, particularly because working again strengthened their professional identity and made them feel like they belong, one respondent called for more active measures to integrate refugee healthcare professionals to their professional communities as soon as possible after arrival/positive decision. This respondent had found his forced isolation from his professional community emotionally difficult, and made a request for increased interaction between Finnish healthcare professionals and refugee healthcare professionals who are undergoing or waiting to commence the qualification recognition process. His view was supported by all who had faced long periods of exclusion from their professional community, and who reported feelings of isolation, frustration and longing for professional comradeship.

### ***7.2.5 Acquiring Finnish work experience***

One concrete advantage of practical training that was not mentioned by any of the refugee respondents, but which will nevertheless be briefly discussed here due to its high relevance, is the fact that practical training opportunities provide healthcare professional refugees with highly valuable Finnish work experience. As discussed in the previous chapters, foreign work experience is not very highly valued by Finnish employers who are often sceptical about employing people with 'foreign' cultural backgrounds (Jaakkola 2000). Since immigrants are

considered to be something of a ‘risk investment’ for the employer, they are often expected to provide extensive proof of their professionalism, ability and suitability for the job (Forsander and Ekholm 2001), especially if they are unable to name a Finnish referee.

A problem of this kind has been encountered by refugee doctors in the UK, where their integration into the paid labour market after qualification recognition is believed to be hindered (at least partly) by their inability to produce British referees (Reache Northwest 2007; Ong *et al.* 2004). In Finland, however, the compulsory six-month-long paid practical training (*amanuenssi*) that overseas doctors are required to complete before commencing the examination process effectively eliminates this problem. The fact that the *amanuenssi* training placements are financed by the Ministry of Social Affairs and Health, renders it an economically viable option for all refugee doctors, enhancing their ability to find employment in Finland after completing the qualification recognition process.<sup>30</sup> According to a key informant from the educational sector, the implementation of financially supported *amanuenssi* scheme for overseas doctors in 2002 resulted in a marked improvement in overseas doctors’ ability to obtain *amanuenssi* posts and proceed to full qualification recognition. Unfortunately, the growing labour shortages have deteriorated the situation again in recent years. As hospitals are struggling to treat their patients with limited human resources, senior clinicians are increasingly unable to assume the additional duty of supervising a refugee doctor. On the other hand, the refugee respondents’ accounts indicate that the labour shortages in the healthcare sector make it easier for them to secure employment after completing the qualification recognition process. This topic will be discussed in more detail in chapter 8.

### **7.3 Informal Interpersonal Support**

Although social relations do not necessarily have any direct impact on healthcare professional refugees’ qualification recognition prospects, social networks of family and friends can prove to be a source of great emotional and psychological comfort during the process. As demonstrated with quotes from the refugee respondents in chapter 6 and earlier sections of

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<sup>30</sup> Unlike in the UK, where clinical attachments are rarely made available for refugee doctors free of charge (Ong *et al.* 2004), refugee doctors in Finland receive a small salary of approximately 1,300 euros/month to cover their essential expenses during the practical training period.

this chapter, social networks can also provide refugees with practical help, such as information regarding suitable language and qualification recognition training courses. Overall, the accounts of the healthcare professional refugees who participated in this study indicate that good familial and work based personal networks have a major positive impact on the respondents' quality of life, even if they do not improve their qualification recognition or employment opportunities. While the benefits of receiving professional guidance and support from colleagues are concrete and can hardly be ignored, social networks of friends and family play an almost equally important role. The purpose of this section is to briefly examine the refugee respondents' own accounts of their social networks in order to form a basic understanding of the ways in which informal interpersonal relationships can improve healthcare professional refugees' qualification recognition prospects.

### ***7.3.1 Support from friends and family***

To a great extent, the healthcare professional refugees' accounts of their experiences reveal a desire for more opportunities to interact with mainstream Finns. Despite the establishment of cultural centres and local community initiatives that seek to improve relationships between refugees and mainstream Finns, few of the 13 refugee respondents reported having Finnish friends. Those few respondents who had managed to make friends with Finnish people considered these relationships highly useful for a variety of reasons.

*We have one Finnish friend, this elderly lady. She teaches our son to play the piano, but she also helps me with my Finnish, and she helps us when we have forms that we have to fill in and stuff... She also helps us when we can't understand something that's written in Finnish, or when we have to find out about the Finnish laws... (Nurse, Kyrgyzstan)*

In addition to the practical benefits associated with having Finnish friends, those who had managed to form close friendships with mainstream Finns often attributed their successful and relatively speedy integration into the Finnish society to these relationships.

*I made quite a few Finnish friends soon after I arrived here. Mainly it was because I have always been active... I had to be, really, because being active helped me to get on with my hobby, which is music. Being active has enabled me to make friends with Finnish people, which is nice also because I have been*

*able to practice Finnish with them... I have a lot of friends here, it's like back home. Having friends here has made it easier for me to make this place my home... I really like it here... (Doctor, Kosovo)*

Although most respondents were keener on talking about the relationships (or the lack of them) with the mainstream Finns, a couple of respondents also discussed the benefits of having friends who share their cultural/linguistic background. While friendships with one's fellow countrymen were most commonly praised as a great source of psychological comfort, a few respondents also reflected on their experiences of receiving practical help from other immigrants/refugees.

*There are a few other foreign doctors who work in the same hospital with me, and they gave me all this information that I need about the qualification recognition procedure and the exams that I have to take... (Doctor, Kyrgyzstan)*

*My Finnish was still very poor when I was doing the work placement, and I often had difficulties understanding what people say... But when I didn't understand something, I always asked my colleagues to explain it to me, and they were really helpful. I also have this friend who works as an interpreter, and sometimes I would just ring her if I needed help! Sometimes I even rang her from work! (Nurse, Uzbekistan)*

The significance of emotional and practical support from immediate or extended family was discussed by most respondents. In addition to this, the names of random individuals who had offered a helping hand at some point along the way were well remembered, and detailed recollections of these encounters were provided to appropriately accredit the benefactor. It was mainly the doctors who recalled such encounters, and the helpful 'strangers' were commonly people who had provided the refugee doctors with relevant information or opportunities relating to practical training placements or the qualification recognition process.

The positive impact that relationships with members of the mainstream population can have on healthcare professional refugees' qualification recognition or employment prospects seems to be conditional on the presence of an establish system that enables the refugees to seek official recognition for their qualifications. In spite of being married to Finnish people,

two of the refugee nurses who participated in this research remained unable to obtain formal recognition for their qualifications. In the absence of an established qualification recognition procedure, interpersonal relationships can only improve refugees' integration prospects more generally by facilitating the language learning process or a successful completion of a vocational training programme. The beneficial influence of relationships with mainstream Finns on one's career development prospects is thus more pronounced for doctors than for other professional groups.

### ***7.3.2 Professional support from colleagues***

Whereas nearly all refugee respondents had received some kind of help and guidance from their Finnish colleagues during practical training or the qualification recognition process, the accounts of three doctors stood out from the rest as giving evidence of particularly positive experiences. Instead of being simply given advice or information regarding a suitable practical training placement, or a useful contact in any given hospital, these three doctors had managed to form close relationships with their colleagues as well as their superiors. These relationships had secured sufficiently long practical training placements for these three doctors, with a possibility to continue to paid employment after passing the clinical (first) exam. Unlike the other respondents, none of these three doctors reported ever encountering any resentment on the part of their colleagues at the workplace. Instead, they had been helped to gather information regarding the qualification recognition procedure, and provided with practical help when preparing for the exams.

*When I started to look for information about the qualification recognition process, this consulting doctor (name) helped me a lot. He helped me to find the necessary information, and he told me what to read. If he hadn't helped me, I don't know what I would have done. I wouldn't have known what to read or how to proceed. (Doctor, Kosovo)*

### ***7.3.3 A successful combination of help, luck and opportunities***

When the interview data was analysed to identify the sources and influences of the interpersonal support that the healthcare professional refugees had received during the qualification recognition process, the stories of two refugee doctors stood out from the rest as exceptionally upbeat accounts of the emotionally and psychologically trying course of events. The experiences of these two doctors are of particular interest because while these

respondents had *not* progressed through the qualification recognition procedure any faster than the other five refugee doctors, they appeared to be much more content with their lives in Finland. Although the dataset for this research project was too small to provide any conclusive evidence, the fact that the stories of these two respondents shared a number of common features indicates that these features *may* be at least partly accountable for these respondents' positive outlooks.

Whilst many of the experiences that could be identified in these two refugee doctors' accounts were shared by other refugee respondents, no other participants were able to fully relate to these positive features. First of all, both of these two doctors had arrived in Finland with their spouses and children, and consequently been placed in private housing soon or immediately after arrival. Both were among the few respondents who were satisfied with the quality and quantity of the language training that was made available for them, and both had been able to commence formal language training shortly after arrival. The most remarkable commonality that featured in these doctors' narratives was their rapid integration into the medical community. In addition to participating in the Tampere training course for overseas doctors (Lääkäriksi Suomeen), these doctors had experienced little difficulty securing practical training placements. Both had acquired extensive work experience since arriving in Finland, and both had been continuously employed ever since obtaining a permission to practice medicine in Finland.

The fact that these two doctors were the only respondents who were more content than disappointed with their lives in Finland is unlikely to be a coincidence. The presence of a significant number of the so-called enhancing factors in their stories may be the key to these respondents' positive disposition. Notably, both of these doctors had faced a number of barriers on their way to qualification recognition, and one of them was not yet a fully licensed practitioner. Neither one thought the qualification recognition process easy, far from it. From the viewpoint of an outsider, their 'success' and subsequent happiness was the result of a combination of good initial placement immediately after arrival, the presence of good social networks, and the ability to access high quality language classes and a qualification recognition training course. In other words, they had been able to avoid or overcome the most detrimental barriers (such as frustration, isolation, and long periods of forced economic inactivity) due to a combination of personal factors, institutional help and pure luck.

## Conclusion

As a follow-on from the previous chapter (which explored the barriers that inhibit healthcare professional refugees' access to qualification recognition), this chapter has sought to identify the factors that can assist healthcare professional refugees to overcome such barriers. Because this chapter has used the refugee respondents' accounts to do this – and the vast majority of refugee respondents had much more experience of the barriers than the enhancing opportunities – it does not provide a comprehensive account of the variety of measures that *could* be implemented to facilitate healthcare professional refugees' speedy return to appropriate employment. Instead, this chapter gives a grounded account of the opportunities that currently exist for *some* healthcare professional refugees in Finland, and which appear to have enhanced their qualification recognition prospects.

According to the experiences of 13 healthcare professional refugees, their return to employment can be facilitated by the availability of high quality language training, qualification recognition training and established qualification recognition procedure, as well as an opportunity to undertake practical training in the healthcare sector. However, the benefits of all these above-mentioned elements were enjoyed only by two respondents, both of whom were doctors. Although these two respondents had not proceeded through the qualification recognition procedure any faster than most of the other doctors, they appeared to be more content with their lives in Finland.

The most beneficial experience, defined by the refugee respondents, was the opportunity to undertake practical training at a Finnish hospital or a health centre. The advantages of practical training, according to the refugee respondents, were numerous. In addition to giving refugee healthcare professionals a chance to practice and improve their language skills, practical training enabled them to establish contact with their Finnish colleagues and acquire hands-on experience of a clinical environment. The refugee respondents' accounts imply that successful completion of a practical training period served as a real confidence-booster, strengthening the participants' beliefs in their professional skills and assuring them that they *can* survive at a Finnish workplace and 'fit in' with their Finnish colleagues. For many respondents, the feeling of being back at work (even if this work was unpaid and temporary), was extremely comforting, probably because it often marked the end (or the beginning of the end), of a long period of enforced economic inactivity, and signified the return to 'normal' life.

The benefits of high quality language training and practical training opportunities provide refugee nurses, doctors and dentists alike with opportunities to improve their language skills and to obtain some highly valued work experience. Yet these factors enhance healthcare professional refugees' ability to re-establish their careers only in a context where formal qualification recognition procedure exists. Though high quality language training and practical training opportunities can help *all* healthcare professional refugees to acquire and develop useful skills and contacts that will make them better equipped to survive in the Finnish labour market, refugee doctors alone are able to make most use of these opportunities at the moment. In the case of nurses and dentists, the strict licensing requirements and the lack of established qualification recognition procedures effectively annul all the positive effects that such opportunities could otherwise have on their ability to re-establish their careers in Finland. The single most influential enhancing opportunity, an established qualification recognition procedure, is available only to doctors.

The factors that improve healthcare professional refugees' prospects of obtaining official recognition for their qualifications are largely insufficient to alleviate the negative effects caused by the barriers that reduce their ability to do so. After examining the impacts of these inhibiting and enhancing factors on the 13 healthcare professional refugee respondents, the findings indicate that the factors that have positive effect on healthcare professional refugees' ability to obtain formal recognition for their professional qualifications are effectively outweighed by the negative effects of the inhibiting factors (discussed in chapter 6). On the whole, the experiences of the majority of the refugee respondents were affected more by insufficient and badly organised language training and lack of appropriate guidance from integration services. Since doctors face fewer barriers than members of other professional groups (see chapter 6), the positive effects of good quality language training and practical training were more pronounced in their cases.

## CHAPTER 8: BUILDING A NEW LIFE IN FINLAND

### Introduction

Unlike the two previous chapters, this final chapter does not concern itself directly with the qualification recognition process. Instead, it focuses on healthcare professional refugees' experiences of building a new life in Finland and working in the Finnish healthcare sector. Using healthcare professional refugees' own accounts of their experiences as the basis for analysis, the overall objective of this chapter is twofold. First, it seeks to examine the impact that healthcare professional refugees' ability to return to their professional role has had on their quality of life. Second, it explores the problems that refugee doctors and nurses face when seeking employment and working in Finland. Through these two avenues of inquiry, this chapter attempts to form an understanding of the positive effects that healthcare professional refugees' ability to re-establish their careers can have on their integration prospects and Finland's health services' ability to provide high quality care for Finland's growing refugee and immigrant populations.

As discussed in detail in chapters 3 and 4, paid employment is often considered to be one of the most important aspects of resettlement, and a key indicator of successful integration (Ekholm 1994; Bloch 1999b; Ally 2004; Valtonen 2004). As maintained by the healthcare professional refugees who participated in this research, financial independence obtained through participation in paid employment is highly desirable, even if one has to settle for employment that does not correspond with one's qualifications. Yet highly educated refugees' inability to re-establish their careers can have a significant impact on their psychological well-being, as well as their overall quality of life (Jupp 1990; Colic-Peisker and Tilbury 2003) and their desire to make Finland their permanent home.

Kyhä's (2006) research on the employment paths of immigrants with academic/professional qualifications reveals that approximately only one sixth of highly educated immigrants are able to access appropriate employment in Finland. Considering that refugees are in many ways disadvantaged in comparison to the so-called voluntary migrants (Joly 1992; Duke *et al.* 1999) who comprise a large proportion of Kyhä's sample, it is likely that the proportion of highly educated refugees who manage to return to their professional role is even smaller. According to Valtonen's (1999) estimates, only a small minority of Finland's refugees with academic/professional educations has managed to obtain formal recognition for their overseas

qualifications and access employment that corresponds with these qualifications. The sample of this research project, nevertheless, contains a number of such individuals. Their experiences will be discussed in section 8.1, while the experiences of those who have been forced to consider alternative career options will be examined in section 8.2. The aim of these first two parts of this chapter (8.1 and 8.2) is to explore the impact that a viable opportunity for qualification recognition has on individual refugees' lives, and their perceptions of and attitudes toward Finnish people and Finnish society more generally. The final part of this chapter (8.3) looks at healthcare professional refugees' experiences at the workplace. The purpose of this last section is to look at the ways in which healthcare professional refugees' backgrounds may influence their relationships with their patients and colleagues, while also considering how their cultural and linguistic knowledge can benefit the Finnish healthcare sector.

## **8.1 Return to Medicine – Doctors' Experiences**

Five out of the seven doctors who participated in this research had either successfully completed the entire qualification recognition process, or had passed the first exam, being allowed to obtain a temporary license to practice medicine in Finland. By studying their experiences of paid employment in Finland, this section explores the ways in which these experiences may have influenced healthcare professional refugees' future aspirations and perceptions of Finland's integration system. To a great extent, this section also seeks to draw parallels between refugee doctors' experiences and the findings of previous research projects on discrimination in recruitment (as discussed in chapters 3 and 4).

### ***8.1.1 Finding work***

According to previously conducted research, immigrants frequently encounter discrimination when looking for employment in Finland (Paananen 1999; Jaakkola 2000; Jasinskaja-Lahti *et al.* 2002; *Mediutiset* 12.9.2002; The Finnish League for Human Rights 2002; Valtonen 2004). Although discrimination in recruitment is relatively common in all sectors of the labour market, it is believed to affect the employment prospects of immigrants with higher education particularly heavily – mainly due to extensive language skill demands and foreigners' presumably too poor command of the Finnish language to succeed in a job that requires higher education (Joronen 1997; Haapakorpi 1998; Huttunen 2002; Valtonen 2004). As discussed in detail in chapter 4, Finnish employers have a tendency to use 'substitute

factors', such as the applicant's name or language skill to determine their competence to perform successfully (Jaakkola 2000; The Finnish League for Human Rights 2002). Even though the sample in this research is too small to make any conclusive judgements, the experiences of the refugee doctors do not fully support the findings of the previous studies. Four out of the five doctors who had some experience of paid employment (in addition to *amanuenssi* practical training) had found it very easy to find suitable employment opportunities, while only one had experienced considerable difficulties (and only in accessing his first paid post).

*For me, it was really easy to find a place to do unpaid practical training... For an amanuenssi placement it was a bit more difficult, since the hospital must pay you a salary even though you don't really have a licence to practice yet. But after I passed the first exam, it was really easy to find a job. I just rang the hospital and told them that I am looking for work, I had an interview, and after that I started working. It wasn't hard at all... (Doctor, Afghanistan)*

*When you send out an application, they turn you down as soon as they read your name and realise that you are not a native Finn. Or then they say that you must have more work experience, but how can I get work experience if nobody is willing to hire you? Even in the summertime this happened, although I know that the hospitals are so desperate for holiday replacements that they even hire fourth-year med school students... It's like a sacred thing for Finns, no foreigners here, thank you! (Doctor, Iraq)*

Although one reported case of discrimination among five respondents indicates that foreign job seekers continue to be treated unfairly by employers in the recruitment process, the fact that four respondents had experienced so little difficulty in accessing suitable employment indicates that the situation is improving, at least for doctors. As pointed out by Kyhä (2006), the demands of the labour market may play a significant role in determining highly educated immigrants' ability to return to their professional roles, although the title of her article 'Why a Doctor Isn't Good Enough to Work as a Doctor'<sup>31</sup> is misleading in the sense that the

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<sup>31</sup> Translated from Finnish, 'Miksi Lääkäri ei Kelpaa Lääkäriksi'.

increasing labour shortages in their field appear to have a largely positive effect on immigrant doctors' employment prospects. Indeed, an interview with a key respondent from the Medical Association reveals that finding employment for immigrant doctors has recently become a lot easier, as the number of vacancies increases and employers grow more and more desperate.

*Of course it is always more difficult to find work for immigrant doctors, but now that the labour shortages are getting progressively worse the situation is getting better for immigrant doctors... Especially if they are willing to work outside the capital area there are so many available jobs... Employers just cannot afford to be picky anymore... The table that I run that has all the vacant jobs listed used to have mainly temporary appointments, maternity leave covers etc., but now there are nearly two thousand permanent vacancies to be filled, predominantly GP posts at health centres... (KR 2 - the Finnish Medical Association)*

This was confirmed by the refugee doctors' personal views. While one doctor who had been in Finland since the early 1990s reported being told that he would most definitely not be offered a job even if he managed to obtain formal recognition for his overseas qualifications in the mid-1990s, all four doctors who had found it easy to access the paid labour market after the turn of the Millennium believed that the shortage of doctors had improved their employment opportunities.

*It was in 1995, after I had completed my 6-month-long amanuenssi training. I asked again if it would be possible for me to carry on the amanuenssi or get some other kind of job, and they told me no. When I asked them why, they told me that there are lots of unemployed Finnish doctors, so there definitely isn't any work for a foreign doctor. (Doctor, Iraq)*

*There are so many free vacancies for doctors here... After you pass the first exam, you can get lots of offers. If you are willing to work hard, you can easily find a job... After you are through the first exam, then it's all easy like that... (Doctor, Iraq)*

Contradicting the findings of Tehy's (2005) research on healthcare professional immigrants' experiences, none of the doctors who were interviewed for this study had been rejected by

potential employers for their lack of Swedish skills, even if they lived in a bilingual city. However, nearly all of the respondents mentioned that foreign doctors have to ‘prove their worth’ to their Finnish colleagues in ways that new Finnish employees are rarely expected to do. The interview data suggests that factors such as gender, country of origin and manner of arrival in Finland do not influence refugee doctors’ employment prospects. Strong networks with one’s professional community, on the other hand, were believed to be of some significance by the interviewees. Although only one of the doctors attributed his first appointment to personal relationships, most respondents acknowledged the potentially positive impact that personal relationships with established Finnish practitioners can have on one’s employment prospects. In the present circumstances, nevertheless, such relationships were not considered essential.

### ***8.1.2 Settling down in Finland***

Out of the seven doctors, only one had given up on the qualification recognition. The other six had managed to either re-establish their careers, or were advanced doing so, confident that they would successfully complete the process, even if it would take longer than they liked. With the exception of one doctor who had spent his first nine years in Finland unable to access the qualification recognition process, all doctors who had been able to return to a career in medicine were relatively pleased with their current lives in Finland. Two of these six doctors had already obtained a Finnish citizenship, and the other four were hoping to do so as soon as they would be entitled to apply. None entertained any wishes to emigrate. Instead, the future aspirations of these six doctors suggested that they felt well integrated into the Finnish society, and had made Finland their new permanent home.

*I bought a piece of land outside of the city, we are now in the process of building a summer cottage. I don’t really like this Finnish sauna culture, but I think that I am still going to build a sauna as well... Otherwise my Finnish friends would be disappointed when they come to visit! (Doctor, Kosovo)*

*In the future...I want to stay here and work. In terms of living arrangements, I am not sure yet... I would very much like to buy a house, so if everything goes well, I will buy a house, or at least a flat...I want to keep working so that my children can go to university without having to take a student loan... But we*

*want to stay here in Finland, it's a good and peaceful place to live in...*  
(*Doctor, Afghanistan*)

In many ways, these six doctors had managed to become true 'achievers,' as defined by Colic-Peisker and Tilbury (2003). All six had decided to build new lives in Finland, and all were determined to continue developing their Finnish language skills. Five of these six doctors held highly positive outlooks, believing that life in Finland would offer them, as well as their offspring, opportunities for both personal and professional development. These five doctors all felt that they had found their own 'niche' in the Finnish society. Whether their social networks consisted mainly of Finnish colleagues, other Finnish acquaintances, immediate and extended family, fellow countrymen or other immigrants, they were fairly content with their present circumstances. The ability to return to medicine, or the realistic prospect of being able to do so, was regarded as a necessary precondition for permanent settlement in Finland by all.

## **8.2 Finding New Career Paths? – Nurses' experiences**

Although all of the refugee respondents who were interviewed for the purposes of this study had the potential to become 'achievers' (Colic-Peisker and Tilbury 2003), many had found qualification recognition unattainable. Four out of the thirteen refugee respondents had decided to give up their dreams of re-establishing their careers in Finland, and three others were seriously considering this option. While all but one of the refugee doctors had either successfully completed the qualification recognition procedure or were advanced in the process, all of the nurses, and the one dentist, had been forced to consider alternative career options. Out of the five nurses, two had decided to give up their careers for good and settle for a lower qualification as a healthcare assistant. Three were still hoping that a return to nursing would eventually be possible, but considered it important to remain economically active in the meanwhile.

Gender, country of origin, manner of arrival in Finland, marital status and other personal characteristics did not appear to have any impact on refugee nurses' ability to get their qualifications recognised. The sample included refugee nurses from three different countries, three of them male and two of them female. Two of the nurses had lived in Finland for over five years, while others had arrived more recently. Two were qualified interpreters, while two considered their Finnish skills fairly weak. Four out of the five refugee nurses were married,

two of them to Finnish-born partners. Yet they were all equally unable to obtain formal recognition for their overseas qualifications, most notably due to the absence of a formal qualification recognition procedure for this professional group.

### **8.2.1 Any job will do**

In line with previous research that has been conducted among Finland's refugee populations (Ekholm 1994; Valtonen 1999; Ally 2004; Pentikäinen 2005), and as already discussed in previous chapters, the refugees who were interviewed for this study considered welfare dependency somewhat humiliating. Although the respondents seemed to be well aware of the different welfare benefits that they would, in principle, be entitled to, the interviews reflected a general disapproval of people who *choose* not to work. Some of the refugees who had been unable to re-establish their careers took pride over the fact that they had avoided welfare dependency by actively seeking employment in the low paid service sector or by re-educating themselves. Three respondents had worked as interpreters for several years. All three had arrived at this decision because they perceived unemployment/economic inactivity as highly undesirable.

*When it turned out that it will not be possible for me to return to nursing, I made learning Finnish my number one priority. I also wanted to get a job, any job, to support myself... I applied for several jobs that don't require any education, like a cleaner on the ferry boat... Although anybody can apply for such jobs, I didn't really have a choice, I applied for all jobs that I had a chance of getting. In the end I got a job at McDonalds... After a few years, I studied to become an interpreter, and then I worked as an interpreter for a few years... I've never been unemployed for long periods of time, I've always found something to do, some course or a job... (Nurse, Iraq)*

*Since it wasn't possible for me to get my degree recognised here I studied to qualify as a healthcare assistant... After working as a healthcare assistant for six months I quit and took a course to become a qualified interpreter... I've never been unemployed for long, I've always looked for something to do... (Nurse, Iran)*

### ***8.2.2 The psychological impact of giving up your career***

While the majority of respondents who had been forced to consider alternative career options had managed to keep their spirits up, some had found the situation unbearable. As has been reported by others (Jupp 1990; Huttunen 2002; Colic-Peisker and Tilbury 2003; Valtonen 2004), prolonged economic inactivity due to inability to access language training, paid employment or qualification recognition training can lead to high levels of frustration and even depression. This view was strongly espoused by respondents who had witnessed this happening to others as well as respondents who were experiencing it themselves. Some adopted an analytical stance again, seeking to draw attention not only to their own suffering but the injustices of the system that renders people inactive against their will.

*If they trust you, you can be worth that trust... If you know that they want you here, that they need you, that you can be useful, then you can do anything. But if you can't work, then you feel useless, your wings go down and you get depressed... (Nurse, Uzbekistan)*

According to previous research, the loss of status can be a major cause for emotional stress (Jupp 1990). Building on this, Colic-Peisker and Tilbury (2003) point out that the inability of educated refugees to practice their profession results, not only in the loss of income and status, but also in the loss of identity. This claim was supported by the accounts of those refugee respondents who had failed to re-establish their careers in Finland. While some had successfully explored alternative career/training options, all refugees who had been forced to give up their careers reported experiencing frustration and a strong sense of loss. Those who had found the situation too difficult to cope with (and who were consequently excluded from the paid labour market) were painfully aware that their forced economic inactivity makes them a financial burden to the society. More than anything, it was this realisation that made the current situation particularly stressful for some of the respondents who found their circumstances unnatural as well as emotionally unbearable.

*People have a natural urge to move on with their lives. I want to move on, get back to work. I waited for my decision for almost two years, and after I got the decision I just wanted to get on with my life... And when you can't do that, it's really hard. You get depressed and can't carry on anymore, don't want to do anything anymore... (Doctor, Lebanon)*

*We are not lazy, we want to work, but they prefer we sit at home and do nothing. I don't want it to be this way. I would prefer to work, I would very much like to be useful... (Dentist, Iraq)*

Five out of the seven respondents who had failed to obtain formal recognition for their qualifications expressed strong feelings of bitterness towards the Finnish integration system that allowed the institutional barriers to prevent their return to appropriate employment. Many felt annoyed by the integration services' apparent inability (or unwillingness) to translate their policies into practice. One respondent engaged in detailed analysis of the integration services' limited ability to respond to the needs of highly educated refugees, concluding that the integration services are keener on drafting plans and establishing beautiful principles than adopting concrete measures to facilitate highly educated refugees' return to paid employment.

*They say that they care about our psychological well-being, and then do the opposite! (Dentist, Iraq)*

In some instances this bitterness towards the integration services that had let the respondent down was manifested by repeated remarks about the Ministry of Labour's recent proposals to recruit healthcare professionals from abroad, as well as their inability to utilize the refugee populations' skills for the benefit of the Finnish society.

*It's been in the newspapers a lot lately, that Finland wants to recruit nurses and doctors from abroad. But what about us, we are nurses, we are here, and we are not allowed to work! So why do they want more foreign nurses here, it's ridiculous! (Nurse, Iraq)*

*I am fed up with all this talk about the shortage of nurses... I am a nurse and I am not allowed to work as a nurse... And then when I wanted to go to school again, so that I could be a nurse again, they don't take me in, even though I am a nurse already! (Nurse, Iran)*

It may not be very surprising that those respondents who had not been able to re-establish their careers were less satisfied with their lives in Finland than those who had been able to return to do so. One respondent had found the situation so distressing that he had been

diagnosed as suffering from acute depression, and another one was battling extreme frustration caused by his inability to return to meaningful employment. One respondent had given up trying to learn Finnish because he deemed it unproductive, believing that no matter how good language skills he had, he would still not be able to return to his chosen profession. While only one of the doctors who had been able to return to medicine was seriously considering the option of leaving Finland, such feelings were common amongst those respondents who had been forced to give up their careers. Even those who were married to a Finn and/or had achieved fluency in the Finnish language were entertaining thoughts of moving abroad. Two respondents, although very keen on this idea, had abandoned it as an unrealistic dream, one due to his age and the other one due to a serious case of depression. Two others had given up the idea, at least for the time being, even though they felt that their lives in Finland were 'half-lives', to use the term coined by Pentikäinen (2005).<sup>32</sup> One respondent was so frustrated that the only thing keeping him in Finland was the fact that he was due to commence the national service in a few months time.

### ***8.2.3 "I know I could do it if only I was given a chance..."***

All but one of the refugee respondents who had been unable to re-establish their careers had managed to obtain some relevant work experience in the Finnish healthcare sector as part of a language course or integration training. All nurses had been working as healthcare assistants, which is a professional role that is protected by occupational title rather than strict licensing regulations. Under the current legislation, however, all individuals who possess "adequate training, experience, and professional skills" can act as healthcare assistants, although they are not entitled to use the occupational title (TEO 2006: no page numbers). Foreign nurses whose overseas qualifications have not been officially recognised by TEO can thus be allowed to work as healthcare assistants where appropriate, prompting one to wonder why they are so often instructed to re-educate themselves to obtain formal qualification as a healthcare assistant rather than made aware of this opportunity.

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<sup>32</sup> Translation from a Finnish word 'puolielämää', which is a term that Pentikäinen's (2005) refugee respondents used to refer to their lives that were 'split' between Finland and the home countries, or 'lacking' in content due to limited opportunities offered to them in Finland (mainly exclusion from the paid labour market).

In a previous study on immigrants' labour market position in Finland, Forsander (2002) argues that one of the key factors behind educated refugees' inability to return to their professional role is employers' reluctance to employ them due to the negative associations that accented Finnish or foreign education (particularly overseas qualifications) evoke. According to Forsander (2002), employers are wary of immigrants with overseas qualifications, most notably because they are unfamiliar with the quality and content of education that is available in those countries and thus unable to determine the immigrants' ability to perform successfully. In addition to this, perceptions of the country in which the qualifications have been obtained reportedly affect employers' perceptions of the 'worth' of overseas qualifications (Forsander 2002). Remarkably, this view is disputed by the refugee nurses' accounts, which indicate that refugee nurses are generally well received by employers in the healthcare sector, at least as long as they are willing to work as healthcare assistants. The key informants from the integration services confirm that it is very easy to find practical training opportunities for nurses who are willing to work in healthcare assistants' positions.

*If people have difficulties finding suitable practical training posts, then we here help them... Like if a person wants to go to a day-care centre, we here have a list of places where we can ring and ask if they could accommodate a trainee. It's not hard to find suitable places anymore... The municipal sector is often very eager to accept trainees... Lots of people go to old peoples' homes to do their practical training... (KR 8 – integration services)*

*Municipally funded institutions are often very happy to accept trainees... Especially residential homes for the elderly... (KR 7 – integration services)*

Yet it ought to be noted that employers' willingness to employ healthcare professional refugees with overseas qualifications may be affected more by the growing labour shortages in the field than their high regard of overseas qualifications. Refugee nurses are also, in principle, overqualified to work as healthcare assistants.

Most nurses who had worked as healthcare assistants felt that they got along well with their patients, colleagues and superiors. Two nurses who reported having encountered racial harassment pointed out that these incidents had been instigated by their colleagues (nurses and other healthcare assistants) rather than their patients or employers. Although four out of the five refugee nurses had worked in old people's homes or hospital wards for long-term

patients, dealing predominantly with elderly Finns who have limited experience of cultural diversity, none of the nurses recollected ever having any problems with their patients. Instead, many nurses said that their cultural backgrounds and the respect for the elderly that is characteristic to their cultures had made it easy for them to relate to their elderly patients, making them popular among their patients as well as their supervisors.

*Even though some of the patients were quite old, they were really talkative... They looked at me, and asked me where I am from, am I married and lots of other things. They were really curious about me! But everything went really well, I talked a lot with them although my Finnish wasn't very good at the time... (Nurse, Iraq)*

*I was only working in the ward from Monday to Thursday, and on Fridays I went to school. One Monday when I went to work one of the other healthcare assistants told me that one of the patients had asked for me when it was the time to eat, he insisted that he wanted me to feed him, and nobody else would do! I was told that he had kept asking for this nice girl who wears a headscarf... It felt good to know that I had been missed! (Nurse, Uzbekistan)*

Positive experiences of this kind have also been featured in some recent magazine articles (*Anna* 17/2006; *Monitori* 2/2007b) and reported by Pentikäinen's (2005) Somali respondents who had experience of working with the elderly in Finland. Interestingly, these experiences conflict with the expectations of the key respondents from the Finnish Nurses' Association, who expressed concerns that Finnish patients, particularly elderly Finnish patients, would consider cultural differences of certain kinds discomforting.

*It's obvious that there might be a problem if you have a black nurse from abroad to bath an elderly Finnish patient, for example. It's clear that there will be a problem in situations like this, it can be very embarrassing for elderly Finnish women to have a black man attending to their intimate needs. And also if a Somali nurse for example wants to wear a headscarf to work, there might be patients who feel uncomfortable being treated by women like that, because it is not part of their belief system that women should cover their hair. So I think that it is a problem if immigrant nurses want to do something like this, bring their culture to their workplace, or display their religious beliefs in a very*

*obvious way regardless of the fact that their patients do not share these beliefs. People who want to wear the headscarf and stuff are not really putting the patients' need above their own... (KR 5 – Finnish Nurses' Association)*

As demonstrated above, the refugee nurses' accounts of their encounters with Finnish patients suggest that most Finnish patients do not care about their appearances (or gender) as long as they are capable of doing their job. Yet it is possible that the Finnish Nurses' Association has been reluctant to get involved in immigrant nurses' qualification recognition training because of these misguided assumptions regarding immigrant nurses' employability. Although several nurses recalled initially wondering if their background would cause problems in interaction with Finnish patients, they had had their fears diminished within the first few days at work. Some respondents, however, reported that their superiors later confessed to having initial reservations, which had been quickly erased by the refugee respondents' demeanour and demonstrated professionalism.

*After I completed the training period at old peoples' home, the supervisors told me that they had initially wondered whether I was a male or a female, because they weren't able to tell from my name. When I went to visit them, and they saw that I was a man, they were worried of how I would fit in, whether I would be willing to perform the different duties that were expected from me. I am sure that they had a lot of prejudiced beliefs at that point... And to be totally honest, I was also a bit worried of how the patients would react, like if the female patients would mind me bathing them and stuff, but it turned out to be fine, there were no problems at all... (Nurse, Iraq)*

Those respondents who had been unable to return to their professional role had few concerns over their presumably low 'employability'. Instead, they were all confident that, given a chance to obtain formal recognition for their overseas qualifications, they would be able to find employment in their own field and do well at work. This view is supported by an evaluation of the SATU qualification recognition training project for immigrant nurses, which concluded that the nurses who participated in the project had received very positive feedback from their superiors during the practical training (Soinne 2005). The immigrant nurses who had obtained formal recognition for their qualifications after the SATU project ended had found it very easy to access the paid labour market, with over half of the participants having a job lined up upon their graduation (Soinne 2005).

Because of their highly positive experiences of working as healthcare assistants, the refugee nurses who were interviewed for the purposes of this thesis found it difficult to accept that their skills and previous education were not appreciated by TEO, and they were not given any opportunities to obtain formal recognition for their qualifications by demonstrating their abilities. Some of these respondents had spent over a year at work, either in paid or unpaid practical training, and felt that this work experience and the positive feedback that they were given should count towards their qualification recognition. Overall, the findings of this project are encouraging, not least because they indicate that Finnish patients are less racist/prejudiced towards foreign healthcare professionals than previous research indicates. However, the interviews with nurses reveal an alarming structural issue. Whether due to integration services personnel's prejudiced attitudes or organisational structure of the integration system, refugee nurses are systematically directed to pursue careers as healthcare assistants, predominantly in the care of the elderly.

Despite the fact that refugee nurses themselves appear to be quite happy working in this field, the motivations behind integration services eagerness to encourage refugee nurses to qualify as healthcare assistants rather than nurses and to pursue careers in this sector of the healthcare system ought to be scrutinised. Although the Finnish labour market does not yet show many signs of ethnic segmentation, Forsander (2002) notes that the unwillingness of Finnish people to work in the least respected positions in the healthcare sector can potentially lead to 'racialisation' of such professions. The position of a healthcare assistant in an old people's home is one of the least respected and low paid positions in the field of healthcare. The directing of refugee nurses towards this low-status sub-sector suggests that the integration services may be 'dumping' them to jobs that most Finnish people are reluctant to do, and that offer limited career development opportunities. This is particularly alarming considering that the Finnish healthcare sector also suffers from a shortage of nurses (see chapter 1.3.4), and all of the refugee nurses reported being more interested in returning to nursing than working as healthcare assistants.

### **8.3 Working in the Finnish Healthcare Sector**

As previously mentioned, all of the refugee nurses and doctors had some sort of work experience in Finland, even though two of the doctors had only been working in paid/unpaid practical training or *amanuenssi* positions and most of the nurses had been performing duties that are generally the responsibility of healthcare assistants. The purpose of this section is to

use refugee doctors' and nurses' own accounts of their experiences of working in Finland to understand how their backgrounds can present an additional challenge, as well as adding to their skills repertoire and making them highly valuable assets to employers in areas where a large proportion of inhabitants are immigrants or refugees.

### ***8.3.1 Experiencing racism at work***

Although only one refugee doctor had encountered discrimination in recruitment (and only in accessing his first paid post), the refugee respondents' experiences of working in the Finnish healthcare sector confirmed previously made claims that immigrants still suffer from racial abuse in Finland (Finnish league for Human Rights 2002; Toivonen 2002; Ally 2004; Tehy 2005a; Jaakkola 1999 and 2005; Jasinskaja-Lahti *et al.* 2002; Pentikäinen 2005). All but one of the refugee respondents noted that racism and discrimination are very much a part of the everyday life of a foreigner in Finland, and several were surprised that so many people who work in hospitals or healthcare centres appear to hold (and manifest) prejudiced attitudes towards their foreign-born fellow employees.

*People are different, some are nice and some are not so nice, even at a hospital... I wonder, though... I mean, people are nasty to you in the streets or in a shop or something just because you are a foreigner or because you are black, but at a hospital... Somehow I always thought that people who work in hospitals should be nice to other people, not bully them... (Doctor, Palestine)*

On the other hand, the findings of this research suggest that racial abuse and harassment at workplaces is less common amongst healthcare professional refugees than the previous research findings imply. While nearly all of the refugee respondents had *some* experience of being racially abused at work, most respondents dismissed the seriousness of the situation with a shrug, and pointed out that it would be unproductive to take these incidents personally. When asked about their experiences, and whether they believed that they had ever been treated differently because of their background, nearly all respondents started with a firm 'no', followed by a general account of how well they got along with *most* of their colleagues. Only after this would they admit that there had been some problems with one or two colleagues.

*Some people treat you differently just because you are a foreigner, that's just how it is... I have lived here for a long time, and I am used to it by now. People treat you differently in the streets and the shops and pretty much wherever you go, so it's not very surprising that there are some people at work who are nasty to you, too. There was this one doctor, in particular, who was very mean to me for no reason at all, just because I am not native Finn... (Doctor, Iraq)*

*The other nurses and healthcare assistant were always friendly to me, I was treated just like if I was one of them... There was only this one nurse, who kept saying to me that they didn't need me there, although I know that they were short of nurses and healthcare assistants. But I didn't take her behaviour personally. (Nurse, Uzbekistan)*

Despite the fact that four out of the seven doctors reported having experienced some type of racial harassment at work, all doctors felt that their relationships with their colleagues and patients were generally good. None of the doctors had felt compelled to resign from a particular post due to problems with their colleagues or complaints from their patients.

*Your colleagues might be a bit reserved at first, but as you go along and they get to know you, they soon realise that you are a doctor just like them...(Doctor, Iraq)*

*I've never had any problems with my colleagues, they have just always been really friendly to me, always helping me. They are good friends to me, my colleagues. (Doctor, Kosovo)*

*I've never experienced any problems with Finnish patients. I think it's because I show them sympathy, and I take their complaints seriously. If they are hurting somewhere, I always examine them, I never dismiss their worries... Every year we take this patient satisfaction survey, whereby all patients are asked to fill in a form to see how pleased they were with the doctor they visited, and I have always received very positive feedback... (Doctor, Iraq)*

Although a few doctors noted that Finnish patients can sometimes be “a bit arrogant” and refuse to accept an immigrant doctor’s judgement, these instances were relatively rare. Those

refugee doctors who had been antagonised by Finnish patients had always referred these 'difficult' cases to a consultant, who had been willing to take a look at their case to avoid putting the refugee doctor in an even more uncomfortable position. It is worth noting, however, that these encounters had never resulted in official complaints or law suits being filed against these refugee doctors, and those refugee doctors who had experienced negative encounters with Finnish patients stressed that only a very small proportion of their patients seem to have a problem with their background.

*Some patients do hold prejudiced notions, and think that I may not be as good a doctor as Finnish doctors are...But these are people who only ever come to see you once, and know nothing about your background. They just see that you look foreign, and hear that you speak Finnish with an accent. Sometimes some patients do not accept my instructions, and when that happens I always ring a consultant and ask them to come to see my patient. A couple of times I have asked to refer a patient to the consultant for a follow up, because not all Finnish people accept a foreign doctor (Doctor, Iraq)*

Whilst episodes like this indicate that Finnish patients do not always treat immigrant doctors with the respect that they deserve, the fact that less than half of the refugee doctors recalled encountering problems in their dealings with Finnish patients suggests that refugee doctors are relatively well accepted by the Finnish public. Interestingly, refugee doctors appear to have more problems with their patients than refugee nurses. Yet none of the six refugee doctors who were working in medicine (five in paid employment and one in an *amanuenssi* position) considered racial prejudice or harassment to have any notable adverse effect on their quality of life at work.

In spite of many positive experiences, all but one of the refugee respondents (including doctors and nurses) felt that they were initially treated with suspicion at their workplace. Although the refugee respondents had experienced little difficulty in finding suitable jobs or practical training posts, nearly all recalled having to 'prove themselves' and to 'win over' the trust of their colleagues and superiors, even though they were fully qualified. Two doctors mentioned that they feel like they have to prove themselves again and again every day, and no mistakes are forgiven when committed by a foreign doctor. Both respondents felt that even minor errors that could happen to anybody could lead to the termination of their contracts, while Finnish doctors would not be punished for the same mistakes.

*It's like every day you have to prove yourself, you can't make a slightest error. No mistakes are forgiven for a foreign doctor, even small mistakes that would be forgiven for a Finn. So I am always very, very careful, and so far I have avoided making any mistakes at all... (Doctor, Iraq)*

Apart from one instance in which a nurse had decided to resign from his healthcare assistant's job due to his colleagues' continuous bullying, all refugee respondents felt that they had generally fared well at the workplace, managing (eventually) to acquire the respect of their employers. Evidence of this kind suggests that the Finnish healthcare personnel's attitudes toward their refugee colleagues might be more accurately described as xenophobic rather than racist. In line with the contact hypothesis (Allport 1954), contact between refugees and Finns as colleagues appears to eradicate initial suspicion towards the newcomers, resulting in relationships characterised by acceptance and mutual respect.

None of the refugee doctors had ever been fired or reprimanded for unprofessional conduct or a failure to administer appropriate treatment. On the whole, refugee doctors believed that their skills are, for the most part, appreciated by Finnish employers. Although most doctors had encountered some racial harassment or discrimination at work, these incidents had not been initiated by their superiors. It ought to be noted, however, that the accounts that were recorded for the purposes of this research do not provide sufficient data to prove that healthcare professional refugees' career prospects are not affected by discriminatory practices in the long term.

While employers' motivations behind their initial decisions to hire refugee nurses and doctors may be dubious, their eagerness to continue the employment after a trial period or the completion of a fixed-terms practical training period indicates that they were pleased with the refugee professionals' performance. Four out of the five nurses had managed to establish such good relationships with at least one of their employers that they had been asked to either remain in their position (as a healthcare assistant) after the practical training period ended/their contract finished, or to return to the same employer after completing their training. Similarly, four out of the seven doctors had been offered paid *amanuenssi* positions following the completion of unpaid practical training, or paid employment after their paid *amanuenssi* contracts came to an end.

*In the beginning it was mentally very trying. I was the only foreigner, and I didn't speak the language. All of the other nurses and healthcare assistants distrusted me, didn't believe that I can do my work. But after a while I showed them that I can do it, that I really am a trained nurse, and slowly their perceptions began to change... The first two months were really tough, though... But when I left after a year and a half they all cried and asked me to stay... A few months ago I run into the ward sister in the city, and she asked me to come back! (Nurse, Kyrgyzstan)*

Although this sample did not include any refugee nurses who had been rejected by a potential employer due to their ethnic background, two of the nurses pointed out that the initial reservations and prejudiced notions that many employers still appear to hold may prevent some refugee nurses from accessing any practical training opportunities, especially in small towns or rural areas where the choices are limited. Two of the seven doctor respondents felt that they had been discriminated against when applying for paid practical training opportunities, but only one respondent had encountered difficulties in accessing paid employment after passing the first of the three exams.

### **8.3.2 Cultural and linguistic knowledge**

Even though their backgrounds had sometimes generated problems for the healthcare professional refugees, several respondents noted that their cultural and linguistic skills had proved advantageous in some occasions. Nearly all of the 13 refugee respondents who had been fully educated in their professions prior to their arrival in Finland reported that their language skills and personal experiences had helped them to provide better service for their patients, or enabled them to help their colleagues who were struggling to deal with patients who did not speak Finnish. Since most of the respondents were fluent in three or four different languages in addition to Finnish (see table 5.1), several of them were able to find a common language with members of many different immigrant/refugee groups. Five respondents were fluent in Russian, which is the mother tongue of one of Finland's largest immigrant groups.

*When I am at work, I am always happy to translate for people whenever the need arises. They just send for me, and I translate... (Doctor, Afghanistan)*

*I have found my language skills very useful... So many times we got patients, Iranians, Iraqis and Afghans, who didn't speak almost any Finnish at all, and who didn't have an interpreter with them. In such instances my colleagues would call for me to come and assist, or just to treat the patients myself... (Nurse, Iraq)*

Despite the fact that immigrants who cannot speak sufficient Finnish are, in principle, entitled to free translation services, patients who are admitted to a hospital do not have constant access to an interpreter.

*Once there was this one patient from Turkey, and she didn't speak any Finnish at all. All of the other employees were confused, they didn't know what to do with her, so they asked me to help. Luckily my first language is related to Turkish, so although we weren't exactly speaking the same language, we were still able to understand each other, and I could then tell the Finnish nurses what she needs... (Nurse, Uzbekistan).*

Moreover, patients who need to see a doctor at a short notice, and who come to the accident and emergency, are rarely able to summon an interpreter to come with them, as interpreters need to be booked in advance. In situations like this, it is the responsibility of the hospital personnel to judge whether an interpreter is needed and to call for one if communication with the patient would otherwise be impossible. Being able to speak with the patient without an interpreter, or having colleagues who can do that, can be a huge advantage, enabling the patient and hospital staff alike to prevent problems that a prolonged wait might cause. One refugee nurse who had also worked as an interpreter described three unpleasant incidents that had been caused by hospital staff's inability/unwillingness to locate an interpreter before it was too late, while several others remarked that it is definitely a benefit to be able to treat patients in their own language.

*Some of the Bosnians, Serbians and Albanians who live in this area call in and ask if I am working that day. And if I am working, they want to come to see me, because it is easier for them to talk to me than to a Finnish doctor. Because it can be difficult for the patients if they can't be sure that they have been fully understood. Even if I can't do anything to help them, they still feel better after*

*seeing me, because they know that I have understood what's wrong with them... (Doctor, Kosovo)*

The fact that refugee nurses' and doctors' language skills can enable hospitals to reduce expenses caused by interpretation services and facilitate the provision of better quality care for Finland's growing refugee populations was noted by the key respondents from both the Medical Association and the Nurses' Association. One key informant from the Nurses' Association also pointed out that the Finnish healthcare system might be able to utilise immigrant nurses' different approach to nursing to help develop more patient-friendly practices in Finland.

*In some sense, I think that Finnish nurses could probably learn something from these immigrant nurses... For example, nursing education in some overseas countries is very different to the technically-oriented training that is the norm in Finland... The more human-centred approach to nursing that appears to be the norm among immigrant nurses could be incorporated into the Finnish nursing to improve the quality of nursing in Finland... (KR 6 – Finnish Nurses' Association).*

Similar views were expressed by both key respondents from the Medical Association.

*Especially in areas with high numbers of refugees and asylum seekers, refugee doctors' and nurses' cultural knowledge and language skills would enable the public health sector to improve services to newcomers who have not yet learned Finnish... Their knowledge could also be utilised to educate Finnish healthcare professionals about some cultural practices, as well as cultural differences and their impact on the doctor-patient relationship... And I think that it's also good for Finnish patients, it's like multiculturalism education for them, because it a high time for Finnish people to acknowledge that Finland is becoming more international, and that kind of development will affect all aspects of Finnish society. And Finnish people must learn to accept it... (KR 1 – the Finnish Medical Association).*

A Ministry of Social Affairs and Health publication (2004) that focuses on multiculturalism in the Finnish healthcare sector reveals that the quality of care that is made available for

refugees and immigrants in Finland is often compromised, mainly due to linguistic difficulties and the lack of cultural knowledge on the part of the care personnel. As Ahola-Lyytikäinen *et al.* (1997) argue, Finnish healthcare professionals have limited knowledge and experience of dealing with patients with different cultural backgrounds. In particular, problems arise from Finnish healthcare professionals' ignorance regarding practicalities, such as dietary requirements and traditions, as well as religious and cultural practices. The absence of common language further complicates interaction between the care personnel and the patients, making the formation of a trusting relationship between a patient and care personnel highly unlikely. This, Ahola-Lyytikäinen (1997) claims, has a significant negative impact on the quality of care that is made available for refugees and immigrants who come from cultures that are notably different from the Finnish culture, and/or whose Finnish skills are undeveloped. As mentioned by one of the key respondents from the Medical Association above, and as demonstrated by the healthcare professional refugees' own experiences, the employment of refugee nurses and doctors could alleviate these problems and improve the quality of services available for immigrants and refugees.

In particular, healthcare professional refugees' linguistic and cultural knowledge could be utilised to improve immigrants' and refugees' access to mental health services. As reported by a major newspaper recently, a growing number of Finnish psychiatrists and psychologists are unwilling to work with immigrant patients (Sainiola-Rodriguez and Koehn 2006; *Helsingin Sanomat* 29.11.2006). According to the Finnish Association of Mental Health, the associations' SOS-centre received over 15 complaints over a period of 12 months from immigrants/their representatives, reporting instances of municipally funded mental health services being denied to persons with immigrant/refugee backgrounds. Several municipalities across Southern Finland had justified their decisions by the public sector psychologists' and psychiatrists' lack of cultural and linguistic skills and/or their unwillingness to work with an interpreter (*Helsingin Sanomat* 29.11.2006).

Although a key respondent from the Medical Association points out that getting one's speciality in psychiatry formally recognised in Finland is extremely difficult, refugee psychologists and psychiatrists could be effectively utilised to ease the situation in areas where people are currently being denied access to mental health services, or the access to such services has been complicated or delayed due to their background and/or their insufficient language skills. A solution of this kind would benefit the healthcare professionals who are currently unable to return to their profession (or their field of expertise in medicine)

as well as Finland's refugee populations and the public healthcare sector. Refugees are arguably at a high risk for psychological distress and even mental health problems as a result of the forced migration experience (for example, Burnett & Peel 2001; Hjern 1998; Keyes 2000; Sainiola-Rodriguez and Koehn 2006; *Monitori* 2/2007b), indicating that there is a real need for mental health experts who are able and willing to provide high quality services for people who speak little or no Finnish and come from culturally different backgrounds.

## **Conclusion**

Focusing heavily on the refugee respondents' personal experiences, this chapter has sought to address three interrelated issues. First, it has examined healthcare professional refugees' accounts of their experiences of working in Finland - of finding work and of dealing with Finnish patients and colleagues. The purpose of this has been to explore the effects of racism/racial harassment on healthcare professional refugees' employment prospects and experiences at work. Although the refugee respondents' accounts confirm that healthcare professional refugees who interact with Finnish colleagues and patients on a daily basis are subjected to racist abuse from time to time, this does not appear to be as common as previous research would suggest. The findings of this research project, however, might give an unrepresentatively positive portrayal of the situation due to the fact that the sample did not contain any refugees from African countries.

Discrimination in recruitment appears to have relatively little effect on healthcare professional refugees' ability to enter the paid labour market. In spite of encountering racial harassment and prejudice at work, nearly all of the respondents agreed that the labour shortages in the healthcare sector force Finnish employers to ignore their initial reservations regarding foreign workers, giving refugee doctors and nurses an opportunity to access the paid labour market and demonstrate their worth, or at least (in the case of nurses), undertake some unpaid practical training in the healthcare sector. Refugee doctors who have successfully passed the first exam seem to be in a good position to re-establish their careers and to make a positive contribution to the Finnish society. Nurses, on the other hand, are commonly encouraged to undertake employment as healthcare assistants at old people's homes, indicating that nurses with overseas qualifications may be subjected to discrimination by the integration services.

Second, this chapter has sought to analyse the impact that healthcare professional refugees' ability/inability to re-establish their careers can have on their quality of life and future aspirations. Those healthcare professional refugees who had been able to return to their professional role, or had good prospects of being able to do so, appear to be more satisfied with their lives in Finland and less likely to entertain thoughts of moving abroad than those who had been forced to give up their careers. The interviews with the refugee respondents reveal a clear tendency amongst highly educated refugees to consider their occupational status so important that inability to carry on with one's chosen profession leads to frustration, depression, and general dissatisfaction with life. This finding offers strong support to previously made arguments and existing research results (Jupp 1990; Huttunen 2002; Colic-Peisker and Tilbury 2003; Valtonen 2004). By failing to provide adequate support to highly educated refugees, such as nurses, the Finnish integration system works counterproductively, drawing critics from the ranks of those whose skills could be utilised for the benefit of the wider Finnish society. Instead of making use of their skills, the Finnish public sector is now spending money in re-educating people with existing useful qualifications, and running the risk of encouraging emigration of highly skilled workers who have been forced to give up their careers due to a lack or inaccessibility of qualification recognition opportunities, while at the same time trying to recruit people with similar skills from abroad.

Thirdly, this chapter has examined the different ways in which Finnish health centres and hospitals can benefit from hiring refugee employees. According to the Ministry of Social Affairs and Health (2004:5), "representatives of other cultures and foreign languages that are resident in Finland are entitled to equal treatment and the health services they are in need of." Previous research findings, as well as recent complaints received by the Finnish Association of Mental Health, however, indicate that this is not the case at the moment (*Helsingin Sanomat* 29.11.2006; Sainiola-Rodriguez and Koehn 2006). In many ways, the refugee respondents' accounts, as well as the union representatives' comments, imply that healthcare professional refugees could help the Finnish public health services to provide better quality care for the growing immigrant and refugee populations.

On the whole, the data discussed in this chapter suggests that (even substantial) initial investments in programmes that facilitate healthcare professional refugees' quick return to their professional roles would be highly productive. In addition to possessing professional skills that are in growing demand, healthcare professional refugees have cultural and linguistic skills that could be utilised to improve the public healthcare sector services to

linguistic and cultural minorities. Instead of being ‘unemployable’, healthcare professional refugees who have obtained formal recognition for their overseas qualifications or who are willing to work in jobs that are below their skill-level appear to face little difficulty in finding appropriate employment. Moreover, healthcare professional refugees’ ability to re-establish their careers in Finland seems to have a significant positive effect on their quality of life, psychological well-being, and integration prospects. By and large, the findings discussed in this chapter indicate that healthcare professional refugees’ speedy return to appropriate employment benefits the healthcare professional refugees themselves, the Finnish society, Finland’s ‘new’ minorities and the public service sector. Conversely, healthcare professional refugees’ *inability* to return to their professional role exerts additional pressure on refugees themselves as well as the Finnish public services sector.

## CONCLUSION

As stated in the introduction, this research set out to accomplish three goals. First, it sought to identify the factors that can be seen to inhibit, or potentially enhance, healthcare professional refugees' ability to obtain formal recognition for their qualifications. These factors were outlined and discussed in chapters 6 and 7. The second objective of this research was to explore how factors such as language skills and employers' attitudes affect re-qualified healthcare professional refugees' employment prospects, and how refugees' skills can be utilised to benefit the Finnish healthcare sector. This was accomplished in chapter 8. The final aim of this research was to contribute to academic and policy debates about refugees, promoting a view of refugees as an asset rather than a threat, a resource rather than a burden. This has been a theme that has run throughout the thesis. In the current circumstances in Finland, characterised by falling birth-rates, growing demand for skilled labour, and low levels of labour migration, the need to reconceptualise notions of refugees and to challenge existing stereotypes is apparent.

Although Finland may not be a very attractive destination for skilled labour migrants, it is likely to continue receiving refugees. As Duke *et al.* (1999:126) note, "significant refugee flows to Europe are ... likely to continue for the foreseeable future, and there is an urgent need to develop appropriate policies which draw on the best practice in planning resettlement." Yet the current policies and practices in Finland have largely failed to see refugees as a resource, viewing them largely as a humanitarian burden or an unpleasant obligation. The integration measures have been developed to serve the needs of 'prototypical refugees' (i.e. what comes to the Finns' minds when talking of refugees), who have little or no formal education, and who (are assumed to) have few skills that are relevant to the Finnish economy. The Labour Administration's response has been to support their integration into the paid labour market by establishing vocational training programmes that educate refugees for menial, low-paid service sector jobs that require little formal education or language skills, and attract very few Finnish people. This kind of integration training, however, offers limited benefits for refugees who have high levels of formal education, and who wish to find employment that corresponds with their existing qualifications.

One of the main objectives of this thesis is to raise awareness of highly educated refugees, who are often ignored in the Finnish context, and draw attention to the positive contribution

that they can make if provided with the appropriate support. Focusing on healthcare professional refugees, this research has tried to highlight the positive effects that refugees' ability to re-establish their careers in Finland can have for the refugees themselves and the wider Finnish society. Although active recruitment of qualified nurses, doctors and dentists among Finland's refugee populations (and other existing migrant communities) will not provide a solution to the labour shortages that Finland's public healthcare sector will face in the coming years, it could be a part of this solution. Moreover, the fieldwork data that informs this research suggests that healthcare professional refugees benefit on an individual level from being enabled to continue practising their professions, and their linguistic skills and cultural knowledge can be utilised to provide better quality services for Finland's refugee populations. Refugees' experiences in the Finnish healthcare sector also indicate that Finns' initial suspicions regarding their refugee employees or colleagues tend to decrease gradually as they work together.

Ever since refugees began to arrive in Finland in 'large' numbers in the early 1990s, their employment prospects have been bleak. Even refugees with professional qualifications have been largely unable to find employment outside the ethnic sector and the so-called 3D-sector. As discussed at length in chapters 2-4, several researchers have put forth explanations for highly educated immigrants' weak labour market status and/or inability to return to employment that corresponds with their qualifications. These explanations, ranging from insufficient language skills (Forsander & Alitolppa-Niitamo 2000; Huttunen 2002; Valtonen 2004) to discrimination in recruitment (Ekholm 1994; Paananen 1999 and 2002; Jaakkola 2000; Forsander 2002) and a 'mismatch' between refugees' skills and the demands of the Finnish labour market (Forsander 2002), imply that the weak labour market status of professional refugees is largely caused by their (supposedly) low employability. According to Forsander (2002), people with higher education are unlikely to be able to re-establish their careers in Finland because human capital that is acquired through university education is more culturally specific and less transferable than education with a substantial practical component. Interestingly, however, it can hardly be argued that doctors' education has a significantly greater practical element than nurses' education.

The findings of this research suggest that these above-mentioned 'traditional' explanations cannot be used to account for healthcare professional refugees' inability to re-establish their careers in Finland. As discussed in chapter 8, growing labour shortages in the healthcare sector have resulted in employers' inability to dismiss appropriately qualified candidates due

to their supposedly insufficient language skills, or the fact that they have been initially educated abroad. This argument can be illustrated by a brief look at the refugee respondents' language skills. Although refugee doctors' prospects of being able to access appropriate employment in Finland appear to be notably better than those of nurses or dentists, this disparity cannot be explained in terms of doctors' superior language skills. While four out of the seven refugee respondents who had been unable to return to their professional role spoke either very good or excellent Finnish, two of the doctors who were working or undertaking paid practical training (*amanuenssi*) found it hard to express themselves in Finnish. Both of these doctors considered their language skills to be insufficient, and wished that they had been offered an opportunity to receive more formal language training before commencing the qualification recognition process. Yet the fact that they had both been able to access paid employment that corresponds with their professional qualifications (whereas the two nurses who were qualified interpreters and spoke excellent Finnish had not been able to do so) indicates that healthcare professional refugees' personal characteristics, or employers' perceptions of their language skills, have less influence on their qualification recognition and employment prospects than structural factors. On the whole, these findings imply that healthcare professional refugees' ability to re-establish their careers in Finland is influenced by a range of structural and institutional factors that make it difficult, or impossible, for them to acquire official recognition for their qualifications.

First, the integration services appear to be unable or unwilling to accommodate the needs of refugees with high levels of educational attainment. Factors such as poor quality language training, misguidance, 'victimisation', and disregard of refugees' own aspirations form barriers that inhibit healthcare professional refugees' access to qualification recognition training and appropriate employment. For all professional groups, the qualification recognition process is slowed down by integration services' preoccupation with less educated refugees and their subsequent inability or unwillingness to provide educated refugees with integrative measures that address their needs. In chapter 6, refugee respondents' accounts gave evidence of integration services' tendency to disregard educated refugees' individual aspirations, and to discourage an active approach to integration. The difficulty of obtaining formal recognition for overseas healthcare qualifications is exacerbated by inadequate language training opportunities, most notably the lack of high-quality language courses for refugees with high levels of educational attainment and developed study skills. Although inability to proceed in accordance with one's own ability does not necessarily result in lacking language skills, it does have a negative impact on refugees' motivation and their

ability to seek formal recognition for their overseas qualifications. Inability to access high-quality intensive language courses can also slow down the qualification recognition process for doctors, who must take their qualification recognition exams in Finnish.

Second, problems are caused by the unavailability, inaccessibility and/or poor organisation of the qualification recognition procedure. At the moment, healthcare professional refugees' ability to obtain a licence to practice in Finland is inhibited by strict licensing regulations and a complex set of requirements, combined with limited training opportunities. As discussed in chapters 6 and 7, the specific nature of the difficulties and the prospects of being able to obtain formal recognition for one's qualifications vary notably between different professional groups. The structural barriers are least severe for doctors, many of whom manage to obtain formal recognition for their qualifications, or at least a temporary licence to practise medicine in Finland. The availability of established qualification recognition procedure and the relatively good accessibility of qualification recognition training have a significant positive effect on refugee doctors' ability to obtain formal recognition for their overseas qualification and to access appropriate employment. The main barrier to appropriate employment for refugee doctors is the gap between qualification recognition training opportunities and requirements. While the licensing requirements for doctors can be considered largely justifiable, and are often seen to be just that by the refugee doctors themselves, the lack of appropriate training opportunities creates a hindrance to qualification recognition. The currently available qualification recognition training opportunities for doctors do not correspond with the qualification recognition requirements, preventing refugee doctors' speedy return to the medical profession.

In order to acquire formal recognition for their overseas qualifications, refugee doctors must demonstrate fluency in Finnish, familiarity with the Finnish healthcare administration, and ability to relate to Finnish patients and treat them in a manner that satisfies the examiners (for a more comprehensive overview of the qualification recognition requirements, see chapter 1.4.5). In its current form, the training course that is supposed to prepare refugee doctors for exams does not contain any language training, meaning that refugees must learn the language, including the medical vocabulary, before commencing the training course. The two-month-long training course is also very short, leaving refugee doctors largely to their own devices or at the mercy of their Finnish colleagues to acquire sufficiently comprehensive understanding of the issues that are covered in the exams. Although an abundance of relevant

material is distributed during the training course, the course offers refugee doctors limited opportunities to review this material in much detail.

As discussed at length in chapter 6, refugee doctors' opinions reveal that the qualification recognition training course could benefit from a number of changes. While all but one of the refugee doctors agreed that the course was at least partly useful, most felt that it did not provide them with sufficient support to facilitate quick qualification recognition. Many respondents pointed out that an intensive and longer course would be more effective, enabling refugee doctors to complete the process over a shorter period of time. At the moment, qualification recognition is very time-consuming, commonly taking over three years. Very few refugee doctors manage to obtain a license to practice medicine within the first five years of their residency in Finland. For those who arrive in Finland as asylum seekers, the time spent waiting for an asylum decision further elongates the process.

At present, the development of a more effective qualification recognition training course for refugee doctors is prevented by institutional barriers. The current qualification recognition training course is organised under the broader category of so-called labour market training (*työvoimapolitiinen koulutus*), which is financed by the Labour Administration to support immigrants' integration into the paid labour market. The Ministry of Labour, however, is responsible for merely financing the programme, while the actual training course is designed and carried out by external source. Although the training has been organised by the Tampere University Medical School since 2001 (with the exception of 2006 when no training courses were organised)<sup>33</sup>, the Ministry must send out a request for bids every year and purchase the training from the bidder that is able to satisfy the minimum requirements most cost-effectively. Because the training is purchased for only one year at a time, the course providers are unable to know whether their institution will be chosen to provide the training in the subsequent years, making sizeable investments in the course development by any of the bidders largely pointless. The course organisers are, to a great extent, positioned between a

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<sup>33</sup> No training courses were available in 2006, due to an ongoing lawsuit against the Ministry of Labour, calling into question the fairness of the bidding contest that resulted in the Ministry's decision to purchase the training from the University of Tampere in 2005. By the time the matter was solved in January 2007, the number of doctors vying for a place on the next course (due to start in September 2007) exceeded the number of places on the course by threefold.

rock and a hard place. Regardless of their awareness that more comprehensive training could facilitate quicker completion of the qualification recognition process, they must focus on the positive outcomes of the current training programme in the fear that extensive lists of necessary improvements could lead to cancellation of the funding. As a key respondent from the educational sector admitted, the course organisers at Tampere University are well aware of the shortcomings of the current training course format, but agree that it is still better than no training at all. This view was strongly supported by the refugee doctors who were interviewed for the purposes of this study.

The situation is worse for doctors who arrive as asylum seekers, and who commonly have to spend several years waiting for their asylum decision. Interviews with refugee respondents reveal that asylum seekers' access to language training is generally extremely restricted, and successful asylum seekers often require additional language training after receiving a positive decision, even when they have already spent several years in the country. Due to the largely unproductive period between arrival in Finland and positive decision, as well as the time-consuming nature of doctor's qualification recognition process, length of residency in Finland appears to have a positive impact on refugee doctors' career prospects. The longer a refugee doctor has resided in Finland, the more likely s/he is to be a practising doctor. However, it is worth noting that the fieldwork data does not cover a sufficient time-span to make it possible to explore re-qualified refugee doctors' career prospects in much detail. Though the data shows that refugee doctors are likely to be able to re-establish their careers in Finland, it cannot be used to prove that refugee doctors' backgrounds have no effect on their career progression prospects. A longitudinal study of refugee doctors' career developments could potentially provide some interesting insight into this matter in the future, but the short history of forced migration in Finland makes it too early to embark on such research at the moment. Refugee healthcare professionals' career development prospects, however, form an area that is definitely worth further inquiry. Such research could explore the ways in which healthcare professional refugees' cultural and linguistic skills can prove advantageous in recruitment and employment, while also contributing to the formation of more comprehensive understanding of the nature that racial harassment/discrimination takes in Finnish healthcare institutions.

In many ways, refugee nurses' (and dentists') abilities to access appropriate employment are even more severely constrained by structural and institutional barriers. The most notable barrier, having extremely damaging effects on refugee nurses' and dentists' qualification

recognition prospects, is the absence of established qualification recognition procedures for these professional groups. Although project-natured qualification recognition training courses for immigrant nurses and dentists have been organised occasionally from 2004 onwards, these training opportunities have not met the demand for such training. Moreover, the sporadic nature of these courses has made it difficult for the integration/employment services personnel to keep up with the different training opportunities that are available at any given time. Subsequently, refugee nurses and dentists who rely on the integration services for information regarding suitable qualification recognition opportunities may never even hear of these courses.

For nurses and dentists, poor Finnish skills caused by inaccessibility of suitable language training can result in exclusion from project-natured qualification recognition training programmes, where the course organisers are in a position to choose the most accomplished candidates with best language skills. On some occasions, integration services personnel decide against dispensing information regarding suitable training opportunities for clients whose language skills are considered to be too weak to facilitate successful completion of the training programme. Refugee nurses and dentists who have experienced difficulties in accessing high quality language training can quite easily fall victim to cumulative disadvantage, whereby their ability to access qualification recognition training is inhibited by their limited access to language training. Instead of being provided with free, intensive, training courses, refugee nurses and dentists whose language skills are believed to be too poor to see them through the qualification recognition or re-training are often encouraged to consider other career options that require less developed language skills and lower levels of education.

Whether due to integration services personnel's lack of knowledge and experience or refugees presumably lacking language skills, refugee nurses are rarely (if ever) encouraged to seek formal recognition for their overseas qualifications. Instead of being provided with adequate and comprehensive support and advice regarding their qualification recognition prospects, they are often persuaded to acquire some work experience as a healthcare assistant, and then advised to educate themselves for that profession. Although the integration services' official guideline is to inform all educated refugees of different qualification recognition opportunities and to support them in their quest to get their qualifications recognised, refugee nurses are frequently told that their overseas nursing degrees are 'worth nothing', and they should either redo their entire degree in Finland or re-qualify as healthcare assistants. None of

the five refugee nurses who participated in this research had been instructed (or helped) to contact the local polytechnic to negotiate an individual agreement that would enable them to update their overseas qualifications to match with the Finnish requirements and merit their licensing.

Instead, all five refugee nurses had been encouraged to qualify as healthcare assistants. This option was further promoted by the integration services personnel's constant reminders that healthcare assistants have excellent employment prospects. The systematic channelling of refugee nurses towards healthcare assistant vocational training and practical training opportunities in old peoples' homes instead of qualification recognition training indicates that refugee nurses might be subjected to direct discrimination. The interviews that were conducted for the purposes of this research reveal that refugees who possess higher education qualifications that are in growing demand in Finland are encouraged and advised to go for a lower qualification with limited career development prospects and lower income. The advice that skilled refugees are given by the employment and integration services is often biased, and against refugee nurses' best interests. The way in which refugee nurses are treated suggests that the employment and integration services are more concerned with staffing the badly paid and less respected healthcare assistant posts that attract fewer and fewer Finnish school-leavers every year than they are with providing high-quality integration services and appropriate advice for refugee nurses. In order to make any conclusive statements on this matter, however, a more extensive sample of refugee nurses would be needed. The findings of this research indicate that refugee nurses are receiving inadequate help and support from Finland's integration services at the moment, although the reasons behind this phenomenon can only be speculated on here. Like refugee doctors' career development prospects, this matter might prove a fruitful topic for further investigation in the future.

The fact that as small a sample size as five refugee nurses reveals a clear pattern whereby refugee nurses are instructed and encouraged to re-educate themselves and seek employment that is below their qualification level is worrying for several reasons. First, it reveals a tendency amongst the integration/employment services to ignore refugees' own wishes and aspirations. Second, it raises fears of potential segmentation within the public healthcare sector (i.e. the 'ethnification or racialisation' of the healthcare assistant profession). Third, a system whereby refugee nurses are directed to careers as healthcare assistants will enable their employers to exploit the refugees who are capable of performing nurses' duties, but constrained to the healthcare assistant's post (and lower pay) due to licensing requirements

that prevent them from working as nurses. Fourth, it implies that integration services are, in general, not sufficiently equipped to deal with highly educated refugees.

In addition to direct discrimination, refugee nurses are subjected to institutional discrimination, demonstrated by the absence of established qualification recognition procedure and the lack of educational opportunities that would enable them to acquire official recognition for their overseas qualifications. One possible explanation for the integration services' lack of interest in the plight of refugee nurses is an assumption that they would be considered so unattractive employees by potential employers that any large investment in qualification recognition training programmes for them would be unproductive. Another explanation, however, is that the integration and employment services are unaware of the situation. Although refugees' educational qualifications are, in principle, recorded by the integration services, the fact that refugee nurses who have not obtained formal recognition for their overseas qualifications are not *licensed* nurses means that they easily 'disappear' from statistics, being considered highly educated by one party and non-educated by another. When the capital region job centre that caters for all of the area's residents with higher education qualifications was approached for the purposes of this research, a key respondent from the centre replied that they have no records of immigrant nurses who are in need of qualification recognition training. At the same time, all other job centres in the area claimed that all nurses from their area are always sent directly to the job centre that focuses exclusively on job seekers with higher education qualifications. People whose qualifications are not recognised in Finland do not necessarily appear in statistics as having the type of education that they have, and thus it is nearly impossible to make any accurate estimates of the numbers of nurses or dentists who would require qualification recognition training. This problem is exacerbated by employment/integration services' client records that list only unemployed jobseekers, meaning that people who are attending a training programme or working in jobs that are not commensurate with their qualifications are not recorded as requiring qualification recognition training, or informed about emerging training opportunities.

Not surprisingly, then, the period of residency or citizenship status does not seem to have any positive effect on refugee nurses' ability to re-establish their careers. Instead, the impact of the length of residency has a negative effect on nurses' employment aspirations. While the two recently arrived nurses were determined to return to nursing, all three refugee nurses who had been in Finland for several years had seriously considered alternative career options, and either re-educated themselves or started the process. One nurse had successfully completed

the two-and-a-half-year-long training and qualified as a healthcare assistant, and another one was still undergoing the training. Two of these three refugee nurses were qualified interpreters, who worked in other jobs, but kept wishing that return to nursing would some day be possible. The need for established qualification recognition procedure that would make it possible for refugee nurses (and dentists) to seek formal recognition for their overseas qualifications without participation in one of the project-natured training courses is pressing. In the absence of such procedures, even the factors that can potentially enhance healthcare professional refugees' access to qualification recognition and appropriate employment, such as good quality language training courses, practical training opportunities and interpersonal support, can have only a limited positive effect on refugee nurses' and dentist' career development prospects.

Knowledge and understanding of the positive integrative measures and their effects discussed in chapter 7 can, nevertheless, provide valuable information on the ways in which highly educated refugees' integration and employment prospects can be improved in the future. By building on healthcare professional refugees' accounts of the factors that they thought had helped them to reach their goals, the integration services may be able to devise policies/integrative measures that take into consideration these issues and make such positive practices available for all professionally skilled refugees in the future. In January 2008, the primary responsibility for refugee integration will be shifted from the Ministry of Labour to the Ministry of the Interior. This could be an ideal time to revise integration policies and practices to address the needs of professional refugees.

A number of policy implications can be derived from the findings of this research. First, the integration services must incorporate the diversity of the refugee population into their service provision, and make special allowances for refugees with high levels of educational attainment. If Finland wishes to attract new educated refugees and hold on to the ones that are already in the country, it needs to establish integration programmes that take into consideration these refugees' personal aspirations and prior education. As highly trained individuals, healthcare professional refugees, as well as other refugees with higher education qualifications, possess developed study skills and should not be placed in same language classes with people who are unfamiliar with the Latin alphabet and/or who have very little experience of formal education.

In terms of labour market participation and the overall well-being of Finland's refugee populations, refugee integration would benefit more from a delayed gratification-approach, whereby refugees were encouraged (and enabled) to start the integration process by intensive language and citizenship education, and move on to vocational training or qualification recognition training only after achieving sufficient linguistic proficiency to facilitate meaningful employment or full-time study. Although the country's integration policy currently consists of both language training and labour market training, long-term benefit could be more effectively achieved by careful reconsideration of the policy's aims and objectives. Refugees' own aspirations ought to be prioritised over the needs of the labour market, and the quality of the employment that refugees will be able to access after completing integration training should be taken into consideration. Whereas an employment-centred approach aims at quick integration into the labour market and immediate economic integration, a delayed gratification approach would accommodate more thorough integration, allowing the refugees to set their own priorities and use the available integration measures to achieve their own long-term goals. If the integration policy truly aims to benefit the refugee populations rather than the Finnish labour market, it needs to adopt a more refugee-oriented approach.

Second, all refugees with transferable skills should be encouraged to seek formal recognition for their existing qualifications rather than obtain new ones. Qualification recognition procedure should be made accessible for all healthcare professional refugees (and other refugees with professional skills that are in demand in Finland). As the refugee respondents' accounts cited in chapter 6 reveal, refugees who have professional skills understand that *some* updating of their skills is necessary in order to adapt their knowledge to the new idiosyncrasies. They are willing to work hard to obtain the necessary language skills and to demonstrate their knowledge in exams and practical training. Universal access to qualification recognition (and appropriate employment) is of great importance also because the positive effects that refugees' ability to re-establish their careers has on their integration prospects and general well-being are multiple. As discussed in chapters 7 and 8, refugees who are able to return to practising their professions, or who have realistic prospects of being able to do so, are more satisfied with their quality of life in Finland, more settled, and less likely to suffer from psychological distress or entertain thoughts of moving abroad than those who are forced to give up their careers. Refugees' accounts of their experiences of working in Finland, explored in chapters 7 and 8, also suggest that their participation in paid employment in the healthcare sector facilitates good-quality contact between refugees and their Finnish

colleagues and patients, and functions to reduce Finns' prejudiced attitudes towards refugees and people who have obtained their qualifications outside the EU/EEA region. In this way, healthcare professional refugees' ability to access employment that is commensurate with their qualifications may help to reconceptualise Finns' perceptions of a 'refugee', potentially resulting in improved integration and employment prospects for Finland's refugee populations in the future.

Those refugees who have no access to a qualification recognition procedure find the situation very frustrating. In the absence of accessible qualification recognition procedure, seven out of the thirteen refugee respondents who participated in this study remain unable to re-establish their careers. Unable to access employment that is commensurate with their qualifications, most refugee nurses and dentists must either re-educate themselves or accept welfare dependency or employment that is below their skill-level. The social and economic cost of healthcare professional refugees' inability to practice their professions in Finland is high, exerting additional (and unnecessary) pressure on refugees themselves and the Finnish public services sector. Instead of contributing to the Finnish economy, these people are now largely dependent on welfare benefits or other types of financial support, although some have re-educated themselves to professions that are below their original qualification level. Many of these respondents have grown bitter towards Finnish society and the integration services that have deprived them of the opportunity to demonstrate their worth. Nearly all refugee respondents who had been unable to re-establish their careers in Finland reported feeling that their skills are not appreciated simply because they were not acquired in Finland and are thus assumed to be of substandard quality.

Project-natured training opportunities that can improve educated refugees' access to appropriate employment need to be turned into permanent practices. At the moment, the factors that seem to have positive effects on healthcare professional refugees' ability to get their qualifications recognised are largely project natured or dependent on refugees' geographical location, and thus available only to a small minority of appropriately qualified refugees. The good practices and opportunities defined in chapter 7 as having a positive effect on refugees' qualification recognition prospects and general well-being could benefit more refugees if made available on a continuing basis throughout the country. While project-natured programmes and courses are useful in enabling the integration services to explore whether a training programme of a specific kind will prove useful, successful projects should be turned into permanent practices as soon as possible in order to facilitate better access to,

and more widespread awareness of, such training opportunities. A good example of a qualification recognition training programme that produced highly positive outcomes is SATU I training for overseas qualified nurses (Soinne 2005). By the time the course finished, over half of the course participants had a job waiting for them (Soinne 2005), indicating that overseas qualified nurses, like overseas qualified doctors who pass the first exam, are a wanted workforce by the public healthcare services providers. Yet qualification recognition training remains insufficient, and beyond the reach of many appropriately qualified individuals.

What is needed is a balanced policy approach that seeks to alleviate the barriers defined in chapter 6, while ensuring that the opportunities discussed in chapter 7 are made available to *all* healthcare professional refugees. Unless such practices are made more widely available, there is a real danger that the inability of healthcare professional refugees to obtain formal recognition for their existing qualification may encourage them to re-migrate. The largely underutilised potential of healthcare professional refugees has already been increasingly realised by other western nations (for an example of the UK, see Jackson and Carter 2004) and, having limited ability to attract healthcare professional labour migrants, Finland can hardly afford to lose any more qualified healthcare professionals than it is already losing to foreign labour markets every year.

Overall, the findings of this research suggest that healthcare professional refugees are highly employable as soon as they are licensed to practise their professions. As the number of unfilled vacancies in the healthcare sector soars, the demand for healthcare professional refugees' skills increases. In the current situation, employers can no longer afford to let their initial suspicions or prejudiced views stop them from hiring a licensed doctor/nurse because of their backgrounds. As demonstrated in chapter 8, healthcare professional refugees who have managed to obtain formal recognition for their qualifications encounter little difficulty in finding appropriate employment. Considering this, established and accessible qualification recognition procedures for all healthcare professionals whose skills are in demand would be likely to produce largely positive outcomes.

Instead of investing substantial sums of money in recruitment from abroad, the Finnish government should channel more resources to the development of additional measures to promote more thorough integration of the appropriately trained resident migrants. Although the provision of specialised integration training, language training and qualification

recognition training for skilled refugees may be costly, initial investment in services that improve healthcare professional refugees' qualification recognition prospects is likely to pay off in the long run. As Salmenhaara (2003:63) has noted, although "many immigrants need the welfare state and its services in order to fully utilize their human capital... to survive in the long run, the welfare state itself needs the full societal contribution of immigrants". At the moment, many refugees whose skills could be more effectively utilised for the benefit of the Finnish healthcare sector remain either economically inactive or in jobs that are below their skill-level, most commonly against their own will. More effective training opportunities could be employed to alleviate the barriers defined in chapter 6 to enable more educated refugees who wish to make a contribution to the Finnish society to do so. This approach to integration would benefit individual refugees and their families, as well as the Finnish public services sector.

As mentioned before, few Finnish researchers consider it appropriate to distinguish refugees from other migrants despite the mounting evidence that refugees are disadvantaged in comparison to other migrants, and often more heavily dependent on official integrative measures. By moving beyond the dichotomy between employment and unemployment, and by incorporating the refugee viewpoint with that of the institutional sector, this thesis has made a unique contribution to the sociological literature of forced migration in the Finnish context. As the first study to examine the employment prospects of a specific professional refugee group, this research has generated knowledge that can be used to develop integration policies and practices that take into consideration the special needs of highly educated refugees who have practical skills that are relevant to the Finnish economy. However, it ought to be stressed that these measures for highly educated refugees should not be developed at the expense of existing integration measures that are directed for refugees with little or no formal education, but rather as an addition to the existing training opportunities.

The implementation of the EU Qualification Directive (2005) might enable Finland to severely reduce the provisions and services that are presently made available for refugees. Yet it is worth emphasising that each EU member state remains able to make their own decisions regarding refugees' access to integration training, qualification recognition schemes, and measures that may influence the employment prospects of educated refugees. As the Qualification Directive only concerns itself with the *minimum* standards and provisions, Finland is left free to grant more favourable provisions and higher standards than specified in the Directive. In the Finnish context, characterised by a relatively small number

of refugees, who nevertheless account for a fairly large proportion of the country's immigrant population, the exceeding of the minimum requirements may be a reasonably rational option. As demonstrated in this thesis, refugees' ability to make a positive contribution to their host society is largely dependent on their access to language and qualification recognition training, and the quality of these training programmes. The provision of the best possible training opportunities to help refugees acquire the necessary skills and qualifications to facilitate their integration into the Finnish society would benefit not only the refugees themselves but the Finnish society as a whole. Although high-quality training programmes may be costly, the cost of stinginess may be even greater in the long run.

# APPENDICES

## **Appendix 1: Research Questions in More Detail**

### **1.) How has Finland's non-colonial past and relative homogeneity affected refugees' integration into Finnish society since the late 1980s? (documentary analysis/ interviews)**

- How have Finns' limited experiences of diversity affected their reactions to refugees (and, consequently, relations between Finns and refugees)?
- How has the lack of diversity influenced Finland's integration policy?

### **2.) What is the current employment situation of healthcare professional refugees within Finland? (Documentary analysis/statistical analysis/interviews)**

- There is a staff shortage in the public health sector. Do also refugee healthcare professionals find it easy to find work?
- Have refugee health professionals had problems finding employment in the health sector?
- Those who have found work, what kinds of contracts do they have (full-time/part-time, temporary etc).

### **3.) What are the key factors that inhibit or enhance the employment prospects of healthcare professional refugees resident in Finland? (documentary analysis/ interviews)**

- How effective is the qualification recognition process? How long does it take to get one's qualifications recognised? Are refugees actively encouraged to update their qualifications and seek employment on the health sector? How do refugees *feel* about the qualification recognition process?
- Do race, religion (or religious/cultural dress) or country of origin appear to have an impact on refugees' employment prospects? Does the time of arrival appear to have an impact on refugees' employment prospects?

### **4.) What constraints and opportunities does the current integration policy have for refugees with medical qualifications? (documentary analysis/ interviews/ comparison between Finland and other countries)**

- What are the priorities of the current integration policy? Does it encourage skilled refugees to update their qualifications?
- How easy is it for refugees to get their qualifications recognised and find work?

### **5.) To what extent will individual refugees and/or the Finnish healthcare system benefit from maximising the skills and qualifications of forced migrant healthcare professionals? (interviews)**

- Are there any possible benefits of having (more) refugees work in the public health sector?
- Could employment that responds to one's qualifications have a positive effect on the integration process?
- Could refugees' language skills and/or cultural knowledge be utilised to provide better quality of care to Finland's 'new' cultural and linguistic minorities, such as new immigrant/ refugee populations?
- Could the active recruitment of refugee health professionals ease the labour shortages on the public health sector?

## **Appendix 2: Interviews with Union Representatives – Topic Guide**

**(December 2005 and January 2006)**

Two representatives of Finnish Medical Association (Suomen Lääkäriliitto), the Finnish Nurses Association (Suomen Sairaanhoidajaliitto) and the Union of Health and Social Care Professionals (Tehy)

Before the interviews took place, all interviewees had received information about the project via e-mail (one page summary in Finnish, and a five-page-long introduction in English). They all had agreed to participate *after* reading this information provided to them. Additional information was offered upon request.

Before the interviews commence, all participants were asked to fill in a form that contained some ‘personal’ questions (name, age, educational level, position, short description of the post held, duration of the employment in current position). They were asked to tick boxes for any information that they wished would NOT be released.

All interviews were recorded and transcribed verbatim.

**Themes that were addressed in the interviews with the union representatives:**

### **1. Composition of members**

- immigrants
- from what country
- proportion of ‘baby boomers’

### **2. Perceptions of Immigration and foreign-born members**

- Do they see immigrants as facing problems different to those faced by the ‘Finnish born’? If yes, do they see immigrant members as having ‘special needs’, and do they see their union as being able to address these needs (for example, training and support groups, anti-racist policies etc.)
- Do foreign-born members appear to be disadvantaged in the labour market?
- Does the country where one has achieved his/her qualifications appear to have a greater impact on employment prospect than race/ethnicity?
- Perceptions about division of labour within the health sector (i.e. are immigrants seen to be concentrated in specific sectors of nursing, for example)
- Do they think that there is a high level of variety within the ‘immigrant’ category? (in terms of experiences etc.)

### **3. Perceptions of the existing/looming labour shortages**

- Perceptions of whether any one specific sector is believed to be affected more/less than other sectors?
- The role of immigrants in easing these shortages?
- Can the participants identify any potentially negative/positive outcomes of having more immigrants work in healthcare?
- If more immigrants are believed to be needed, do they see Finland as having a realistic chance of attracting healthcare professionals from abroad?

### **4. Perceptions and opinions of the qualification recognition process**

- Opinions regarding the effectiveness of the existing qualification recognition process/availability of accessible training for appropriately qualified people?
- Perceptions of whether Finland is actively utilising the immigrant population's skills and potential?
- Identify any pros and cons in the existing system? How could it possibly be changed?
- Is the union in question actively involved in the training and qualification recognition? Would they like to be more/less involved?

### **5. Perceptions of Finns' attitudes toward foreign-born/ethnic minority healthcare personnel?**

## **Appendix 3: Interviews with Integration Services– Topic Guide**

(August 2006)

**Description of main duties and responsibilities.**

**Description of customer population (where from, educational level, manner of arrival)**

**Perceptions of:**

### **1. Language Issues**

- Perceptions of the quality and availability of language training
- Refugees' language skills

### **2. Individual integration plans**

- Practicalities
- Integration training (the quality and availability of different integration training courses)
- Labour market training
- Impact of existing education on individual integration plans
- Information about existing qualification recognition training programmes

### **3. Employment**

- Gaining work experience in Finland
- Practical training as part of the integration training /language courses
- Finnish skills needed in order to be able to work in Finland
- Requirements regarding degree certificates and their translation into Finnish
- Perceptions of refugees' employment opportunities (particularly in the healthcare sector)

**Experiences of working with refugees**

- Are your employees offered any specific training that prepares them to work with refugees?
- Perceptions of cooperation between different government bodies and REED-centres/ job centres?
- What are the biggest problems you face in your work?
- Positive/negative experiences of working with refugees?

## **Appendix 4: Interviews with Refugee Respondents – Topic Guide**

**August 2006 – October 2006**

Before the interviews commenced, all participants were given a form containing some ‘personal’ questions. They were asked to tick boxes for information that they wish would NOT be released. They were asked to fill in the form *after* the interview is finished.

- age
- gender
- country of origin & first language
- arrival to Finland (date and manner of arrival)
- education (degree and country where qualification was obtained)
- current position

Before the interviews commenced, interviewees were asked for their permission to tape the interview. When permission was not granted, detailed notes were taken. All participants received a list of topics that were to be addressed in the interviews a few days before the interviews were to take place. Respondents were also encouraged to bring up any additional topics they considered relevant.

### **Themes:**

1. Work/position before forced migration (briefly)
  - Were they working before you had to flee (where, how long and in what position)?
2. Experiences immediately after arrival
  - Who did they come with, where did they stay right after arrival? If placed in a reception centre or detention centre, how long did they stay there?
  - How long waited for the decision? (only for those who came as asylum seekers)
  - Did they work while waiting for the decision? If not, how did they spend their time?
3. Opinions about the availability of language training and vocational training (based on their own experiences)
  - How soon after arrival was language training made available?
  - How intensive was the language training when it first started?
  - Opinions about the quality of the language training (how was the teacher, opinions about the composition of the group, were the classes well organised and were the students able to proceed at their own pace). How could this be improved (suggestions)?

- Were advanced classes made available after completing the basics? How soon after completing the basics were they able to start a new course? Were they, at any point, offered language training in their own field, i.e. medical/healthcare terminology?
  - How would they rate their language skills at the moment? Have they taken any additional classes outside the integration programme?
4. Opinions about the integration training (again, based on their own experience)
- How soon after arrival did the integration training start? Did it start before being placed in a municipality?
  - How soon after arrival were they placed in municipalities?
  - Are they still living in the same municipality where they were placed?
  - Did they receive individual integration plans?
  - Did they consider the integration training and integration plans useful? Why/why not?
  - Who were their most important contacts after being placed in municipalities?
  - What were their own main concerns after being placed in a municipality? Was there anybody they were able to talk about their main concerns?
  - Were they actively encouraged to find a job?
  - Did they look for a job before getting started on the qualification recognition? Did they work in jobs that do not respond to their qualifications?
5. Experiences of qualification recognition – if they have gotten their qualifications recognised. If they have not gotten their qualifications recognised, I will ask them to identify reasons for why not.
- When/ how soon after arrival did they start the process? How long did the process take (or how long do they assume it will take if they are currently in the middle of the process)?
  - Were they actively encouraged to get their qualifications recognised? If yes, by whom?
  - Did they ask for any financial or practical help? If yes, from whom did they ask for help?
  - Did they receive any financial or practical help in the process? If yes, who helped them?
  - How did they find out how to get their qualifications recognised?
  - Did they undertake the required training in English, Swedish or Finnish?
  - Did they receive any additional language training as part of the qualification recognition training?

- Did they consider all the required training to be useful? What was the most/least useful element of the training? Was there something missing that they would have welcomed as part of the training?

**6. Experiences of job hunting (only employment that responds to qualifications)**

- Have they been actively looking for work that responds to their qualifications? How have they been looking (through personal contacts, newspaper ads etc.)?
- Had they been to many interviews before finding a job? How did they feel about these interviews?
- Doctors only: Did they start working before having done all the necessary exams (this is an option for doctors but not for nurses – the doctors who choose this option will have to work under a constant supervision of a senior member of the staff)?
- Had they sought any help from job centres/REED-centres? Had they received any help from them?
- If they do not have a job at the moment, what do they think is the reason for that?
- If they have been refused a job, what reasons have they been given for the refusal?
- Have they ever been asked to take a personality test?
- Do they think that it is more difficult for a foreign-born healthcare professional in Finland to find a job than it is for a Finnish-born person with similar qualifications?

**7. Experiences of working (if they have any)**

- Brief employment history. What job doing now?
- Are they employed on a temporary or a permanent contract?
- What kinds of relationships do they have/have had with their colleagues?
- What kinds of relationships do they have/have had with their superiors?
- Is the job satisfying? Do they feel that they ‘fit in’?
- Do they feel that they are treated equally with their Finnish-born colleagues?
  - i. If they want to, are they allowed to wear the traditional dress to work?
  - ii. If they work with patients, what kinds of responses have they received from the patients? Have they ever been harassed by the patients because of their background?
  - iii. Have they ever come across a situation at work where their additional language skills (for example their mother tongue) have been needed/enabled better communication with the patient?

- iv. Have they ever been asked to translate for colleagues, or have they been sought after because of their knowledge of any particular (foreign) culture?

Is there anything else relevant/significant/important that we have not yet discussed?

## **Appendix 5: Informed Consent Form for Refugee Respondents**

Olkaa ystävälliset, ja täyttäkää oheinen lomake ennen haastattelun alkua (printtaa lomake ulos ja täytä käsin). Allekirjoituksen lomakkeen loppuun voi täyttää vasta haastattelun loputtua, jos niin toivotte. Tämä lomake, mukaan lukien lomakkeen ala-osassa oleva 'informed consent' osio on englanniksi, koska osittainen rahoitus tutkimusprojektilleni tulee Leedsin Yliopiston Sosiologian- ja Sosiaalipolitiikan laitokselta, ja täten tutkimukseni tulee noudattaa British Sociological Associationin eettisiä ohjeistuksia, joista yksi on 'informed consent'.

**Indikoitthän selvästi merkitsemällä rastin ruutuun kohdissa, joissa mainittua informaatiota EI SAA tuoda julki väitöskirjassa, tai siihen liittyvissä julkaisuissa. Kaikki antamanne tiedot joita rastilla merkitsette, tulevat pysymään täysin luottamuksellisina. Teillä on oikeus kieltäytyä vastaamasta kysymyksiin joita pidätte liian henkilökohtaisina taikka asiattomina, sekä tässä lomakkeessa, että itse haastattelun aikana.**

**Age:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Country of Origin:** \_\_\_\_\_

**First Language:** \_\_\_\_\_

### **Arrival to Finland:**

**Year:** \_\_\_\_\_ **Manner:** \_\_\_\_\_

### **Education:**

**Degree:** \_\_\_\_\_

**Country where qualification was obtained:** \_\_\_\_\_

### **Current Position:**

**Job title:** \_\_\_\_\_

**Duration of the employment in the current post:** \_\_\_\_\_

**Temporary Contract / Permanent Contract (circle as appropriate)**

I, \_\_\_\_\_ have agreed to participate in Sanna Markkanen's research project on the opportunities and barriers to paid employment for healthcare professional refugees. I hereby give my permission to use the data generated by the interview for the PhD project and any related publications. I have participated in this study voluntarily, and I realize that it is my right to terminate the interview at any given time and/or refuse to answer any questions I do not consider appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Jos haluat kopion haastattelun litteroinnista, täytä alla olevat tiedot:**

**Nimi:** \_\_\_\_\_

**Osoite (tai sähköpostiosoite):**

\_\_\_\_\_  
\_\_\_\_\_

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