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Title: Care Relations of Resettled Refugees : Case Study, Finland

Year: 2020

Version: Accepted version (Final draft)

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Care Relations of Resettled Refugees after Arrival in Finland

Kati Turtiainen [1]

Introduction

The situation of forced migrants is unbearable in the many parts of the world. More than 68 million individuals have been forced to leave their home country or region of origin worldwide as a result of persecution, conflicts, generalized violence, or human rights violations. The situation of forced migrants gives a huge challenge to International community. In this article, I look closer at the situation of refugees, which is one group of forced migrants. The other forced migrants are Internally Displaced People (IDPs), asylum seekers, victims of trafficking and smuggling and stateless persons. By the end of 2017, some 25 million persons were refugees under the UNHCR (United Nations High Commissioner for Refugees) or UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the Near East) (UNHCR 2017).

Refugees are one group of forced migrants who has got the status of refugee according the International Refugee Law, the Convention 1951 and its 1967 Protocol (UNHCR 2011). The essential criteria of refugee status are, first that the person's flight must be motivated by the persecution, which means of the serious harm against which the state of origin is unwilling or unable to offer protection. In addition the risk faced by the person must have nexus to his or her race, religion, nationality, membership in a particular social group, or political opinion. Also there must be a genuine need for and legitimate claim for protection[2] (Hathaway 1991). The definition reflects the fact that the bond of trust, as a form of protection and assistance between the citizen and the state, constitute the normal basis of society. It asserts moral claim by positing the existence of the minimal relation of rights and duties between the citizen and the state. Besides it is also empirical claim by asserting that the actual consequences of the severed bond between person and

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[2]Article 1 A (2) of the 1951 Convention Relating to the Status of Refugees (UN General Assembly 1951) defines a refugee: as someone who has left his or her country or is unable or unwilling to return to it 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion' (UNCHR 2011).

the state are always persecution and alienage (Shacknove 1985). The refugee definition is rooted in the European context. Even if refugee definition has been widely regarded as universal and generally accepted, at the same time it has been described as a Product of Cold War and as Eurocentric (Chimni 2000). Refugees may live in a provisional situation without any state protection for decades. UNHCR gives temporary protection and tries to find durable solutions for them. One possibility is to resettle refugees from the refugee camps and other temporary places to the developed countries (UNHCR 2006). The context of this article is the resettlement of the refugees to Europe and especially to Finland. Finland is one of the oldest European refugee resettlement countries. The yearly quota of resettled refugees is 750 individuals. In the year 2017, around 65 000 new migrants, including asylum seekers, applied residence permit in Finland (The Finnish Immigration Service 2018).

Resettlement doesn't automatically solve the problems of refugees. After resettlement to the new country, refugees become dependent on the stakeholders of the new society. Therefore successful settlement is a basis where the integration process is built. Also integration needs relevant actions by the host community, society and the state in order to meet the needs of refugees and other forced migrants. In Finland, public authorities are in frontline of settlement and integration of refugees, but as my previous studies (Turtiainen 2011) show, the relationship between refugees and public authorities could sometimes be based on negative dependency. Therefore, the needs of the resettled refugees were not necessarily met by the stakeholders of the Finnish society. My interest here is the refugees' care relations, which are one essential element of settlement process (Turtiainen 2012). Raghuram (2012) also states that analysis of the local specific dynamics of care in different geographical contexts is needed.[3]

By care, I mean first of all social and emotional relations which can fulfill the needs to be cared for and taken care about as needy and vulnerable human being. I approach the concept of care as a vital human need and therefore care relations form a basis of wellbeing also in the new society. Refugees may have a background of serious denial of care, which could get at worst a form of abuse and even torture. According to Honneth's theory of recognition[4] (1995; 2007) this kind of

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[3] There is a comprehensive literature on global care and care chains concerning paid and unpaid care work (e.g. Lutz 2008). For example, Lisa Widding Isaksen's (2010) significant article collection on gender and migration in Nordic countries explains the migrant women's situation in labor market.

[4]The other components are social esteem, which concerns person's capacities such as knowhow and skills, which contribute to the common good of the society and respecting rights of the people. Also Canadian philosopher Charles Taylor (1992) theory of recognition is an important. For him recognition is also a vital human need. The American feminist philosopher, Nancy Fraser (1997) with her broader theory of justice, is a third significant academic who has contributed to this theory.

violence threatens the integrity of a person by destroying self-confidence. Honneth, as well as, the theorists of ethics of care (e.g. Tronto 1993; Sevenhujsen 1998; Baier 1995) highlight the relational nature of the care, and also the need for care as a part of human condition. My starting point here is that building care relations are vital to the resettled refugees in the early stages of integration in order to maintain positive self-relations as bases of good life and integration process in the new society. In the Finnish society, taking care of the people's needs is an essential part of social welfare, which concern also resettled refugees. Thus, I study whom refugees form their prior care relations in the early stages after arrival in Finland. My interest is also to know if there are gender differences in the formation of care relations. The data is based on the interviews of the refugees. I start by looking the European context of forced migration and refugee resettlement as a one durable solution used by UNHCR. Second, I discuss how the concept of care is understood in this study. Lastly, the research frame and the results of this study are presented.

European Context of Current Forced Migration

The number of forced migrants entering the European territory has increased during the last few years. However, the distinctions within the category of forced migrants are an artefact of policy concerns rather than of empirical observation and scientific enquiry (Turton 2003a). The UNHCR (2010) speaks about the migration-asylum-nexus, which means that many migratory movements involve both economic migrants and forced migrants. According to Betts (2013) there is a lack of terminology to clearly identify people who should have entitlement not to be returned to their country of origin on human rights grounds. He proposes that these individuals may be referred to as ´survival migrants´. Also the perspective could be changed from the particular cause of movement to identifying a threshold of fundamental rights. The number of refugees and other forced migrants without any state protection are increasing due to unrest in the different parts of the world. In 2017, around 705 000 asylum seekers applied for international protection in the Member States of the European Union. This was just a half of applications recorded in 2015 and 2016, when nearly 1.3 million asylum applicants were registered. In 2017, EU Member States granted protection to more than 538 000 asylum seekers (Eurostat 2018). Especially Western European states have developed a battery of measures designed to reduce asylum claims. These measures are, for example, carrier sanctions, pre-inspection regimes in foreign countries and interdictions to prevent asylum seekers from accessing national territory (Gibney and Hansen 2003). Despite individuals are still trying to reach Europe across the Mediterranean. In 2015, more than 1 million people arrived to Europe across Mediterranean See, compared to the 200 000 of the previous year and around 172 000 during the year 2017. The main countries of origin of the people claiming

asylum in Europe are Syria, Iraq and Afghanistan. The main destination countries are Germany, Italy and France (IOM 2018).

In Finland, during the year 2017 the number of asylum seekers was around 5000, but in 2015 the number of new claims were about 32 000. (The Finnish Immigration Service 2018). In 2016, there have been worsening in the Finnish Aliens Act concerning the possibilities of getting protection. Finland has been traditionally an emigration country since the Second World War. Until now the number of foreign citizens is only about 4 per cent of the all people living in Finland. According to Finnish resettlement policy the persons selected for resettlement in Finland are mainly among those which UNHCR has identified to be the most vulnerable persons, such as at risk woman, survivors of torture or other kinds of violence, chronically ill and elderly persons.

While EU is blocking the mobility to the north, the so called "migration industry" is increasing since people have to rely on informal networks or "people smugglers". The migration industry embraces a broad spectrum of people who earn their livelihood by organising migratory movements. (Castles and Miller 2009) As a consequence, after 2014 until December 2018, around 15 000 human lives have been lost in the in the Mediterranean, which is considered to be the deadliest migration route in the world (Missing migrants 2018). Brian and Laczko (2014) report that there is no exact information available for instance on sex of deceased or missing migrants in Europe or globally. It is only reported that there is no information on 96 per cent of these lost human lives from which 3 per cent are females and 1 per cent are males. Gerard and Sharon Pickering (2013) state that the ´EU policy is blind to the lived realities of those who seek refugee protection in the EU and urgently need to address the structural contradictions exacerbating violence experienced by refugee women in transit´. There is an urgent need to solve the enormous human catastrophe by the International Community. Yet there are no simple answers to the mixture of problems, such as war, ethnic hatred, political instability, economic failure, that force people to flee from their homelands, nor any simple routes to eliciting the international political will needed to ameliorate them (Gibney 2006). The status of asylum seekers at the moment of entry into a new country without appropriate papers is not very different from that of a criminal. To be without papers in the state centric world is a form of civil death (Benhabib 2001). Pirjola (2009) highlights that the virtues of liberal democracies do not consist of their capabilities to close their borders or build frontiers, but to hear from those who are excluded and take their voice seriously. According to Finnish resettlement policy the persons selected for resettlement in Finland are mainly among those which UNHCR has identified to be the most vulnerable persons, such as at risk woman, survivors of torture or other kinds of violence, chronically ill and elderly persons.

In Finland there are challenges to equal work opportunities for migrants with the rest of the population. Also the immigrants' needs are not always met in the welfare services, so the culture specific services are not mainstreamed (e.g. Anis 2012). According to Vuori (2012) the integration policy and settlement practises produce problems concerning gender and family status. But also racism and ethnic relations are invisible in the integration policy, which is not enabling to improve the integration practices. Also Keskinen's (2012) study shows, how the practises of Finnish authorities are not taking into account cultural differences. Authorities use universal or cultural explanations for the behaviour of their service users. These explanations end in the same kind of practises to all of their clients. Moreover, authorities use cultural explanations in producing an exclusive definition of society, where different individuals and groups are put in unequal positions (Keskinen 2012, Anis 2012).

Theoretical Perspectives to Care as Refugee Receiving Work

In general, trust is an essential element in creating a cohesive society (Simmel 1978) and relations of care one element of trust formation between people. Therefore, building care relations is an important part of the integration of refugees in the new society. Care relations can give continuity and safety in a new situation where everyday life has to be built again. According to my previous studies (Turtiainen 2012), safety can be built through emotional, social, and practical support and by fostering feelings of acceptance. Trust and care are closely connected to each other. Individuals are listening signs of the people's good will in order to trust them (Koehn 1998, 97). Therefore, experiences of care or caring attitude can be a sign enabling mutual trust formation. If refugees can identify, for example civil servants, as persons who care for the service users' well being, refugees could trust them (Turtiainen 2012). Here, I approach the concept of care as a vital human need of all individuals. Thus, to be taken care of each other in a reciprocal relationship is fundamental to being a human (e.g. Honneth 1995; Sevenhuijsen 1998). Besides, I discuss care as a public sphere.

I start approaching the concept of care as a part of German philosopher Honneth's (1995) theory of recognition. In the recognition theory care, or love, as Honneth calls it, is derived from the object-relation theory by Winnicot (1971) and Mead (1934). In this sense, care is a base for self-confidence and it is developed in early relationships between needy children and their career. Good care relations also help to develop all further attitudes of self-respect (Honneth 1995)[5]. Also another

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[5]Respect concerns our rights and therefore us as legal individuals (Honneth 1995).

social philosopher, Selma Sevenhuijsen (1998) states, based on the feminist ethics of care[6], that subjects come to understand themselves through their relationships with others. She states that human subjects develop their moral and rational capacities in connection and interaction with others, in the first instance with those who care for them and on whom they are dependent´. Also for Honneth (1995) person as a moral subject (self-respect) are developed in the reciprocal relationship. For him, this morality, the respect, is seen in the legal relations and especially through the legislation.

In the Nordic societies care relations are connected to the political responsibility that all citizens' and residents' needs must be recognized. Thus, it is important here to consider the dynamics of the care in public spare. The human condition as needy and vulnerable beings gives a basis for dealing with political morality to care about all people living in the society. For this reason, as Tronto (1993) states, we have to develop our capacity to care beyond the sphere where we give care on daily basis. She states that in the democratic society in which all people are responsible for seeing that the care for all is the premise of justice, ´we would expect that collective power will be used not to exclude or degrade any groups´ (ibid.). Therefore, taking care of the needs of refugees is also one concern of the public authorities. Ikäheimo (2003, also Honneth 1995) states that care concerns human beings as such, not as a result of their particular features or skills but as for their own sake. However, authorities take care of a person's needs because they care about the person's well-being, regardless of what kind of persons they are.

The political debate about caring the needs of all residents, refugees and especially irregular migrants is topical in European Union and also in Finland. Thus, their recognition is conditional. The conditionality is connected directly to their contribution by their professional skills. Therefore, migrants are considered more as labor but not in need of protection. It means that also values have changed so that individuals must take care of themselves (Dahl and Eriksen 2005). This is because people are seen as instrumental for some other goals, usually economic, not just persons deserving care and good life. At the end, people are considered as workers and consumers in the different fields. Warness (2005) states, that the relatively most privileged groups can ignore much of the strain care entails, because they newer has really faced it. Tronto (1993) calls this as a `privileged irresponsibility´. Therefore, in the political discourse, care ethics is often considered to belong to the private sphere. Thus, the most vulnerable refugees, such as single mothers or elderly

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[6]Feminist ethics of care highlights the relational nature of ethics instead of applying hierarchical rules in a hierarchical order. The pioneer of the feminist ethics of care is Carol Gilligan (1982). Later, the care ethics have been developed for example with many other authors, by Nel Noddings (2003), Annette Bair (1994), Joan Tronto (1993), Selma Sevenhuijsen (1998) and Daryl Koehn (1998).

people, may be seen the just as strain for the society. According to the Finnish Legislation not all forced migrants are taken care by the Finnish society. For example, undocumented migrants can't get public health care services before they are recognize as residents of the country.[7] Jönsson (2014) states that undocumented immigrants are excluded from many services and social practices in Sweden also.

Methodology

My data consists of interviews with 13 resettled refugees living in Finland. The interviewees represent a heterogeneous group in terms of ethnicity, education, age, and gender. Half of them are women and half men of which six are either single or are single mothers and seven married with children. Some of them are illiterate without any basic education, some are students and the others have vocational or a university education. Some of them are unemployed and the others are working or studying. They come from different countries in Africa and Asia, and their ages range from 20 to 60. At the time of the interviews, they had been living in Finland between 4 and 13 years. Half of the interviewees are so called strong cases (Patton 2002) who are somehow working for their own ethnic community. This can be called also as an elite sampling, which means that these informants can offer the best possible information about the phenomenon in concern (Tuomi and Sarajärvi 2002). In this case, they can provide information also about their own ethnic community. I will not provide more detailed background information of the interviewees in order to avoid identification of the interviewees. Ethically, it is important that, at the time of the interviews, they were no longer users of the services to which the interviews pertained, and thus could speak freely about the services without being dependent on them.

All the interviews are multi-voiced, which means that interviewees were not speaking only about themselves, but also about other refugees and factors that could help them in their relations with the authorities. Potter (1996) calls this the principle of footing, where a particular piece of speech may be necessary to distinguish, whose position the talk is meant to represent, the author, who does the scripting or the animator who says the words. I also include these narratives in my analyses.

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[7]In Spring 2015, there were an initiative for new law for the irregular migrants' right to get health care for serious chronical diseases and also a health care for migrant children and pregnant woman. This initiative was not accepted. The supporters of the law say that health care is a human right and opponents claim that paperless people are just ´health tourists`, who does not deserve health care.

Interviews were conducted in 2007 based on contact information for refugees from the immigrant services in one town. I explained what this research was about by phone and none of the refugees contacted refused. Before starting the interview I explained again, both orally and in writing, the purpose of the interview and asked for their consent. Some of the interviews took place at the interviewees' homes or work places and the rest of them in my office lasting for one to two hours. At that time I worked as a director of immigrant services and interviewees told me that they are pleased to tell me their experiences with authorities and settlement services. I knew all interviewees somehow beforehand due to my work. None of the interviewees were personally my clients while settlement and integration services. I was surprised how openly interviewees told about their lives and problems with authorities in Finland. The continuation of the relationship may enable to be critical and reflective while narrating about the time after their arrival in Finland. We were looking back to many events which were common to both of us. They also mentioned that I knew how their lives were in the refugee camps because I had visited there, and then they continued their narration. Jocobsen and Landau (2003) write about the willingness to satisfy the researcher and tell such things what they expect the researcher would like to hear. This kind of willingness to satisfy the researcher is known as "reactivity" in the field work. I did not have an impression of this kind of reactivity during the interviewees, but vice versa, they were critical of the services and told how the services could be improved in order to better meet the needs the refugees. I collected the data by trying to make the time of the interview into a joint process. By this, I mean that the interviewees and the researcher together actively shaped the form of the interviews. Hydén (2008, 123) calls this a circular process, where both parties are trying to make continuing sense of what they are talking about.

Main Findings

I found six different kinds of experiences of positive care relations in the early stages of arrival in Finland. These relationships are formed between the own ethnic community or association, Finnish civil servants, religious communities and Finnish people, such as neighbors. One group of extracts are about those refugees, who did not find any people outside their family, whom to rely in the early stages of arrival to Finland. There are also experiences where the prior dependency relations are between those, who are still living in their countries of origin. The resettled refugees are still responsible for the wellbeing of their dependents in the countries of origin and therefore their own settlement and integration seems to be in the secondary place in their lives. Next, I'll introduce the analyses of these relationships.

(a) Own Community or Ethnic Association

A main source of care are the relationship with own ethnic community and associations formed by the immigrants who has arrived to Finland earlier. The experiences of care relations are expressed next:

W: They are lucky because we came here before and we are helping them, for them everything is possible because I just say, call me whenever you need help (…) They are not coming here (immigrant services) (…) It is really very different culture. They are afraid here.

M: Our association can help, because we know what people need. You (civil servants) know also but when a person says that I come from the village we know what that village means and due to that we need cooperation.

The role of own communities and association was in the first place while asking help and building care relations in these extracts. The role of own communities and immigrant associations is diverse in the data. First, the data show that refugees ask help from their own community for learning to know how the everyday life practices function. They may not have very strong future goals to integrate to the new society, but they would like to keep their past cultural habits as strongly as it is possible. These people may benefit of the activities of the ethno-cultural associations already in the early stages of arrival. They don't ask help from civil servants and also they may not find help beyond their own community due to lack of language and other skills. This type of associations exits in the many areas of Finland, which aim at to strengthen the identity of immigrants mainly by organising social and ethno-cultural activities (Saksela-Bergholm 2009; Pyykkönen 2007). According to my previous studies some refugees may need a long time to build safety and trust to the stakeholders of the new society. The signs of care and moral behavior of the civil servants were the guarantee that they are worth trusting and it is possible to ask help from them (Turtiainen 2009b). Another type of relationship to associations during the settlement period concern those who would like to integrate immediately to the inhabitants and activities in the new society. Their aim is to build relations beyond the associations not only to the members of the own ethnic group. There are such societal associations in Finland, which provide services for immigrants, such as counseling (Saksela-Bergholm 2009, 273; Pyykkönen 2007). Besides, there are societal associations, which focus on their activities in including immigrants into the labour market and educational system (ibid.). These activities can help the informants, who have school background and study skills. Many refugees did not have a possibility to go to school or study due to the unrest in their countries or they did not have an access to school or studies in the refugee

camps. Saksela-Bergholm (2009) has mapped the Finnish Immigrant associations and she found out that most of them belong to the integrative category.

Immigrant associations have an important role in meeting and replying to in the immediate needs of the newly arrived refugees in Finland. According my data there were no gender differences in these extracts. Both female and male are able to be positively dependent on the associations and their own community. Associations can strengthen the self-confidence by providing care in a mutual relationship (Honneth 1995).

(b) Civil Servants[8]

My previous studies show that it took often time before refugees identify civil servants as care givers. But there were also trust stories and positive dependency to civil servants. Refugees would like be cared for as women, as single mothers and their background recognized, including sorrows, traumas and fears. Often it took a long time before the trust formation to civil servants took place (Turtiainen 2009a; 2012). Here, I look closer those experiences were civil servants are identified immediately after arrival to Finland as persons who provide social, practical, and emotional care. Therefore, the starting point is trust, in the other words, positive dependency and accordingly care relations are possible. This extract explains the basis of the relations between refugees and civil servants:

M: It helps when it is said a word ´help´ (…) that already helps me and gives me peace.

According to my data, in many extracts, civil servants are identified as care givers. It is seen in the next extracts:

W: As a single mother, it is so hard. It went so well because they took care of the practical things… My child is handicapped and I am a single mother, I have the most difficult situation (…) A social worker came to me because here the state is behind the people, thus it is not only a person from next door whom to be dependent on.

M: It was so important when you (civil servants) listen our stories (…) by listening, you know to help us (…) We had so terrible experiences and here we had an opportunity to release our feelings.

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[8] I have studied earlier the trust formation, recognition and negative dependency between refugees and Finnish civil servants (Turtiainen 2009a; 2009b; 2011; 2012). I have looked closer to regocnitive attitudes of respect and social esteem. Care is the third recognitive attitude and I look it here from the point of view of positive dependency.

M: I felt so good when I realised that somebody cares about how I feel (…) we had that group with the psychologist and it has helped me until these days.

In these extracts, the Finnish welfare state was understood as source of help and care. Before coming to Finland the only source of help may be the neighbors whose good will she had to rely and be dependent. Refugees often come from the week states where there is no infrastructure to fulfill the immediate needs of the people. For the refugees, the reason to escape from their own countries is the lack of state protection. Public authorities, such as police, could be a perpetrator of persecution of the refugees. Also the state supports those groups who persecute refugees. Therefore, it is obvious to have doubts about the good will and morality of the public authorities. In Finland, the idea is that the provision of care and safety is taken over by the receiving workers and new networks because the family or other close relations may not be available. Also practical help is needed since the beginning due the life situation, such as being a single parent or having health problems.

Sometimes there is a confusion of the role of civil servants because, for example, the expertise of the social workers are not familiar. This was expressed in one extract:

W: Tell them directly who you are that you are not policemen (…) and you are like a friend, ok, not like a friend but you want to help.

Social and also emotional care relations with refugees and civil servants are possible just after arrival to Finland. Even if Honneth (1995, 129) situates this kind of care in the family context, but because care is understood as an attitude, and as the opposite of a lack of concern, and indifference towards the well-being of other people, care must be expected to take place in the public sphere.The gender differences are not seen essential in the experiences of care relations between refugees and civil servants. The only difference is that men speak more about the experiences of healing from the traumatic experiences and women needed more practical support in order to build an everyday life. This could be also a consequence of the life situation of the women who are single mothers and they have to take care of the daily needs of their dependents. There were also experiences of the young boys who took care of the family and relatives before coming to Finland. After arrival they benefit of the help of the civil servants because they could have relief and more autonomy for their own future goals, such as studies.

(c) Religious Organisations and Churches

A special type of positive care relations are formed to the religious communities, churches and mosques.

W: The church, they pray for me and I can tell them my situation and I can trust them as I can trust my friends (…) they help a lot.

This experience shows how important the church could be after resettlement. My data show that refugees often rely on the churches or faith based organizations and communities during the escape from persecution in their own countries and in the country where they escaped. Therefore, it is easy to contact the organization which was already know in the own country, besides, they also know that one aim of the religious community is to provide help for those in need. Also, Martikainen (2004) states that in general, people with a Christian background ´join already established congregations, which is significantly easier than organising new religious activities´. In addition, the universal feature of Christian organisation is presumed by the immigrants. Therefore, according to Martikainen, Christians attend more often the communities than the members of other religious communities. This kind of continuity, inside the community in concern, is known as a ´chain of trust´ (Coleman 1990, 180–188), which enable to ask support from the members of the already familiar community. Gallo (2014, 4) states that, for example, among the South Asian migrants in Europe, religion supports in framing of collective diasporic identities. Also in Finland the substructures, for example based on a shared language inside the religious communities, may benefit formation of such collective diasporic identities.[9] In my data the religious communities have an important role in the early stages of arrival to Finland and no gender differences exist.

(d) Finnish people

A relationship to local Finnish people after arrival to Finland is emphasized in the data as it is expressed here:

W: It will be very good, if there would have been a Finnish friend, such a support person to us. I have a feeling that in the beginning you need such a teacher (…) so that a person can show by her or his behavior how it is here.

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[9] Globalisation with regard to religions in Finland is a rather new phenomenon, starting from the latter part of the nineteenth century (Martikainen 2004).

M: In the beginning (after resettlement) it feels that here we were born again.

There are extracts where the contact to Finnish people is desired as early as possible after arrival and they are as a first place to whom to ask help and rely. The urgent need to get integrated into the new society is also mentioned, which could also reduce shame to feel new born without enough knowledge on how to `behave´ in the new society. This is an experience of how people became dependent on the people living in the area where they live. In this case, there are not any problems to ask help or support from the Finnish people but the problem is that refugees could not find such a friends very easily.

W: It is hard for me if a migrant (from my own community) comes to my home. If a Finn comes, then it is normal, for example if I am sick I can ask help from Finnish people such as, please, water my flowers, can you clean a little bit, and at the same time, please help yourself and make coffee, the case is this, they (Finnish people) are friends. But if an immigrant comes, you know. One person (mention the ethnicity) said, I newer can be a friend to Finn, but I say the Finnish people are the same kind of persons as I am, they are like me.

In my data, not all the informants are willing to have contacts to their own community. It is also mentioned that they did not feel good to be with their own community because of the pressure to use cultural signs such as scarf. As expressed in the extract, there is a pressure and also a demand to behave according to the cultural role expectations as a woman. So, for the women it can be relieving to depend on the people without role expectations. This is expressed by the single mothers, who also sometimes experience harassment by the men from their own ethnic group. If they don't find Finnish people and if there is no trust to authorities, these women could be blocked inside their homes.

(e) Myself

My data show that there are experiences of the refugees who are very alone in their new situation. These experiences are seen in the next extracts:

W: Because we did not find our own community, therefore we (family) had to rely on our own help.

W: I say to myself that I have to study a lot (…) In the beginning I did not trust Finnish people, they help only each other. But I am black. I try to cope by myself.

W: I have told that we have to help each other because we don't have anybody here for us (relatives).

These experiences of refugees describe the survival without any remarkable networks outside the own family. The main reason for being alone is the lack of the own community in that area. Civil servants are there but they are not identified as care givers. This cannot hardly be named as positive dependency. However, the self-confidence as a survivor still exists and a possibility to take care of the own wellbeing in a new situation. In my previous studies, I name this kind of relationships with authorities as negative dependency (Turtiainen 2011). By this, I mean that even if people really need help, they did not ask it from anybody. It appeared in the data, for example that refugees used a lot of time and energy to do practice things alone without asking help. In my data, these refugees systemically denied help, which could be available. On the other side, Finnish social services can appear distant, inflexible and not gender and ethnic sensitive while trying to reply the needs of the migrants (Vuori *et.al.* 2012). Also Tiilikainen's (2007) study on Somalian women and families shows that women prefer to build transnational networks in order to help each other while encountering problems, such as difficulties in bringing up their children, divorce or family violence.

(f) Being as a Source of Care

My data shows that some prior dependency relations are concerned to the countries of origin.

M: It was very difficult in the beginning but through our co-operation (civil servants and service users) many problems are solved (…) but we are so called hard cases, because many problems are even worse and in the beginning (help needed in the own country) they are still there.

W: Our situation is the same, nobody helps us, and our son is still there.

Refugee families shape a special form of global care chain (Piper 2006, 145–146) in a transnational context, with a strong emotional, social and economic dependency. The family members are often in the state of limbo in their countries of origin. There could be an expectation that family members will help and even rescue those who still live in the countries of origin. The own settlement and integration is in the secondary place while the prior concern is a moral responsibility to help family members. In my data, it was desired also to help people in the homeland through different organisations. In Finland, there are still quite few transnational associations, which aim at

transnational activities such as improving the living conditions of their countrymen, mainly women and children in their homeland. Transnational activities were organised mainly by people living in diaspora, such as the Kurds and Somalis (Saksela-Bergholm 2009; Wahlbeck 1999). Often females are referred to carry the responsibility for the relatives in the transnational networks (Piper 2006). In my data, both male and female informants express the strong dependency to their relatives in their countries of origin, whom they have to take care.

Conclusion

The data of this study is based on the interviews of experiences of resettled refugees in Finland. The main interest is to know to whom the informants form the primary care relations in early stages of arrival to new country. Second, my interest is to see if there are gender differences in the data. The concept of care is a basis of the analyses. Here, I understand care basically as a social and emotional mutual relationship. The premise is that care is a fundamental need which concerns all people, not only those who are considered to be the most vulnerable ones. In Nordic countries taking care of the residents has been the policy choice since the Nordic welfare state has been built mainly after the Second World War.

In my data, I found six types of different kinds of primary care relations, whom refugees rely after arrival to Finland. The role of the own communities or associations is essential after resettlement. These associations have been established by the persons, who have earlier come to Finland from the same areas. Relations are built based on information sharing, assisting in building everyday life and being available when it is needed. These associations also build a bridge between the public authorities and societal activities enabling the agency of the newcomers in a new society. Also the role of host community is an important stakeholder in integration of the new refugees in the new country. Besides, the transnational networks have an impact on wellbeing of the resettled refugees because refugees may have their prior care relations in the countries of origin.

The major gender differences are not seen in the data. The only difference is seen that single mothers benefit a strong presence of social services and they were happy to get more autonomy for their future plans than which was ever possible before resettlement. Another difference is seen that victims of torture and violence were male ones and they benefit from the services as well. Due the qualitative research and quite small there, any further conclusions are not possible.

In the current economic recession and discriminatory public opinion towards forced migrants, there is a political debate concerning the size of yearly quota of resettled refugees, as well as the level of social welfare and social security in general. However, the current situation of constantly increasing numbers of asylum seekers and refugees waiting for resettlement, the pressure is opposite, which means that the refugee quota should be increased. This study shows that resettlement is a human way of finding the sustainable solutions for the refugees living without any state protection. Finland, even if it's small immigrant population, has developed a quite functional program to resettle refugees. This program is in the process of promoting and empowering the stakeholders within the public sphere and has a tendency to co-operate with migrant communities. It looks that it is human and also very rational to continue already established practice of receiving quota refugees in co-operation with UNHCR. Besides, Finland as a member of UN and European Union have a responsibility to share the responsibility of the asylum seekers coming to European territory. The problems in integration process seems to be minor ones compared to the desperate journey to seeking asylum and waiting decisions in Europe, or as it happens currently to survival migrants, ending up to drawn in the Mediterranean See.

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