



RESOURCE Project

Refugees' contribution to Europe

Country Report: **Portugal**

By João Vasconcelos

The RESOURCE project
received funding
from the
European Refugee Fund



Published January 2004

This study was carried out by CPR as part of a European-wide research programme funded by the European Refugee Fund (ERF). Special thanks goes to the interviewees without whom this study could not have been achieved.

Portuguese Refugee Council

www.cpr.pt

Av. Vergilio Ferreira, Lt. 764, Lj.D,
1900-864 Lisboa

Telephone: +351 21 831 4372

The RESOURCE project is a joint initiative of the following agencies:

The Spanish Commission for the Aid of Refugees (Spain) – www.cear.es

Education Action International – RETAS (United Kingdom) – www.education-action.org

University Assistance Fund (the Netherlands) – www.uaf.nl

Overleg Centrum voor Integratie van Vluchtelingen (Belgium) – www.ociv.org

European Training and Research Centre (Austria) – www.etc-graz.at

Finnish League for Human Rights (Finland) – www.ihmisoikeusliito.fi

France Terre d'Asile (France) – www.france-terre-asile.org

ProAsyl (Germany) – www.proasyl.de

Social Work Foundation (Greece) –

Spiritan Asylum Services Initiative (Ireland) – www.spirasi.ie

Italian Consortium of Solidarity (Italy) – www.icsitalia.org

ASTI (Luxembourg) – www.asti.lu

Portuguese Refugee Council (Portugal) – www.cpr.pt

CARITAS (Sweden) – www.caritas.se

Contents

1	Introduction to RESOURCE	5
2	The Portuguese context.....	6
3	Employment policies for refugees in Portugal	7
3.1	Refugee population	7
3.2	Unemployment rates among refugees	7
3.3	Refugees' entitlement to work	8
3.4	Public policies towards refugees' employment	9
3.5	NGO initiatives towards refugees' employment	10
3.6	Recognition of academic qualifications for working purposes	11
3.6.1	<i>Equivalence procedures</i>	11
3.6.1.1	Equivalence to Portuguese basic and secondary academic degrees	11
3.6.1.2	Equivalence to Portuguese higher education academic degrees	12
3.6.1.3	Equivalence of medical education: specific features	12
3.6.1.3.1	Equivalence to medical degree	13
3.6.1.3.2	Equivalence to General Internship	13
3.6.1.3.3	Equivalence to Complementary Internship	13
3.6.2	<i>Recognition of academic qualifications</i>	14
3.6.2.1	Academic validation of previous professional experience	14
4	Skill Shortages in Portugal	15
4.1	Health Sector	15
4.1.1	<i>Health care system: characterisation</i>	15
4.1.2	<i>Human resources in the health sector</i>	15
4.1.3	<i>Skill shortages in the Health Sector</i>	16
4.1.3.1	Doctors	16
4.1.3.2	Nurses	17
4.1.4	<i>Reasons underlying present skill shortages</i>	17
4.1.5	<i>Addressing skill shortages</i>	17
4.2	Social Care Sector	18
4.2.1	<i>Social Care system: characterisation</i>	18
4.2.2	<i>Human resources and skill shortages in the Social Care Sector</i>	19
4.2.3	<i>Addressing skill shortages</i>	19
4.3	Information Technologies (IT) Sector	19
4.3.1	<i>IT Sector: characterisation</i>	19
4.3.2	<i>Human resources in the IT sector</i>	20
4.3.3	<i>Skill shortages in the IT Sector</i>	20
4.3.4	<i>Reasons behind existing skills shortages</i>	21
4.3.5	<i>Addressing skills shortages</i>	21
4.4	Other Sectors	22
5	Refugees' Contribution to Portugal.....	23
5.1	Pathways to employment	23
5.1.1	<i>Refugees' perceptions of current use of their skills and abilities</i>	23

5.1.2	<i>Overall relation between refugees' educational and work background and current employment</i>	24
5.1.2.1	Educational backgrounds	24
5.1.2.2	Work backgrounds	25
5.1.2.3	Current use of refugee's educational and work background	25
5.1.3	<i>Impact of recognition procedures on job search</i>	26
5.1.4	<i>Helpful factors in successful employment pathways of interviewees</i>	27
5.1.5	<i>Barriers to suitable professional integration and steps taken by refugees to overcome those barriers</i>	30
5.1.5.1	Common barriers faced by interviewees	30
5.1.5.2	Relevance of refugee status in job search	31
5.2	Case studies	32
5.2.1	<i>Ms L, Cuban female doctor, 54 years old</i>	32
5.2.2	<i>Mr J, Rwandans male civil engineer, 48 years old</i>	33
6	Conclusions and recommendations	35
6.1	Conclusions	35
6.2	Refugees' recommendations	35
6.3	Researcher's recommendations	36
7	Bibliography	37
8	Appendix 1: tables and charts.....	39
9	Appendix 2: medical shortages.....	42
10	Appendix 3: quantitative data.....	43

I Introduction to RESOURCE

This report will illustrate the positive contribution that refugees can make to current and projected labour market needs. Most refugees come from urban settings and have a good level of education. Many hold academic or professional qualifications and have considerable work experience. They are highly motivated and employers who recruited refugees report being very satisfied with their work performance.

The report is part of a European wide research project called RESOURCE (Refugees' Contribution to Europe), carried out by a partnership of fourteen agencies¹ and funded by the European Refugee Fund. The project analysed elements, practices and policies, which have contributed to refugees' participation in the European labour market from refugees' point of view. It focussed on how refugees' prior skills, qualifications and working experience are being utilised in sectors of the labour market that are currently experiencing skills shortages.

Through desk research and in-depth interviews with employed refugees in EU member states², the project gives insight into the various factors that have contributed to (or obstructed) refugees' integration in Europe. Considering the high levels of unemployment and under-employment among refugees, it is clear that refugees' potential is at present under-utilised by employers. To tackle this waste of human resources the project will describe successful pathways to employment and show how the many barriers refugees encounter can be overcome.

The results are presented in fourteen country reports and one overall publication. We hope that our findings will be an inspiration for:

- Employers to recruit refugees and to take into account the skills, qualifications and work experience they brought with them in exile.
- Refugees to take initiative, build their confidence, and find suitable employment.
- Educational institutes to improve refugees' access to their programmes and develop tailor-made programmes that take into account refugees prior learning.
- Registering bodies to adopt more flexible rules for recognition of refugees' qualifications.
- NGOs and mainstream organisations to provide better support for refugees.
- Policy makers at national and European level to implement more successful integration policies that will create real opportunities for refugees to become self-sufficient.

Because of demographic developments Europe will increasingly be in need of foreign labour to sustain economic growth. Across Europe employers are experiencing difficulties recruiting staff at both skilled and unskilled levels. At the same time the European Union receives over 350,000 asylum applications per annum. It makes good economic and social sense to better utilise this huge potential.

¹ RETAS (UK), UAF (the Netherlands), OCIV (Belgium), ETC (Austria), Finnish League for Human Rights (Finland), France Terre d'Asile (France), ProAsyl (Germany), Social Work Foundation (Greece), SPIRASI (Ireland), ICS (Italy), ASTI (Luxembourg), Portuguese Refugee Council (Portugal), CEAR (Spain), CARITAS (Sweden).

² The RESOURCE project is funded by the European Refugee Fund. Denmark does not participate in this programme.

2 The Portuguese context

Asylum has always been a low priority issue in the history of Portuguese migration flows, since Portugal ratified the 1951 Geneva Convention and its additional 1967 New York Protocol.

Until 1980, Portugal was essentially a country of emigration. Between the beginning of the nineteenth century and the 1980s, approximately 4 million Portuguese left the country. In the beginning of the 1990s, 30% of all Portuguese lived or worked abroad (Baganha e Gois, 1999: 231, 232 e 233).

It wasn't until the 1980s that Portugal witnessed a change in the direction of migrations, when Southern European countries became host nations for a growing number of migrants, most of whom came from Africa and Eastern Europe. This new feature in migration patterns posed a completely new challenge to a small country that, for more than a century, considered itself to be a country of emigrants³ (Baganha e Gois, 1999: 254 e 256).

This challenge was renewed and dramatically enhanced in 2001, when an exceptional legalisation campaign⁴ led to an increase by almost 70% in the number of aliens legally residing in the country. Between 2000 and 2001, these grew from 207,607 to a total of 350,503 persons (S.E.F., s.d.). These figures, which created a new public awareness of migration issues, made the integration of minorities a matter of priority for the public authorities⁵.

Amidst these larger migration flows, civil society and governmental authorities have devoted little attention to forced migrations, since the approval of the first Asylum Law, in 1980.⁶ With asylum claims seldom attaining more than 350 cases per year in the last 20 years⁷, public authorities found little interest in allocating resources into an issue seen as secondary.

This continuous lack of interest towards asylum issues resulted in a reception and integration system that still struggles to provide asylum seekers and refugees⁸ with basic living conditions. Employment support, in particular, is still at its infancy, with limited tailor-made programmes for refugees, either from governmental or voluntary organisations⁹.

In spite of this grim scenario, a number of refugees found a way to contribute with their valuable effort to the development of a country faced with dramatic skill shortages in important sectors of its labour market.

With this report we hope to shed some light on the reasons underlying their 'successful' experiences.

³ The number of foreigners legally residing in Portugal, which, in 1960, totalled 29,428, climbed to 175,263 in 1997.

⁴ Article 55 of Law 4/2001, 10 January.

⁵ The political programme of the XV Portuguese Constitutional Government includes a section dedicated to the integration of ethnic minorities and immigrants (Section 5 of Chapter IV). No specific referral to refugees' integration is included.

⁶ Law 38/80, 1 August.

⁷ See Appendix 1, table 1.

⁸ Otherwise mentioned in the report, the term refugee should be understood as including persons who were granted refugee Convention Status and those who benefit from humanitarian protection.

⁹ The first employment support service specifically dedicated to refugees and asylum seekers was established in December 2001 by the Portuguese Refugee Council (CPR).

3 Employment policies for refugees in Portugal

3.1 Refugee population

According to information made available by the Aliens and Borders Service (*Serviço de Estrangeiros e Fronteiras* - SEF), Portugal registered a total of 10,849 asylum claims in the period between 1974 and 2002¹⁰.

Developments in the number of asylum claims lodged in Portugal have been very irregular¹¹. In recent years, Portugal has been the country recording the lowest number of asylum claims within the European Union (EU).¹²

The number of claims, which was very low in the years immediately following the Revolution, in 1974, experienced a significant increase between 1978 and 1980, when claims peaked at 1,633 cases. Their number, which experienced a downward trend between 1984 and 1990, grew exponentially after 1991 and attained, in 1993, the highest number to this day, with 1,659 cases¹³.

Between 1994 and 2002, Portugal experienced a pattern of regular decrease in the number of asylum claims, which receded to 180 cases in 2002. The year of 2003, with 55 claims lodged during the first six months, clearly confirms this pattern¹⁴.

Regarding recognition rates, only 126 persons were granted refugee status in the period between 1993 and 2002¹⁵. If we compare this figure with the number of claims lodged during the same period (4,076), we can see it amounts to a recognition rate of 3%, on average. Recent figures confirm these low recognition rates, with only two refugee status granted during the first half of 2003.

Regarding humanitarian protection¹⁶ granted to asylum seekers, 175 persons received a Residence Permit for Humanitarian Reasons¹⁷ between the year this protection was introduced, in 1998, and 2002. This represents a recognition rate of 1.7 % of all claims lodged during that period. The trend for granting humanitarian protection to only a small number of claimants continued during the first half of 2003, with only five Residence Permits for Humanitarian Reasons issued during this period.

3.2 Unemployment rates among refugees

In a country where the refugee population amounts to no more than a few hundred individuals, there are no available official statistics concerning the unemployment rate among this population.

Having said this, we can use available official statistics on unemployment for both labour force in general and immigrants in particular to draw a general, although very imprecise estimate, of unemployment rates refugees may be facing.

The downturn trend that has been affecting economies worldwide for the last couple of years resulted in very poor economic performance in Portugal. The unemployment rate, which represented 4.1% of the general labour force in 2001, reflected this economic downturn, and climbed to 6.2% in the second quarter of 2003.¹⁸

Concerning unemployment rates among the immigrant population, 17,000 unemployed persons were registered at public Employment Centres as of April 2003. If we consider that there were 420,000

¹⁰ See Appendix 1, table 1.

¹¹ See Appendix 1, chart 1.

¹² See Appendix 1, table 2.

¹³ See Appendix 1, table 1.

¹⁴ See Appendix 1, table 3.

¹⁵ See Appendix 1, table 4.

¹⁶ The Residence Permit for Humanitarian Reasons is a subsidiary protection introduced by Article 8 of Asylum Law 15/98, 26 March.

¹⁷ See Appendix 1, table 5.

¹⁸ According to EUROSTAT, unemployment rate among the general labour force was 7.3% in June 2003.

aliens legally residing in the country by the end of 2002 (SEF), this means that the unemployment rate among this population would be consistent with the one identified for the population in general. According to the Labour Force Survey (LFS) of Eurostat, in 2001 Portugal had one of the smallest gaps within the EU, between overall unemployment rate and the unemployment rate among the immigrant population (Plano Emprego 2003).

Considering the lack of consistent policies in the area of refugees' employment, it is likely that the unemployment rate among them is similar, if not higher, to those experienced by the two above-mentioned populations.

3.3 Refugees' entitlement to work

According to Article 21 of Asylum Law 15/98, asylum seekers whose claim has been admitted¹⁹ into the second stage of the asylum procedure receive a Temporary Residence Permit. This Permit enables them to work²⁰ while awaiting a final decision on their case, which is taken by the Minister of Internal Administration.²¹

The right to work, following the issuing of such a Temporary Residence Permit, covers all admitted asylum seekers, regardless of whether their claim is admitted as a probable refugee status case or as a humanitarian protection case²².

Should the Aliens and Borders Service (SEF) reject the asylum claim, asylum seekers will be barred from legally pursuing a remunerated activity until such decision is overruled either by the National Commissioner for Refugees²³ or, should he confirm SEF's decision, by the Circle Administrative Court²⁴.

Asylum seekers who were admitted in the first stage, but have their case rejected by the final decision of the Minister of Internal Administration, are entitled to lodge an appeal against this decision before the Supreme Administrative Court²⁵. Once the appeal is lodged the asylum seeker will recover his or her Temporary Residence Permit enabling him or her to work until the Court reaches a decision.

A final decision by the Minister of Internal Administration granting Refugee Status entitles the recognised refugee to the same rights as those enjoyed by aliens legally residing in the country²⁶. According to Article 15 of the Portuguese Constitution and the Aliens Law²⁷, this includes the right to work.

People who have been granted a Residence Permit for Humanitarian Reasons, following a final decision on their case by the Minister of Internal Administration, are also entitled to work the same as aliens legally residing in the country.

¹⁹ The Director General of the Aliens and Borders Service is responsible for this decision (Articles 14 n. °1, 18 n. °3 and 35 of Asylum Law 15/98, 26 March).

²⁰ Article 55 of Asylum Law 15/98, 26 March.

²¹ Articles 23 and 33 of Asylum Law 15/98, 26 March. In practice, asylum seekers are faced with important difficulties in obtaining a job because of the limited validity of Temporary Residence Permits. These are issued with an initial validity of 2 months, renewable for 1-month periods until the Ministry of Internal Administration takes a final decision on the claim. Employers are reluctant to recruit asylum seekers under these conditions.

²² It should be noted that Portuguese Asylum Law makes no distinction between asylum procedures for the recognition of refugee status and for granting humanitarian protection. Once a claim is lodged, the individual case is analysed from a double point of view, which means that it may be admitted either as a refugee status case or as a humanitarian protection case.

²³ Articles 16 n. ° 1, 19 n. ° 1 and 55 of Asylum Law 15/98, 26 March.

²⁴ Articles 19, 21 and 55 of Asylum Law 15/98, 26 March

²⁵ Article 24 n. ° 1 of Asylum Law 15/98, 26 March

²⁶ Article 6 of Asylum Law 15/98, 26 March

²⁷ Law Decree 244/98, 8 August.

3.4 Public policies towards refugees' employment

The small size of the refugee population, together with the very sharp increase in numbers of aliens after 2001 seem to have made the Government adopt a single approach to both issues, ruling out the establishment of specific policies for refugees²⁸.

The recently approved 2002 National Plan for Employment²⁹ restated the need for implementing measures designed to improve integration of ethnic minorities and migrant workers through employment. However, no specific measures for refugees were proposed.

In a recent survey³⁰, the Institute for Employment and Vocational Training (*Instituto do Emprego e da Formação Profissional* – IEFP)³¹ confirmed this approach, stating that no specific programmes, either in terms of employment or professional training, were organised for refugees.

Public employment support made available to refugees is therefore limited to initiatives directed at migrant workers, on the one hand, and the general population on the other.

Regarding public programmes directed at migrant workers from which refugees may benefit, the IEFP initiated, in July 2001, a programme entitled 'Portugal Welcomes' (*Portugal Acolhe*). This initiative, directed at all aliens legally residing in the country, aims at improving integration in Portuguese society by providing language and citizenship courses. Portuguese language courses include three levels (basic, intermediate and advanced) and have a total duration of 50 hours. Citizenship courses, with duration of 12 hours, include information on basic citizenship rights, State organisation and access to information.

These courses, which are provided both by the national network of Employment and Training Centres of the IEFP and by approved private organisations, are free of charge and entitle those who attend them to a food and transportation fee. Successful completion of the course entitles pupils to a training certificate (Duarte, 2003)

The High Commissariat for Immigration and Ethnic Minorities (*Alto Comissariado para a Imigração e Minorias Étnicas* – ACIME), a public body under the supervision of the Cabinet's Presidency³², offers yet another service directed at migrants in general from which refugees may benefit. The Support Cabinet for Skills Recognition (*Gabinete de Apoio ao Reconhecimento de Habilitações e Competências* – GARH) offers individual support to all migrants currently working in Portugal who wish to obtain equivalence or recognition for their academic backgrounds. Support is provided in Portuguese, English and Russian, twice a week, either on site, by phone or by mail (*Alto Comissariado para a Imigração e Minorias Étnicas* – ACIME).

Besides these public programmes for migrant workers, refugees are granted access to employment services provided by IEFP's Employment and Vocational Training Centres. These services, targeted at the general population, are essentially related to job search support and vocational training programmes.

Job search support is provided by Employment Centres and includes:

- Vocational and career guidance.
- Assistance in searching for employment opportunities.
- Placement in employment opportunities available in IEFP's data base
- Support in establishing new businesses (Duarte, 2003).

Vocational training programmes are organised by IEFP's Vocational Training Centres³³ in close coordination with Employment Centres.

²⁸ The political programme adopted by the XV Constitutional Government elected in 2001 contains no reference either to asylum in general or to employment of refugees in particular.

²⁹ Approved by Cabinet's Resolution n. °137/2002 in accordance with the guidelines set out by the European Employment Strategy (EES).

³⁰ Survey carried out in November 2002 by the Portuguese Refugee Council for the establishment of a Refugee Reception Guide under the EQUAL EU Programme.

³¹ The 'Instituto do Emprego e da Formação Profissional (IEFP)' is the public institute responsible for implementing employment and vocational training policies draw up by the Government (Law Decree 247/85, 12 July).

³² Law Decree 251/2002, 22 of November

³³ Vocational Training Centres may be directly run by IEFP or, although being an independent organisation, be connected to

Candidates must meet certain requirements in order to participate in such programmes. Requirements include having legal residence in Portugal, being aged over 15, obtaining a positive evaluation from the vocational guidance officer and, in certain cases, holding study certificates to prove required levels of education³⁴ (Duarte, 2003).

3.5 NGO initiatives towards refugees' employment

A number of NGOs provide employment support and re-qualification programmes from which asylum seekers may benefit. However, only a limited number of such programmes are exclusively devoted to refugees' employment.

The Portuguese Refugee Council (*Conselho Português para os Refugiados* – CPR) established its Refugee Employment and Vocational Training Department in December 2001. One employment officer, one Portuguese language teacher and one data processing teacher ensure this service.

The employment support service, which holds a list of relevant resources and contacts for employment and vocational training opportunities³⁵, offers:

- Vocational and career guidance.
- Employment search support (direct contacts with institutions and enterprises, newspapers, internet).
- Support in filling employment applications.
- Assistance in drafting CV's and motivation letters.
- Job interview coaching.
- Information on available vocational training resources.
- Diploma equivalence.

Employment support is offered through individual interviews and follow up appointments, which take place twice a week. Between January 2002 and June 2003, the CPR's Employment Department provided support to 178 individuals.

Furthermore, this CPR Department offers refugees and asylum seekers Portuguese language and data processing courses³⁶. Whenever possible, these are organised according to academic and linguistic backgrounds, although important turnover rates have made it difficult to meet this goal. During the first half of 2003, 82 individuals attended Portuguese language courses and 32 the courses of introduction to data processing (CPR, 2002 and CPR, 2003).

Other NGO's, such as AMI (International Medical Assistance) and CIC Portugal (Association for Cooperation, Integration and Culture) run UNIVA³⁷ services from which refugees may benefit. These services or organisations are duly certified by the IEFP and promote integration or reintegration of young adults (under 30) into active life. Although initially not intended for refugees, their work has been extended to this population. Services granted include, among others, vocational and educational guidance, support in job search and in drafting CVs and motivation letters, information on available vocational training courses and economic support during these courses.

The Jesuit Refugee Service is still another NGO that assists migrant workers in their search for work. The service provided is intended for aliens in general and includes job search support and assistance in drafting CVs and motivation letters.

Special reference should be made to a recent re-qualification support program implemented by this Organisation, with the financial support of the Calouste Gulbenkian Foundation. This innovative pro-

IEFP, which supervises their activities.

³⁴ Minimum educational requirements for participating in vocational training programs may range from 6 to 12 years of education.

³⁵ The Employment Department began its activities by engaging in contacts with key actors in employment services such as IEFP, training centres and enterprises, among others.

³⁶ Portuguese language courses have a duration of 3 hours per week.

³⁷ Unities of Insertion into Active Life (UNIVA).

gram is designed to support foreign doctors through the equivalence procedure for their medical degrees, granted by a Portuguese educational institution.

To be eligible, candidates to the programme must have completed a degree in medicine³⁸, certified by an authentic diploma, have legal residence in Portugal, be employed at the time of the application and possess a good knowledge of the Portuguese language.

Offered support includes financial aid for the translation of study documents, purchase of books and payment of fees required by Medical Schools in the equivalence procedure. The programme also foresees intensive Portuguese language courses for candidates and internship grants. If candidates are successful in the procedure, the programme offers additional financial aid for registering with the Medical Association (*Ordem dos Médicos*) and a financial aid for purposes of relocation, in case the Health Ministry places the candidate in a Public Health Institution outside his residence area.

Up to now, 120 candidates were admitted to the programme, the majority of them Ukrainian (53), Moldavian (31) and Russian (15) doctors. Among these, a total of 39 have already been examined, 19 of which have been approved and obtained recognition of their diplomas. Among these 19, 10 are already working as doctors (SJR, 2003).

This programme is also committed to helping all doctors who are successful in obtaining equivalence of their qualifications to find employment in their field of expertise. In a protocol³⁹ recently signed with the Ministry of Health, the Calouste Gulbenkian Foundation obtained from this public authority the commitment to promote recruitment of doctors who have followed its re-qualification support programme in order to fill vacancies arising in the National Health Service.

3.6 Recognition of academic qualifications for working purposes

Obtaining equivalence or recognition of previous academic qualifications is a complicated procedure that often determines refugees' possibilities of acceding to qualified employment.

Applying for equivalence of a foreign academic degree implies requesting Portuguese educational authorities to declare it equivalent to a certain academic degree within Portugal's educational system. As for the recognition of foreign academic degrees, it constitutes a subsidiary procedure to which applicants must resort when the foreign degree for which validation is sought has no correspondent degree within the Portuguese academic system.

3.6.1 *Equivalence procedures*

3.6.1.1 **Equivalence to Portuguese basic⁴⁰ and secondary⁴¹ academic degrees**

Requests for equivalence of foreign degrees to Portuguese basic or secondary academic degrees⁴² are addressed to Head Directors of Basic or Secondary Education Departments of the Ministry of Education⁴³. Requests must include a degree certificate, authenticated by the Portuguese Embassy or Consulate located in the relevant area of the country of origin. An authenticated translation of such document may also be needed.

If the diploma was obtained in a country included in the list⁴⁴ annexed to Law Decree 219/97, the equivalence will be automatically granted according to the number of years of study completed in the country of origin.

³⁸ Excluding veterinary science, dental medicine and alternative medicines.

³⁹ Protocol 13/2003, 3 March by the Ministry of Health.

⁴⁰ Basic education comprises third levels and covers the first 9 years of education.

⁴¹ Secondary education is composed of the 10th, 11th and 12th years of education.

⁴² Law Decree 219/97, 20 August, regulates equivalence to these academic degrees.

⁴³ Unless the intention of the candidate is to pursue his or her education in Portugal. In this case, requests are addressed to the President of the school board where the candidate wishes to study.

⁴⁴ Non EU countries included in this list are Angola, Argentina, Brazil, Canada, Guinea Bissau, Mexico, Mozambique; S. Tome and Principe, South Africa, Switzerland, USA, Venezuela and Zimbabwe.

If the candidate comes from a country not included in that list, the equivalence request will be individually analysed. In such cases, further documents to assess the candidate's educational background, such as certificates that attest the number of years of study and subjects completed, are requested.

If the candidate is unable to present the requested certificates because of a proven well-founded reason, the law allows for its replacement by a declaration in which either the parent or guardian of the candidate swears that the degree was obtained. In such case, the candidate will be submitted to an examination⁴⁵ aimed at assessing his or her level of education.

3.6.1.2 Equivalence to Portuguese higher education⁴⁶ academic degrees

The responsibility for granting equivalences of foreign degrees to Portuguese higher education academic degrees lies with the Presidents of the Scientific Councils of Higher Education Institutions. Relevant procedures vary according to the academic level involved⁴⁷.

When requesting the equivalence of his degree to a Portuguese degree of *Licenciatura*, the candidate must present: a degree certificate; a certificate indicating all the subjects completed during the degree, along with the grades obtained and the duration of studies; and two authenticated copies of any dissertation required to obtain the foreign degree. Candidates are also required to prove their country of origin offers to Portuguese nationals the same possibilities of obtaining equivalencies as those given to aliens by Portuguese Law (reciprocity).

In accordance with the possibility given to them by Law Decree 283/83, universities often impose further requirements for granting equivalences. These may include, the need to have all documents authenticated by the Portuguese Embassy in the relevant area of the country of origin, a certificate with the contents of the subjects completed, a fee that ranges from €300 to €400 for the regulation of the degree obtained. In certain cases, previous equivalence to secondary education is also required.

According to Law Decree 283/83, all requests that fail to present the above-mentioned documents are immediately refused, and there is no possibility of appealing against such decision.

Regarding equivalence of a foreign degree to Portuguese academic degrees of *Mestrado* or *Doutoramento*, requests must be submitted to Universities' Principals. Candidates are required to present both the degree certificate and a certificate of all subjects completed during the degree. Authenticated copies of two dissertations required to obtain the foreign degree are also requested. Once again, the lack of any of these documents entails immediate refusal of the request with no possibility of appeal.

Final decision on granting the equivalence is taken solely on the basis of the scientific merit of the candidate, evaluated during an oral discussion of the final dissertation of his degree⁴⁸.

3.6.1.3 Equivalence of medical education: specific features

Core medical education in Portugal is made up of three levels of training: medical degree (*Licenciatura*), corresponding to six years of post-secondary education; General Internship⁴⁹ (*Internato Geral*), a post-graduate training of 18 months consisting of a supervised internship in the Health Service, which aims at providing medical graduates with practical experience and prepare them to differentiated medical education; Complementary Internship (*Internato Complementar*), a 3 to 6 years training which is both theoretical and practical, offering trainees a differentiated medical formation in one of the existing medical specialisations⁵⁰.

⁴⁵ Written and oral examination that addresses subjects taught in the Portuguese basic or secondary education, depending on the equivalence aimed at by the candidate (Annex V of Law Decree 219/97)

⁴⁶ Academic higher education is composed of 'Licenciatura' (4 to 6 years of post-secondary education), 'Mestrado' (one to two years of studies following 'Licenciatura') and 'Doutoramento' (3 years of studies following 'Mestrado')

⁴⁷ Law Decree 283/83, 21 June and Law Decree 216/97, 18 August regulates equivalence to these academic degrees.

⁴⁸ Law Decree 283/83, 21 June, Law Decree 388/70, 18 August and Law Decree 263/80, 7 August.

⁴⁹ The completion of this training entitles graduates to unsupervised practice of medicine as undifferentiated doctors.

⁵⁰ Existing medical specialisations are divided into three branches: Public Health, General Practice and Hospital Specialisations. Hospital specialisations include numerous specialisations such as all the different types of surgery, cardiology, paediatrics, and psychiatry, among others.

3.6.1.3.1 *Equivalence to medical degree*

Although involving the same requirements as other procedures aimed at obtaining equivalence to Portuguese higher education degrees (*licenciatura*)⁵¹, the procedure for foreign medical degrees presents an important specific feature. In the event the request for equivalence is refused, candidates are given the opportunity to attend an examination, organised by the Medical School, to determine whether or not equivalence should be granted, despite the first refusal. This examination represents a second opportunity for candidates who were unable to obtain the aimed equivalence through the normal procedure.

Regarding the structure of the examination, it includes: two clinical exams and drafting both clinical reports; an oral discussion of the two reports; and an examination in the areas of medicine, surgery, paediatrics and gynaecology. Candidates are given the possibility of attending a six-month clinical internship to prepare for the exam (*Faculdade de Medicina de Lisboa*).

3.6.1.3.2 *Equivalence to General Internship*

Requests for equivalence of foreign medical training to General Internship⁵² are addressed to the Director General of the Modernisation and Health Resources Department (*Departamento de Modernização e Recursos da Saúde*), belonging to the Ministry of Health. Candidates are asked to present proof of their registration with the Medical Association and an authenticated copy of the equivalence certificate obtained in Portugal for their foreign medical degree. Further requirements include documental proof of the candidate's prior medical practice (*Departamento de Modernização e Recursos da Saúde*).

Following the issuance of equivalence, candidates are entitled to register with the Medical Association. Such registration will allow them to legally practise unsupervised medicine.

3.6.1.3.3 *Equivalence to Complementary Internship*

Finally, candidates who seek equivalence of foreign medical training to Complementary Internship⁵³ are requested, first of all, to have obtained previous equivalence to the General Internship. Legal capacity to decide on these requests lies with the National Council of Medical Internships (*Conselho Nacional dos Internatos Médicos*)⁵⁴, following an opinion issued by two experts belonging to the Medical Association. Both a certificate of the foreign medical training obtained and documents referring to the candidate's prior medical practice are needed. Other documents that may be requested include admission conditions, regulations and programmes of the foreign training for which equivalence is sought.

If the two above mentioned experts issue a negative opinion, additional medical training could be proposed.

A decision is taken following submission of candidates to a final examination. This evaluation, which is very similar to the one imposed on those attending the Complementary Internship to which equivalence is sought, consists of three separate examinations: a CV discussion, a practical examination and a theoretical examination. Following the issuance of equivalence, candidates are entitled to register with the relevant specialisation College (*Colégio da Especialidade*) of the Medical Association, following a CV examination⁵⁵. Such registration entitles candidates to legally practise specialised medicine.

Equivalence of foreign medical education to Complementary Internship may also be obtained with the Medical Association, by requesting the candidate's registration with the relevant specialist college. Requests are addressed to the National Executive Council (*Conselho Nacional Executivos*) of the

⁵¹ See 3.6.1.2, 'Equivalence to Portuguese higher education academic degrees'.

⁵² Chapter VI of Law Decree 128/92, 4 July.

⁵³ Chapter X of Ruling (Portaria) 695/95, 30 June.

⁵⁴ This Council is a non-permanent body that meets regularly at the Modernisation and Health Resources Department.

⁵⁵ Law Decree 282/77, 5 July. Article 92 n. °1 and n. ° 2 a).

Medical Association⁵⁶. Requested documents are similar to those demanded in the procedure organised by the National Council of Medical Internships.

Should registration be refused, refugees are given the opportunity to apply for standard examination imposed on all doctors wanting to register with the relevant specialisation College⁵⁷. Application to such exam may be refused on account of a poor medical CV. In that case, candidates are proposed further medical practice to overcome that gap⁵⁸.

Accepted candidates will be submitted to an examination composed of a CV discussion, a practical examination and a theoretical examination⁵⁹.

3.6.2 **Recognition of academic qualifications**

When the Portuguese educational system has no degree equivalent to the one for which equivalence is sought, the Law offers the possibility of academically validating those qualifications through recognition procedures⁶⁰.

Requirements involved are very similar to those established for equivalence procedures. Differences are to be found in the results candidates may achieve. Because aliens are unable to identify the specific Portuguese degree in relation to which equivalence could be offered, competent authorities grant a general equivalence to an academic level in Portugal's educational system, instead of equivalence to a specific degree. This results in recognition decisions that often bear limitations from an academic or professional point of view, limiting the candidates' opportunities, for example, of pursuing their academic education or applying for jobs that require specific training.

3.6.2.1 **Academic validation of previous professional experience**

An option offered to all those who did not complete basic academic education of 4, 6 or 9 years and are aged over 18 is to obtain an academic validation of their life long and professional experience. Centres for Recognition, Validation and Certification of Capabilities (*Centros de Reconhecimento, Validação e Certificação de Capacidades* - CRVCC) grant academic certificates, legally equivalent to the 4th, 6th and 9th years of academic education, following a procedure that involves:

- Assessing the candidate's capabilities.
- Offering complementary training to overcome existing gaps (if applicable).
- Validation of acquired capabilities in four key areas of academic knowledge, by a jury. These are Language and Communication, Mathematics, Information and Communication Technologies and Citizenship and Employability.

Recognition, validation and certification of capabilities may prove very useful to refugees with little or no schooling, although minimum standards requested in language skills may constitute a barrier (Duarte, 2003).

⁵⁶ Law Decree 282/77, 5 July. Article 92 n. °1.

⁵⁷ Law Decree 282/77, 5 July. Article 92 n. °1.

⁵⁸ General Regulation of Colleges, Article 29 n. ° 3.

⁵⁹ General Regulation of Colleges, Article 30.

⁶⁰ Law Decree 219/97, 20 August and Law Decree 283/83, 21 June.

4 Skill Shortages in Portugal

Assessing existing and forthcoming gaps in skills provision is fundamental to fully grasp the valuable contribution that highly qualified refugees may represent to the host country. These constitute an easily accessible and very motivated resource from which Portugal may derive skills unavailable in the national employment market.

Here we present an evaluation of skill shortages in a number of sectors and a short characterisation of those sectors.

4.1 Health Sector

4.1.1 *Health care system: characterisation*

The Portuguese health care system consists of three co-existing health care providers: the National Health Service (NHS),⁶¹ special insurance schemes for certain professions⁶² and private health care providers⁶³ (European Observatory on Health Care Systems, 1999).

The National Health Service is, by far, the largest health care provider, accounting for nearly 70% of all medical consultations in Portugal. Private health care providers play an important role in supplementing the NHS by offering a number of health care services such as diagnosis, therapeutic and dental services, as well as outpatient consultations, rehabilitation and psychiatric care services (European Observatory on Health Care Systems, 1999).

The health care provision system in Portugal is made up of primary and differentiated health care. Primary health care covers outpatient care offered both by generalists and specialists and is mainly provided by a nationwide network of Health Centres belonging to the NHS⁶⁴. On average, each Health Centre covers a total population of 28,000 people. The number of health personnel employed per Health Centre ranges from one to 200 professionals. In 2000, 25% of the 30,000 people employed in Health Centres were doctors (European Observatory on Health Care Systems, 1999).

With the exception of outpatient specialised care offered in a limited number of Health Centres, differentiated health care is mainly provided in Hospitals. In 1998 there were 123 public and 92 private Hospitals. Private health care providers are responsible for the majority of differentiated consultations in Portugal, accounting for almost 60% of these in 1996.

4.1.2 *Human resources in the health sector*

Human resources in the National Health Service (NHS) have experienced an important growth over the last three decades, reflecting the increase of State intervention in the sector after its establishment, in 1974.

The number of NHS health care professionals increased by 127% between 1970 and 1994. An important feature of this significant change was the reduction in the share of less qualified workers among health professionals, showing a clear trend towards greater specialisation (Baganha, Ribeiro, Pires, 2002).

The decade extending between 1990 and 2000 witnessed a steady increase in numbers of health professionals working in the public health sector⁶⁵. However, such an increase was not sufficient to

⁶¹ The National Health Service consists of all institutions and official services that provide health care services under the supervision of the Ministry of Health (Law 22/93, 15 January)

⁶² Schemes limited to members of a specific profession that provide health care services either directly or by contracting those services to public (NHS) or private health care providers. Most of these schemes, although compulsory for employees, do not exclude beneficiaries from seeking health care directly from the NHS.

⁶³ Main private health care providers include private practitioners, *Misericórdias* (independent charitable institutions), and private hospitals, clinics and facilities.

⁶⁴ There were 2,356 primary Health Centres in 1999.

⁶⁵ Health professionals accounted for more than 70% of total growth in human resources within the NHS between 1990 and 1998.

eliminate existing skill shortages, particularly in the availability of nurses, and diagnosis and therapeutics technicians. Between 1990 and 1998, the number of nurses employed in the NHS grew by 23%, from 25,082 to 31,618. This growth rate was even higher for diagnosis and therapeutics technicians employed by the NHS. During the same period, the number of these technicians increased by almost 29%. Compared with the above figures, the increase in numbers of doctors working in the NHS was not significant. The increase was of approximately 4%, from 22,223 in 1990, to 23,158 in 1998 (Baganha, Ribeiro, Pires, 2002).

4.1.3 *Skill shortages in the Health Sector*

In spite of the consistent increase in numbers of specialised health professionals during the last decade, the Portuguese health care system is faced with extremely significant skill shortages.

Recent research⁶⁶ has shown the existence of significant shortages in the availability of nurses. This, together with the forthcoming retirement of a dramatically high number of doctors, will most probably pose serious difficulties for the sustainability of the health provision system (Amaral, 2001).

On the other hand, research has equally shown the existence in Portugal of a sufficient number of diagnosis and therapeutics technicians⁶⁷. Along with the high number of existing dentists⁶⁸, these constitute an exception to the general panorama of human resources shortages felt in the health sector (Amaral, 2001).

4.1.3.1 **Doctors**

The ratio of 438 inhabitants per doctor that existed in 1998 places Portugal within the European Union average. However, poor distribution among the different medical specialties, unbalanced geographic distribution of human resources and forthcoming retirements are contributing to major gaps in the supply of doctors (Amaral, 2001).

Unlike other EU member states, the large majority of doctors in Portugal follow hospital specialisations⁶⁹. Between 1994 and 2000, these represented around 79% of specialisations chosen by doctors who initiated their Complementary Internship. General Medicine and Public Health only accounted for around 15% and 3% on average, respectively. As a result, 1.2 million people in Portugal have no General Practitioner assigned by the NHS. A total of 800 General Practitioners would be needed to effectively address this problem (Rosendo, 2003). Furthermore, this concentration in hospital specialisations does not avoid the existence of skill shortages in these specialisations. In 1998, the NHS was faced with a lack of several hospital specialists⁷⁰, including 311 anaesthesiologists, 149 radiologists, 136 psychiatrists, 127 paediatricians, 119 pneumologists, and 90 gynaecologists, among others (Amaral, 2001).

Important geographical imbalances are also a factor that limits access to health care. In 1999, the Lisbon and Tagus Valley Region presented a ratio of 345 inhabitants per doctor, when other regions, such as Alentejo, had a ratio almost twice as low, with 639 inhabitants per doctor. Furthermore, the large majority of available doctors in the National Health Service (NHS) are to be found in the hospital sector, with only 36% of such professionals working in Health Centres (Amaral, 2001 e Baganha, Ribeiro, Pires, 2002).

⁶⁶ The 'Strategic Plan for Training in the Health Sectors (2001)', a research paper drafted by a Task Force established by Cabinet's Resolution 140/98, 4 December, assessed the existing skill shortages in the health sector, proposing an action plan for health - related training to overcome such difficulties. This study was followed by a 'Strategic Plan for Training in Health Technologies (2002)'.

⁶⁷ There is no clear definition of all health related professions included in this category. Among others, it comprises audiologists, radiologists, speech therapists, physiotherapists, etc.

⁶⁸ In Portugal, the existing ratio of 2,700 inhabitants per dentist is clearly higher than the EU average of 3,500 inhabitants per dentist. Furthermore, the low age average of dentists registered with the Dentists Professional Association (33 years), combined with a very high rate of training in this area will most probably entail a surplus of dentists within the next 6 years (Amaral, 2001).

⁶⁹ These include all medical specialisations, except General Practice and Public Health, which constitute the two remaining branches of the Complementary Internship Training.

⁷⁰ See Appendix 2, Table 6.

Finally, the foreseen retirement of 12,152 doctors before 2021⁷¹, a figure that represents almost half of the total number of doctors available in 1998, seems to pose a major threat to service sustainability. Doctors aged between 40 and 65 represent 74% of all available doctors in Portugal. Should the current training rate of doctors be maintained (501 medical graduates in 2001), further shortages of these professionals are likely to arise after 2012. Between 2012 and 2020, the average annual number of retirements, almost 1,000 doctors, will clearly exceed the above-mentioned formation rate, meaning that a total of almost 5000 of these professionals may be lost to retirement during that period (Amaral, 2001 and Rosendo, 2003).

4.1.3.2 Nurses

The nursing situation in the Portuguese health care system may be characterised by a severe lack of professionals nationwide, combined with an unbalanced regional distribution and dangerously low levels of available nurses in primary health care (Amaral, 2001).

Portugal's rate of 3.6 nurses per 1000 inhabitants recorded in 1998 is much lower than those existent in other EU countries, such as Finland (14), Germany (9.6), Austria (8.9) or Luxembourg (7.7). If we consider the EU average of 5.9 nurses per 1,000 inhabitants in 1998, we find that Portugal would need to have an additional 22,700 to achieve human resources levels similar to other EU states (Amaral, 2001).

The unbalanced geographical distribution of nurses poses further difficulties to adequate health care provision. Over 50% of all available professionals nationwide are concentrated in the districts of Lisbon, Porto and Coimbra. The region of Lisbon alone accounts for a third of all nurses available in Portugal. The distribution of professionals among health care services is also very unbalanced, with only 21% of existing nurses working in Health Centres. The majority of these professionals (71%) prefer to work in secondary and tertiary health care, which means that the national rate of 3.6 nurses per 1,000 inhabitants gives a poor idea of the real population coverage by these professionals (Baganha, Ribeiro, Pires, 2002).

4.1.4 *Reasons underlying present skill shortages*

The explanation for the low number of doctors and nurses available in Portugal can be found in the restrictive educational policy followed by Governments, since 1979, in health areas.

In the specific case of medical degrees, the number of students allowed in public Medical Schools suffered a clear reduction after 1979, dropping from a total of 805 accepted students in that year to 190 in 1986. In spite of the gradual increase in the number of accepted students thereafter, their number in 1999-2000 represented no more than 70% of those who initiated their degree in 1979. If such reduction had not occurred, an extra 7,000 medicine students would have graduated since 1979 (Amaral, 2001).

Reasons underlying shortages in nursing personnel seem to be similar to the ones found for doctors. Research shows that in order to address existing gaps in numbers of available nurses, Nursing Schools will have to increase by 70% the number of accepted students by 2005-2006. This figure clearly points out to restrictive training policies as the reason for the severe shortages felt in the Portuguese health care system (Amaral, 2001).

4.1.5 *Addressing skill shortages*

Since the Government is the most important health care provider and employer, its policies for the sector are a decisive factor in dealing with the lack of specialised human resources. The most important measures implemented to deal with this problem involve changes in educational policies and recruitment of foreign professionals.

⁷¹ See Appendix 2, Table 7.

The 'Strategic Plan for Training in the Health Sectors (2001)', a research paper drafted by a Task Force established by the Government in 1998⁷², proposed a global increase in numbers of accepted students in Medical and Nursing schools as a measure to overcome existing and forthcoming skill shortages⁷³ (Amaral, 2001). The proposed reduction of medical post-graduate training by two years, by 2007, will equally help addressing existing shortages, by anticipating training of new doctors⁷⁴.

Recruiting foreign health professionals has been a very important short-term means used by both the NHS and private health care providers to overcome existing skill shortages. Between 1994 and 2000, the number of foreign employees in the NHS climbed from 313 to 2,909, representing an 829% increase. About 47% of these foreign employees are nurses. Doctors account for 46% of total foreigners (Baganha, Ribeiro, Pires, 2002). Concerning their countries of origin, the large majority are EU nationals (63%), the biggest group being Spaniards (59%). Nationals of Portuguese Speaking African Countries (25%) and Brazilians (8%) are the next most represented employees.

A recently signed agreement between the Ministry of Health and the Calouste Gulbenkian Foundation⁷⁵ marks the beginning of a proactive public policy for the recruitment of foreign health professionals. This protocol involves the commitment, by the Government, to recruit foreign doctors who have managed to obtain the equivalence of their degrees with the support of a re-qualification programme run by the Jesuit Refugee Service, with the financial aid of the Calouste Gulbenkian Foundation⁷⁶.

This protocol, which represents a public acknowledgement of foreign health professionals as an important resource to address existing shortages, bares no specific referral to refugees. As in all other public policies, these are included in the general category of legally residing aliens, a much more representative population.

4.2 Social Care Sector

4.2.1 Social Care system: characterisation

Public provision of community care services, including long-term care, day centres and social services for elderly and disabled people in general, has been very limited in Portugal. In a country with deeply rooted traditions of family reliance, this kind of care, which doesn't necessarily involve medical qualifications, is usually undertaken by family members (European Observatory on Health Care Systems, 1999 & European Commission, 2003).

The main formal providers of social care have been, up to now, the *Misericórdias*. These are independent charitable organisations that offer, among other services, emergency social care, day care centres, day nursery and residential services (European Observatory on Health Care Systems, 1999).

In the specific case of elderly care, the Ministry of Employment and Social Care provides some social services, such as day care centres and public residential care. In 1998, day centres for the elderly provided 41,195 places, offering services that included food, laundry, bathing and social activities, among others. Public residential care is characterised by poor quality and lack of resources (European Observatory on Health Care Systems, 1999).

Social care services for the elderly and disabled people increased with the implementation of a joint initiative, by the Ministry of Health and the Ministry of Employment and Social Security, called 'Integrated Support Plan for the Elderly'⁷⁷ (*Plano Integrado de Apoio ao Idoso*). Under this Plan, two sets

⁷² Cabinet's Resolution 140/98, 4 December

⁷³ The number of medical students should increase from 735 in 2000/2001 to 1,175 after 2004. The number of nursing students should increase from 1,506 in 2000/2001 to 3,059 in 2005/2006 (Amaral, 2001).

⁷⁴ This proposal, already approved by the Ministry of Health, has yet to come into force after its publication in Portugal's Official Journal (*Diário da República*).

⁷⁵ Protocol 13/2003, 3 March by the Ministry of Health.

⁷⁶ See 3.5 above.

⁷⁷ Joint Order (Despacho Conjunto) 20 July 1994, by the Ministry of Health and the Ministry of Employment and Social Security.

of projects for the provision of social care to this population were established⁷⁸: Home Support Services (*Serviços de Apoio Domiciliário*) and Support Centres for Dependent People (*Centros de Apoio a Dependentes*).

Objectives of these projects include, in the first case, provision of urgent and permanent social care to the elderly in their home environment. As for Support Centres, these are specific structures that offer integrated care on a temporary basis, aiming at the reintegration of dependent people. The total number of projects carried out between 1995 and 2000 amounts to 176, covering 11,625 beneficiaries. The majority of projects and beneficiaries (34%) are concentrated in the Lisbon and Tagus Valley Region (Tribunal de Contas, 2001).

Finally, nursing home availability is very limited and there is none in the public sector.

4.2.2 *Human resources and skill shortages in the Social Care Sector*

As in other EU countries, the ageing Portuguese population is likely to generate a consistent increase in the demand for long term social care services.

According to available data, the number of elderly people in Europe will grow dramatically in the next decades, from 61 million people aged over 65 in 2000, to 103 million in 2050. The additional strain put on long term care provision by this demographic change is aggravated by the disintegration of informal care networks, mainly composed of family ties. The increase in employment among women, who up to now were the main informal providers of this kind of support, combined with the shrinking of family structures, limits the availability of informal care as a possible resource to overcome gaps in care provision (European Commission, 2003).

Even though not quantified, the ageing of the population, combined with the weakening of the informal care networks and the forthcoming decrease in labour force is likely to generate important skill shortages in the Portuguese social care sector. The increased demand for qualified workers in this sector is already strongly felt within EU countries. Between 1995 and 2002, the number of EU employees working in this sector grew from 6.8% of labour force to 12.6%. This growth is considerably higher than those experienced in other sectors of the labour market (European Commission, 2003).

4.2.3 *Addressing skill shortages*

In a country where informal structures represent the most important resource for social care provision, qualifying informal care providers has been a priority in public policies towards the sector.

The FOHRUM⁷⁹ project, established within the Integrated Support Plan for the Elderly, is an initiative that aims at implementing vocational training projects in the area of formal and informal social care⁸⁰.

Training projects are primarily directed at family members and neighbours of disabled people. Other possible addressees of these initiatives include voluntaries, health and social care professionals. Between 1995 and 2002, a total of 83 training projects were implemented, covering 7 088 people.

4.3 *Information Technologies (IT) Sector*

4.3.1 *IT Sector: characterisation*

The Portuguese IT sector was made up of 7,601 IT firms in 1999, representing 1.3% of all existing firms in Portugal. Following a period of retraction in 1997 (7053), the number of Portuguese IT firms grew slightly in 1998 (7,126) and strongly in 1999, peaking at 7,601 firms.

⁷⁸ Joint Order (Despacho Conjunto) n.º 259/97, 24 July, by the Ministry of Health and the Ministry of Solidarity and Social Security.

⁷⁹ Training of Human Resources.

⁸⁰ Joint Order (Despacho Conjunto) 259/97, 21 August, by the Ministry of Health and the Ministry of Employment and Social Security

IT services are the most representative branch of activity in the Portuguese IT sector. This sub-sector alone accounted for almost 91% (6,897) of all Portuguese IT firms in 1999. Other sub-sectors, such as Manufacturing Industry and Telecommunications services accounted, respectively, for only about 7% (555) and 2% (149) of existing IT firms. Except for Telecommunications companies, which grew by almost 10% between 1996 and 1999, the increase in the number of companies belonging to other sub-sectors during the same period was not significant.

Business volume generated by the Portuguese IT sector grew significantly between 1996 and 1999, from around €1,150m in 1996 to €1,620m in 1999. Following an average annual growth of almost 12% between 1996 and 2000⁸¹, 2001 witnessed a decrease in business results, which grew by only 10.5%. Available forecasts in 2001 showed that the IT Portuguese sector was likely to maintain an annual growth of 10.5% in 2002 and 2003.

4.3.2 *Human resources in the IT sector*

The Portuguese IT sector experienced a constant increase in the number of workers since 1996, except for a slight decrease in 1999. Between 1996 and 1999, total workforce in the sector grew from 93,128 to 100,421, recording, during that period, an annual average growth of 2.41%⁸². The number of IT workers in 1999 represented 3.23% of the overall employed population.

In line with the distribution of existing firms among IT branches, the majority of IT workers are to be found in IT related services, followed by the Manufacturing and the Telecommunications sectors. In 1999, 51,029 people (51%) worked in IT services, 27,767 (27.8%) in the IT Manufacturing sub-sector and 21,225 (21.2%) in Telecommunications Services.

4.3.3 *Skill shortages in the IT Sector*

In a recent diagnosis report on the Portuguese IT Sector⁸³, the Innovation and Knowledge Task Force⁸⁴ (*Unidade de Missão Inovação e Conhecimento* - UMIC) stressed the existence of important IT skill shortages in Portugal. These shortages include the lack of computer skills among the general workforce, for different professional purposes and, most importantly, an insufficient number of IT specialists⁸⁵. In spite of this assertion, the report equally acknowledges the lack of a nationwide benchmarking of IT specialists shortages in Portugal.

Regarding the lack of computer skills in the general labour force for professional purposes, Portugal has, within the EU, both the lowest rate of workers using computers in their work (around 12% in 2001) and, among these, the lowest rate of workers having computer training (around 28% in 2001) (European Commission, 2002a).

Although this has not been subject to a diagnosis at national level, there are indications of the existence of gaps in availability of IT specialists both by national and, indirectly, by EU research. According to a survey carried out in late 2001 by the National Association of Information Technology and Electronic Firms (*Associação Nacional das Empresas das Tecnologias da Informação e Electrónica*)⁸⁶ among 55 of its members, short-term skill needs included 300 medium skilled IT technicians and 640 highly skilled IT professionals. Among these, requested professionals included programmers of computerized systems, management and orientation of IT projects, Internet programmers and local systems and networks administrators.

According to the EU Commission, the economic slow-down initiated in 2001, which particularly affected some IT sectors such as IT manufacturing and communications, shouldn't obscure the overall

⁸¹ This average annual growth rate was far higher than the overall rate recorded for business volume of national companies in general, which amounted to 5%.

⁸² This average annual growth rate was higher than the one experienced by firms in Portugal as a whole, which amounted to 0.8%.

⁸³ Diagnosis Report on the Information Society and e-Government, February 2003.

⁸⁴ This structure was established by Cabinet's Resolution 135/2002, 20 November, and aims at supporting the Government in developing policies in the areas of Innovation, Information Society and e-Government.

⁸⁵ These include IT technicians, who hold 2 level IT training, and IT professionals, who hold third level/university IT training (Benchmarking Report - follow up of 'Strategies for Jobs in the Information Society', SEC(2001)222).

⁸⁶ This association represents over 120 IT firms nationwide.

persistence of IT skills shortages. Existing analysis shows that the majority of workers recently dismissed in the IT sector⁸⁷ were low-skilled professionals, while specialists were considerably less affected. A frequently referred estimate by the European Information Technologies Observatory (EITO) foresaw that unfilled IT and e-Business vacancies in Western Europe were likely to rise from 2.2 million in 2001 to 3.7 million in 2003 (of which 1.7 million would require IT skills and 2.0 million e-Business skills). This estimate was revised downwards in mid 2001 to 1.1 million IT skills in 2002 growing to 1.6 million in 2004 (European Commission, 2002b).

Most importantly, several factors are positively reflected in the IT and e-Business Sector, hence increasing the demand for IT skilled labour. These include the dissemination of e-business among traditional business and small and medium sized enterprises, broadband diffusion, the introduction of unmetered Internet access and e-Government programmes at national and local level (European Commission, 2002b). Should no action be taken as the market recovers, Europe will find itself in the same situation of pressing IT skills shortages experienced before the economic downturn (ICT skills monitoring group, 2002).

4.3.4 *Reasons behind existing skills shortages*

According to UMIC, the non-accomplishment of key public IT policies, mainly in the area of formation, has been the reason for the limited number of available specialist workers in this field. Such policies included the increase in the number of available training places in third level IT formation⁸⁸, creating a complementary IT professional formation structure, and putting in place the required conditions for attracting highly qualified IT foreign workers (*Unidade de Missão Inovação e Conhecimento* – UMIC, 2003).

4.3.5 *Addressing skills shortages*

Public policies aimed at addressing IT skills shortages felt in the Portuguese labour market included the increase of third level IT degrees, especially since the mid-nineties. Between 1996 and 2000, the total number of third level IT degrees registered a 5.9% increase from 117 IT degrees in 1996 to 147 in 2000. This growth rate was almost twice as large of that experienced by all existing third level degrees in Portugal, which only progressed by 3.1%. It should be noted that, paradoxically, this increase in the number of IT degrees did not add to a wider number of available places for enrolment in third level IT education, which regressed by 0.8% during that period. As mentioned above, this inadequate educational policy may have contributed to existing skill shortages.

The recently approved Action Plan for the Information Society⁸⁹ (*Plano de Acção para a Sociedade da Informação*), includes, as one of its objectives, the training of all Portuguese, male and female, in IT technologies. For that purpose, a national system of IT training and certification should be created, enabling the training of 2nd level IT technicians.

Regarding the approach of employers towards IT skills shortages, a survey on vocational training needs of enterprises between 2000-2002⁹⁰ showed training employees in IT skills as a possible answer chosen by enterprises to address the lack of IT skills in the Portuguese labour market. Between 2000 and 2002, enterprises intended to offer IT vocational training to 105,100 of their employees.

Finally, it should be noted that Portugal, as opposed to other EU countries, has no pro-active public policies for attracting foreign highly skilled IT workers.

⁸⁷ Between February and November 2001, 150,000 IT job losses were announced in Western Europe.

⁸⁸ Between 1996 and 2000, the number of vacant places in third level IT formation experienced a negative growth rate of 0.8%.

⁸⁹ Cabinet's Resolution n. ° 107/2003, 12 August. Elaborated by UMIC, this Action Plan constitutes the main instrument of strategic and operational coordination of all Governmental policies towards Information Society.

⁹⁰ Enterprises' Vocational Training Needs 2000 - 2002. Survey carried out by the Department of Work, Employment and Vocational Training (*Departamento de Estatística do Trabalho, Emprego e Formação Profissional*), belonging to the Ministry of Employment and Solidarity, in December 2000.

4.4 Other Sectors

The only comprehensive research on labour force shortages experienced by the Portuguese labour market was carried out in late 2001⁹¹: According to this short term prospective of labour force needs in Portugal, a total of 20,000 non EU workers would be needed, in the second half of 2001, to face existing labour force shortages. Employment opportunities amounted to a total of 73,613 during 2001. The distribution of these opportunities among the sectors analysed was as follows: 16.9% in agricultural sector, 9.6% in construction, 8.5% in accommodation and restaurants, 6.8% in industrial cleaning and 6.7% in small commerce. The economic downturn that followed the completion of this research somewhat diminishes the possibility of deriving from this document possible trends in current labour force needs⁹².

Further research available on existing skill shortages is scarce and limited to certain sectors or professions.

The automobile industry, currently one of the most important economic sectors in Portugal, responsible for 7% of national GDP and 25% of all national exports, is yet another sector faced with important skill shortages. Recent research has shown that more than 70% of all workers in this sector have not completed mandatory education and 68% of enterprises are faced with difficulties in meeting their skills needs. Such difficulties are related in 73% of cases, with inexistent skills in the national labour market. Skill shortages are to be found at in areas such as production, logistics, quality, maintenance and marketing (Selada, Silva, 2003).

⁹¹ Diagnosis and forecast on short term labour force needs in Portugal, approved by Cabinet's Resolution n. ° 164/2001, 30 November.

⁹² According to the National Statistics Institute (*Instituto Nacional de Estatística* – INE), employment in construction decreased by 8.4% between October 2002 and October 2003. As for agriculture, the sector's workforce increased by 14,000 workers during the first half of 2003.

5 Refugees' Contribution to Portugal

With the purpose of obtaining an insight on how Portugal is utilising the skills of qualified refugees in specific sectors faced with skill shortages, a total of thirteen in depth interviews with employed refugees were carried out between May and October 2003.

The results of these interviews include indications on factors, policies, and approaches to difficulties perceived by interviewees as useful in their long pathway towards obtaining qualified employment in Portugal.

5.1 Pathways to employment

5.1.1 *Refugees' perceptions of current use of their skills and abilities*

The way in which interviewees perceived their current employment situation in what regards the use of skills and abilities they brought with them into exile may be described, in most cases, as slightly positive.

Among thirteen refugees, two of them felt there was a complete correspondence between their training and the job they were currently performing. This was the case of an Angolan priest who had been carrying out social work with endangered minors in Lisbon and that of a Rwandan refugee, for whom work as a civil engineer in a building company allows him to make use of most of his skills. As he explained to us:

It totally corresponds. This doesn't necessarily mean that I am able to use all my skills, but it is a work in the field of my expertise.

In a clear majority of cases, though, current employment only partly reflected the expertise refugees claimed to have. All in all, seven people perceived current or past use of their skills in the host country to be only partly positive. Among five medical graduates who responded in such way, reasons behind their answers included not being able to work as a health professional, not having the possibility to pursue teaching or research activities, and, most importantly, being unable to use all the skills of one's medical specialisation. A Cuban male doctor told us how this last situation constituted a half frustration:

In spite of having been working in the field of my medical specialisation, I only carry out emergency care work. I don't do consultations nor do I have the right to perform elective surgery, which constitutes the normal activity of a gynaecologist in Portugal.

Not working in a field directly related with their education did not always imply, from the interviewees' point of view, a complete misuse of their expertise. A Colombian automobile engineer working as a bus driver had a positive approach to his current situation: *'It partially reflects because I manage to use some of the skills in mechanics that I have by doing the maintenance of the bus I drive'*.

Finally, interviewed refugees who stated that their skills and abilities were being completely ignored by the host country did so because they felt that their job had absolutely no relation with the training and work experience brought by them into exile. Among the four interviewees who answered in such way, a distinction should be made between those who seemed to accept it as a necessary stage they had to go through in their integration process and those who felt very frustrated with the situation. A Congolese refugee holding a technical secondary education in the field of agriculture and a Colombian interviewee holding a business and marketing professional training shared with us their opposite approaches towards their work situation:

My training has no correspondence with the work I am doing but it is a matter of current reality. Even if I was to find work in agriculture and I was paid €550 per month, I would rather have a long stable work in construction (...) if I were paid €1000 per month. You must do the work that earns you more.

It does not correspond in any way, and I find that very annoying because nothing of what I did in Colombia is being put at use here. In Colombia, there are children with no education who do what I have been doing, and this is annoying because I believe to have a slightly higher education that could enable me to do something a little better that I would enjoy more.

5.1.2 **Overall relation between refugees' educational and work background and current employment**

5.1.2.1 **Educational backgrounds**

The educational background of interviewed refugees was very diverse and, for the most part, highly qualified. Only in rare cases did interviewees attend further academic education or professional training in Portugal.

The most frequent educational background among interviewees consisted in academic medical training. Six of the thirteen interviewed refugees held medical degrees. Almost all such degrees were obtained in the refugees' countries of origin: The only exception concerned one refugee who went on to complete in Portugal a medical degree she had initiated in her country of origin. Before enrolment in higher medical education in Angola, this person had completed technical secondary studies in social care.

Medical specialisation was recurrent among the above-mentioned individuals. Four of them had completed it before arrival in the host country and one was attending it at the time of the interview. Specialisations, with a duration that ranged from three to five years, were evenly distributed between the areas of psychiatry and gynaecology, with two cases each. The Angolan female refugee, still attending her specialisation (Complementary Internship) in Portugal, was undergoing training in the area of Public Health.

Furthermore, four of these individuals had attended short-term post-graduate medical training in specific subjects generally related with their medical specialisation. Only one person, a Cuban female doctor, managed to attend such training in Portugal, namely a couple of three day courses on trauma, at a recently established non-governmental support Centre for victims of torture⁹³. The only other case of post-graduate medical training attended after arrival in Portugal concerns a Cuban male doctor who had completed a six-month gynaecology related training at the Pontifical Institute for External Missions (PIME), in Italy.

The second most frequent educational background among refugees involved in the research relates to the area of engineering. Three interviewees held third level engineering academic degrees, namely in civil, automobile and telecommunications and electronics engineering. A fourth refugee, who was forced into exile before being able to complete his third level degree in industrial engineering, had attended non academic secondary studies in that area.

Among refugees with an engineering academic background, a Cuban telecommunications engineer held a PhD in Oracle software. The degree was completed in Spain, prior to the interviewees' decision to join his family members who were already living in Portugal as recognised refugees. This person, who had attended previous professional training in Oracle software in his country of origin, was also the only one, in this group, who attended professional training in Portugal. Training took place at the IT Company where the interviewee is currently working and was related with a new mobile communications technology.

The educational backgrounds of the three remaining interviewees were unrelated and consisted of a theology bachelor's degree, professional training in marketing and business, and technical secondary studies in the field of agriculture. In line with the pattern registered above, only one of these people, an Angolan male refugee, had attended academic and professional training in Portugal. Besides an academic degree in theology, this refugee had also completed four professional training programmes with the IEFP, in areas as different as pedagogy or private security. Having arrived in Portu-

⁹³ Support Centre for the Victims of Politically and Ideologically Motivated Torture (CAVITOP)

gal more than fifteen years ago and being fluent in the host country's language were factors that most probably contributed to making this individual case an exception.

An important feature in training backgrounds of interviewed refugees was the usual inclusion of informatics training. Seven out of the thirteen interviewed refugees claimed to have attended informatics training at least once in their life. Training ranged from more common software such as Microsoft Office tools, to more technical software such as Oracle, Microsoft Project or AUTOCAD, in the case of two interviewed engineers.

The only exception to the poor professional training rate in the host country among interviewed refugees consisted of Portuguese language courses. Among the ten refugees who had no Portuguese language skills at their arrival, seven attended such courses at some point during their stay.

5.1.2.2 Work backgrounds

With seven of the interviewees aged over 40, and nine over 30, the work background brought by the majority of them into exile was very rich. It should be pointed out that such work experience was acquired, for the overwhelming majority of interviewed refugees, in the field of their educational background.

Four of the five interviewees who had completed medical education in their country of origin had work experience as health professionals. Doctors claimed to have a medical practice that ranged from nine to twenty two years, mainly as specialised practitioners in Hospitals. An interesting feature of Cuban doctors experience was their participation in humanitarian missions, organised by the Cuban Health Ministry abroad, usually in Africa. Among the four Cuban doctors, two had participated in more than one of such missions. A third Cuban female doctor had been involved in a United Nations (UN) two years humanitarian mission in Africa, where she worked as a UN volunteer gynaecologist.

A recurrent professional experience among these health professionals consisted of medical tuition. All four doctors who held medical specialisations had higher education teaching experience in their country of origin. Duration of such activity, which started always after completion of medical specialisations, varied among interviewees between eight and thirteen years.

Professional experience of refugees with an engineering educational background was equally related with their field of expertise. Activities carried out by interviewees in their countries of origin included working for sixteen years as a civil engineer and technical adviser with the Rwandan Ministry of Public Works; being an Oracle programmer and network administrator at a Cuban Internet Service Provider; and working for three years as an automobile mechanics instructor, at a Colombian public training centre.

Remaining work backgrounds included, in the case of a Colombian refugee with a business and marketing training, working for over three years as a commercial agent for the Colombian branch of Coca-Cola and a major baking industry.

The only interviewed refugee with no work experience in his field of education was a Congolese army lieutenant who had never worked in agriculture, in spite of having completed secondary education in that field.

5.1.2.3 Current use of refugee's educational and work background

With few exceptions, refugees' current employment in Portugal, even when it belonged to their field of expertise, only partly reflected resources brought or acquired by them in exile.

Work pathways in Portugal among the six interviewees who were Health professionals showed an important misuse of qualifications regarding four of these people. Refugees in this situation were either unable to work in the Health sector as doctors or managed only to find an employment as general practitioners, in spite of holding medical specialisations.

Due to unsuccessful equivalence procedures regarding their specialisations, a Cuban male gynaecologist and a Cuban female psychiatrist were carrying out mostly emergency care work as general practitioners, with very limited use of their specialised medical skills. Having said that, the Cuban female psychiatrist had recently been unofficially employed as a specialised doctor in a private clinic, but her practice was limited to a few hours once a week.

In the case of two other Cuban female doctors, not having obtained equivalence for their medical degree forced them to carry out less qualified jobs, like care of the elderly as nursing assistants. One of these doctors had recently quit that job and entered a clinical internship at a Medical School, with the purpose of preparing her final exams in the equivalence procedure. A temporary solution, found by the other Cuban female doctor to put her medical skills at use, consisted in carrying out a three-month humanitarian mission in Guinea Bissau, with International Medical Assistance (*Assistência Médica Internacional* – AMI), a Portuguese NGO.

As opposed to these four cases, two Angolan refugee doctors were both making the best of their qualifications. One of them, a psychiatrist, had established a successful private practice and was lecturing a psychiatric subject at a private University. In the other case, a female refugee was attending her Complementary Internship, leading to the last stage of her medical training. Completion of this last stage will entitle her to work as a specialised doctor. Before that, she had worked as a general practitioner for a private health care provider.

Among the four interviewed people with engineering education, two managed to find jobs where they could put most of their skills at use. One of them, a Rwandan civil engineer, had been working as such for the last four and a half years in two different building companies. As for a telecommunications engineer, he had recently found work as a programmer and network administrator in an IT Company. The other two interviewees who held engineering training had been unable, since their arrival in the host country, to find work in the engineering sector. In spite of holding an automobile engineering degree and an incomplete industrial engineering education, they were currently working, respectively, as a bus driver and a distribution services manager. Their skills were hardly put to any use.

Other cases of misused skills included a Colombian commercial agent who had been working for the last year as a warehouseman in a food distribution company, and an army lieutenant, who had only found work in the building sector, in spite of his education in the agricultural sector.

Finally, an Angolan refugee priest working at a protestant church was an example of successful use of acquired skills. After having completed his theology bachelors' degree in Portugal, he was now carrying out, besides his spiritual activities, social care work in a protestant church, mostly with endangered minors. His work included organising sports activities, vacation camps and dealing with social emergency situations.

5.1.3 *Impact of recognition procedures on job search*

Although interviews do not allow to draw clear trends for all labour sectors, as a result of the limited number of interviewees, we are certainly entitled to say that recognition procedures for previously acquired qualifications seem to constitute an important factor in the successful labour integration of professionals.

This is particularly true in what concerns Health professionals. Indeed, among the four interviewed refugees currently working as doctors in Portugal, three had obtained equivalence for their medical degree. The fourth had been automatically given equivalence for a number of medical subjects completed in her country of origin, with the possibility of pursuing in Portugal medical training she had initiated in Angola. Interviewees only resumed their medical practice after having obtained the equivalence for their degrees.

The only two interviewed doctors unable to pursue their medical practice in Portugal considered unsuccessful equivalence procedures to be the main reason for their downwards-professional mobility. They told us:

My difficulties in finding work as a doctor are related with obtaining equivalence for my medical degree (...) it is vital.

In my area, yes, it was a fundamental problem.

Equivalence of medical education seems equally essential for doctors who wish to work in the field of their medical specialisation. Among the three interviewees who held specialisations and were currently working as doctors, only the one who had obtained equivalence for his medical specialisation was working as a differentiated doctor on a regular basis. In the case of the two other doctors, a psychia-

trist and a gynaecologist, the specialised care they performed was limited to two consultations once a week at a private clinic, in the first case, and emergency specialised procedures only, in the second case.

For interviewees with an engineering background, the major importance of equivalence procedures was not as conclusive. Although none of these refugees had obtained equivalence for their engineering education, two of the most successful cases of professional integration among all interviewees belonged to this group. When questioned on the importance of this factor, one of these two cases, a civil engineer, explained to us that equivalence had not been a decisive issue for his employers: *'No, all my employers were aware that I hadn't obtained the equivalence for my degree but didn't raise any problems on that account.'*

As opposed to these two successful cases, the two other refugees with an engineering background were unable to find work in the field of their education. Once again, interviewees held unsuccessful equivalence procedures partly responsible for that, as a Colombian automobile engineer explained: *'Yes, it would have been easier because I would have involved myself further within my training area. I would be carrying out work in that area, instead of working as a driver.'*

Equivalence procedures seemed important not only in granting direct access to professions but also as a doorway to further training in Portugal. This training appears to be an important factor in professional integration as it enables refugees to either recycle or acquire new skills that are viewed favourably by national employers. This was the case of an Angolan refugee who, after having obtained the equivalence for his secondary education, went on to complete a bachelor's degree in theology that enabled him to be recruited by a protestant church. The importance of equivalence procedures as a doorway to further training was apprehended by a Colombian commercial agent working as a warehouseman, who stated:

If I had started by obtaining recognition of my education I would be better off. If I had already obtained recognition of my qualifications I would have resumed my studies and possibly found a better job.

5.1.4 **Helpful factors in successful employment pathways of interviewees**

Clearly reflecting limited implementation of professional integration schemes aimed at refugees, **informal contacts with the help of acquaintances** were quoted by the overwhelming majority of interviewees as an important factor for obtaining employment in Portugal. Eleven out of the thirteen interviewed refugees stated that, at some point in their job seeking process, contact people had been essential in securing a job position.

The relevance of informal contacts in obtaining employment revealed itself in different ways. Privileged information regarding job offers and proposing applications directly to a contact-person inside the employer organisation were the most significant. According to interviewees' perceptions, informal contacts were just as effective in obtaining qualified employment as they were in securing positions that required little or no education.

Among the four interviewees with a medical background currently working in the field of their education, two had benefited from the help of an acquaintance to obtain their jobs. A fifth doctor who had only managed to work as a doctor in a humanitarian mission in Guinea Bissau did so with the help of a contact person that she had within the organisation sponsoring that mission. Both the engineers currently working as such in Portugal stated help of acquaintances had been decisive in their recruitment.

A Cuban male doctor and a Cuban male telecommunications engineer explained to us how their acquaintances had helped them to find a job in the field of their expertise:

The support that I had to find work came from friends. There was already a Cuban doctor, the first Cuban doctor working at the hospital (...) then another Cuban doctor that I had met in Guinea Bissau came (...) and because there was a shortage of doctors there he had already talked with the Director (...) he would call every day to tell me that my name was already in the hospital's personnel shit.

I got my current job with the help of a friend. (...) A job offer came up in his company, he knew me so he called asking me to send in my CV. After that we scheduled an interview. I went there and everything was arranged on that day.

The second most recurrent factor identified by interviewed refugees as helpful for obtaining employment was related with their personal attitude during the job seeking process. Seven of the thirteen interviewees felt that **persistence and a positive attitude** had been very important for obtaining an employment. Once again, the importance of this factor was quoted both by four interviewees who managed to find employment in the field of their expertise and by three individuals who had found a job with a weaker link to their educational and work background. In a process felt as very adverse and with few institutional supports available, refugees seemed to feel that relying on their own attitude was essential for being successful. A Cuban female doctor working in a hospital as a general practitioner told us:

It's about being persistent, never losing strength, and always keep on going because obtaining equivalence isn't easy. Therefore, it's a difficult path but one has to have the courage to keep on going. (...) Perhaps due to my profession, I believe that regardless of difficulties and the way in which the system works, individuals will achieve nothing, be it here or anywhere else, if they lack the courage to address those problems and to keep on going.

Qualifications obtained in the country of origin, work experience in the country of origin and employment support from voluntary organisations were each identified by six interviewees as having been important to obtain a job in the host country.

Regarding **qualifications obtained in the country of origin**, two engineers and two doctors currently working in the field of their expertise were convinced that their educational background had been essential for securing current employments. According to these interviewees, technical skills acquired in their countries of origin had been perceived by their employers as an essential condition for their recruitment. Both one of those doctors and one of those engineers ranked this factor as the single most important one for obtaining employment, while the other doctor ranked it second. One of the engineers explained: *'Regarding this position, they probably took into consideration my skills acquired in Cuba, in spite of my friend I had to send in a CV. I wouldn't have been accepted if I hadn't this training.'*

Among the three interviewees currently working in the field of their expertise that did not quote this factor, two did so because they had completed their education in Portugal. The third individual, a Cuban gynaecologist working in a hospital as a general practitioner, stated that health care providers did not take into consideration academic backgrounds while recruiting doctors. Only registration with the Medical Association was considered relevant by employers.

The remaining two interviewees who identified their previous qualifications as important factors in obtaining their current employment did so in spite of being refugees with engineering backgrounds not working in the field of their expertise. They were both left with the impression that their educational background, although not decisive, might have had some positive influence on their employers' decision.

Interviewees who identified **work experience in the country of origin** as helpful in obtaining employment in Portugal were the same six people who stated that their educational background brought into exile had been relevant in their job seeking process. Refugees felt their professional experience had been an additional trust factor for their recruiters. Among the six refugees who answered in such way, two individuals, a Cuban female psychiatrist and a Cuban male telecommunications engineer, stated that their employers had shown great interest in their work background during their job interviews. The Cuban female psychiatrist working as such in a private clinic told us:

It was important regarding recruitment at the private clinic because there I am working in the field of my medical specialisation and they felt the need to know if I had the skills and the experience to carry out that job.

Six interviewees highlighted the importance of **employment support initiatives by voluntary organisations** in securing a job position. Organisations from which these interviewees received employment support included, in four cases, refugee and immigration support agencies, such as the Portuguese Refugee Council and the Jesuit Refugee Service. Other voluntary and private organisations involved were a religious congregation in one case and a temporary work firm in another case.

Employment support perceived as effective by refugees was limited to drafting presentation letters and CVs in one case as well as search and placement in job opportunities in four cases. Furthermore, a Colombian engineer mentioned getting potential employers to come to support organisations where job interviews with candidates would take place. He told us how this last procedure had been very effective in helping him to find a job:

I believe that the reputation of a support organisation is very important. It was the public reputation of the Jesuit Refugee Service that made it possible for the representative of the company to drop in at the organisation and become aware that those present could work in his company. If it wasn't for them I would have never found this job.

Having said that, employment deriving from the support of voluntary organisations was, in all six cases, limited to jobs that did not reflect interviewees educational and work backgrounds.

Although mentioned by a less significant number of interviewees, certain factors were seen by specific groups of refugees as very important in their job seeking process.

Among the eight interviewees who had no Portuguese language skills at their arrival in Portugal and had attended **Portuguese language courses** since then, five stated that such training had played an important part in their successful job seeking process. The remaining three refugees explained that even though important for carrying out their current jobs, language training hadn't contributed for their professional success because they had already found a job when it began. A Cuban telecommunications engineer explained to what extent a Portuguese language had been important in securing a position as a programmer in an IT company:

I have been studying Portuguese at the Portuguese Refugee Council. I started in January 2003, stopped in July 2003 and resumed in September 2003. It helped me very much with obtaining the job at the IT company. Even though I still do not speak Portuguese very well, I am now able to understand it. (...) I believe I would have had problems in securing the job at the IT company if I hadn't attended the language course with the Portuguese Refugee Council.

All four refugees currently working as doctors in Portugal saw **registration with the relevant professional association** as fundamental. According to them, with the exception of insignificant jobs in the health sector, working in Portugal as doctors without being registered with the Medical Association is extremely difficult. Registration with the medical association was also seen as essential for pursuing further medical training in Portugal. A Cuban male gynaecologist and an Angolan female doctor shared their perceptions with us:

Registration with the Medical Association is essential here, you won't find work if you're not registered with them. You may find work here and there, for example doing echo sounds exams for someone who knows you work well (...) but registration is 100% important.

Individuals must be registered with the Medical Association to attend the General Internship (...) I was registered with the Medical Association while attending the General Internship.

The extremely low rate of **further training attended in Portugal** among interviewed refugees helps to explain why only three people mentioned it as an important factor in successful professional integration. Having said that, those who did mention it were convinced that it was such training that had paved the way for a job in the field of their expertise. In fact, all of them were currently working in a field related with the training they had attended in Portugal. An Angola female doctor confirmed to us the importance of this factor for her success: *'The importance of such training is obvious. I wouldn't be standing here talking with you as a doctor if it wasn't for that training.'*

5.1.5 **Barriers to suitable professional integration and steps taken by refugees to overcome those barriers**

5.1.5.1 **Common barriers faced by interviewees**

In a country where social support made available to refugees is close to nonexistent, **financial difficulties** form the most often-encountered barrier by interviewed refugees in their job seeking process. In total, eight people out of the thirteen interviewed mentioned the lack of financial means as a problem for obtaining suitable employment in Portugal. Problems generated by this barrier were related, first of all, with the imposing need, felt by refugees, to obtain any job available that would allow them to survive. This would leave interviewees with little or no time to either concentrate in obtaining a job in the field of their expertise or to pursue requalification training in Portugal. Both a Colombian commercial agent and an Angolan refugee had faced this problem:

Even if I wanted to choose a nice job, I wouldn't be in a condition to make that choice. As I told you before, I needed badly to earn money. This means that I would have to accept a job, even though I didn't like it.

I feel as if it delayed me somewhat by causing some dispersal, at times. In order to overcome financial difficulties and to meet my family's needs, I was forced to work, therefore drawing my attention away from education.

Concentrating on affording basic needs has also, in some cases, kept refugees from easily pursuing equivalence procedures, often essential for a suitable professional integration.

Faced with long, complicated procedures, it took a lot of determination from refugees to use little spare time they had after work to concentrate on obtaining equivalence. A Cuban doctor explained the difficulties she went through:

It really was a problem because I was working and, at the same time, taking care of all the paperwork. I had to work very hard in order to have some spare time for the equivalence procedure afterwards. Some times I wouldn't eat, I would leave work and immediately start taking care of those legal proceedings. (...) It was hard to allocate time into that, I worked far away, I spent not eight but twelve hours at work because that's the time it took me to go and then come back from work, it was very far away.

Other consequences of limited financial means available in the job seeking process included not having money to afford fees required for both equivalence procedures and registration with the relevant Professional Association. Furthermore, three interviewees complained of lack of means to afford themselves public transportation they needed to use while looking for a job. One of them, an Iranian engineering student, told us:

In the beginning I would only eat once a day or I would eat something not very expensive. I would then buy a one day ticket and make the best of it, using it as much as I could.

Lack of information on the Portuguese labour market was also a recurrent difficulty faced by interviewed refugees. Seven people claimed to have had problems in obtaining information regarding job opportunities and adequate job seeking procedures. Even though five of these interviewees had benefited from the support of an employment service, services provided were usually limited to providing candidates with existing job opportunities and contacts of possible employers. None of the interviewees followed any training on job seeking procedures, job interview coaching or received career guidance. An Iranian refugee told us how finding to job opportunities had been a problem:

I knew I had to look for a job in newspapers but there aren't that many job opportunities on them. (...) Others places I would go looking for a job were those indicated to me by the Social Welfare.

The case of a Cuban female psychiatrist looking for a job as a doctor with the National Health Service gives out a good example on how job-seeking procedures may be complicated for refugees:

I felt myself lost, really lost. (...) I asked the Medical Association where to find work as a doctor, but I was told that this was my problem, not theirs. I then went to the Lisbon and Tagus Valley Regional Health Department but they didn't help either. Nobody could help me. Unbelievable but true!

Not being able to obtain up to date and complete information on available professional training opportunities from public employment Centres was also a limitation faced by one of the refugees. This Colombian automobile engineer explained how this had been very frustrating:

They don't give out any information on professional training opportunities at the employment centre. When you go there asking for training programmes that you found through the internet they just tell you that such training programmes have either already started or don't exist anymore.

Seven refugees perceived obtaining **equivalence** for one's education as a barrier in their search for qualified employment. Refugees with a medical background were the most concerned, with five of these interviewees having complained of repercussions of such procedures in their job seeking process.

Concerns included not having been able to obtain equivalence due to excessive requirements but also the lack of information and excessive duration of the procedures.

Other significant barriers encountered by interviewees looking for employment included **communication problems** and **discrimination**, each reported by five people.

All those who complained of language problems stated having lost job opportunities for which they were qualified on account of that. This was the case of a Colombian male commercial agent, a job that requires good communication skills:

It's hard if you don't speak the language correctly, even if you manage to understand it, which is my case; I understand everything but I do not speak it correctly. I lost job opportunities because of the language.

Those who felt discriminated explained that such behaviours on the part of employers were rarely obvious ones. Interviewees would often notice prejudices on the part of employers during job interviews and in certain cases, when the first contact was made by phone, they would be told that the position had already been filled even before they had a chance to present their CVs. A Colombian automobile engineer explained how he was a victim of prejudice:

Yes, there is a lot of prejudice (...) I talked with the owner thanks to the help of a Portuguese acquaintance who knew him. He looked at my documents and something he didn't liked about me was the fact that on those documents was written Colombia. People don't like that.

Complaints of discrimination included also not being granted access to information on training programmes by public employment services on account of being a foreigner.

5.1.5.2 Relevance of refugee status in job search

In a country where the public is almost totally ignorant of asylum issues, discrimination on account of legal status is often replaced by other motives, as employers very rarely have a fixed idea on the meaning of being a refugee. In spite of that, interviewees still complained of having been discriminated in their job search specifically for being refugees.

Three interviewees reported loss of job opportunities because of refugee status. Employers' attitudes ranged from openly informing refugees of their unwillingness to recruit people with such status to persistently not replying to job applications. A Cuban telecommunications engineer sent numerous CVs before he decided not to mention his status on the applications. He was contacted shortly after:

I realised something. The first CVs I sent would always included the information that I was a political refugee and no one would contact me for the job. I decided to take that information out of my CV and shortly after I started to receive phone calls.

Other barriers felt by refugees on account of their status included not being granted a loan at a bank for starting a small business and having problems to register with the Medical Association. In both cases, problems arose following poor knowledge regarding legal entitlements of those granted the refugee status. A Colombian automobile engineer explained how he had been denied a leasing partly because of his status:

I wanted to start a small business. I addressed a bank for information on a leasing, to carry out an ideal project, a very small business. It was simply impossible to obtain such information from the banks due to our legal residency and the fact we were Colombians.

5.2 Case studies

5.2.1 Ms L, Cuban female doctor, 54 years old

After spending 6 years studying medicine, Ms L obtained her medical degree (*Diploma de Doutor en Medicina*) in 1975. Being one of the top students of her class, she was given the possibility to further pursue her medical studies without having to complete the *Serviço Social* first. This was a two years social service imposed on all students as a form of retribution towards the Cuban State for the resources spent on their education.

For four years she studied psychiatry. When the time came for Ms L to receive her title as a specialised doctor, she was offered the possibility by the Cuban Government to enrol on a *Mission Internacionalista* in Jamaica. Regarded as a reward for her valuable efforts, Ms L gladly accepted this humanitarian mission to work as a psychiatrist in Jamaica. She stayed there between 1979 and 1981. After her return, in 1982, she was requested to complete the *Serviço Social* that she had left undone in 1975. Ms L was assigned to a psycho-geriatric hospital located in the remote Province of Spinar del Rio. Although not initially planned, she eventually developed most of her career in that hospital, where she worked as a psychiatrist between 1982 and 1997. Ms L also worked there, after 1984, as a lecturer to undifferentiated doctors on issues related with her specialisation.

Following very troubled and difficult times in Cuba, Ms L managed to embark on another *Mission Internacionalista*, this time to Zambia. She left Cuba in 1997. After three years working as a psychiatrist in that African country, Ms L decided she wouldn't return to Cuba by the end of her mission. She would travel to Spain where she would ask for asylum and find a safe haven.

Ms L and her family arrived in Spain in late 2000. News awaiting them was not what they had hoped for. Because of their visa and some rules contained in the Dublin Convention, they would have to go to Portugal where their asylum claim would be processed.

Taking advantage of the fact that such procedure would take several months, Ms L seized the opportunity to address local Spanish authorities requesting equivalence for her medical degree. She was aware that a bilateral agreement between the two countries would help, and equivalence was granted to her less than seven months later.

After six months, the transfer decision to Portugal was taken. Together with her family, she was forced to move to Portugal, where she arrived in April 2001. Following an asylum procedure that lasted for slightly over six months, she was granted the refugee status in October 2001.

Immediately after her arrival, Ms L was placed in a Reception Centre run by the Portuguese Refugee Council. There she was given the opportunity to follow Portuguese language classes. Up to this day and with few interruptions, she still attends those classes.

With the help of the Jesuit Refugee Service, a local NGO that had some contacts in a nursing home belonging to a charitable organisation, Ms L and her husband found a job as nursing aids in August 2001. Unfortunately, due to very poor accommodation conditions offered, they both decided to leave after less than one month in the job.

It was then that Ms L took the decision to initiate in Portugal the equivalence procedure for her medical degree. With the help of her daughter, who had latter joined her in Portugal and brought sev-

eral documents regarding her educational background, Ms L first addressed a Medical School in September 2001.

The equivalence procedure was long and very confusing. Documents brought by her daughter, a certificate of her medical degree and another one of her medical specialisation, were insufficient. Her request wasn't formally accepted until December 2001, after she had painfully gathered all the documents that she could. She was convinced that she would be asked to undergo an internship and a final examination, but because she had attached to her file the Spanish equivalence of her degree, Portuguese equivalence was automatically conceded to her in May 2002. Luckily, a few months after the beginning of the procedure, a civil servant had unofficially informed her that such equivalence could help her case.

Meanwhile, L. was forced to look for a job that would enable her to meet her expenses. She once again benefited from a contact that she had, a Colombian refugee working in a parking lots company. Thanks to his help in proposing her application to the human resources department of that company, she got a job as a cashier, in September 2001. L. worked there until she was able to resume her medical practice, in October 2002.

After equivalence of the medical degree was conceded to Ms L, a new barrier had to be overcome. In order to practice medicine, Ms L would have to register with the Medical Association. Further documents were requested, many of which implying the need to obtain certificates from Cuba, a difficult task for a recognised refugee. With the support of the Portuguese Refugee Council's Legal Department, Ms L managed to surrender the requested documents and to justify the absence of those she could not obtain. Registration was conceded to her after 4 months, in September 2002.

With the problem of equivalence and registration with the Medical Association out of her way, Ms L still faced the problem of not knowing where to start in her quest for a position as a doctor. After having been refused any help from the Medical Association, which informed her that finding work was her responsibility, she contacted the Lisbon and Tagus Valley Regional Health Department, which was equally unable to help her. At the Health Centre of her residence area, Ms L was told that in her current situation, she could not work as a psychiatrist, because she wasn't registered with the medical Association as such. Confused, Ms L decided to address once again the Medical Association, where she was informed that her equivalence only entitled her to carry out emergency work. Having finally understood what she was entitled to, Ms L decided to apply for a place at the emergency service of a hospital in her residence area. The hospital was facing shortages in available doctors. Ms L's application was accepted following a very short recruitment procedure. She was left with the impression that only her registration with the Medical Association and her language skills had been important. Ms L has been doing emergency care work as a non-specialist doctor in that hospital since October 2002.

In spite of all she had achieved, Ms L never gave up on her wish to work in the field of her medical expertise. She started by addressing the Medical Association for her equivalence, but up to this day she hasn't received any answer. Feeling unsatisfied after a few months, she went out to look for a clinic that would be interested in her technical expertise and life long experience. Ms L's quest came to an end in February 2003, when she found a private clinic willing to recruit her as a psychiatrist. Ms L felt that for the first time her full medical and work background had been taken into consideration. According to Ms L, it is the consultations that she has been doing once a week for a few hours at the clinic that keeps her hopes of one day having all her professional potential being recognised by her country of refuge.

5.2.2 Mr J, Rwandans male civil engineer, 48 years old

Mr J arrived in Portugal in September 1998, following troubled times in Rwanda that made his stay there and that of his family unbearable.

His higher academic education started in Rwanda, where he completed a three-year sciences degree in 1977. At that time, he had already decided to further pursue his academic education by completing an engineering degree. Taking advantage of an opportunity offered to him to study abroad, Mr J headed out to Belgium. There, he followed a civil engineering degree at the Sciences Faculty of Ghent University. Between 1977 and 1981, Mr J studied civil engineering. During the last two years of

his degree, he attended two different internships where he acquired knowledge in technical details of building on construction sites.

To obtain his civil engineering degree, Mr J was requested to complete a three-month internship, followed by the presentation of a dissertation. He did so in Rwanda, where he worked under supervision in the construction of a motorway by a French building company.

Following completion of his engineering degree, in 1982, Mr J was recruited by ElectroGaz, the Rwandan Public Enterprise for water and energy distribution. Until 1990, he worked as a technical coordinator of the company's department responsible for projecting and building construction works. He was then invited to work as a technical adviser to the Rwandan Minister of Public Constructions. With the exception of a one-year interruption in 1993, Mr J remained in this position until 1998.

In Portugal, Mr J started out by carrying school equipment for a company belonging to the Municipality of Lisbon. Following an appointment at the Social Welfare (*Segurança Social*), where he used to receive financial support, he was referred to the *O Companheiro*, an NGO that develops social reintegration work mostly with former inmates. There he was granted the opportunity to apply for a carrier position, which he took over in November 1998.

After 5 months working for the Municipal company, Mr J was given the possibility to apply for a job as a civil engineer in a building company. An acquaintance he had made at the local parish where he lived offered itself to send his application to a contact-person in a building company. During the job interview that followed, interviewers mostly concentrated on J's educational and work background in Rwanda. Although he had not obtained equivalence for his engineering degree nor was he registered with the Engineers Association, those issues did not arise during the interview. His limited Portuguese language skills were also of no concern to interviewers. Mr J is convinced that, apart from his educational and work background, the intervention of his acquaintance was decisive in securing the position.

Mr J worked as a civil engineer in this building company between April 1999 and April 2000. He was responsible for technically supervising construction of residential housing. Working in the field of his expertise raised new awareness of the need to obtain equivalence for his engineering degree. With the help of the Portuguese Refugee Council, Mr J addressed an Engineering School in 1999. After 3 months he was told vital documents were missing and equivalence could not be granted. He hasn't tried again since.

Mr J has since left the building company for a position in another company working in the same sector. He did so in June 2000, with the help of his former employers who gave him a recommendation letter when he decided to leave. In Mr J's opinion, this letter was a big help in finding his new job because it certified that in spite of his limited language skills he was technically fit to work as a civil engineer. It took him less than two months to find a new job.

His position as an assistant to the Director of infrastructures is very fulfilling because he is able to work both in the project stage and in the technical supervision of the construction on site. Mr J feels that his host country is making the best out of his skills.

6 Conclusions and recommendations

6.1 Conclusions

The potential that a number of qualified refugees embody, as this report illustrates, is enormous. Not only are they highly trained and experienced individuals, they are also eager to start a new life and do whatever efforts needed to achieve such goal. In spite of all the difficulties they have faced, persistence and will have transformed their personal experiences into success cases from which certain Portuguese labour sectors, and society in general, are already benefiting.

Successful employment pathways of interviewees are even more impressive when analysed in light of both available integration policies and barriers faced by refugees in their job seeking process. In spite of recent progress, with the implementation of limited governmental and non-governmental support services from which refugees may benefit, adequate professional integration is still a low priority issue for existing programmes. In a country where refugees are constantly concerned with meeting their basic needs, existing employment services will necessarily focus on providing refugees with some job, even if inadequate.

Furthermore, in spite of important skill shortages faced by Portugal in certain labour sectors, Portuguese society still hasn't acknowledged the positive contribution that refugees can offer to such problem. Barriers such as unattainable equivalence procedures and almost non-existent retraining programmes for migrants are problems that indicate a resistant attitude of institutional agents towards full use of this population's potential.

Qualifications, perseverance, useful contacts and limited employment support were important factors that contributed into making interviewees a case of success and a source of inspiration to other refugees. In spite of that, it is inevitable to acknowledge that those factors alone do not constitute an integrated response to current under utilisation of refugees' potential.

In light of dramatic skill shortages in specific labour sectors, such as health, social care, automobile and IT, it is of Portugal's up most interest to avail it self of all existing qualified resources within its frontiers. As we saw, refugees are up to the challenge and have clearly responded to their employers' expectations.

Refugees have already taken a step in making their best to contributing with their skills for the well-being and development of their country of refuge. It is for Portugal to make the best of what is being offered to him, in the interest of all parties involved.

6.2 Refugees' recommendations

Refugees' recommendations included:

- Providing refugees with information on the Portuguese employment market (opportunities, labour sectors) and existing employment support services.
- Cultural mediation services to reduce the gap between refugees and employment support services.
- Provision of up to date and clear information on equivalence procedures and registration with Professional Bodies.
- Refugees should persevere in their efforts to obtain qualified employment.
- Job placement programmes involving both support organisations and employers aiming at providing refugees with work experience in the host country.
- Provision of Portuguese language courses, with flexible schedules (late afternoon, weekends) enabling refugees who work to attend them.
- Public awareness campaigns on asylum issues and entitlements of refugees.

6.3 Researcher's recommendations

Recommendation 1: Educational equivalence

Implementation, by public educational authorities, of adaptation/retraining programmes for candidates denied equivalence of higher education academic degrees due to insufficient documentation presented or insufficient content of degree.

The current situation is that refugees to whom equivalence is denied lose all possibility of having their diplomas validated by the Portuguese educational authorities. Refused refugees are left with the sole option of obtaining equivalence to Portuguese secondary education and then applying for higher education. This implies going through a national competition and, should they be successful, having to complete a higher education degree of at least four years.

The only exception is related with medicine equivalence procedures, where refused candidates are given the opportunity to attend a state examination that can grant them equivalence. Having said that, no specific medical retraining is made available.

Such a procedure, besides being very long and extremely demanding, is probably more expensive, both for refugees and public educational authorities.

Retraining programmes would allow refugees to receive targeted training that would enable them to obtain equivalence in acceptable timeframes. It would also further reassure national authorities on the quality of refugees' qualifications.

Recommendation 2: Economic support

Granting refugees economic support or interest free loans during retraining programmes, for addressing education fees and meeting refugees' basic needs.

In a country where refugees' struggle to meet their most basic needs, accommodation, food and transportation, education expenses and the need to work long hours are serious barriers to further training of refugees in Portugal.

The creation of new free loan opportunities for refugees' education or the use of existing funding schemes from which refugees already benefit (e.g. ERF, EQUAL), would allow refugees' to temporarily concentrate on obtaining equivalence for their education, an important step towards finding suitable employment.

Recommendation 3: Language classes

All refugees should attend Portuguese language classes from a very early stage in their integration process. Language training programmes should take in consideration different learning paces and initial skills.

7 Bibliography

- Alto Comissariado a Imigração e Minorias Étnicas – ACIME,
www.acime.gov.pt/modules.php?name=Content&pa=showpage&pid=22
- Amaral, A. (2001), Strategic Plan for Training in the Health Sectors , Task Force established by Cabinet's Resolution 140/98, 4 December.
- Baganha, M. e Gois, P. (1999), Migrações internacionais de e para Portugal: o que sabemos e para onde vamos?, *Revista Crítica de Ciências Sociais*, No. 52/53.
- Baganha, M., Reibeiro, J. e Pires, S. (2002) O Sector da Saúde em Portugal: funcionamento do sistema e caracterização sócio-profissional.
- Centro de Estudos Aplicados da Universidade Católica Portuguesa. (2001), *O Sector das Tecnologias de Informação em Portugal*, ANETIE.
- Conselho Português para os Refugiados. (2002), *Relatório de Actividades do Gabinete de Emprego e Formação Profissional*, CPR.
- Conselho Português para os Refugiados. (2003), *Relatório de Actividades, Primeiro Semestre de 2003, ao Abrigo do Protocolo com o Governo Civil de Lisboa e União Europeia, FER - Fundo Europeu para os Refugiados*, CPR.
- Departamento de Modernização e Recursos da Saúde, www.dhr.min-saude.pt/IC/IC_perguntas_frequentes.htm
- European Commission. (2001), *Commission Staff Working Document – Benchmarking Report following-up the 'Strategies for jobs in the Information Society'* (with the support of the High Level Group 'Employment and Social Dimension of the Information Society' (ESDIS)), Brussels, SEC (2001), 222, 07/02/2001.
- European Commission. (2002a), *Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions – eEurope Benchmarking Report*, Brussels, COM(2002), 62 final, 05/02/2002.
- European Commission. (2002b), *Information Society jobs - quality for change: Commission staff working document*, Brussels, SEC(2002), 372, 03/04/02.
- European Commission. (2003), *Communication from the Commission to the Council, to the European Parliament, to the European Economic and Social Council and to the Regions Committee – Draft of a Joint Report on health care and elderly care: to support national strategies aiming at securing a high level of social protection*, Brussels, COM(2002), 774 final, 03/01/2003.
- Departamento de Estatística do Trabalho, Emprego e Formação Profissional. (2000), *Inquérito às Necessidades de Formação Profissional das Empresas – 2000/20002*, Ministério do Trabalho e da Solidariedade.
- Duarte, A. M. (2003), *Guia de Acolhimento e Integração dos Refugiados em Portugal, Conselho Português Para os Refugiados*, Parceria de Desenvolvimento do Projecto 'Acolhimento e Integração de Requerentes de Asilo'.
- Eiras, R. (2003), *Empresas apostam na formação de técnicos*, Newspaper Expresso Emprego, 13.09.03.
- European Observatory on Health Care Systems. (1999), *Health Care Systems in transition*, European Observatory on Health Care Systems.
- Faculdade de Medicina de Lisboa, n.d.,
fmlweb.fm.ul.pt/portal/page?_pageid=54,38052&_dad=portal&_schema=PORTAL
- ICT Skills Monitoring Group (of the European Commission). (2002), *Synthesis Report – E-Business and ICT Skills in Europe*, eEurope GoDigital, Final Report.
- Rosendo, Graça. (2003), *Sem médicos e sem saída*, Newspaper Expresso, 25/10/03.
- Rosendo, Graça. (2003), *Médicos a conta-gotas*, Newspaper Expresso, 11/10/03.

- Selada, Catarina and Silva, Helena. (2003), *Projecto Inauto Revela Baixas Qualificações e Desadequação de Competências: Indústria automóvel quer inovar nos recursos humanos*, Newspaper Público, 01/09/03).
- Serviço de Estrangeiros e Fronteiras, (s.d.), www.sef.pt/estatisticas/estatisticas.htm
- Serviço Jesuíta dos Refugiados. (s.d.), *Programa de Apoio à Profissionalização de Médicos Imigrantes*, Serviço Jesuíta dos Refugiados – Portugal.
- Tribunal de Contas. (2001), *Auditoria ao Programa de Apoio Integrado a Idosos*, Relatório N.º 16/2001.
- Unidade de Missão Inovação e Conhecimento (UMIC). (2003), *Sociedade de Informação e Governo Electrónico*, Relatório de Diagnóstico, UMIC.

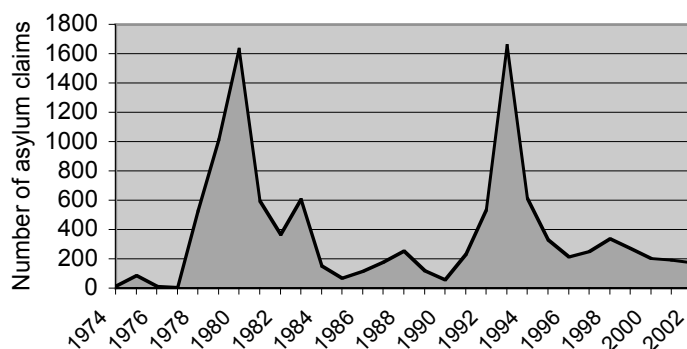
8 Appendix I: Tables and charts

Table 1: Asylum Applications 1974 – 2002

1974	16	1984	151	1994	614
1975	87	1985	70	1995	332
1976	16	1986	118	1996	216
1977	7	1987	178	1997	251
1978	528	1988	253	1998	338
1979	1,013	1989	120	1999	271
1980	1,633	1990	60	2000	202
1981	598	1991	234	2001	193
1982	367	1992	535	2002	180
1983	609	1993	1,659	Total	10,849

Source: SEF

Figure 1: Evolution of asylum claims in Portugal (1974-2002)



Source: SEF in CPR, 2002

Table 2: Entry of asylum seekers into EU countries, 1998-2000 (thousands)

EU countries	1998	1999	2000	Total
Germany	98.6	95.1	78.6	272.3
Austria	13.8	20.1	18.3	52.2
Belgium	22.1	35.8	42.7	100.6
Denmark	5.7	6.5	10.1	22.3
Spain	6.8	8.4	7.2	22.4
Finland	1.3	3.1	3.2	7.6
France	22.4	30.9	38.6	91.9
Greece	2.6	1.5	3.1	7.2
Netherlands	45.2	42.7	43.9	131.8
Irish Republic	4.6	7.7	10.9	23.2
Italy	11.1	33.4	18.0	62.5
Luxembourg	1.6	2.9	0.6	5.1
Portugal	0.3	0.3	0.2	0.8
United Kingdom	58.0	91.2	97.9	247.1
Sweden	12.5	11.2	16.3	40.0
Total	306.6	390.8	389.6	1087.0

Source: OCDE-Sopemi in CPR, 2002

Table 3: Breakdown of Asylum applications per month during the first half of 2003

Country / Origin	Jan	Feb	Mar	April	May	Jun	TOTAL
Albania				1 (2)			1 (2)
Angola	3	1	1 (3)	2 (4)		2	9 (7)
Belarus				1		1 (2)	2 (2)
Brazil				1			1
Bulgaria				1	2	1	4
Central African Rep.					2		2
Colombia			2	1	1		4
Cuba			1				1
FR Yugoslavia	1					1	2
Gambia					1		1
Georgia			2	2			4
Guinea Conakry	1						1
Equatorial Guinea						2	2
Indonesia					1		1
Iraq					1 (2)		1 (2)
Ivory Coast	1	1		1			3
Liberia	1			1			2
Morocco	1						1
Nigeria					1	1	2
Pakistan						1	1
Palestine	1						1
Russian Fed						1	1
Sierra Leone			1	1			2
Sudan					1		1
Ukraine	2		1			1	4
Uzbekistan			1				1
TOTAL	11	5	6 (3)	12 (6)	10 (2)	11 (2)	55 (13)

Source: SEF in CPR, 2003

Table 4: Refugees under the Geneva Convention, 1993-2002

<i>Country of Origin</i>	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	<i>Total</i>
Angola	0	2	3	0	4	1	2	2	0	0	14
Algeria	0	2	0	0	0	1	1	0	1	0	5
China	1	0	0	0	0	0	0	0	0	0	1
Colombia	0	0	0	0	0	0	0	0	0	1	1
Cuba	0	1	0	0	0	0	1	0	5	4	11
Guinea-Conakry	1	0	0	0	0	0	0	0	0	0	1
Guinea-Bissau	1	0	0	0	0	0	2	6	1	0	10
India	0	0	0	0	0	0	0	1	0	0	1
Iran	0	0	0	0	0	0	1	0	0	0	1
Iraq	2	0	0	0	0	0	0	0	0	0	2
Kazakhstan	0	0	0	0	0	0	0	0	0	4	4
Liberia	24	0	0	0	0	0	0	0	0	1	25
Mauritania	0	0	0	1	0	0	0	0	0	0	1
Mozambique	0	0	8	0	0	0	1	0	0	0	9
Nigeria	1	0	0	1	0	0	0	2	0	0	4
Pakistan	0	0	1	0	0	0	0	0	0	0	1
DR Congo	4	3	0	3	0	2	2	0	0	2	16
Romania	0	0	0	0	0	0	0	0	0	1	1
Rwanda	0	0	0	0	0	0	6	5	0	0	11
Sierra Leone	2	0	0	0	0	0	0	0	0	1	3
Sri Lanka	3	0	0	0	0	0	0	0	0	0	3
Togo	0	1	0	0	0	0	0	0	0	0	1
Total	39	9	12	5	4	4	16	16	7	14	126

Source: SEF

Table 5: Residence Permits for Humanitarian Reasons (1998-2002)

<i>Country of Origin</i>	1998	1999	2000	2001	2002	<i>Total</i>
Afghanistan	0	1	1	3	0	5
Angola	0	0	3	3	0	6
Algeria	3	1	2	0	0	6
Belarus	0	0	0	0	4	4
Colombia	0	0	2	2	1	5
Cuba	0	0	0	2	0	2
Egypt	0	0	0	1	0	1
Gambia	0	0	0	0	1	1
Guinea-Bissau	1	4	2	0	0	7
Guinea-Conakry	0	0	0	1	0	1
Iran	0	0	0	1	0	1
Iraq	0	0	0	0	1	1
Mongolia	0	0	0	0	6	6
Nigeria	3	0	0	0	0	3
DR Congo	2	1	0	2	1	6
Rwanda	0	1	2	0	0	3
Sierra Leone	19	42	34	13	3	111
Sudan	0	0	0	1	0	1
West Sahara	0	0	0	0	1	1
Zimbabwe	0	0	0	4	0	4
Total	28	50	46	33	18	175

Source: SEF in CPR, 2002

9 Appendix 2: medical shortages

Table 6: Shortages of Doctors in the NHS by medical specialisations (31.12.98)

Areas	<i>Available positions</i>	<i>Available doctors</i>	<i>Doctors missing</i>
Anaesthesiology	1,202	891	311
Radiology	524	375	149
Psychiatry	670	534	136
Paediatrics	1,072	945	127
Pneumology	430	311	119
Immunotherapy	249	151	98
Clinical Pathology	513	423	90
Gynaecology	1,012	922	90

Source: Amaral, 2001

Table 7: Forecast of the number of retired doctors

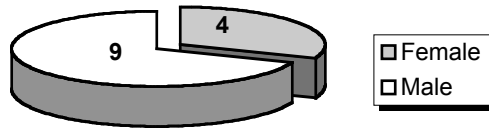
Year	<i>Hospital specialist</i>	<i>GPs</i>	<i>Public Health specialist</i>	<i>Total</i>
1996	182	41	17	239
1997	172	48	11	231
1998	174	29	13	216
1999	153	29	4	186
2000	229	50	15	294
2001	124	10	4	138
2002	125	4	5	134
2003	126	7	2	135
2004	142	15	4	161
2005	156	9	3	168
2006	193	17	2	212
2007	298	19	4	321
2008	215	17	5	237
2009	205	21	5	231
2010	222	19	6	247
2011	384	40	16	440
2012	450	68	30	548
2013	640	212	30	882
2014	383	268	16	667
2015	452	457	20	929
2016	561	861	25	1,447
2017	511	917	19	1,447
2018	441	803	39	1,283
2019	569	721	67	1,357
2020	380	602	49	1,031
2021	225	165	20	410
Total	6,802	5,252	371	12,425

Source: Amaral, 2001

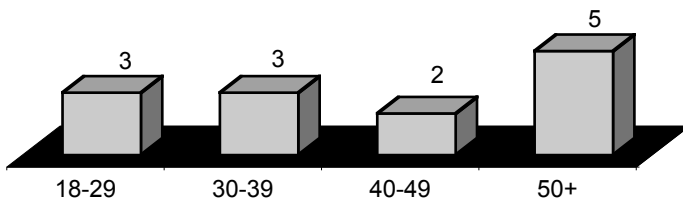
10 Appendix 3: quantitative data

The 13 interviewees had the following characteristics:

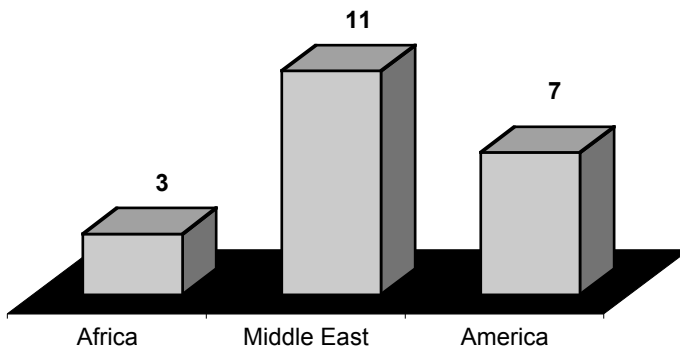
1a Gender



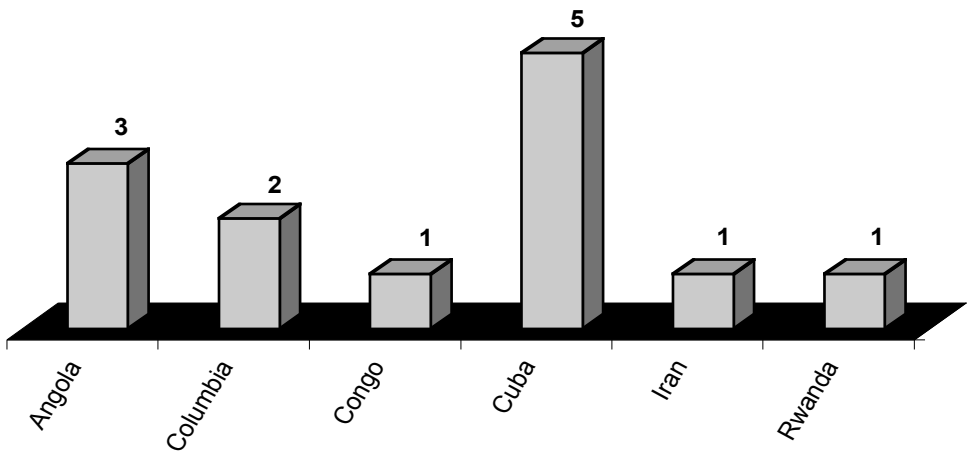
1b Age



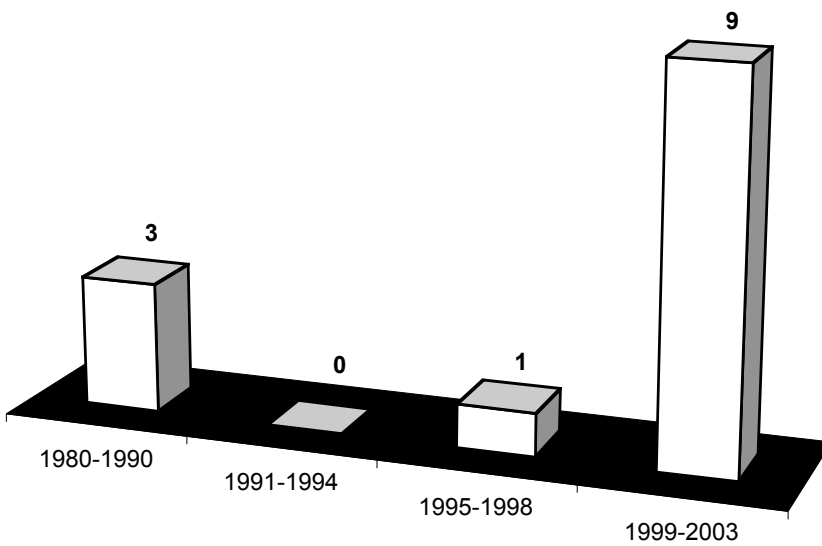
1c Region of origin



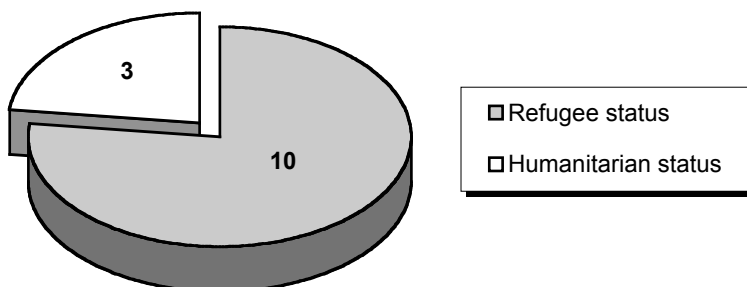
Id Country of origin



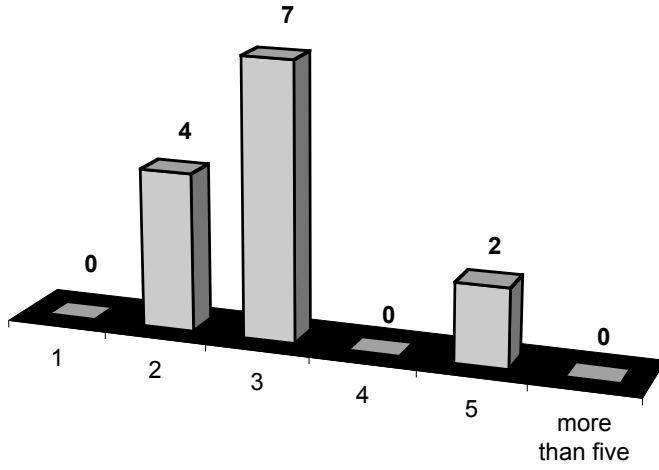
le Date of arrival in Portugal



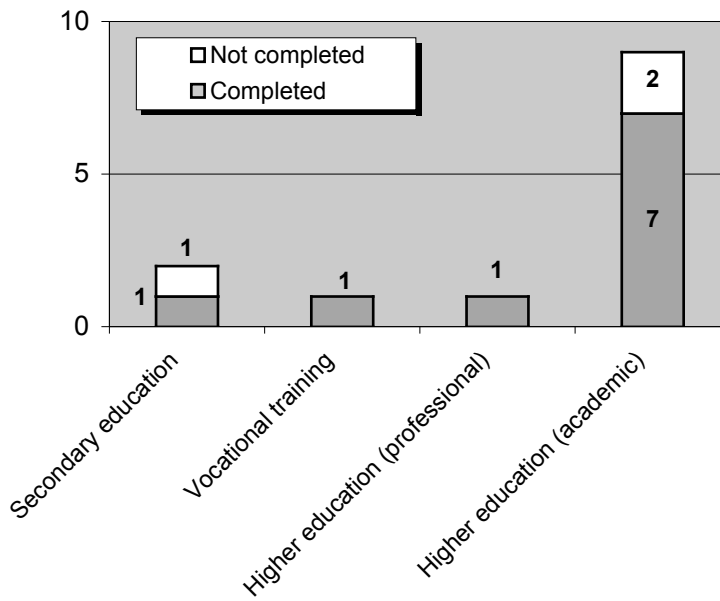
If Status



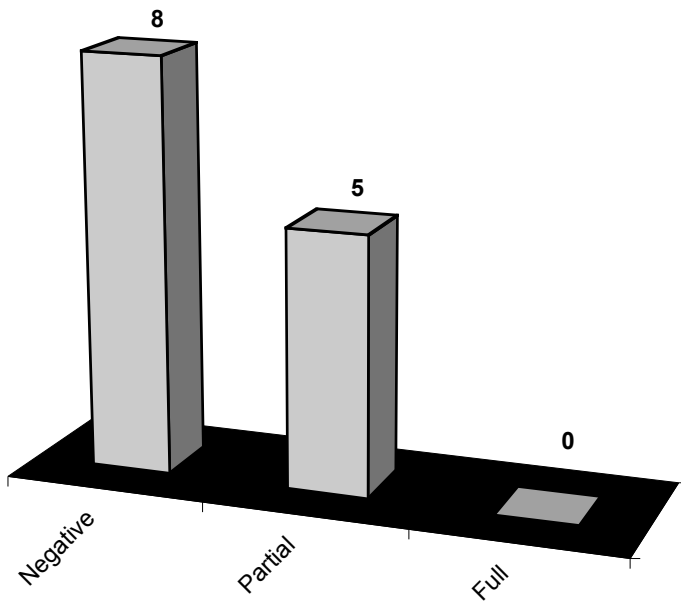
2 Knowledge of languages (including mother tongue)



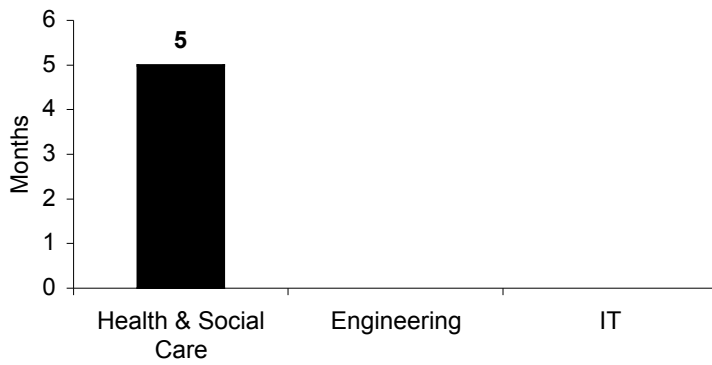
3a Highest level of education before arrival in Portugal



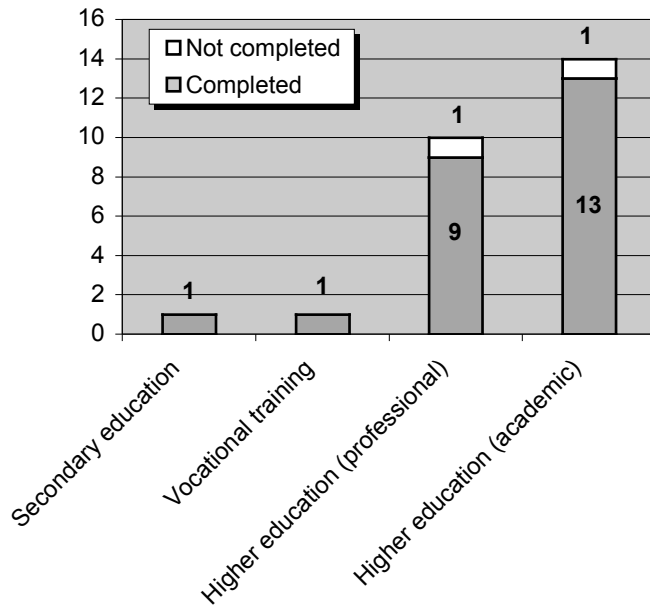
3b **Diploma/equivalence recognition in EU country**



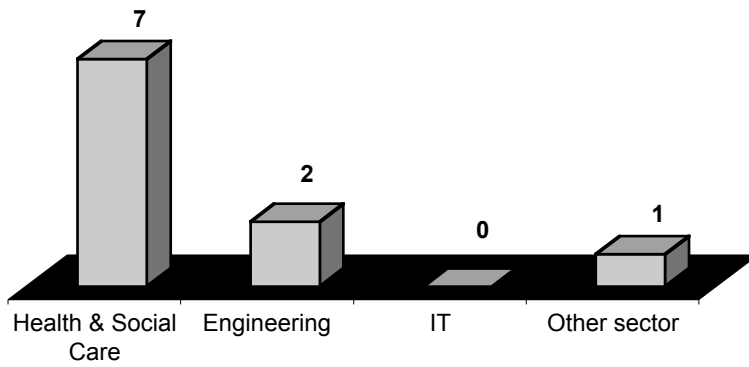
3c **Average length of recognition procedure per sector**

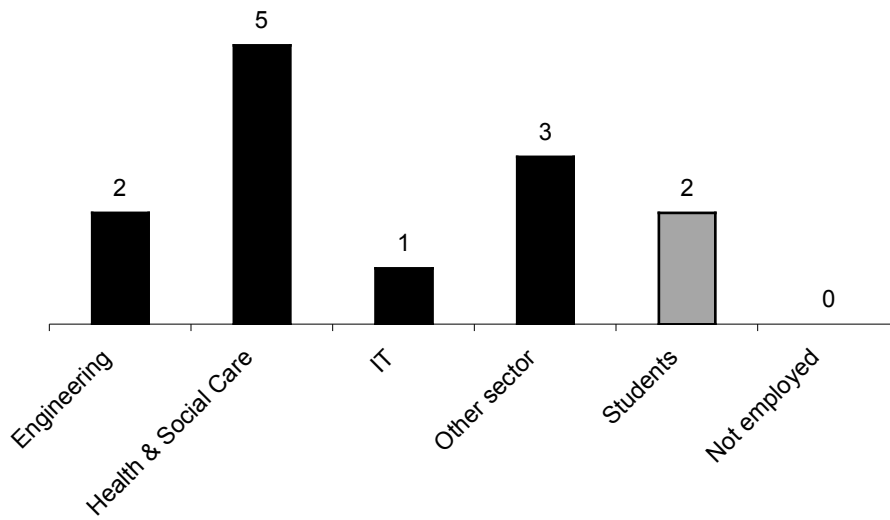
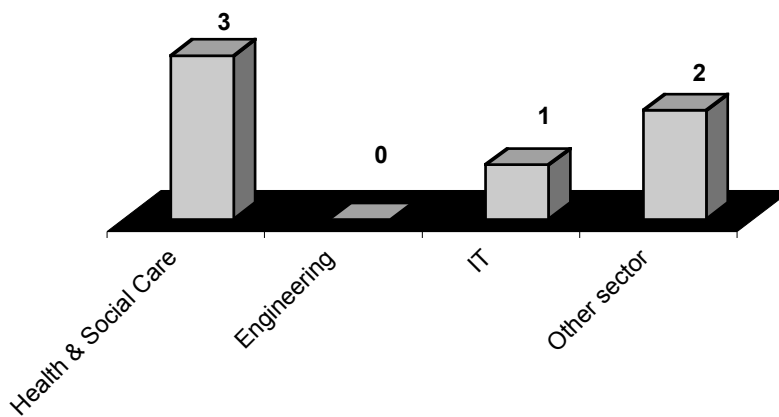


3d Highest level of education in Portugal



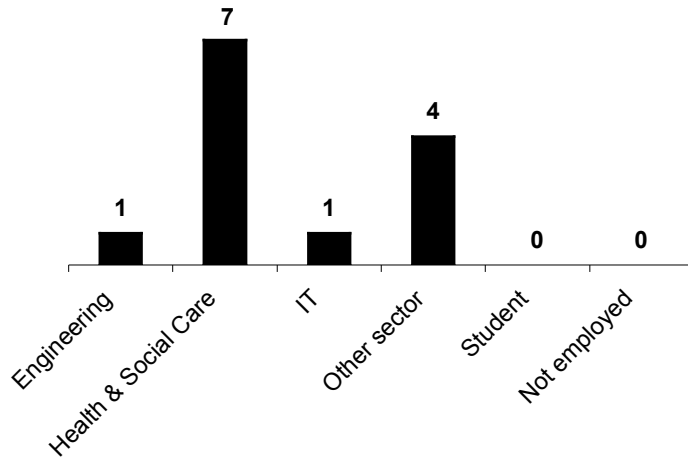
4a Number of refugees who followed practical training before arrival in EU (per sector)



4b **Number of refugees employed before arrival in Portugal (per sector)**4c **Number of refugees who followed practical training in Portugal (per sector)**

(Total people: 6)

4d Number of refugees employed in Portugal (per sector)



5 To what extent do refugees' current jobs reflect the level of their skills, abilities and knowledge acquired before arrival in Portugal (per sector)

