

ABSTRACT

Title of Dissertation: REFUGEES AND RESETTLEMENT: A
QUALITATIVE ANALYSIS OF REFUGEE
INTEGRATION THROUGH SOCIAL &
SUPPORT SERVICES

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Politics

This dissertation studies refugee resettlement in the United States utilizing the Integration Indicator's framework developed by Ager and Strang for the U.S. context. The study highlights the U.S. refugee admissions program and the policies in the states of Maryland and Massachusetts while analyzing the service delivery models and its effects on refugee integration in these locations.

Though immigration policy and funding for refugee services are primarily the domain of the federal government, funds are allocated through and services are delivered at the state level. The Office of Refugee Resettlement (ORR), which operates under the

Department of Health and Human Services, was established after the Refugee Act of 1980 to deliver assistance to displaced persons. The ORR provides funds to individual states primarily through The Refugee Social Service and Targeted Assistance Formula Grant programs. Since the inauguration of the ORR three primary models of refugee integration through service delivery have emerged. Two of the models include the publicly/privately administered programs, where resources are allocated to the state in conjunction with private voluntary agencies; and the Wilson/Fish Alternative programs, where states sub-contract all elements of the resettlement program to voluntary agencies and private organizations—in which they can cease all state level participation and voluntary agencies or private organizations contract directly from the ORR in order for all states to deliver refugee services where the live. The specific goals of this program are early employment and economic self-sufficiency.

This project utilizes US Census, state, and ORR data in conjunction with interviews of refugee resettlement practitioners involved in the service delivery and refugees. The findings show that delivery models emphasizing job training, English instruction courses, institutional collaboration, and monetary assistance, increases refugee acclimation and adaptation, providing insight into their potential for integration into the United States.

REFUGEES AND RESETTLEMENT: A QUALITATIVE ANALYSIS OF
REFUGEE INTEGRATION THROUGH SOCIAL & SUPPORT SERVICES

by

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Dedication

I would like to dedicate this dissertation to my parents, my inspirations for pursuing immigration research. Their experiences navigating in a new country and dedication to education was impressed upon me from childhood. I am forever grateful for their determination, committed work ethic and guidance in my life.

I would also like to dedicate this dissertation to my loving and supportive husband Okwy and my daughter Zina, for giving me the energy and firm push to complete this project.

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List of Abbreviations

A Cuban-Haitian Initiative for Entry into Viable Employment (ACHIEVE)
African Immigrant and Refugee Foundation (AIRF)
Anti-Trafficking in Persons (ATIP)
Baltimore Resettlement Center (BRC)
Bureau of Population, Refugees and Migration (PRM)
Cash and Medical Assistance (CMA)
Citizenship for New Americans Program (CNAP)
Comprehensive Refugee Employment Services (CRES)
Department of Health and Human Services (DHHS)
Department of Health and Mental Hygiene (DHMH)
Department of Homeland Security (DHS)
Employment Support Services Program (ESSP)
Empowering Families (EF)
English Language Learning (ELL)
Enhanced case management (ECM)
Ethiopian Community Development Council (ECDC)
For refugees without dependent children (non-TAFDC)
Formula Refugee Social Services (RSS) grant
Individual development accounts (IDA)
International Rescue Committee (IRC)
Lutheran Social Services (LIRS)
MA Department of Transitional Assistance (DTA)
Maryland Office of Refugees & Asylees (MORA)
Massachusetts Department of Children and Families (DCF)
Massachusetts Office of Refugees and Immigrants (MORI)
Massachusetts Refugee Enterprise Achievement Program (MassREAP)
Massachusetts Refugee Public Health Promotion Program (MRPHP)
Massachusetts Refugee Resettlement Program (MRRP)
Montgomery County Refugee Training Center (MCRTC)
Non-governmental organization (NGO)
Old age assistance (OAA)
Overseas Processing Entities (OPE)
Program to Enhance Elder Refugee Services (PEERS)
Public - Private Partnership (PPP)
Reception and Placement (R&P)
Refugee Case Management (RCM)
Refugee Cash Assistance (RCA)
Refugee Community Services (RCS)
Refugee Employment Services (RES)
Refugee Medical Assistance (RMA)
Refugee Processing Center (RPC)

Refugee School Impact Program (RSI)
Refugee Transitional Cash Assistance (RTCA)
Refugee Youth Adjustment Services (YAS)
Resettlement Support Center (RSC)
Social Adjustment Services (SAS)
Suburban Washington Resettlement Center (SWRC)
Target Assistance Program (TAG)
Targeted Assistance Grant/Formula (TAG/F)
Temporary assistance for needy families (TANF)
The New American Integration Program (NAIP)
The Voluntary Agencies Matching Grant Program (MG)
Transitional Assistance and Medical Services (TAMS)
Translation and Interpreting (TIP)
United Nations High Commission for Refugees (UNHCR)
Unaccompanied Refugee Minors Program (URMP)
United States Refugee Admissions Program (USRAP)
Voluntary Resettlement Agency (Volag)
War Refugee Board (WRB)
Wilson/Fish Alternative Program (W/F)
Wilson/Fish Cash and Medical Assistance grant (WF-CMA grant)

Chapter 1: Introduction

Introduction

There are currently over sixty million displaced persons worldwide¹, creating an ever increasing global refugee crisis. The United States is both the number one resettlement destination for refugees² from countries of first asylum, and the top contributing country to international refugee aid organizations, contributing USD 31.8 billion in aid³. Resettlement is defined as the organized process involving the movement of displaced persons from their country of initial asylum to the next, and likely last, destination for settlement. Further, upon arrival to the United States, refugees are eligible to receive various social services, making their entry in the United States a different process than that of documented and undocumented immigrants. Though immigration policy and funding for refugee services are primarily the domains of the federal government, funds are allocated to states while states and local municipalities deliver services. In fiscal year 2015⁴ the United States resettled nearly 75,000 refugees and committed to resettling 85,000 refugees, particularly increasing the number of Syrian refugees to 10,000 due to the growing

¹ Source: UNHCR Statistics, “Mid-Year Trends 2015”

² Refugee status is designated to those entering into the country from primary settlements, after they have left their native country and entered into the country of first asylum. It is in the host country they apply to be granted refugee status and are resettled into the United States. Asylees are granted such status after applying for asylum having already reached the United States, most having entered the country either through legal channels or through non State sponsored means.

³ Source: Organization for Economic Co-operation and Development 2016, DAC Statistics

⁴ Fiscal years begin October 1st of the previous year – fiscal year 2015 was from October 1, 2014 – September 31, 2015

displacement of Syrians. While 85,000 refugees' follows the steady increase of those resettled since 2010, many in the global community have called for the United States to significantly increase their resettlement program to upwards of 250,000 due to the increasing number of displaced persons globally. If the United States refugee program continues to increase steadily or rapidly, understanding the capacity of the program is essential to the resettlement and integration of the arriving populations.

The research question that dissertation seeks to address is: How do the social and support services provided by states to refugee aid in their integration into the fabric of American society? I define refugee integration as 1) adopting economic and health stability that is in line with that of the host society, in this case, the United States; 2) meeting similar host society outcomes in: employment, education, housing and health/care; 3) having the ability to have meaningful engagement with their community, both foreign born (co-ethnics or other immigrants) and native born populations; 4) being able to access relevant services from institutions; 5) and engaging in society with a sense of belonging, participating in institutions, rights granted and joining the citizenry, while maintaining aspects of their native culture. This project sheds light on the factors that enable or prohibit particular forms of services, how such services affect refugees and how various institutions⁵ influence the integration⁶ process for refugees.

⁵ Institutions include the federal Office for Refugee Resettlement, individual state government offices/divisions, private voluntary organizations, local government offices/divisions, etc.

⁶ In this work, I will use the terms integration and assimilation interchangeably. Though there are lines of literature on either side of the aisle that engage these terms and the applicability therein, my aim is

The first chapter of this project highlights conceptual theories of refugee migration and integration as well as the history of immigration legislation, in particular refugee legislation and its evolution in the context of the United States. While political science literature on migration often lends its evaluation to questions regarding macro-political and international systems, I will focus on a domestic evaluation of refugee migration and how institutional structures have emerged to address refugee migration from the federal to the state level (Brettell & Hollifield, 2007). The third and fourth chapters evaluate how the state and private institutional structures that have paved way for the models of service delivery in the states of Maryland and Massachusetts. I highlight the service delivery models of these states through case studies, assessing the effects of the state delivery structure on services and refugee integration.

States follow one of three service delivery models (see Figure 1.1)⁷. States have the option to choose between the three service delivery methods; such choices may depend on the efficiency of the “mainstream” state welfare system, the diversity in populations of the state, and the amount of cash assistance the state provides to all eligible populations.

not to engage in the theoretical debate of either term, rather my goal is to focus on how immigrants – particularly refugees, come to view themselves as American.

⁷ Source: Office of Refugee Resettlement

**Figure 1.1 State Program Type
FY 2016**

State Administered	Public Private Partnership	Wilson/Fish Program
ARIZONA	MARYLAND	ALASKA
ARKANSAS	MINNESOTA	ALABAMA
CALIFORNIA	OKLAHOMA	COLORADO
CONNECTICUT	OREGON	IDAHO
DELAWARE	TEXAS	KENTUCKY
DISTRICT OF COLUMBIA		LOUISIANA
FLORIDA		MASSACHUSETTS
GEORGIA		NEVADA
HAWAII		NORTH DAKOTA
ILLINOIS		TENNESSEE
INDIANA		RHODE ISLAND
IOWA		SOUTH DAKOTA
KANSAS		SAN DIEGO COUNTY (CA)
MAINE		VERMONT
MICHIGAN		
MISSISSIPPI		
MISSOURI		
MONTANA		
NEBRASKA		
NEW HAMPSHIRE		
NEW JERSEY		
NEW MEXICO		
NEW YORK		
NORTH CAROLINA		
OHIO		
PENNSYLVANIA		
SOUTH CAROLINA		
UTAH		
VIRGINIA		
WASHINGTON		
WEST VIRGINIA		
WISCONSIN		

*Wyoming does not participate in the Refugee Program

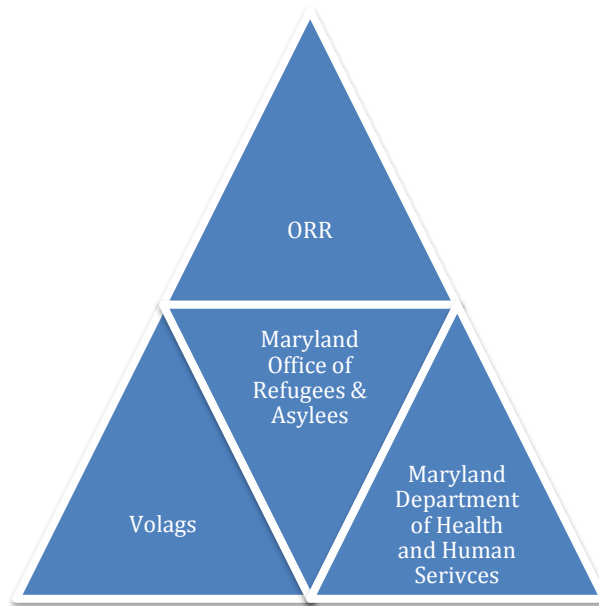
Source: Office of Refugee Resettlement

A majority⁸ of states utilize the state administered service model, where the resources are services are allocated directly by the state to resettled refugees. In a Lewin Group study, the evaluators' posit states providing assistance through public institutions may believe such institutions have the expertise necessary to deliver services more effectively and efficiently than private/community based institutions.⁹ I am focusing my project on two states that follow the models alternative to the state administered model. I chose to focus on states that reflect relationships with numerous institutions, —including institutions with the federal, state, private, and community— versus the state-administered model that does not explicitly coordinate between various institutions. One of the two alternative models include the Public-Private Partnership (PPP) program, where resources and services are allocated to the state in conjunction with private voluntary agencies. States that choose to utilize this model may believe that refugee resettlement agencies have a more nuanced understanding of the needs facing refugees and thus may be able to serve them more effectively than state agencies.

⁸ Thirty – two states and the District of the Columbia are state administered programs; Wyoming does not participate in the US refugee program

⁹ Source: Lewin Group, “The Evaluation of the Refugee Social Service and Targeted Assistance Formula Grant Programs: Synthesis of Findings from Three Sites,” March 2008

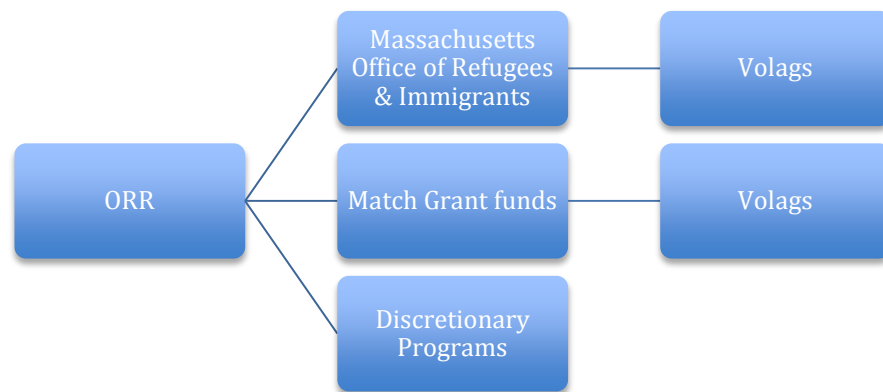
Illustration 1.1 - Public-Private Partnership Service Delivery and Funding Model for the State of Maryland



The other alternative service delivery model is the Wilson/Fish (W/F) Alternative Program. In the Wilson/Fish Alternative Program, states sub-contract all elements of the resettlement program to voluntary agencies and private organizations or cease all state level participation and voluntary agencies or private organizations

contract directly from the ORR in order for all states to deliver refugee services where they live.

Illustration 1.2 - Wilson Fish Alternative Program and Funding model for the State of Massachusetts



Additionally, the specific goals of this program are early employment leading to economic self-sufficiency. States that utilize this model are often states where the government no longer desires to participate in the resettlement program, but may already have significant numbers of refugees needing services or does not have the state capacity to provide services for those resettling.

Moving in the framework of past scholars I find that the policies that enable social services delivery are intended to assist in the integration process and, as such, measuring the outcomes of service delivery will aid in evaluating the policies that influence service delivery models and the success of the services therein.

This chapter provides an overview of literature relating to questions of the evolution of institutions at the federal and state level and the influences on refugee integration. This chapter begins by discussing the development of refugee related legislation and its effects on institutional engagement with refugee migrant populations in section 1.1. Section 1.2 introduces a framework for the factors in refugee integration, identifying particular indicators that show a directional relationship between the factors and refugee outcomes. Section 1.3 reviews research relevant to the factors that may influence the relationships indicated in section 1.2. The factors include services provided by state and local agencies as well as refugee demographics. The choice of immediate employment as the primary focus of refugee outcomes in the U.S. refugee program is discussed, as well as why this dissertation will focus on education, language attainment health care, and institutional collaboration as the outcomes of interest in refugee integration. Section 1.4 provides an overview of the refugee resettlement process in the United States. Finally, section 1.5 discusses the significance of this dissertation in relation to the broader refugee integration literature.

1.1 The Development of Refugee Legislation

On April 6, 2011 Secretary of State Hillary Clinton, delivered an address

commemorating the 60th anniversary of the 1951 Convention Related to the Status of Refugees. The 1951 convention brought United Nations' member countries together to create an international definition for displaced persons. Since the Convention, 147 countries have signed the resulting protocol. Article 1 of the protocol defines a refugee as:

A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (Article 1 Protocol Relating to the Status of Refugees 1951-1967).

Even prior to the 1951 Convention, the United States had seen many waves of immigration since the national government was established. While international factors often fueled changes in domestic immigration policies, such as the Alien and Sedition Acts of 1798 that extended the time of residency to naturalization from five years, as established in the Naturalization Act of 1790, to fourteen years, other policies were born out of domestic expediency and discriminatory practices, such as the 1882 Chinese Exclusion Act (Takaki, 1993). Policies regarding immigration into the United States were not always explicitly restrictive; however, a majority of policies that were enacted prior to the mid- 20th century were routinely constructed to control the flow of immigrants and the naturalization process for new arrivals and trended towards greater restrictions in the late 19th and early 20th centuries.

While the formation of the country was driven by people's desire to relocate -

often due to economic, political and religious turmoil in their home countries - the legal status for those seeking resettlement due to persecution was not established until after World War II. In January 1944, President Truman authorized executive order No. 9417 to extend relief to persons being displaced due to the war by establishing the War Refugee Board (WRB) through the executive office. President Truman stated:

It is the policy of this Government to take all measures within its power to rescue the victims of enemy oppression who are in imminent danger of death and otherwise to afford such victims all possible relief and assistance consistent with the successful prosecution of the war (Lester, 2006).

Truman directed the Board to develop plans and programs to inaugurate effective measures for the rescue, transportation, maintenance and relief of enemy oppression, as well as to establish havens of temporary refuge for displaced victims (Lester, 2006). The WRB was represented internationally in Turkey, Switzerland, Sweden, Portugal, Great Britain, Italy, and North Africa and sought cooperation among these governments and other international relief and refugee organizations. The board was able to assist in establishing refugee camps in North Africa and safe havens in Palestine, Switzerland, and Sweden as additional measures for those fleeing persecution. The Emergency Refugee Shelter in Oswego, New York, housed 1,000 refugees that were permitted to enter the United States outside of the existing immigration laws. With the end of the war, the WRB was abolished on September 15, 1945. In December of the same year President Truman issued a directive to increase the quota of displaced persons, hoping to bring in as many as 40,000 a year. These

initiatives also paved the way for voluntary agencies to play a role in the resettlement process for refugees in collaboration with the government, as they continued to the present (Daniels, 2005).

The first refugee legislation enacted by the U.S. Congress was the Displaced Persons Act of 1948, which for a limited period, authorized certain displaced persons from Europe, admission to the United States. Though after World War II many Jewish people were displaced, the Act admitted an additional 205,000 displaced persons who were fleeing persecution over a two-year period after the end of the war; however, only 20 percent of those admitted were Jews as the entry requirements heavily favored agricultural laborers (Arnold, 2011). The 1951 Convention related to the Status of Refugees ushered in a new era of nation states' accountability for receiving displaced persons - creating a specific and new legal status in the United States. After the meeting, the United States included language to outline the parameters for those to be considered refugees in the Immigration Act of 1952, though in the same Act, restrictions were created for other types of more traditional immigration.

From the 1950s through the 1970s refugee resettlement was ad hoc in nature, leaving the Attorney General's office to assert its power to *parole*¹⁰ refugees entering the States, though asylees continue to remain outside of its purview (Roberts, 1982). In addition to the 1948 Displaced Persons Act, Congress also authorized the Refugee

¹⁰ The power to *parole* refugees is exhibited by granting them entrance into the United States

Relief Act of 1953 and the Refugee-Escapee Act of 1957 to lend aid to persons being displaced particularly due to the rise of Communism in Eastern Europe during the time period. These two acts allowed the Attorney General to use parole powers granted in the 1952 act, to temporarily admit large groups of refugees as necessary; however, as these prerogatives were used increasingly more and more, congressional opposition made it clear that a more comprehensive measure should be instituted (Roberts, 1982). The Immigration Act of 1965 held special provisions for refugees, establishing a screening process, as refugees were admitted to the United States from countries of first asylum, which differed from their original points of departure (a secondary country). After two years of residency, refugees would then be awarded the status of permanent resident. In the wake of this new immigration law, there were large waves of refugees —at one point topping 600,000 people fleeing Cuba's communist government and over 130,000 people from Indochina, seeking resettlement 10 years later (Roberts, 1982). Again, with these large waves of immigrants, the federal government realized that these paroles did not provide the adequate resources necessary to address the needs of refugees.

The United States showed a stronger commitment to the status of refugees through the Refugee Act of 1980. The Act established a systematic process for the intake and integration of refugees to the United States by the creation of the Office of Refugees and Resettlement as well as incorporating the international legal definition of a refugee as outlined in the 1967 UN Protocol Relating to the Status of Refugees. The Act was also established to create greater equity by expanding its focus beyond

those fleeing communism or from the Middle East, to include all refugees that fled their home country due to fear of death (Kennedy, 1981). Kennedy also argues that the 1980 Act was created to address five other objectives including: 1) raise the annual quota on regular refugee admissions from 17,400 to 50,000 each fiscal year; 2) provide a flexible procedure to deal with refugees of "special humanitarian concern" to the United States that could not be resettled within the regular ceiling; 3) replace the use of the "parole authority" and establish executive control and congressional funding over the admittance process; 4) establish an explicit asylum provision in immigration law for the first time; 5) provide a full range of federal programs to assist in the resettlement process by creating the Office of the United States Coordinator for Refugee Affairs and the Office of Refugee Resettlement to monitor, coordinate and implement refugee resettlement programs. Kennedy (1981, p. 143) adds that:

Together, these provisions are designed to enable the United States to meet any refugee situation, anywhere in the world, and to deal with it effectively and efficiently. The new law is intended to end years of ad hoc programs and different policies for different refugees by putting the U.S. refugee programs on a firm basis.

The Refugee Act of 1980 is the most recent law addressing the needs and concerns of refugees while institutionalizing the goals of the federal government. Given the goals stated in this Act, the administrative discourse surrounding its passing and the inadequacies of the past ad hoc paroles, the federal government showed commitment to assist in the transition and resettlement of refugees. The discussion regarding resettlement and the United States commitment to assisting in

the transition invariably should extend as refugees transition into becoming permanent residents and naturalized citizens. Further addressing the commitment to refugee assistance, Senator Patrick Leahy (Vermont) introduced The Refugee Protection Action bill in March of 2010, to decrease the waiting period for refugees and asylees to apply for permanent residency as well as increase the per capita grant to newly arrived refugees. As Patrick Leahy (2010, p. S1517-S1529) states in the beginning of his address on the congressional floor:

This week marks the thirtieth anniversary of the Refugee Act, which was signed into law on March 17, 1980. In the years since, our statute and case law have evolved in ways that place unnecessary and harmful barriers before genuine refugees and asylum seekers. This bill, which is cosponsored by Senator Levin of Michigan, will restore the United States as a beacon of hope for those who suffer from persecution around the world.

His words echoed those spoken by President Truman as he advocated for the Displaced Persons Act 62 years earlier. Leahy ended his address by saying:

Finally, this bill makes targeted improvements to the resettlement process in the United States. Most importantly, it prevents newly resettled refugees from slipping into poverty by adjusting the per capita refugee resettlement grant level annually for inflation and the cost of living...This bill will ensure that the per capita grant level does not decrease in real terms over time.

The United States is viewed worldwide as a country where one can advance and make their mark regardless of their background. Given the direction in which immigration legislation was taken, as well as the public discourse surrounding the United States as a land of opportunity, policies that are instituted are expected to maximize individuals' ability and accessibility to progress. In the following sections

I will discuss integration theory, and elaborate on the indicators of integration, which, in the context of refugees, is the best measure of the ideals that the state has promoted.

1.2 Migration and Integration Theories

Though scholars have grappled with questions around migration, little work has focused particularly on refugees and the effect of the social services they are afforded in the United States. Debates have provided various lines of thought addressing migration and the forces involved in the movement of peoples. Scholars of the world systems theory make few distinctions between immigrants and refugees as both groups may rely on experiences like previous migration and social networks during the migration process (Massy et al., 1993; Portes & Bach, 1985). While refugees and immigrants are newcomers to a different society, the precipice that moved their journey is likely to be, at the very least, slightly different. Given that refugees are fleeing states wishing to persecute their group, the factors of departure are driven by fear above all else. Further, refugees must spend time in a second country¹¹ prior to their relocation to the United States, where they also may be persecuted or treated as an unwanted minority. Immigrants may also leave their homes due to economic or political fears, but the assumption is not that the state itself is an agent in the persecution. Lastly, because of this forced migration, refugees are

¹¹ As known as the country of first asylum

often precluded from returning to their native countries, perhaps permanently, which is contrary to what traditional immigrants can do in establishing transnational migratory movements (Portes & Borocz, 1989).

In the realist perspective literature, scholars argue the causes for migration differently, considering immigrants as economic migrants, while refugees are considered political migrants (Hein, 1993). Hein himself finds that this dichotomy is problematic and fails to explain the influence of tenuous political conditions creating deteriorating economic conditions. While this debate lends itself to corresponding questions surrounding how refugees become displaced and why they flee, it does not provide much insight to how refugees resettle and the outcomes of resettlement in regards to both the settled nation and the displaced person.

As Hollifield suggests in “How Can we Bring the State Back In,” theories in migration politics can be divided into three major themes: 1) the state's control of entry and exit, 2) the sovereign power of the state and national security and 3) incorporation into state and society (Hollifield, 2000, p. 239). Because there has been little scholarly research in political science with regard to refugee incorporation¹² in the United States context, I will follow up on this third suggestion with a slight amendment; rather than directly dealing with political incorporation into the state and society, this project will focus on social and economic integration as a precursor to incorporation. Because this project will be focusing on the short-term goals of

¹² I use the term incorporation and integration interchangeably

refugee resettlement program, addressing theories of incorporation would be beyond the scope of this project, as incorporation takes generations to observe (Dahl, 1961; Massey, 1995).

The United States is known to be a nation of immigrants. According to the 2010 American Community Survey, the foreign born population reached 36.7 million or twelve percent of the US population, while 33 million people indicated being native born with at least one foreign born parent (11%), meaning that 23 percent of the current U.S. population is a first or second generation U.S. resident. With such a significant portion of the population having non- native influences, it behooves scholars to study their experiences of becoming American given the magnitude of ongoing immigration. Further, the United States has seen many waves of immigration that have influenced theories of immigrant integration. The study of immigrant integration was initially engaged primarily by sociologists, who developed theories of immigration in the early twentieth century (Alba & Nee, 1997; Lee, 2009). Introduced by the Chicago school of sociology in the early twentieth century, integration was defined as “the social processes that bring ethnic minorities into the mainstream of American life (Alba & Nee 1997, p. 828). The assumption being that assimilation was a necessary component for upward socioeconomic mobility (Alba & Nee, 1997). Classical integration was noted as a linear process with a clear outcome for immigrants (Rumbaut, 1997). By discarding cultural customs of their native country, becoming acculturated (Zhou, 1999) and engaging in the language and cultural characteristics of the American culture leading to structural assimilation

(Rumbaut, 1997), the end result would culminate in immigrants identifying as Americans (Portes & Borocz, 1989).

Though classical assimilation theory was most popular in the 1960s and 1970s (Heisler, 2000; Lee, 2009), scholars began to question the linear nature of the theory. Given differing factors such as language, religion and race of migrants, Portes & Borocz (1989) argued that such a linear path was unrealistic for all immigrants. Particularly given the diverse populations of migrants that come from, and land in, various social contexts the idea of one clear outcome could not hold for all groups. In particular, the theory was often criticized as too limited, because ethnic minority immigrants did not necessarily follow the same model as European immigrants a generation before (Portes & Borocz, 1989; Portes & Zhou, 1993; Zhou, 1999). Further, it has been argued that classical assimilation theory does not fully explain sustained inequalities and conflicts among different immigrant populations (Heisler, 2000). As scholars began to note that classical assimilation theory was not sufficient in explaining immigrant integration in some sectors of American society, since immigrants often assimilate in some cultural aspects but not all the theory of *segmented assimilation* emerged (Portes & Zhou, 1993). *Segmented Assimilation* follows three paths: 1) traditional or classical integration into the White middle class; 2) negative integration into the underclass; 3) economic advancement while maintaining ethnic and cultural values and society (Portes & Zhou, 1993). Similarly, Portes & Borocz (1989) argued that conditions of exit have long term effects on the ability of migrants, particularly refugees, in their integration process as the impetus

for their flight is almost always influenced by violence due to authoritarian struggles for control over the state (Portes & Borocz, 1989; Zolberg et al., 1986). Such effects may include physical and emotional stress and fear of authoritative entities, which may inhibit interaction with unfamiliar institutions. In the US context, the initial eight months after arrival, refugees are eligible to access various resources through numerous institutions, which can expose refugees to institutions early in the arrival phase. Given that the receiving country provides immediate legal status as well as public services, refugees receive “privileged reception”, particularly if there is a previously established community of co-ethnics where they are resettled to provide them with pertinent information during the settling process (Portes & Borocz, 1989; Massey, 1995).

While integration theory has been a debated term (Castles et al., 2003; Castles & Davidson, 2000; Portes & Zhou, 1993; Zhou, 1993) due to the multilinear paths immigrants take as well as the varying indicators of integration, the theory may pose useful in the United States context given that policies have closely followed the 1951 Geneva Convention and subsequent 1967 Protocol. Further, scholars of refugee migration in the United Kingdom have created and utilized integration indicators’ framework to assess the state’s refugee policies (Ager & Strang 2004, 2008; Phillimore & Goodson, 2008).

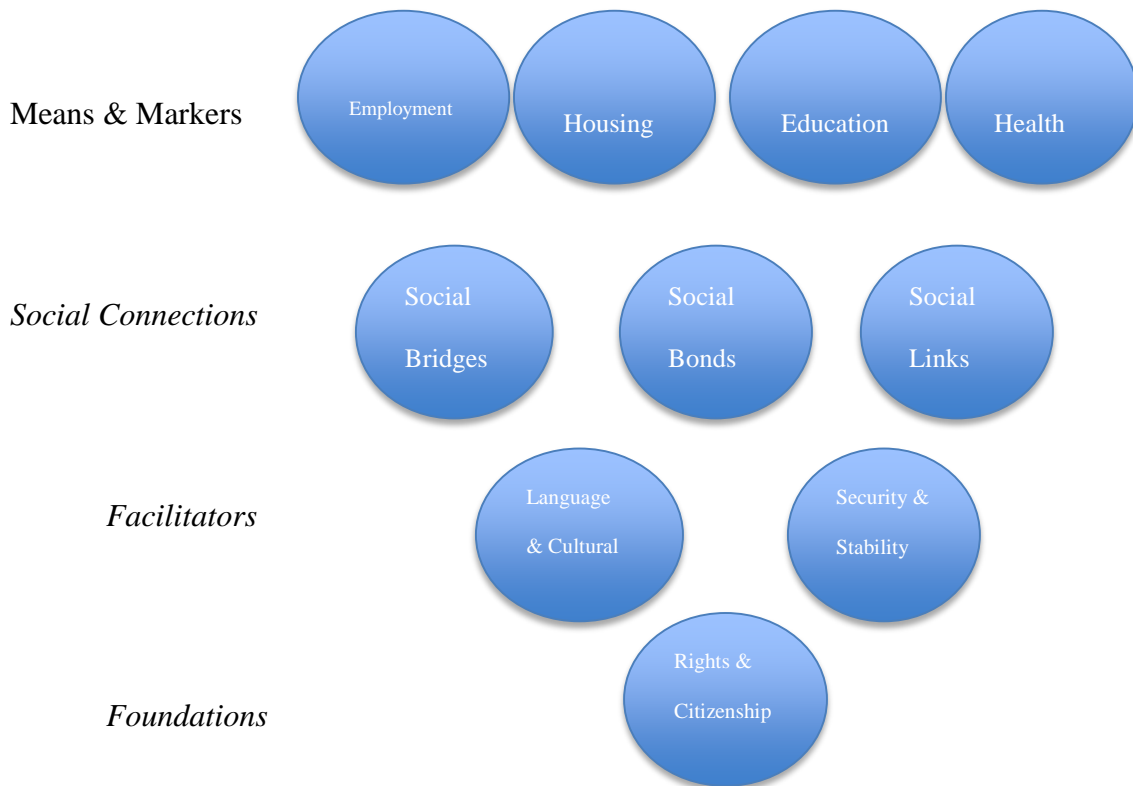
Though some European authors have suggested that integration indicators alone may not be useful (Coussey, 2000; Fyvie et al., 2003; Mestheneos & Ioannidi, 2002), Phillimore and Goodson argue that evaluating the relationship of the measures

can provide insight into the understanding the integration experience (Phillimore & Goodson, 2008, p. 321; Valtonen, 2004), while Ager and Strang argue that integration indicators are useful in measuring desired policy outcomes (Ager & Strang, 2008, p. 167; Valtonen, 2004).

1.3 Theoretical Framework

Each of the following indicators of integration may be incorporated in the services that are provided or are assisted in provision by the state and volags.

Illustration 1.3 Ager and Strang “The Indicators Integration Framework”



Employment

One of the prominent goals for refugee resettlement, indicated in various policies (Geneva Convention 1951; Refugee Act 1980) and scholarly works (Phillimore & Goodson 2008; Ager & Strang 2004; Ager & Strang 2008; Valtonen 2004) is refugee employment. Even in the bill introduced as The Refugee Protection Action of 2010, the discussion surrounding attainment in employment was paramount, as economic stability and sustainability are tied to steady employment rather than temporary cash assistance (Portes and Zhou 1993). Further, while employment alone does not provide a direct indication of integration, it is the most studied aspect of integration theory (Castles et al. 2001). Refugees are often highly educated in comparison with other groups of immigrants (Feliciano 2005),¹³ though they also often face barriers in securing employment due to lack of certification, documentation of past work experience, etc.¹⁴

Housing

Stability in a living situation is presumed to assist in providing physical and emotional well being (Geneva Convention 1951; Office of Refugee and Resettlement). Further, the characteristics of the existing community may form

¹³ This is true for some refugee groups, though there is often variation. They have also found that some refugee groups have entrepreneurial success due to their previous business experience in their home countries (Jacobsen, 2005)

¹⁴ Source: “The Evaluation of the Refugee Social Service (RSS) and Targeted Assistance Formula Grant (TAG) Programs” Office of Refugee Resettlement Report.

patterns in the life chances of newly arrived migrants (Portes & Borocz 1989). Ager & Strang (2008) evaluated measures of the physical size of the dwelling, the quality and facilities of housing, the financial security of tenancies and, where appropriate, ownership. They also noted that during their fieldwork, other factors such as the continuity of relationships given settlement over time had effects on refugee integration. They found that both the refugees and the other members of the community focused on the stability of the community, where refugees were worried about being forced to move from their settled environment or being housed in unsafe neighborhoods while non refugees were worried about the change in their community as longtime residents moved and were replaced by immigrants (Ager & Strang 2008; Massey 1995; Massey & Denton 1988).

Residential location may also have effects on refugee integration through stereotypes or perceptions. If refugees are relocated to areas that have a large percentage of minorities or impoverished peoples, the negative perceptions of the pre-existing population are likely to also be ascribed to the new comers and hinder adaptation (Portes & Zhou 1993). This may lead to an *ethnic enclave*, an economic sector or labor market in which immigrants are the primary participants (Cobas, 1987; Logan et al., 2003). Though there are arguments on the virtues of enclaves providing opportunities for employment (Muller 1998) many scholars have noted that migrants are likely to live in ethnic enclaves upon arrival that tend to be in older city centers in a lower socioeconomic community, later moving to suburban areas when they have to

resources to do so (Alba et al., 1999; Suro ,2001). When immigrants eventually leave majority ethnic enclaves to areas where a majority of residents are US born, the theory of *spatial assimilation*, the suburban areas they are likely to enter also have greater resources¹⁵ aiding in the integration process (Massey & Denton, 1981; Massey & Denton, 1988; Alba et al., 1999; Clark, 2001; Suro, 2001).

Education

In "Educational Selectivity in U.S. Immigration: How Do Immigrants Compare to Those Left Behind?", Feliciano (2005) found that migrants were on average more highly educated than their counterparts at home (Feliciano, 2005; Foner, 2005; Massey, 1999). This is likely due to the political push from conflict areas that are increasingly targeting minorities in the middle and upper classes as the opposition groups. Feliciano also notes:

The finding that immigrants are nearly all positively selected is also true for political refugees, even though less “choice” is often involved in their decision to migrate. Migrants from Iran, Cuba, Vietnam, Russia, and Poland (as well as those from countries such as Guatemala and El Salvador, who may flee their countries for political reasons, even though they are not granted asylum in the United States), are all more highly educated than their counterparts who remain in their home countries. (Feliciano 2005, p. 139)

Education often provides competency for employment and may assist in a displaced person becoming more comfortable with new surroundings as well as providing another avenue for economic upward mobility (Suro, 2001). Refugees also

¹⁵ These resources often included better quality schools, safer and cleaner neighborhoods.

have access to educational loans, unlike many other immigrants, providing them greater access to higher education (Portes & Zhou, 1993), although there are potential barriers such as competition with US born citizens and discrimination (Portes & Zhou, 1993).

Schools are typically a location where many members of the society are actively involved, either as students, parents of students, educators or administrators. Ager and Strang (2008) found in their research of communities that schools held support groups that provided useful information on various local services in the community. Conversely, they found that at times refugee children were isolated or excluded due to special units created to meet their educational needs, preventing opportunities for mingling with local children. Education also provides opportunities to advance in the workforce. Once language skills of the host country are attained, attending institutions of higher education are likely to open the path towards professional employment, which often provides increased economic stability (Portes & Borocz, 1989; Valtonen, 2004).

Health

Ager and Strang cite healthcare as an important factor in one's ability to engage with their community (2008). Further, the Office of Refugees and Resettlement provides guidance, resources and oversight for refugee medical assistance, initial refugee medical screening and refugee health/mental health technical assistance and consultation¹⁵. Given the circumstances of forced migration,

many displaced persons face both physical and mental health issues both in the short and long term. Chronic illness or diseases can most certainly affect one's engagement in their new community. Further, scholars have noted that given many immigrants reside in lower socioeconomic regions they are likely to face health risks, such as safety, from gangs and other risky activities (Portes & Rumbaut, 2001; Portes et al., 2005).

Legal Status/Citizenship

Bloemraad et al. (2008) attribute contemporary citizenship to four factors: 1) legal status and who is entitled to hold the status of citizenship; 2) the rights and obligations of citizens; 3) citizenship as evidenced by political participation; and 4) the link between citizenship, nationalism and feelings of belonging. These theories are crosscutting and working in conjunction, may reinforce or weaken the ideals of the citizenry (p. 156). Portes and Zhou note that adaptation of refugees may differ from other immigrants due to their legal status upon arrival (1993). Unlike other immigrants, refugee status is often seen as a political fate (Hein. 1993) that may prevent refugees from having the ability to return to their home countries (Portes & Zhou, 1993) leading to the higher likelihood of naturalization. According the 14th amendment citizenship is extended to:

all persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State

deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

This definition places the onus of citizenship on the state, rather than the individual, meaning the state must uphold the same rights and freedoms to naturalized refugees as well as all other naturalized or US-born citizens. In the next section I will outline the process for refugee resettlement to the United States, including the various federal, state and non-profit entities involved in the US Refugee Admissions Program (USRAP).

1.4 Resettlement Process: From Abroad to the United States

The Refugee Act of 1980, established the U.S. process for refugee admissions beginning with setting annual ceilings for admitted refugees. The executive branch develops a proposal with advice from the Department of State/PRM, the UNHCR and other NGOs detailing the total number of refugee admissions for the year based on global need and U.S. capacity. The ceilings are comprised of five regions: Africa, Asia, Europe, Latin America/Caribbean and Near East/South Asia. The refugee resettlement process begins with a referral from the United Nations High Commissioner for Refugees (UNHCR), a U.S. embassy; or a non-governmental organization (NGO). The U.S. establishes yearly quotas¹⁶, both in the total number of

¹⁶ The U.S. admitted approximately 70,000 refugees in FY2015, for FY2016 the quota has been increased to 85,000. Proposals for FY2017 are projecting 100,000 refugees resettling in that fiscal year.

refugees that will be permitted into the country, but also based on regional or group priority quotas. Refugees are eligible under one of three priority categories¹⁷:

1. Priority One: Individuals persecuted where no other sustaining solution exists, i.e. when repatriation is not an option.
2. Priority Two: Groups of special concern as designated by the Department of State with input from the UNHCR and designated NGOs.¹⁸
3. Priority Three: Relatives of refugees already resettled in the United States. Eligible relatives include: spouses, parents, and unmarried children (under the age of 21). The U.S. based refugee must file an affidavit to be processed by the Department of Homeland Security.

Applicants must file for admission through one of the various Resettlement Support Centers (RSCs).¹⁹ The RSCs²⁰, funded by the Bureau of Population, Refugees, and Migration (PRM), pre-screen refugees referred to ensure eligibility in the USRP; create and process files for those referred, including biographical data and other information from the applicant(s) for security screenings; and prepare refugees for interviews with US federal representatives.

¹⁷ Source: “An overview of U.S. Refugee Law and Policy” American Immigration Council

¹⁸ Current specific groups include: Eurasia & Baltics; Cuba; Ethnic Minorities and others from Burma in camps in Thailand; Ethnic Minorities from Burma in Malaysia; Bhutanese in Nepal; Iranian Religious Minorities; Iraqis Associated with the United States; Congolese in Rwanda; as well as a long list of prioritized nationalities

¹⁹ Locations: Amman, Jordan; Bangkok, Thailand; Cairo, Egypt; Damak, Nepal; Havana, Cuba; Islamabad, Pakistan; Istanbul, Turkey; New Delhi, India; Kathmandu, Nepal; Moscow, Russia; Nairobi, Kenya; Quito, Ecuador; Vienna, Austria; Ho Chi Minh City, Vietnam.

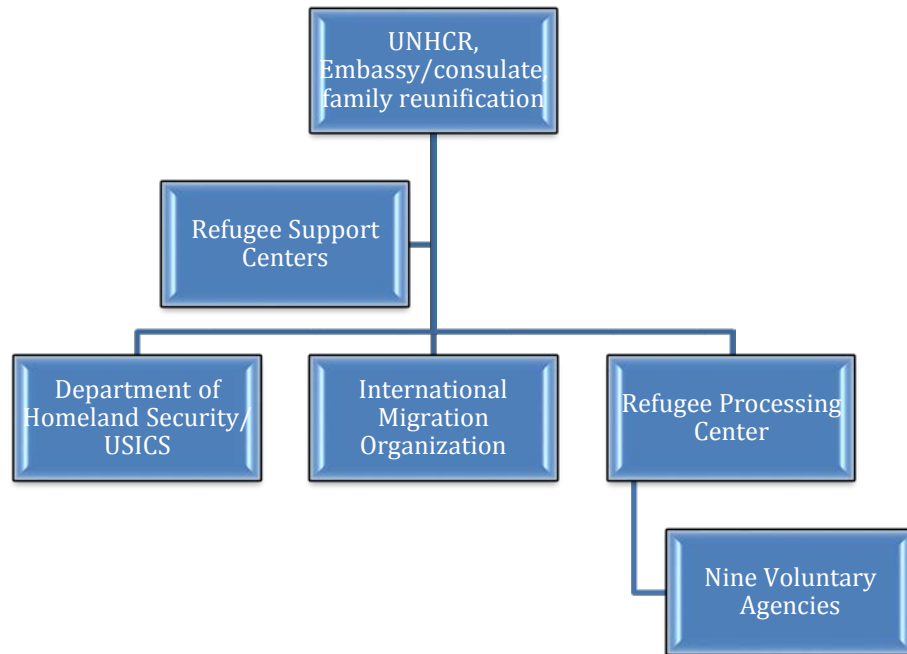
²⁰ Also known as Overseas Processing Entities (OPE)

RSCs are also to determine whether the applicant's fall under one of the three priority categories. When refugee files have been created and processed²¹, they are presented to the U.S. Department of Homeland Security (DHS) division of the United States Citizenship and Immigration Services (USCIS) for the first round of screenings and interviews.²² When applicants are granted conditional approval for resettlement, the RSCs work with the International Organization for Migration (IOM) to arrange travel and medical examinations. The IOM arranges and routinely pays for travel as a loan, and the resettled parties are required to pay back travel expenses within the first 18 months of arrival. Prior to departure, many refugees receive a cultural orientation course to help in preparation for the new environment in the United States. The RSCs also work with the domestic resettlement agency, the Refugee Processing Center (RPC) in Arlington, VA, to gain US sponsorship assurance through one of the nine Voluntary Agencies (volags) that have cooperative agreements with the Department of State.

²¹ Processing can take anywhere from one year to 18 months; or longer depending on the case. Source: Department of State website

²² Source: Immigration and Nationality Act Section 212(a) - Applicants maybe the excluded from admission for any of the following reasons: polygamy, misrepresentation of facts on visa applications, smuggling, and having been deported from the US in the previous year, Health-related grounds (certain communicable diseases or physical and mental disorders); Moral/criminal grounds (e.g., persons convicted of serious or multiple crimes, prostitutes, drug traffickers); Security grounds

Illustration 1.4 International Refugee Resettlement Process to the United States



Upon arrival, refugees are met at the port of entry by Customs and Border Protections (CBP) for an admissions screening. The nine volags involved in the resettlement process include:

- Church World Service (CWS)
- Episcopal Migration Ministries
- Ethiopian Community Development Center (ECDC)
- Hebrew Immigrant Aid Society (HIAS)
- International Rescue Committee (IRC)

- Lutheran Immigration and Refugee Service (LIRS)
- U.S. Committee for Refugees and Immigrants (USCRI)
- United States Conference of Catholic Bishops (UCCB)
- World Relief (WR)

The nine domestic volags meet weekly to assess, accept and assign cases to locations throughout the forty-nine states²³ that are affiliated with the US refugee resettlement process. There are three designations that serve to aid the volags when determining the location for resettlement regarding community, these designations include:

1. U.S. tie cases – refugees that have a spouse, children under the age of 18, or parents already living in the U.S. Refugee cases with U.S. ties are received by the local affiliate closest to the location of the family’s residence
2. Established co-ethnic community – refugees that are resettling and are from a nationality or ethnic group that has a substantial presence in a location that has the capacity to sponsor additional refugee cases. This system, in part, is why there are locations throughout the country that have high levels of refugee resettlement from particular nations.²⁴
3. Free Cases – refugees with no U.S. ties may be sponsored by any

²³ Wyoming is the lone state not involved in the resettlement program

²⁴ Another reason co –ethnic refugee communities grow is due to secondary migration and continued immigration from particular countries or ethnic groups

volag.

Other factors that are taken into consideration are the capacity for the local agency/community and the needs of the individual in relation to the resources available; for example, the size of the refugee family in relation to housing needs or the language or medical capacity of the local affiliate if there are language barriers or health issues to take into consideration. Upon determination of relocation, the ORR serves as the federal provision entity for domestic benefits and services for refugees, though the office works in conjunction with the nine volags and their over 350²⁵ local affiliates throughout the United States.

Refugee arrivals are required to be met at their port of entry by the sponsoring entity, either the volag or friend/family member. This is when the Reception and Placement (R&P) period begins. The R&P program is supported by the PRM and the nine voluntary agencies as a means to assist in the acclimation period for refugees, and is funded for the first 30 to 90 days after arrival. PRM provides \$1,875²⁶ per client for R&P program which includes approximately \$1000 stipend to the client and a myriad services offered by the resettling volag.

1.5 Significance of this Study

This project will build on questions regarding the role of state institutions in refugee integration. By exploring questions such as: what are the basic principles of

²⁵ Source: Department of State - Bureau of Population, Refugees and Migration

²⁶ As of FY2015

the American immigration and what should they be? How might immigration policies affect the integration process for newly arrived immigrants? How does governmental structure affect the integration process and thus success for immigrants? What are the best measures for refugee integration? And lastly, what models of service delivery have the greatest positive effects on refugee resettlement? Such studies have been approached in the European context, yet there have been limited studies that have specifically addressed refugee integration. Because this project centers on the social and support services provided by institutions, the evaluation focuses on the timeframe in which refugees are eligible for services. On average, refugees are eligible to access social services, such as cash assistance, for up to eight months. Other services such as case management and employment skills training is often also limited to the first eight months after refugees arrive. Given the limited scope of the evaluation timeframe, the implications gleaned from this research pivots around the acclimation and adaptation phases²⁷, as precursors to integration. Further, scholars note, assessing full integration often takes generations to evaluate, never the less, studying the initial reception period may enhance understandings of the potential trajectory of integration for newly arrived refugees. Additionally, Okigbo et.al (pg. 7, 2009) note “that the amount and quality of first-hand contact and interaction refugees and immigrants have with services, schools, media, people, and the community” affects

²⁷ Acclimation refers to the initial resettlement phase where refugees begin to understand the resources and institutions available; adaptation refers to the next phase where refugees begin to have a clearer sense of how to address their own needs and navigate daily problems and have a stronger sense of personal satisfaction in their new context (Berry, 1997)

their integration. While refugees are a limited segment of the United States population, services they are provided are derived from public funds, further, if there are real benefits to specific social services such findings may be more generally applicable to all immigrants

Chapter 2: Methods

This chapter describes the research design and methodology used in this research project. This project investigates the interactions between the refugee resettlement program, service delivery and refugee acclimation in Maryland and Massachusetts by looking at the refugee service programs, resettlement agents and refugees using an ethnographic approach.

I chose these two states in particular because each state utilizes a service delivery model that is alternative to state administered service delivery. I wanted to investigate how these states operate in conjunction with other institutions, and the federal government. Further, I chose states that had similar politics, where the differences in program choice was not simply determined by political partisanship. Maryland and Massachusetts are states where the state government is strongly held by the Democratic Party, but also have a recent history of having republican governors.²⁸ I chose the state Maryland given that it is one of five states in the United States that utilize a Public Private Partnership (PPP) service delivery model, where voluntary agencies (volags) and the state and local governments work together and aid in funding the state's refugee program.²⁹ I also chose Maryland due to my proximity to the locations serving refugees and the research commitment the University of

²⁸ Massachusetts has had six governors between the Refugee Act of 1980 and 2015, four were (all one term) Republicans while two (both two term) have been Democrats; Maryland has had five governors between 1980-2015, five were (two term) Democrats and one (one term) was Republican

²⁹ The other PPP states are: Texas, Minnesota, Oklahoma, and Oregon

Maryland has to investigating phenomena in the state. I chose the state of Massachusetts because it also has a service delivery model that is alternative to the state administered model, where there is also flexibility in programming due to funding streams and the non-profit institutions engaged in the resettlement and integration processes for refugees. Massachusetts is also one of the twelve states or entities³⁰ that are part of the Wilson Fish Alternative Program (W/F). The W/F program was instituted to: increase early economic self-sufficiency through employment; promote coordination between volags and service providers and; ensure that each state where refugees reside have refugee assistance programs.³¹ Massachusetts is one of three states³², and one city,³³ where the state government did not withdraw from the program. All other nine entities with the W/F program have no state government role in the resettlement and integration process for refugees. As such, the state of Massachusetts does serve a role in the acclimation process of refugees to the state through private entities.

Two other factors in my decision for choosing Maryland and Massachusetts were: the number of refugees resettled is equivalent in both states, and that each state's funding/budget from the ORR is in the same mid-level funding range.³⁴ These factors

³⁰ The other W/F states/entities: Alabama, Alaska, Colorado, Idaho, Kentucky, Louisiana, Nevada, North Dakota, San Diego, South Dakota, Vermont and Tennessee

³¹ Office of Refugee Resettlement

³² The other states are Colorado and Vermont

³³ The city is San Diego, California

³⁴ The other states that receive between \$15million and \$25 million resettle over a thousand more refugees than both of these states

allow for the evaluation of each state to hinge on factors reflective of the agencies and services provided to refugees rather than issues such as the number of refugees in need of services and the amount of aid granted to the states by the federal government.

Figure 2.1 Refugee Arrivals and Budget for the states of Maryland and Massachusetts FY 2014

State	Refugee Arrivals³⁵	State Budget from ORR
Maryland	2,419	\$18,271,606
Massachusetts	2,414	\$20,465,093

Source: US Department of Health and Human Services – Office of Refugee Resettlement (ORR) June 2015

In addition to utilizing quantitative data gathered by the Office of Refugee Resettlement (ORR), state agencies and volags, I carried out qualitative research to understand the goals of the individual institutions³⁶ and the receivers of the services provided through field work and semi-structured interviews (Ager and Strang, 2004). I decided to utilize an ethnographic approach since states and voluntary agencies (volags) determine the services that can be provided, as well as any assistance eligible clients may receive as deemed necessary with the federal government funding

³⁵ Figures include Refugee, Asylee, Cuban/Haitian Entrants and Special Groups

³⁶ Voluntary agencies, State agencies, and non profit organizations working with refugees

services and assistance.

Guiding Questions

- How does the US Refugee Admissions Program (USRAP) respond to immigration policy and how should the program respond?
- How might immigration policies affect the integration process for newly arrived immigrants?
- How does the current governmental structure affect the integration process of immigrants?
- What best practices regarding refugee integration can be ascertained by the established integration indicators?
- What service delivery model has the greatest positive effects on refugee acclimation and integration? Which services stand out?

Interacting with refugee resettlement practitioners who are intricately involved in the resettlement process provided me a clearer view of the goals of each institution and how the goals relate to US refugee policies and best practices. These institutional agents included members of the state institution as well as members of the voluntary agencies that work with both state agents and refugees directly. Through fieldwork and semi-structured interviews with key agents, I observed the dynamics of the refugee integration process from the institutional perspective.

Additionally, semi-structured interviews with refugees in the receiving communities were important as a way to assess the impact of the services they

received and how these services related to the institution's goals, as they are the primary stakeholders in regards to refugee integration. Semi-structured interviews are a way to evaluate policies given that they are necessarily inductive and grounded; as such, too much guiding and pre-conceived questions during of the interview questions leads to a lack of flexibility to respond to emergent insights and creates methodological blinders in making sense of the data (Bernard, 2006).

Research Sites

Through my research of the refugee resettlement program I identified various state and volag providers of services to resettled refugees in Maryland and Massachusetts. During this time, I was introduced to a refugee resettlement agent working out of the Maryland Office for Refugees & Asylees (MORA) who discussed the agencies' role in the resettlement process. The following section discusses each research site and how I was able to gain access to participants for this research project.

Maryland

Volags in Baltimore

The Maryland Office for Refugees & Asylees (MORA) provides services in conjunction with affiliate resettlement agencies³⁷ and local departments in the social

³⁷ Volags affiliated with the nine domestic resettlement agencies as described in chapter 1 of this dissertation

service delivery areas. MORA is located in the city of Baltimore. I performed interviews at the MORA site as well as receiving a tour of the facilities. This MORA site includes a staff of seven administrators and interns. In addition to the main MORA office, there are two “one stop shop” centers with representatives of MORA and volags are primarily located in Baltimore City and Silver Spring, Maryland. The Baltimore Resettlement Center (BRC) office is also positioned in a central city location, though in a different location than MORA’s main office, and is formed by representatives of MORA and four affiliates of the nine domestic resettlement agencies. The BRC offers services to refugees and asylees who live in one of the following locals: Anne Arundel, Baltimore City, Baltimore County, Carroll County, Harford County or Howard County. Here, refugees have access to BRC caseworkers who provide assistance with social services, such as, referrals to state welfare services and state/federally funded refugee and asylee programs. At the BRC site I received a tour and interviewed representatives located in the center.

Volags in Silver Spring

The Suburban Washington Resettlement Center (SWRC) office is located in downtown Silver Spring, Maryland formed by employees of MORA; five affiliates of the nine domestic resettlement agencies; and the Montgomery County Refugee Training Center (MCRTC), which is located on the campus of Montgomery College. The SWRC offers services to refugees and asylees who either live in Montgomery County or Prince Georges County. Refugees have access to SWRC caseworkers as well as additional services offered through their assigned volag. At the SWRC site I

received a tour and interviewed participants from three of the institutions resettling refugees in the suburban Washington region. I also visited the MCRTC, received a tour and participated in an English course.

Massachusetts

In Massachusetts, I began by reaching out to the Massachusetts agency that oversees the resettlement program in the state. Funding for the program comes from the federal and state governments while volags provide the services to the resettled population. As per the Wilson Fish model, services are subcontracted to private organizations with the explicit goal of employment and language training. While each site is funded (in part) by the state resettlement institution, there is limited collaborations with the state agency and limited collaboration with other sites, unless the sites are under the same volag. After interviewing a state official, I was put into contact with a few of the largest volag providers. While a majority of my interviews were conducted over the telephone, I was able to visit the volag #2 sites. During one such visit, I attended a refugee focus group that invited providers and refugees to give their opinions of refugee integration, particularly in central and eastern Massachusetts. I was also given a tour of the facilities. I interviewed practitioners and a refugee family at the following sites: volag #3, a Western MA volag located in West Springfield; volag #2 office in Central MA located in Worcester, Massachusetts; volag #3, an Eastern MA Volag located in the capital city of Boston which works under one of the nine domestic non-governmental organizations that

resettle refugees nationally.

Additionally, I interviewed a state representative from and a federal representative who coordinates, in part, the Massachusetts refugee program at the federal level.

Research Procedures

I conducted this dissertation research over a period of approximately 18 months; first during the months of September 2013 to February 2014; and then from April 2015 to February 2016. My interactions over the research period were designed to meet the project's objectives:

1. Understand the relationship between the refugee resettlement program's goals of self-sufficiency and policies towards integration and how it relates to the service delivery models in Maryland and Massachusetts
2. Investigate the types of services provided as a means towards refugee integration and how funding effects the provisions
3. Study the beliefs of refugee resettlement practitioners and resettled refugees in regards to integration and the effectiveness of present services as a vehicle toward integration

Research Phases

1. Phase One - Policy and Archival research; Contact with State Agencies and Volags (Fall 2012; June 2013- December 2013)
2. Phase Two - Sampling; Interviewing; Ethnographic Activities; Gather Quantitative Data (June 2013-February 2014; March 2015-February 2016)

3. Phase Three - Data Analysis (June 2015- February 2016)

Phase one - Policy and Archival research; Gather Quantitative Data; Contact with State Agencies and Volags

During Phase One I conducted archival research focusing on international, national and state policies related to refugee resettlement. I also initiated contact with refugee resettlement practitioners in the states of Maryland and Massachusetts to identify the study population and begin sample selection.

I conducted a literature search on refugee resettlement, examining the enacted legislation that has addressed refugee issues, the resettlement process, and relevant organizations' role and mission statements addressing resettlement and integration to gain a further understanding of how the goals of such policies influence refugee services and programming. I also gathered grey literature, brochures, press releases, and quantitative data for analysis along with the qualitative data from interviews and fieldwork.

The ORR gathers cross sectional data for all forty-nine states in the United States and the District of Columbia regarding the demographics of refugees, including: their country of origin, their sex, age, education level, occupation, etc. Additionally, data regarding institutional funding is also gathered, including: individual state funds, grants for particular programs as well as what programs each state allocates their funds to. I gathered these publicly available data sets from the ORR website and through interviews with participants working in ORR programming. I used these data to provide insight on institutional practices, particularly in regards to

allocations for social services. Further, I gathered data from the state resettlement programs delineating the outcomes for refugees in their respective states including: demographic markers, employment, wage, education and health outcomes. I utilized these data to highlight the goals for each state, how funds targeted, and the range of services provided.

Additionally, Census data allowed me to compare the demographic data of refugees to the members of the communities in which they live and nationally. This comparison lends to the evaluation of refugee integration, by investigating various measurements of the integration indicators and whether the indicators are in line or similar to that of the overall community helps to provide context for refugee integration. Taking national averages into consideration also aids in the evaluation of refugee comparisons to other residents in the United States.

Interview participants were recruited by snowball sampling. During an event at the University of Maryland in 2010, that included presentations on immigration, I was introduced to a state official working in MORA with refugee populations in Maryland, who I began to correspond with regarding events involving refugees and volags. After our introduction, I was invited to the MORA offices for a tour and informal conversation. I was then invited to a providers meeting, hosted by MORA, which included numerous resettlement agencies and providers that aid refugees upon arrival. During the providers meeting I was introduced to both state and volag providers and had initial discussions of visits to their sites. In addition to interacting with providers and initiating visits, I attended events advertised by MORA and other

volags —International Rescue Committee (IRC), Lutheran Immigration and Refugee Service (LIRS), Ethiopian Community Development Council (ECDC) and the African Immigrant and Refugee Foundation (AIRF)— over the course of my participant observation, noted in the following section phase-two.

Initiating contact with state and volag providers in Massachusetts, proved to be more challenging, due to proximity and the less centralized nature of state and volag collaboration, which limited the number of resettlement practitioners and refugees recruited for this project. After meeting with a federal representative who coordinates the Massachusetts program in Washington, DC I attempted to make contact with other service providers in Massachusetts. After my initial outreach failed to produce responses, I reached out to a state assembly representative who actively works with immigrant communities in the Boston region. The representative was able put me into contact with a non-profit organization that works with newly arrived immigrants, but does little work with refugees directly. This NGO contact, however, was able to put me into contact with a MORI agent who responded to my inquiries. After interviewing the MORI representative, I was then introduced to other volag representatives for recruitment.

Of the events I attended, I gave primary focus to events that included services or that reflected the themes of the integration indicators. As such, the meetings I attended focused on education, English training, health, and community engagement/community building. The purpose of attending these events was to gain context for the services and community building intended specifically for refugees

and those who work with refugees.

Phase two - Sampling; Interviewing; Ethnographic Activities

During phase two I selected a sample from the study population, conducted interviews with the individuals in the sample, and conducted participant observations at the events attended.

I defined the study population samples as below:

1. Refugee resettlement practitioners at the federal, state or local levels were defined as directors, associate directors, case managers, interns and/or other support staff. The centers where these practitioners work in were selected for the analysis of this research project, based on: a) their willingness to participate in this research project; b) the centers' setting allows access to the research populations in this study; and c) that it provides for ample room to answer the research questions. I approached the centers and ask permission to engage in the various activities of this research. I sought permission to conduct sampling, surveying, interviewing and/or participant observation in their locales. I conducted the aforementioned activities to the degree that I was allowed in the centers

2. Refugee resettlement practitioners working in volags were defined as directors, associate directors, case managers, interns and/or other support staff. Contacting and visiting voluntary resettlement agencies recruited this population. The agencies were selected for the analysis of this research project, based on: a) their willingness to participate in this research project; b) the centers' setting allows access to the research

populations in this study; and c) that it provides for ample room to answer the research questions. I sought permission to conduct sampling, surveying, interviewing or participant observation in their locales. I conducted the aforementioned activities to the degree that I allowed in the agencies. All participants must be over the age of 18 years old.

3. Refugees that have accessed services through a volag or the state and were defined as persons admitted into the United States under refugee status or those who gained asylee status and sought out social services. They were clients of the centers or agencies, or they could be refugees who have sought social services. They must be 18 years or older. These approaches worked best in this project as participants are recruited radiating out of the center/agency where they are seeking services, to the refugees themselves, and the context they come from. In the centers and agencies I sought referrals from the employees regarding refugees that may be willing to participate.

As discussed in phase one, my initial recruitment at the state level enabled me to receive direct referrals from the state practitioners to the volags. In total, I conducted 17 interviews with eight resettlement practitioners in Maryland and five resettlement practitioners in Massachusetts. These participants included federal and state resettlement agents, executive directors, case managers, and service coordinators. A majority of the recruitment was through email, utilizing an introductory statement describing the research project. Semi structured interviews were conducted with the state centers' and voluntary agencies' staff to explore topics regarding the

demographics of the clients they attend, services provided regarding education assistance, English language attainment, housing, healthcare, employment assistance, and cash assistance. Following a positive response after the introductory script and following informed consent, initial interviews were recorded. When necessary, follow up interviews were scheduled and recorded. In addition, unstructured interviews were conducted to inquire about the experiences concerning ease or difficulties of their clients accessing services.

Recruitment of refugees was conducted through fliers and snowball sampling, which allowed for me to reach a population that is difficult to sample when using other methods. Following a positive response from the individuals after the introductory script, as well as completion of informed consent, interviews were scheduled the participants' home and one on one in a private setting at the resettlement agency. Subsequent interviews were conducted to focus on their experiences with social services in the centers and agencies or through other means, focusing on education assistance, English language attainment, housing, healthcare, employment assistance, cash assistance and other indicators of integration. I interviewed two refugee families —one family in each state. All the respondents were given pseudonyms and job titles kept anonymous in the discussion sections of this project. When this project began, I believed I was going to be able to receive referral from practitioners given past statements during informal conversations; however, after I engaged in interviews with the practitioners they were not able to provide me with referrals for refugees, though they did provide referrals to other

practitioners. They all stated that they either 1) did not feel comfortable giving referrals because they did not want their clients or former clients to feel compelled to participate, potentially harming their mutual relationships or 2) they reached out to refugees themselves, providing information about my project but gained no responses, nor did I receive direct responses from the refugees.

I conducted participant observations in a limited role, as the state agencies and volags were hesitant to provide referrals to their refugee clients, in order to be sensitive to the needs of their clients as well as to not violate the Health Insurance Portability and Accountability Act (HIPAA). Further, the agencies did not want their clients to feel any pressure to participate in interviews from someone outside the agency. As such, I interviewed participants during events, whereas during classes and focus groups I was limited to quiet, non-invasive observation. When I was introduced as a researcher at events I attended, I focused my interactions as a fellow participant in the event, rather than as a detached researcher observing from the outside.

Phase Three - Data Analysis

The purpose of this study is to investigate the impact of the social services delivery model on programs and services provided and analyze the role of social services in the integration process for refugees, as well as to investigate the impact of the social services delivery model on programs and services provided.

In the beginning of the analysis, I reviewed observational notes, documents gathered (discussed in phase one) and listened to the recorded events I attended; for

example, I noted ideas about categories and relationships that fell outside of the integration indicators (see Maxwell 2012) when I participated in a the provider's meeting and refugee focus group. I systematically listened to my recordings of interviews in order to identify initial themes that guided further analysis (Sobo, 2009). In addition to listening to the recorded interviews, the recordings were imported into NVIVO, coded [described as nodes in NVIVO] and analyzed by themes using the integration indicators framework as well as by themes consistently addressed by the interviewed subjects. The creation of additional categories relating to integration, and sorting the data aided in the development of broader themes and issues (Maxwell 2012).

A codebook was created by the nodes³⁸ and the nodes were analyzed in NVIVO. The analysis produced information on the way services are influenced by funding as well as the way services are offered to aid in the integration process of refugees in the US. This codebook was also utilized and further feedback was given through a second coder, as a reliability check. By interviewing various stakeholders, analyzing quantitative data and garnering feedback from the additional coder, I was able to engage in triangulation techniques using the data sources (Maxwell 2012; Bernard 2006). The chapters that follow describe and analyze the integration indicators identified in Maryland and Massachusetts resettlement programs. In chapter 3, I present results from my interviews with Maryland refugee resettlement

³⁸ Same as a code but this is the language utilized in NVIVO

practitioners as well as responses from a Maryland refugee family. I discuss how practitioners view the services that are most necessary in the short and long term towards refugee acclimation, adaptation and towards integration³⁹.

³⁹ I define acclimation as the point of immediate arrival through the first 90 days, also known as the Reception & Placement period. I define adaptation the next period, where refugees are beginning to gain a firmer understanding of US culture, identifying institutions to engage with (including community, non profit and government) to meet their needs

Chapter 3: Analysis of Integration Indicators in Maryland’s Refugee Program

“It's an amazing population; it's one of my inspirations it's amazing. Their resilience, their willingness to work and integrate into the American society and make a contribution is unmatched.” – Solomon, Resettlement Practitioner

This Chapter describes the state of Maryland’s refugee resettlement program, the delivery of social services and refugee resettlement programming as well as how these services and programs address integration indicators for refugees. This chapter presents the results of the semi-structured interviews that I conducted with eight refugee practitioners and one refugee family, as well as other fieldwork observation activities⁴⁰.

This chapter will address the part of the research questions: How does the public - private partnership program in the state of Maryland relate to what services are provided? How might the relationship between services provided and institutional understandings of refugee integration influence policies in the resettlement program? And specifically, how do the services and programs provided influence refugee integration?

I discuss how the public-private partnership delivery model and funding mechanisms inform services and programs that focus on strategies towards integration, such as: employment placement; creation of networks within the refugee community; and creation of networks between refugees and the service providers. In

⁴⁰ I attended World Refugee day; a refugee nutrition program; a service providers meeting; and English instruction courses; and observations in the two resettlement centers’ waiting room

addition, I will describe the services provided by state, local and private institutions, how these services affect refugee integration, and how they are influenced by policies and funding structure.

3.1 Maryland's Refugee Program

The Maryland Office for Refugees & Asylees (MORA) provides services in conjunction with local resettlement agencies and local departments in the social service delivery areas. The programs include: direct benefits through cash assistance, medical assistance, health screenings, reception and placement, employment services, English instruction, Refugee Youth Program as well as services for Elderly refugees. MORA is classified as a Public – Private Partnership (PPP), where the state provides cash and medical assistance, while the private partners focus on other various forms of social services. Additionally, the voluntary agencies (volags) also offer programming on a host of issues affecting refugees as well as the local community they are settling in. The volags center much of their work on refugee needs, yet also engage in advocacy work, which often includes outreach to the receiving community with education regarding the program and the settling. Volags also encourage community engagement in both programming and policies.

Overview of Refugees and Asylees[□]

Between 2010 and 2014, 6,716 refugees resettled in Maryland from fifty countries. The resettled population was concentrated in the three most populous counties: forty- three percent in Baltimore City, thirty-four percent in Montgomery

county and nine percent in Prince George's County. The majority of resettled refugees came from Asian countries —seventy-six percent— hailing primarily from Burma —twenty-five percent of all arrivals— and Bhutan —twenty-two percent of all arrivals. Refugees from African countries comprised twenty-two percent of all arrivals.

Figure 3.1. Refugees and Asylees Resettled in Maryland by Country of Origin and Resettlement Agency: FY2010 – FY2014⁴¹

Country of Origin	IRC	LIRS	ECDC	WR	KHRW	HIAS	Total	Percent
Asia	3865	535	406	150	66	75	5,097	76%
Burma	1384	137	79	40	18	8	1666	25%
Bhutan	1339	41	121	2			1503	22%
Iraq	785	194	117	11	42	4	1153	17%
Afghanistan	151	115	75	91	1		433	6%
Iran	138	33	3	1	2	63	240	4%
Pakistan	22	12	5				39	1%
Africa	1,218	81	120	2	39	3	1,463	22%
Eritrea	495	23	45		3		566	8%
Congo	274	12	21				307	5%
Ethiopia	154	28	9		8	1	200	3%
Sudan	159	5	4				168	3%
Somalia	79	9	32	2	14		136	2%
C. African Republic	5				13		18	0%
Burundi	15						15	0%
Sierra Leone	4	2	5				11	0%
Liberia	10		1				11	0%
Former Soviet Union	11	0	0	0	0	18	29	0%
Russia						15	15	0%
Belarus	11					3	14	0%

Source: MORA Statistical Analysis Report

⁴¹ This table only includes refugee countries with greater than ten people resettled

Asylees accounted for about a third of all displaced persons resettled in Maryland, representing seventy-three countries. A majority of those granted asylum came from African countries —eighty-two percent— while thirteen percent came from Asian countries. Asylees were also concentrated in the three most populous counties of the state: fifty-five percent resettled in Montgomery County; eighteen percent were resettled in Prince George’s County; and twelve percent resettled in Baltimore City.

3.2 Overview of Voluntary Resettlement Agencies (Volags) working with MORA Program

Volags in Baltimore

MORA is located in Baltimore, Maryland. Additionally, both representatives of MORA and other voluntary agencies are primarily located in two centers each in Baltimore City and Silver Spring, Maryland. The Baltimore Resettlement Center (BRC) office is located in a Baltimore central city location, which allows for clients to have ease of access to the office through various forms of public or private transportation⁴². The BRC is formed by representatives of MORA; IRC; the Church World Service, the Jewish Family Services and LIRS. The BRC provides access to BRC caseworkers that provide assistance with social services, such as, referrals to state welfare services and federally/state funded refugee and asylee programs. These

⁴² The location can be accessed by bus or Maryland Transits Administration (MTA) light rail train. There is also ample street and garage parking for private transportation.

services are provided to refugees and asylees residing in Anne Arundel County, Baltimore City (County), Baltimore County, Carroll County, Harford County and Howard County.

The Suburban Washington Resettlement Center (SWRC) office is located in downtown Silver Spring, Maryland. The SWRC is composed by MORA; the IRC; the LIRS, the ECDC; Kurdish Human Rights Watch; Jewish Social Services Agency; and the MRTC. The SWRC offers services to refugees and asylees that live in either Montgomery County or Prince Georges' County. Refugees have access to SWRC caseworkers as well as additional services offered through their assigned volag.⁴³ I interviewed practitioners from the state, as well as three volags, and one community organization working with refugees.

Both the BRC and SWRC provide the following services to refugees:

- **Health Screenings** - While refugees are given health screenings before leaving overseas refugee facilities, the free assessment is required for refugees entering into the United States. This service is provided by the Maryland Department of Health and Mental Hygiene (DHMH) and includes a physical examination, screening for tuberculosis, Hepatitis B, sexually transmitted diseases (STD), as well as testing for parasites, and immunization services for individuals and their children. In addition, clients will be assessed for dental

⁴³ Some programs offered are open to refugees past the eight months, those programs are supported by grants that allow for more eligibility requirements.

and vision issues. This health screening may also include preventive treatment and follow-up, dependent on the client's needs.

- **Medical Assistance** - is available for up to 8 months from the date the client(s) were granted asylum or until the client's income exceeds the program's income limits. In order to receive cash or Refugee Medical Assistance (RMA), the client cannot be eligible for Medicaid.
- **Food Stamps** - clients are eligible to receive food stamps until their income exceeds program income limits. This service is only available to clients that have very low incomes in line with the requirements for all United States' residents.
- **Match Grant Program** - This program is offered for refugees and asylees who are good candidates for early employment. In other words, only those most likely to find a job are eligible. The Match Grant Program provides cash and living assistance, job counseling, and placement for four months. Only a limited number of Match Grant slots are available.
- **English Instruction** - The BRC also offers English classes in conjunction with the Baltimore City Community College's Refugee Assistance Program at both the beginning and intermediate levels. The SWRC offers English courses through the various volags as well as through Montgomery College, also located in Silver Spring. The English courses offered through the Montgomery County Refugee Center at Montgomery College includes beginning and intermediate levels, as well as preliterate when possible and

necessary. The mission of the Center is to provide “culturally sensitive English language instruction and assessment in order to facilitate [refugees] successful integration and full participation in the community; to provide a supportive learning environment; and to promote the development of intercultural competence”.⁴⁴ The English instruction for these courses focuses on work related topics, with the intention of assisting those with little or no English skills to successfully enter into the workforce.

- **Reception and Placement (R&P)** - once refugees are granted admission and assigned to a volag, the volag is notified about the impending arrival. The volag then locates appropriate housing and home essentials for the individual or families’ before arrival. The newcomers are met at the airport by volag staff and given an orientation of the home, transportation and scheduled for a follow up appointment at the volag to process any additional paperwork and to identify the further needs of the client(s).

3.3 Cash Assistance Benefits

In the U.S., there are several forms of cash assistance that are available to refugees, depending on their eligibility, family structure and the state in which they reside. Refugees in Maryland have access to Refugee Cash Assistance (RCA), if they are not deemed eligible for Temporary Assistance for Needy Families (TANF) and

⁴⁴ Source: MTRC website

Medicaid. Refugees are eligible to access RCA for up to eight months from the date they arrived in the U.S. The RCA benefits are provided based on the number of members in the household; for example, single refugees receive less assistance than couples and couples receive less assistance than families with children. In addition to RCA, Maryland refugees may also be eligible to receive monetary assistance through the Refugee Transitional Cash Assistance (RTCA) program, if the client is referred to the state (MORA/LDSS/DHHS)⁴⁵ by their assigned volag. Clients that are served by one of the resettlement centers and meet the appropriate technical and financial eligibility, may receive financial assistance for up to eight months. Clients that receive TANF are not eligible to also receive RCA nor RTCA. Refugees and asylees served by a resettlement center, meeting technical and financial eligibility, can receive casework services and financial assistance for up to eight months. RMA is limited to the first eight months that the refugee is in the U.S. and the first eight months after the asylee is granted status.

3.4 Description of Participants and Programs Observed

I began outreach for participants and program observations in July, 2013. I began conducting interviews in Maryland in September 2013 and completed them in February 2016. I interviewed employees in six institutions working with resettling refugees. To compliment the interviews, I observed a providers meeting, which

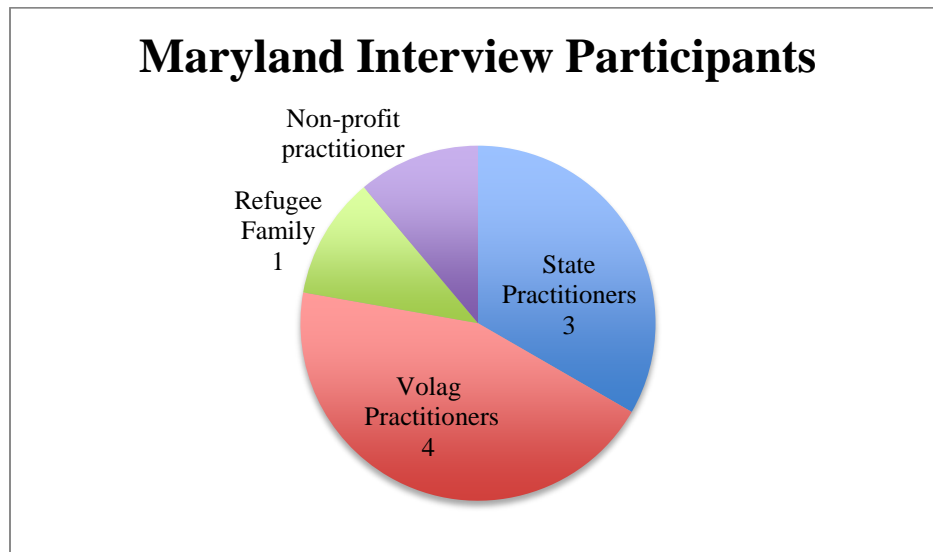
⁴⁵ Maryland Office of Refugees and Asylees/Local Department of Social Services/Department of Health and Human Services

included representatives from state, local and voluntary agencies. The providers' meetings are held bi-monthly for resettlement practitioners to discuss best practices, emerging issues, continuing issues, proposed changes to programs as well as changes being implemented. Finally, I conducted field work by attending workshops and events being held for refugees including: World Refugee Day, a nutrition workshop for refugee families, a young adult college preparation conference, a volag volunteer orientation, and an ethnic community meeting for leaders.

Interviews

I interviewed a total of three state resettlement practitioners, four voluntary agency resettlement practitioners, one non-profit practitioner working with refugees and one refugee family.

Figure 3.2 Participants in Maryland Interviews



The relationships between institutions⁴⁶ and the effects of institutional structure have a direct effect on services delivered. In Maryland, the public-private partnership and the centralized location within both cities and the sharing of physical space — “one stop shop” — by the various volags with MORA, increase collaboration between all of the institutional entities. Lastly, particularly in Montgomery County, where the county government prioritizes local and community partnerships, the collaboration between the state, private and local government institutions are greatly enhanced, providing an additional avenue for newcomers to become more familiar with the community in which they live. As such, the goals set forth in the relationship between funding, the social services and volag programming that are delivered and clients in the acclimation, adaptation and integration processes, are met in a variety of spheres.

Overall Findings

Based on my interviews with these various stakeholders and participant observations, I argue that the funding and delivery structure of Maryland’s Public-Private partnership model creates stronger collaboration between agency, community and refugee stakeholders providing increased opportunities for refugee clients to expand social networks while utilizing means and marker⁴⁷ programs and services. Further, I argue that while economic self-sufficiency is a necessary and important

⁴⁶ By proximity, collaboration, funding, and resource sharing.

⁴⁷ The means & markers integration indicators: employment, housing, education, and health

step in the integration process, focus on education is similarly important and provides benefits in long-term job prospects but also is in line with desires of the refugees and the job market. I find that the refugees engage their social networks in addition engaging the voluntary agencies when seeking services, community and cultural understanding.

3.5 Individual Indicator Findings

Reception and Placement (R&P)

One of the primary services provided to incoming refugees begins before they even reach the shores of the United States. As noted earlier, R&P is initiated once volags are matched with refugees and notified by the Bureau of Population, Refugees and Migration through their cooperative agreement. Cases are assigned to a case manager and the core services are provided within the first 30 days of refugee arrival to assist in their acclimatization to the United States. The services include: securing housing; providing furniture and basic house supplies; home, safety, transportation, employment and workplace expectations, and cultural orientations; providing interim cash assistance for initial refugee support; medical screenings (physical and mental); school enrollment for children; help in designing a self-sufficiency plan; and aid to apply for social services either through the refugee resettlement program or state/federal programs depending on the individual case.

When I asked the participants in my study “what current services guarantee successful resettlement?”, five of the respondents, all resettlement practitioners,

named R&P as one of the most influential and successful services offered to refugees. Two other practitioners mentioned some of the services provided through R&P, namely housing and cultural orientation, as important and influential services for refugees in their resettlement process. I concluded these responses also lend to the notion that case managers and case management are integral tools during the acclimation and adaptation phases, when case management is available during the first eight months after arrival, as encompassed in the integration indicators framework. Abel, a resettlement practitioner, stated "our work [as an agency] is to help people successfully integrate into the community" and the initial phase of that successful integration is through reception and placement, from identifying and obtaining housing to making sure there is "culturally appropriate food stocked" upon clients' arrival. Obtaining appropriate, safe and affordable housing is noted as a barrier to integration (Barkdull, et al., 2012; Haque, 2010; Hutcheson & Jeffers 2012; Marks, 2014), thus, the identification of housing prior arrival allows refugees to focus on acclimation upon arrival. While discussing R&P services, practitioner Solomon said he felt the services are greatly needed by refugees when arriving and exclaimed, "it's like somebody guiding them through their challenges of arriving in the US." Case managers not only help refugees to adapt by assisting in the navigation the various aspects of life in the United States, but also act as the face of the volag. To a lesser extent, they also represent the state and federal governments, creating an initial social links for newcomers, particularly those that are not arriving to family members or to an established co-ethnic community.

When speaking about case management, practitioner Solomon mentioned that while case management is fundamental for the R&P programs and core services, limited funding restricts the number of employed case managers and restricts the amount of time one can spend on each case. Solomon further stated, “if it were up to me I want to make sure there is a very small number of cases per case worker, I want make sure that our reception and placement money has doubled.” While the practitioners interviewed agreed that R&P services strongly aid newly arrived refugees, one also mentioned the how overwhelmed many of their clients were simply adjusting to their new surroundings. Practitioner Abel stated, before they come, they are at the mercy of the UNCR and of international non-governmental organizations (NGOs) providing food and shelter, and literally everything.” For many refugees, long-term stays as displaced persons, especially those in housed in refugee camps, understanding the complexities and aid of the R&P services can be challenging. The major transition from displacement to arrival was noted by Doni, a refugee who was completely overwhelmed by the processes necessary to gain cash assistance and education assistance.

Her self-described whirlwind arrival in 2006 coupled with seeing her adopted aunt after numerous years—who had already lived in the United States for two years— compounded the confusion she felt. Because she was a family tie arrival, she and her two cousins were not met at the airport by a caseworker, but rather, was met by her aunt. As such, there was no immediate interaction with the volag she was assigned to as a client. Not having a home orientation created other challenges for

Doni as well, though she learned quickly after an incident where the gaslight was left on the stove. Unbeknownst to her, the stove may not necessarily be illuminating light, but still may be sending out gas; the smell of the gas prompted her neighbor to call the fire department. Following a building evacuation, the fire fighter's oriented Doni about her stove. Because Doni did not meet her case manager until a month or two after arriving in the US, during which time she only received cash assistance that was issued directly to her aunt/adopted mother. Though she went to the volag to register for Refugee Cash Assistance (RCA), it was not until she decided to register for community college that she would meet individuals outside of her family unit. Her experience underscores the essentiality of learning the processes of living in a new residence in a different country and the bureaucratic paths of acclimation into adaptation.

In the following section I discuss how the Maryland resettlement program addresses the Ager and Strang integration indicators.

Means and Markers

Employment

Because the federal refugee program emphasizes economic self-sufficiency through its social service funding and block grants, employment placement services are in turn one of the highest priorities for state resettlement programs. As such, most of the interviewed participants' responses predominately focused on employability, the role of case managers in employment attainment, programs related to the workforce (including English courses), and employment placement services. The

Public-Private Partnership (PPP) model is structured so that refugees are paired with a case manager. The case manager provides the referrals to employment specialists (among other responsibilities), English instruction or both (depending on the needs of the client). The employment specialist may be in the same volag as the case manager or may be with another partnered volag. English courses are offered by partnered community colleges at either site.

When discussing employment, participants mentioned placement as the number one issue area that is most necessary for refugee success: both as a service that is provided, as well as an issue that is the most important immediate need for refugees. Practitioner Solomon, in particular, noted that “without employment there is no resettlement program.” A majority of refugees arrive to the United States with little to no money or any other assets making employment essential to gain financial stability upon arrival. Additionally, because refugee cash assistance is limited to the first eight months of US residency, the need for regular and sustained employment is compounded.

Figure 3.3. Employment Outcomes for Refugees and Asylees in Maryland: FY 2010 - FY 2014⁴⁸

Status	2010	2011	2012	2013	2014	AVERAGE	TOTAL
Enrollment in Employment Services	852	949	1,183	1,263	1,258	1,101	5,505
Individuals Placed	692	843	1,000	1,044	917	899	4,496
Entered Employment Rate	81%	89%	85%	83%	73%	82%	82%

Source: MORA Statistical Analysis Report

Of the 5,505 refugees and asylees enrolled in placement services in Maryland between FY10 and FY14, 4,496 were placed, the annual placement rate fluctuated between a low of 73 percent in 2014 and a high of 89 percent in 2011; an average of 82% of those enrolled over the four-year period found placement.

The partnerships between the hiring companies, employment specialists and those who manage the development of the English courses, guide the curriculum for the English courses to be molded in part by to the needs of particular sectors that have employment opportunities. As Maureen, an English curriculum administrator stated, “we design the classes based on what they tell us, as employment specialists, the industry is driven by food service, hospitality - hotel work, whatever the labor force is, they tell us, and we develop the course.” The tailoring of English language courses to industry needs emphasizes job readiness and job skills, creating more marketable candidates for these particular industries.

⁴⁸ Outcomes reflect numbers for enrollment and placement in the same fiscal year

Employment not only serves as a means to economic self-sufficiency; refugees also learn appropriate employment skills, come into contact with various social networks, further their own cultural competency. Doni noted that she was able to broaden her networks through employment at a large big box retail store. She found that, second to her college environment, her work environment increased her understanding of US society and its norms and culture. Doni also noted that while her college was extremely diverse —where a majority of the classmates she regularly interacted with were foreign born— she appreciated that at her workplace she was able to create relationships with individuals born in the US. These relationships aided her as she sought additional employment: a co-worker referred her to a friend who was looking for additional hair braiders in her hair-braiding shop. Attaining a second job allowed Doni to move out of the small apartment she shared with her aunt —who had adopted her and had filed for her and her two young cousins’ refugee status. Moving out of her aunt’s home, allowed her to feel like she could navigate in this new country on her own, mirroring what practitioner Abel stated about integration, “...having a place to call your own is just not enough. There is a need for [refugees] to feel like they are in control of their lives, for the first time for many in many years... So now [refugees] need to have control, 'I have a job, I can pay my bills, my kids are in school, I can speak the language, I can call a doctor if I need to'.”

Housing

Affordable housing is a common topic of conversation among the current residents of the United States, and this concern is mirrored in the statements made by

the participants in this study. Three of the resettlement practitioners named housing as one of the most immediate short term and long term needs for those resettled. The refugee family also noted housing as the fourth most important need after employment, education and English courses. The BRC and SWRC have established partnerships with a few housing complexes in Maryland. Affordable housing is paramount given the limited cash assistance refugees are allowed in addition to the average wages received they earn.

Figure 3.4 Average Length of Stay on Cash Assistance for PPP Clients, in Months: FY 2010 – FY2012

PPP SITE	2010	2011	2012	2013	2014	Average
BRC	6.0	6.3	6.0	6.7	6.2	6.2
SWRC	5.6	5.2	6.2	6.6	6.3	6.0
Average	5.8	5.8	6.1	6.7	6.3	6.1

Source: MORA Statistical Analysis Report

From FY 2010 to FY 2014, the average length of stay for refugees enrolled in the PPP program was 6.2 months in the Baltimore metropolitan area and six months for those in the suburban Washington area. Finding affordable housing also must take into consideration not only the monthly rent, but also proximity to public transportation, access to grocery stores and employment, and ensuing transportation costs from the place of residence.

Affordable and “appropriate” housing was mentioned as both a service that is provided but also a challenge that is faced, by three of the practitioners as well as the refugee family. When deciding to move from her aunt’s home, Doni relied on her classmates: she asked for advice on affordable places to live with close access to public transportation —since she did not drive— and in a safe neighborhood. Shortly thereafter, a classmate referred Doni to her landlord who rented various properties in Maryland.

Some refugees may qualify for subsidized housing, which allows them to live in affordable housing, but may not be in proximity to grocery stores or reliable transportation. In cases where clients fall behind on rent, emergency funding through the IRC can be attained for those facing homelessness. According to practitioner Abel, these emergency housing funds are not subsidized by the ORR or MORA, but are comprised of funds that are raised through private entities.

Education

Education is an integration indicator as increases in education may be tied to greater economic stability. Higher levels of education attainment often lead to higher wages, the increased likelihood of career advancement as well as creating links to the community. Further, for children and youth, the classroom is where a majority of their weekday is spent and may be the first location where they engage with the US native-born population. The BRC addresses the challenges newly arrived youth face in a new environment, with differences in education system from their home country and/or refugee camps by hiring of refugee/community liaisons. As of 2013, the IRC

in the BRC location, hired eight refugee clients as liaisons in Baltimore city schools, as well as engineering a training program for city school teachers to understand this demographic and their specialized needs in the school system. As Solomon notes:

The youth also go through their own unique adjustment process and they are sometimes more subjected to in fact more humiliation or discrimination because kids go to school and they're at school and someone bullying them. They don't speak the language, they most likely will be isolated. So we work very closely with Baltimore city schools.

Programs that work with refugee community development, ensure to engage the refugee population in playing an active role in their community while also providing an opportunity for a dialogue that may otherwise have been silenced. Such activities also provide space for educators to explain the school system's requirements and resources to these new arrivals to cultivate an ongoing relationship to the parties involved.

In the Suburban Washington area, AIRF created their own programs to address the needs expressed by the refugee youth and parent population through an afterschool tutoring and aid program. As described the youth programs supported by the non-profit organization:

The school program, generally of course, you know what we do is provide support services for African immigrants, but really our flagship program, the program that we are most well-known for is our youth program, which is the 'catching up' program. So, we work in three Montgomery county public schools and then we run an after-school program every day; It's a tutoring program, so it's Monday through Thursday – we call it the homework club, its after-school and it's in their building. So what I decided to do this year is that I'm going to go to them. I'm going to go to them because it's very difficult to ensure their participation when they have to come to you, and that's for a number of reasons. So we go to them. So we started programs in apartment buildings where the people have to live, we know they have to come there and

where we know that services are going unmet, or needs are going unmet. So, we are in this building, [apartment complex housing many refugee youth], we are there Monday – Friday 4-6:30, the kids come in we provide, we have a partnership with Montgomery county’s food and services nutrition [...] department; food and nutrition services where we provide the kids with snacks when they come to the program and then we go straight into about an hour and half of homework help and then we do something around a group activity that is always academic in nature.

This program addresses the need of tutoring and educational support, while teaching and offering nutritional education to youth that may not have parents in their homes after school.

Educational programs not only serve the youth population, but also attempt to address the needs of adult refugees with the desire to further their education and career opportunities. In Maryland, refugees that entered into employment programs saw higher wages for those with a college degree or higher, than those with less than a high school degree.

Figure 3.5 Refugees and Asylees Placed into Jobs by Education Level: FY2010 – FY2014

EDUCATION LEVEL	2010	2011	2012	2013	2014	AVERAGE	PERCENT
No formal education	25	31	34	30	18	28	3%
1 - 6 years of education	106	100	90	109	113	104	12%
7 - 11 years of education	167	188	226	203	239	205	23%
High school graduate or some college	268	345	404	428	313	352	39%
College graduate or above	121	173	242	266	229	206	23%
Unknown	5	6	4	8	5	6	1%
Total	692	843	1000	1044	917	899	100%

Source: MORA Statistical Analysis Report

Sometimes new immigrants arrive with high levels of education, others have low levels of education or are pre literate. With this diversity of educational needs among the refugees, programs have been created to address the spectrum of educational demands. As Maureen stated:

The needs change, I've seen a connection between the population. So, when we had the largest influx of Iraqis, they were more independent, could do their own career exploration, did not know about the resumes, but they had a lot more in terms of career exploration and how to identify what they were interested in and that kind of thing. And then some other populations, maybe not so much. The Bhutanese and the Burmese, needed more tailored specific services to help them transition, culturally and language. We had a lot of individuals who were preliterate, did not even read in their own culture and language. So that need is different.

Three practitioners also discussed the barriers to education in relation to pre-literacy, in both English language and academic education, particularly regarding refugee populations who were preliterate. Refugees that arrive with little to no previous education can find it challenging to learn overall. This barrier to increasing education prevents many preliterate refugees from engaging with others outside of their linguistic community, as their means of communication and learning is through spoken word. For example, practitioner Daniel noted that there are communities that tend to have higher rates of pre-literacy, particularly the Somali-Bantu and Burmese communities, however, according to some of his experiences he noticed that there will be one or two English speakers in small groups ,

and they'll be intermediaries, they'll be the ones who explain the safety manual to the guys working on the line. But, is it likely those other folks will learn English without a herculean effort, especially if they are working two jobs as the Burmese tend to do? Maybe not.

There are other's that may not have the same stark language barrier and focus on education as a means to upward mobility. As a refugee, Doni came to the US with education attainment as one of her main goals. Though she did not work with a case manager she began her English classes within three months of arrival in order to register for college. Doni stated,

I definitely, definitely wanted to go to school, one thing I've always did was, when I was working, I would work my work schedule around my school schedule and not the other way around because school was my priority. I wanted to go to school and then I decided to go into a nursing program. So I went to PG [community] College, got all my prerequisites done and then transferred to the University of Maryland - Baltimore and then graduated from there... so I started with ESOL, about a semester, and then I started taking prerequisites, I believe it took me about three years completely to finish all my prerequisites and because I wanted to go for a traditional bachelors I had an extra semester, just to make sure I had enough credits to transfer. I was able to start in fall 2009 and graduate may 2011; I've always wanted to do something back home, either to work with doctors without borders or something, if I had an opportunity I would have gone straight to med school cause I'm about to apply to med school still. I would have gone straight but it was hard at that moment, I needed to find my ground first.

Presently, Doni is working full time as a nurse at an area hospital. She said that because she always excelled in school in her home country, particularly in the sciences, she knew that she would have to begin school as soon as possible in order to achieve her career goals. Though Doni had to work full time in order to make ends meet, she was able to rely on her aunt as a source of support, especially in her first years in the US living with her aunt and her cousins. Practitioner MD mentioned that often, for people who are heads of households, finding time and energy after working many hours prohibits some from attempting further education. For others, who had

professional careers before arrival, going back to school to study in the same field may undermine their motivation.

Health

Refugee health was mentioned as one of the main sources of increased case management time, particularly for those who have physical disabilities. One of the ways the Maryland refugee resettlement program and local government is attempting to address the health needs of the refugee population is through specialized programs. One example, is the youth program noted in the section about, where nutrition education is paired with activities to increase community engagement while educating this population about the foods in the United States, that may likely differ from the cuisine in their home countries. Further, Sara noted that she had seen many clients that suffer from chronic illnesses like diabetes and hypertension. Solomon discussed the way in which his volag addresses the needs of the population with disabilities and that is through special needs case workers and special needs health advocates:

these folks are responsible for people who are sick and have ten multiple follow ups with ten specialists, that there is no way they can make it. We have these fully dedicated special health need coordinator who follow up with the cancer, HIV, hypertension or some other chronic disease that you have.

Figure 3.6 Refugee and Asylee Health Screenings by Year of Arrival and Year Health Screening Completed: FY 2010 – FY 2014

ARRIVAL YEAR	YEAR HEALTH SCREENING COMPLETED					Total	Percent
	2010	2011	2012	2013	2014		
2001	1	1	2	2	1	7	0%
2002	1	2	2		1	6	0%
2003	3	2	2	2	1	10	0%
2004	1		2	3	1	7	0%
2005	6	8	9	2	1	26	0%
2006	6	10	5	7	3	31	0%
2007	18	18	12	8	6	62	1%
2008	42	19	23	7	6	97	1%
2009	694	59	37	25	8	823	9%
2010	660	875	85	36	15	1,671	19%
2011		749	779	98	27	1,653	19%
2012			816	867	51	1,734	20%
2013				789	864	1,653	19%
2014					964	964	11%
Total	1,432	1,743	1,775	1,846	1,949	8,745	100%
Percent	16%	18%	20%	24%	25%	100%	

Source: MORA Statistical Analysis Report

As noted in the figure above, there has been an increase in the number of health screenings and a decrease in the length of time it takes refugees and asylees to have the screenings performed. Though refugees receive health screenings prior to their arrival, as Daniel noted, the screenings are not always thorough (Palinkas, 2003) and may only be focusing on communicable diseases rather than chronic illnesses. Further, for many refugees, access to healthcare prior to arrival is usually quite

limited and evaluators may not have all the appropriate resources for thorough evaluations. Practitioner Solomon, advised as a prescriptive measure that the “ORR should make differing categories for the healthy vs. those with medical issues; those who are providing case management for those with medical needs should have less clients.”

Mental health care needs were also a topic that was brought out in my interviews with practitioners. All of the BRC clients receive a mental health screening through the Baltimore medical systems, stating that mental health “in the past it was a major problem, but now I can say it’s reintensified but we are now screening all of our clients.” Solomon further noted services provided by his volag to address the mental health needs of refugee youth as well as adults. His volag has a mental health professional that works with children in the public schools as well as an adult adjustment group through the Department of Mental Health. The adult adjustment group takes newly arriving refugee and have one to two-week program, “helping them to ventilate their challenges, share their troubles, so as much as possible we try to provide a very comprehensive resettlement services and we have been successful in providing that.”

Social connections

Semret argued that “collaboration is vital to the non-profit world. It’s important for information sharing, for resource sharing and paints a whole picture.” This perspective was reflected in one of the events I attended geared towards refugees and the community at large. World Refugee day was held on June 25, 2013 at the

Silver Spring Civic center and was hosted by the SWRC and the Montgomery County Office of Community partnerships. The event was billed as a way for the community to “connect with newcomers to our community and learn about refugee resettlement in the Silver Spring area” and the year’s theme was “Celebrating Resilience”. The main room in the Center held various tables for resettlement agencies, community groups and refugees to engage with one another. The volag tables educated visitors on the resettlement process and encouraged community members to volunteer to attend community and refugee events, work with reception and placement of new refugees or donate needed goods and funds. The volag tables were manned by volag staff members and current volunteers, explaining the duties they perform as family mentors during the reception and placement period which includes: discussions of setting up homes for incoming refugees, driving clients to medical appointments, and helping clients register for school for all family members.

Other items on the agenda included dance numbers by artists from Nepal, Burma and Azerbaijan. The performances were included to share the artistic heritage of refugees in the area, both by showcasing cultural heritage as well as showcasing the talent of community newcomers. Similarly, refugee and immigrant artists presented artwork for sale in the reception area. Here, refugees and community members were able to not only view the works on display, but also converse with one another about details of the artwork. Further, artists also had the chance to sell their creations and in doing so were able to practice the art of selling pieces in the United States as well as negotiating prices when necessary. These

dialogs potentially allow for network building with other community members they may not have otherwise encountered. For example, while I was pursuing the visual artists' tables, an Iraqi artist was discussing the inspirations behind his paintings with guests who were interested in understanding the background of his artwork. He explained how he used subjects from his everyday life in Iraq, before the onset of the war had reached his area; the techniques he utilized were popular in Iraqi art. The interaction extended past on to others who were merely window-shopping as the discussion veered into his displacement within Iraq to his eventual arrival to the United States. While I am not sure the encounter ended in a sale for the artist, it did seem to envelop others who visited the table during the discussion.

During the later afternoon, the main room included an open mic for which participants signed up ahead of the day. The open mic had numerous county and volag officials welcoming the community to the showcase and discussing the challenges and the accomplishments of the Maryland refugee program. The Montgomery County Executive, Ike Legget, was on hand to present a proclamation to the SWRC for the annual World Refugee Day affair. Most notably, a few refugees also had a chance to speak, describing their transitions from being displaced persons to finding homes and community in Maryland. Each speaker also spoke of their hopes when arriving here, the sometimes-stark realities they faced but all encouraged both newly and settled refugees to actively be part of the wider Montgomery County community. Even noted on the IRC web page was a client that spoke during the open mic stating how the support from IRC "has been like a backbone to me". Throughout

all of the various events there were children's activities including face painting and games, with refugee children and native born children actively playing and engaging with one another.

Semret explained that in her perspective, particularly in the Montgomery County context, "the reception in the United States has steadily improved; there are so many more community based organizations, especially in the African community." These community organizations work in tandem as well as with the local county government, not only for events, but also with various community leaders, as I witnessed during a Montgomery County Committee on African Affairs. During the meeting I attended the Director of MORA presented the US refugee program as well as the Maryland refugee program, explaining the R&P program in detail. The Director used this meeting to educate the local African community on the process, but also as a way to tap into and/or establish a potential volunteer network, as many Africans in the community are also recent arrivals which may be a helpful perspective for newly arrived refugees. After the Director's presentation, the community leaders discussed issues that pertained to the African Community at large. Members from other ethnic and community groups were also in attendance for all the groups to note current issues, future events and possible increased collaboration.

The Maryland refugee program through the PPP emphasizes the need for the entire community to engage in the acclimation and integration of all its residents. Abel stated that "part of the integration experience is dependent on the community in which you arrive - community readiness [if you will], if they are open and welcoming

it can cause the process to be smoother.” The goal of being an accepting and willing community is clearly expressed in many of the activities and the structure of the PPP.

Facilitators

Language

English instruction is primarily taught through the community colleges located in the two cities where the BRC and the SWRC are located. BRC clients are able to attend English instruction courses at the Baltimore City Community College while SWRC clients are referred to the Montgomery College Refugee Training Center (MRTC) and Prince George’s County residents may attend classes at PG Community College; the courses focus on English training with the curriculum focused on employment language skills. As with employment, most of the practitioners discussed the need for English courses, with many stating that the instruction is excellent and adaptive to the needs of the refugees. Abel stated that “language skills are essential, both in employment and interactions inside the community.” As noted in the education section of this chapter, clients that do not attain English skills may not be able to fully interact with members of the community that do not speak their language. Abel also noted that,

social networks can be essential to the integration of refugees. For those newly arrived immigrants being able to find others who speak their native tongue, be able to have access to the foods they are accustomed to and having others that have shared the same experience of being a refugee aids the new arrival in learning what to do and what not to do to become part of the community.

Maureen, an English instruction curriculum manager discussed the basis for English instruction in Maryland.

She came in 2006 to run a new grant, the target assistance program (TAG)⁴⁹, which is employment related, so our structure here – is morning, ESL for any new arrivals, under five years in the United States, an asylee or refugee and that’s ESL morning – about 700 students a year. Afternoon is TAG, employment, there are two directors, now, one did the curriculum and instructional design for all the TAG employment related courses in the afternoon and I do the administration of the contracts, of the teachers, and the grants and all of that, so that’s our structure. The TAG program, the money comes from MORA, which comes from Office of Refugee Resettlement. We contract out our employment services because the college does not do employment. So, the TAG program in the afternoon is contracted out to IRC and they do all the employment work in terms of getting TAG students’ jobs. - We design the classes based on what they tell us, as employment specialists, the industry is driven by food service, hospitality - hotel work, whatever the labor force is, they tell us, we develop the course.

Maureen also discussed the factors that have helped to enhance ESOL⁵⁰

instruction:

[working with a volag] it’s a great partnership, it stream lines a lot of things because the volag is who resettles, brings the clients here and now we don’t have to go through a third agency for the employment. They send us who they believe is ready for ESL in the morning and they come literally within two weeks of arrival, for ESL, and then as they progress through the morning the English proficiency skills get better and better. Some are automatically transferred to TAG employment for a different kind of class or IRC will say ‘here’s what we feel are TAG eligible for employment’ so our employment classes are just driven by the labor market.

⁴⁹ The TAG program is funded directly through the ORR, though MORA assists the MRTC in writing the grants for the programs.

⁵⁰ English for Speakers of Other Languages (ESOL)

She believes that having the volag refer clients helps to enable English instructor's preparation as they are able to understand the needs of their clients via the volags and/or volag's case workers.

Figure 3. 7 Refugees and Asylees Enrolled in English Speakers of Other Languages (ESOL) Instruction, and Vocational Training (VESL) by County of Residence: FY 2010 - FY 2014

COUNTY OF RESIDENCE	2010	2011	2012	2013	2014	Average	Percent
Baltimore County	95	64	56	74	95	77	4%
Baltimore City	694	727	761	796	846	765	45%
Montgomery	483	469	415	369	317	411	24%
Prince George's	421	432	433	478	361	425	25%
Other	20	12	17	47	65	32	2%
Total	1,713	1,704	1,682	1,764	1,684	1,709	100%

Source: MORA Statistical Analysis Report

Nearly half of the refugees seeking services between FY 2010 and FY 2014 attend classes in the Baltimore region. Montgomery and Prince George's, receive approximately a quarter of refugees that eventually seek English courses as figures 3.7 notes.

When asked about the English instruction regarding clients that are preliterate and whether they are able to leave with some moderate level of proficiency, Maureen did not hesitate to say:

Absolutely. They do learn English enough to survive. We've had some who just never get it and we suspect there's some other things going on in terms of blocking learning. And we're not diagnosticians we do refer those individuals back to IRC. We keep them, we don't say they can't come, but we alert them [IRC] that they're not getting the language. They just, for whatever reason, don't have the capability. We have this one lady, she's been here two years and she's still 'good morning', that's it and she just get tickled with it and we just love her to death. I don't know what's going on there, she was preliterate in her own country and so I don't know what's going on with her, but she's darling and she loves coming in so that's fine. But sometimes the services are not going apply to every single person, but if they come, and they come regularly it is a transition.

While the client she referred to had difficulty learning English she pointed to other's progression as they begin to feel comfortable speaking,

'Good morning teacher', that may be three weeks, and then in six weeks its something else 'good morning, how are you feeling today'? and I'm thinking, ok, we have sentences going on and then 'how was your weekend'? So you can see the transition over time and it's just charming. So here's my funny story. A Bhutanese woman, when we were on Fenton Street, on another offsite location, kept rubbing her stomach and she just got here. And I happened to walk by. I asked her 'what's the matter, you don't feel well' knowing she didn't know what I was saying and she kept rubbing her tummy. And I said 'whatchu got, a stomachache?' And, so she said... and I said 'it hurts' and I was doing all kinds of faces and finally I'm like 'oh my lord, what is going on'? So I said 'I'm doctor Brenda', 'doctor? Doctor, baby'. I said 'uh', she said 'baby', I said 'oh no, I'm not that kind of doctor'. She knew the word doctor, she couldn't say anything else and she was rubbing her stomach and knew when I said doctor and she said baby I was hysterical like oh no. Here we have to get you somewhere else.

As Maureen notes, English language instruction is often created to fit all levels of English attainment, for some, there are continued needs to be filled, particularly those who are pre-literate. According to Daniel, the Maryland refugee program tries to adapt to the needs of the clients,

I have really been impressed, the responsiveness of our ESL providers has been remarkable. The population has changed, no one knows the refugee as much as an ESL teacher is my thought. And they've been remarkably imaginative and flexible in the way they've taught English.

Daniel went on to give an example of the adaptation the English providers have made including a special class for those who could not attend regular class sessions. He noted that many Somali women couldn't attend classes because of childcare issues:

so there was this idea to start literacy circles. Bring together a group of women in an apartment and teach them English from the home. That was the time we used to have beginning and advanced, beginning and intermediate classes. They instituted a new level, pre-literacy for that population.

Daniel believed this innovative strategy not only aided clients who could not otherwise attend English courses, but it also enabled the instructors to learn more about their clients by being in their homes and interacting in a more informal manner. He also noted that the women would often cook for the class, sharing their native foods with one another and with the instructors. After discussing this extension, Daniel stated *"I'm proud of the way we do English here."*

Foundations

Rights and Citizenship

The refugee program focuses on self-sufficiency, so fewer resources are committed towards the understanding of rights and citizenship, however, there are intermittent courses offered teaching for the citizen test. These courses discuss the requirements for citizenship, including an overview of the Constitution, the rights of

citizens and the role of citizens in the government through participation and community engagement. Refugees are eligible to apply for citizenship after five years of US residency. Requirements for the citizenship test include the ability to be able to speak and write in basic English and knowledge of US civics and history. A year after resettlement, refugees are eligible to apply for a green card and permanent residency. Once they have applied for residency they are eligible to apply for citizenship five years after arrival.

When asked what encouraged her to apply for naturalization Doni recalled an incident at a movie theater while she watched a comedy with three friends who were also foreign born US residents. After a fellow moviegoer complained of her group's laughter a movie attendant asked her and her friends to leave the theater. After residing in the US for seven years she noted she is now assertive, so rather than simply exiting the movie they were enjoying Doni chose to address the inaccurate description of their movie experience. The attendant refused to confirm their assessment of their laughter with other moviegoers in the theater, forcing Doni to ask to speak to the manager. After her discussion with the manager, she and the entire group received refunds for the movie they missed as well as free passes for a future movie. Her friend stated "I didn't even think to appeal to the manager or keep arguing", at that moment Doni realized her experiences in the US and particularly as a customer service agent made her "think like an American." Shortly thereafter she applied for citizenship. This encounter made her realized that she understood cultural norms, having felt comfortable confronting poor customer service while advocating

her rights to not be evicted from the area without having created a problem. The customer service agents working that night did not adhere to what she felt was her civil right, to have her side of the argument heard to have a fair outcome.

Funding

Of the eight volag practitioners interviewed all responded to the question “how does funding influence the services provided”, saying that it greatly influences the types, numbers and length of services available. Resource allocation not only dictates the quantity of clients that can be serviced by agencies but also directly linked to the type of programs provided. Because “specialty” programs are funded through grants, and the request for proposals for such grants are narrowly focused, volags providing such specialty services are influenced by the grants that are available to apply for, the grants that are actually received and the parameters of the grants obtained. For instance, when asked about programs provided by her agency, Sara noted a nutrition program and a breast cancer awareness, prevention and testing program. Both programs were funded by partnerships with MORA, the volag and private organizations. This monthly program involved public health staff from a local university teaching the different food groups, discussing shopping tips to reduce costs at the grocery store, all culminating in a segment in cooking and when the food was ready all participants were able to eat the food cooked. I was able to attend one of these workshops, and I noticed that it was a majority women and many brought their young children. After the class I was able to speak to the instructor briefly and she stated that she realized for some of these women, this class was one of the few ways

their children would be able to eat during the day. Further, at the end of the program, the women were asked to bring a dish from their home country to share with the class.⁵¹ According to the instructor, the program was fashioned in this way to 1) educate the attendees on nutrition in the US context 2) help encourage healthy eating practices and 3) increase community networking. The women were often asked to work in groups to respond to questions posed by the instructor, specifically to increase their interactions and cross cultural understandings.

Other practitioners noted the effects of funding on programming during my interviews, especially with the changing refugee demographics altering the services needed. Abel said,

The system assumes that everyone has the same needs and can be treated in the same way and that's really.... a refugee with at PhD from Iraq or who is a medical doctor from Syria is not going to have the same adjustment experience as a refugee from Somalia [sic] who cannot read or write in her own native language. And so without taking into consideration the differences and the population in which we serve it can be challenging. The experience is not going to be exactly the same for someone who speaks English fluently versus someone who does not speak English.

Overall, this statement reflects the views of many of the practitioners, who feel that a funding model based on the number of clients and not necessarily the specific and varying needs of their clients prohibits the expansion of programs that could serve to aid in the integration process.

⁵¹ The women were provided small stipends to pay for the pot luck food they prepared.

Two practitioners did specifically note the benefits of the PPP structure.

Solomon stated:

This is an amazing thing. It helps you to cut the time you spend going from one place to another. It makes everybody pro refugee program because they understand the clients. You can connect your resources to enhance your impact because you have a better impact when you connect your resources. It's amazing, it's a one stop center.”

Conclusion

In Maryland, the voluntary agencies work in conjunction with the state, but also with one another. Because clients are able to engage in programming from any of the volags, refugees have increased resources in turn increasing the networks through the various volags as well as education through the variety of programming from each of the agencies. This resource sharing, encourages institutional collaboration from the local and state levels to the inter-volag collaborations, from the practitioners' views enhancing programming and networking for the refugee population. The emphasis on employment and English instruction is reflected in the outcomes data, which indicate high levels of placement, reductions in cash assistance before the end of client's eight months of casework and the rates of refugees attending English instruction. Further, many of the practitioners discussed the various programs structured to increase community engagement, both within the refugee community, but also the engagement between the refugee and native born communities.

In chapter four I will discuss the evaluation of the program in Massachusetts.

Chapter 4: Massachusetts Refugee Program

This Chapter describes the state of Massachusetts' Refugee Resettlement Program (MRRP), the delivery of social services and refugee resettlement programming as well as how these services and programs address integration indicators for refugees. This chapter presents the results of the semi-structured interviews that I conducted with five refugee practitioners and one refugee family, as well as other fieldwork observation activities. This chapter will address the research questions: How does the Wilson Fish (W/F) Alternative program model⁵² in Massachusetts relate to what services are provided? How might the relationship between services provided and understandings of refugee integration influence policies in the resettlement program? And specifically, how do the services and programs provided influence refugee integration?

I discuss how the Wilson Fish program and funding inform services and programs that focus attention on employment placement, emphasize targeted discretionary programs and mutual community associations as a means towards integration. This chapter will illuminate what services are provided by state, local and private institutions, the effects such services have on refugee integration and how the policies and funding structure influence the services provided.

⁵² The W/F program in Massachusetts works through the state entity the Massachusetts Office of Refugees and Immigrants (MORI). MORI subcontracts all cash assistance programs and services to volags

4.1. Description of Wilson Fish Alternative Program

The Office of Refugee Resettlement (ORR) created the Wilson Fish Alternative Program in 1984, as an alternative to state administered refugee programs and as a way to encourage every state to provide assistance to all refugees in their jurisdiction⁵³; under what is known as the Wilson/Fish Amendment, Pub.L. 98-473, 8 U.S.C. 1522(e)(7) in the Immigration and Nationality Act (INA). According to the W/F Amendment:

(7)(A) The Secretary shall develop and implement alternative projects for refugees who have been in the United States less than thirty-six months, under which refugees are provided interim support, medical services,¹ support services, and case management, as needed, in a manner that encourages self-sufficiency, reduces welfare dependency, and fosters greater coordination among the resettlement agencies and service providers...

(B) Refugees covered under such alternative projects shall be precluded from receiving cash or medical assistance under any other paragraph of this subsection or under title XIX or part A of Title IV of the Social Security Act.

(C) "..."

(D) To the extent that the use of such funds is consistent with the purposes of such provisions, funds appropriated under section 414(a) of this Act, part A of Title IV of the Social Security Act, or Title XIX of such Act, may be used for the purpose of implementing and evaluating alternative projects under this paragraph.

The WF Program is also referenced in the Office of Refugee Resettlement (ORR) regulations under the heading Alternative RCA Programs at 45 C.F.R. § 400.69:

A state that determines that a public/private RCA program or publicly-administered program modeled after its TANF program is not the best

⁵³ Source: ORR website "Wilson Fish Alternative Program"

approach for the State, may choose instead to establish an alternative approach under the Wilson/Fish program, authorized by INA section 412(e)(7).

The ORR regulations in 45 C.F.R. §400.301 also provide authority to the ORR Director to select a replacement to respond to the needs of the state's refugee population if a state withdraws from the refugee program: "when a State withdraws from all or part of the refugee program, the Director may authorize a replacement designee or designees to administer the provision of assistance and services, as appropriate, to refugees in that State"⁵⁴.

4.2. Structure of Wilson Fish Program

States or locales utilizing the W/F alternative program fall into one of two categories. In the first category, voluntary agencies implement programs when a state government opts out of state level participation in the resettlement process for refugees. In the second category, the state oversees the refugee resettlement program, outside of the traditional state welfare system, through sub-contracts to resettlement agencies and private organizations that in turn implement all elements of the resettlement program. The state of Massachusetts follows the second category, where the state supports services outside of its welfare system and services are rendered through voluntary resettlement agencies⁵⁵. Massachusetts began its Wilson Fish Alternative program in 1992 through the establishment of the Massachusetts Office

⁵⁴ "Wilson/Fish Guidelines FY2015"

⁵⁵ Source: Institute for Social and Economic Development website

for Refugees and Immigrants (MORI). Codified in the Code of Massachusetts

Regulations 121:

The Massachusetts Office for Refugees and Immigrants was established by St. 1992, c. 133, § 171. Its purpose is to promote the full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social and civic life of Massachusetts. The Director of (M)ORI is the state refugee coordinator designated pursuant to the federal Refugee Act of 1980 as the state official with primary responsibility for the coordination of public and private resources in refugee resettlement.”

Benefits to the Wilson/Fish program include granting states and voluntary organizations the flexibility to create programs that are tailored to the particular needs and abilities of the client/refugee population. Entities funded through the W/F program are permitted to serve refugees receiving RCA and RMA as well as refugees that receive benefits through TANF. Clients from some states, such as Massachusetts, are eligible to receive differential cash assistance when the rates paid by the ORR to its clients is higher than what is paid to TANF recipients. Additional flexibility is also noted in the form of “front-loading” services. Where clients are able to receive higher amounts of cash assistance in the earlier months after arrival as well as increased intensive employment training/placement services to encourage early employment. The integration of cash assistance, case management and employment services are contracted to agencies that are equipped to work with the specialized needs of refugee populations. W/F programs provide intensive case management with clients that have special needs. Lastly, W/F projects may also grant incentives to

eligible clients in the form of bonuses and cash incentives based on individual performances meeting the goals outline in self-sufficiency plans.

ORR funds the W/F program through Transitional Assistance and Medical Services (TAMS) and Social Services. Wilson Fish agencies receive funding through MORI for cash and medical assistance, intensive case management, statewide coordination and administrative costs. Cash and medical assistance grants are awarded based on costs estimated for providing eight months of RCA and RMA to eligible refugees as well as up to one year of intensive case management. Further, funds may cover the administrative costs of statewide coordination in the provision of RCA and RMA.

Employment and other social services under the Wilson Fish program are funded through the formula Refugee Social Services grant (RSS). RSS grants are based on the state's arrival over the prior two fiscal years and adjusted for secondary migration. Grantees must submit an annual plan of services and Wilson Fish Social Services budget⁵⁶. Involvement in the Wilson Fish program is evaluated every five years, and states must reapply following the guidelines established by the ORR in reviews.

⁵⁶ Source: Wilson/Fish Guidelines FY2015

4.3. Massachusetts' Refugee Program

The Massachusetts Refugee Resettlement Program (MRRP) was established to assist newly arrived refugees to become economically self-sufficient as swiftly as possible. Under Massachusetts' Wilson Fish Alternative program, services are subcontracted to volags with the goal of aiding refugees in case management, employment, and language training. Because the primary programmatic goal of W/F is to aid refugees in attaining employment to support themselves shortly after arrival, case management begins immediately. MRRP caseworkers manage client intake through Reception & Placement (R &P), orientation classes and employment assessments with include the development of an employment plan. Case managers also serve as advocates with the intentions of eventually leading clients to economic self-sufficiency. Referrals for clients are granted by case managers when further services are needed, including referrals to Refugee Employment Services (RES), assistance with identifying and accessing other available benefits, and refugee cash assistance (RCA)⁵⁷. Funding for the MRRP, including cash and R&P assistance comes primarily from the federal, with some state government funding, while local resettlement agencies provide the services to the resettled population.

Through its providers, MMRP provides various programs to service clients. Some of these programs include⁵⁸:

⁵⁷ All volags administering cash assistance must also participate in the R & P program.

⁵⁸ Source: "Federal and State Programs Administrated by ORI: January 2015"

- **Refugee Cash Assistance (RCA)** - refugees that receive cash assistance under the WF program may not also receive cash assistance under the TANF program during the period of support provided under the WF program. However, TANF recipients may be eligible to receive a WF differential payment in states where the TANF payment rate is lower than the WF payment rate. The allowance of differential payment to refugees receiving TANF will enable all newly arrived refugees in the state to receive the same payment level for the first eight months upon arrival to the United States.
- **Refugee Medical Assistance (RMA)**- is temporary medical coverage for refugees who are ineligible for Medicaid (MassHealth⁵⁹ in Massachusetts), and have been in the U.S. Less than eight months The program covers refugees aged 19 through 64 who are not disabled and have no dependent children. (An individual under 19 years of age with a gross income of equal to or less than 150% of the Federal Poverty Level is eligible for MassHealth.)
- **Intensive case management (ICM)**- services include a strengths assessment and personal wellness plan directed toward self-sufficiency goals, referral to services for support, and monitoring of progress toward goal achievement. Intensive case management begins immediately upon enrollment and continues through the clients' first year after arrival to the U.S. Services focus

⁵⁹ In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called **MassHealth**. MassHealth members may be able to get doctors' visits, prescription drugs, hospital stays, and many other important services at little or no cost.

on building on clients' strengths and supporting the clients' motivation and capacities to become self-supporting. Intensive case management services are intended to enhance case management services that are supported by existing programs such as the State Department's Reception and Placement program or other ORR funded programs such as the Preferred Communities Program.

- **Match Grant (MG)** - Refugees resettled under the Matching Grant program receive cash assistance and case management support from the resettling volag for a period of 120 to 180 days (approximately 4 to 6 months) after arrival in the U.S. During this period of Matching Grant assistance, refugees are not eligible for other forms of cash assistance but are eligible for RMA. In most circumstances, the Matching Grant period composes of the first 120 days after arrival, but for some, period may extend through the 180th day after arrival.⁶⁰ The MG program is a partnership between a volag and the ORR where the federal government and local community share resettlement costs. Further MG refugees are therefore not eligible for Early Employment Incentives (EEI). Volags working under MG are responsible for developing a resettlement plan that delineates the objectives of placing a refugee in employment within the given period.

⁶⁰ Massachusetts Refugee Resettlement Program (MRRP)/Wilson/Fish Alternative Project (WFAP) Case Management Manual

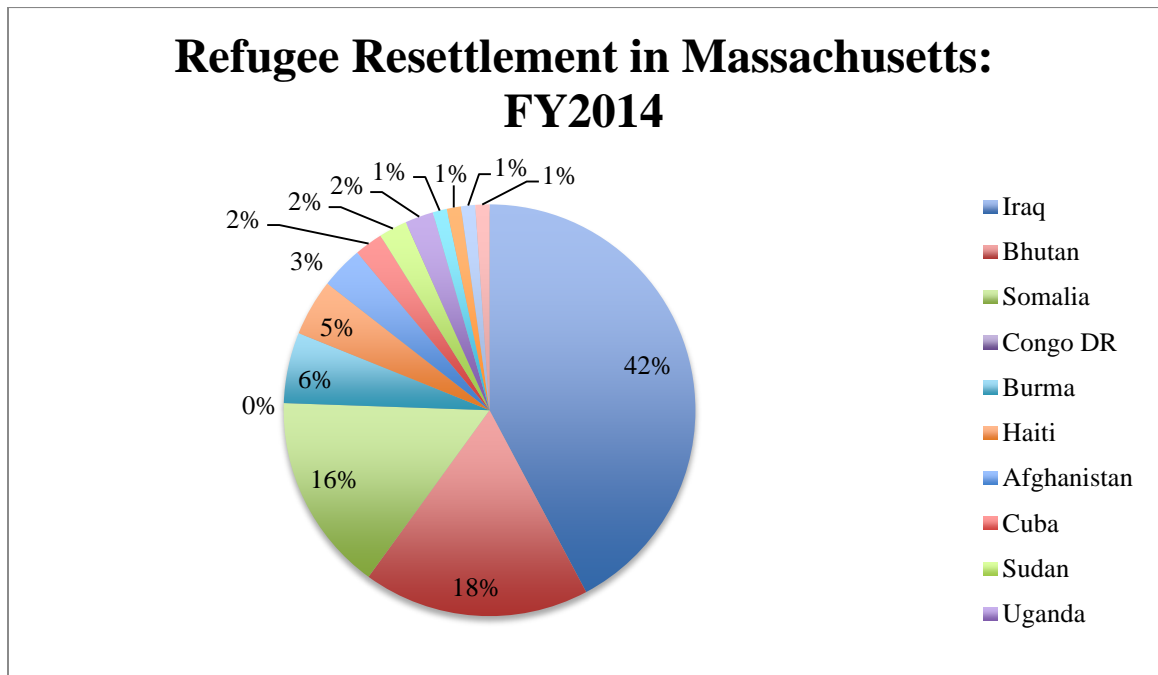
4.4. Description of Refugees

Overview of Refugees and Asylees⁶¹

In FY 14 the total number of resettled persons to Massachusetts was 2456, while there was a slight decrease in FY 15 to 2,242. In FY 14 the largest numbers of those resettled came from Iraq—constituting thirty-eight percent— while others hailed from Bhutan—sixteen percent—, Somalia—fourteen percent—, Congo—Democratic Republic—ten percent—, Burma—five percent—, and Haiti—four percent. Overall, the total percentage of persons resettling from the Middle East comprised forty-two percent of all refugees, African refugees totaled twenty-nine percent, South East Asian refugees totaled twenty-one percent, Caribbean refugees totaled six percent, and European refugees totaled two percent.

⁶¹ Source: MORI - Massachusetts Refugee Resettlement Program (MRRP) Enrollment

Figure 4.1 Refugees Resettled in Massachusetts: FY 2014



4.5. Overview of Voluntary Resettlement Agencies (Volags) working with MA Wilson Fish Alternative Program

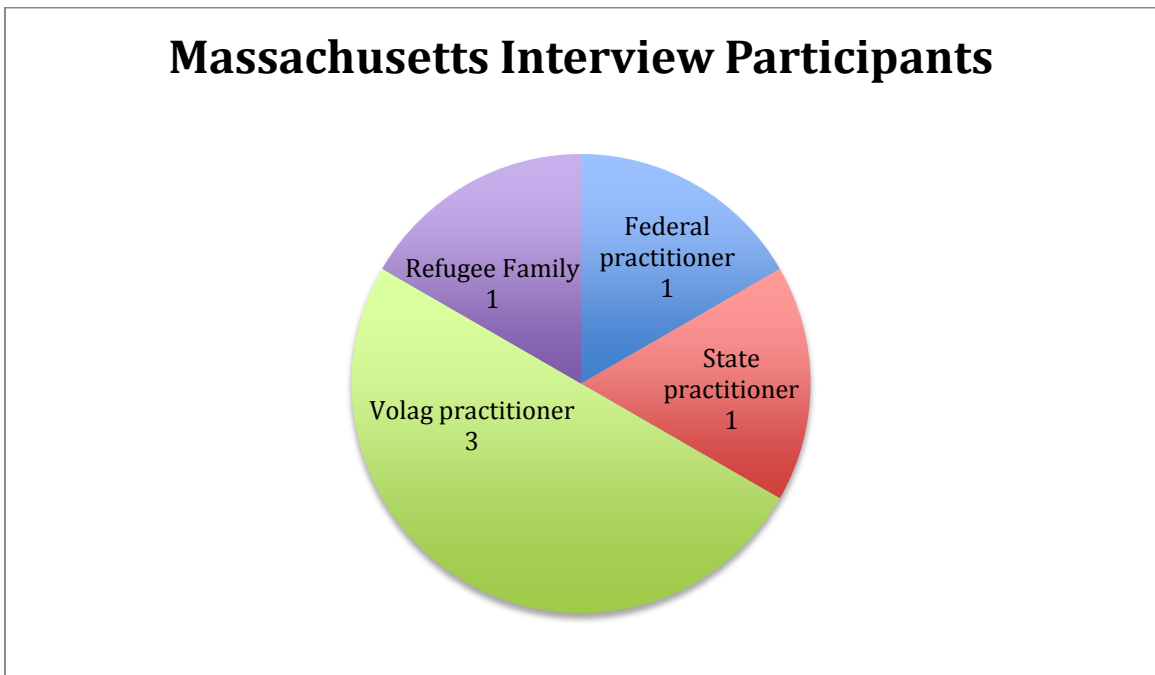
The MORI works with 36 refugee service providers across the state (ORI - Providers, 2015). Though the service providers are located throughout the state, however, a majority of refugees are initially resettled in the greater Boston area, making the providers in Boston the larger entities in resettlement.

I began outreach for participants and program observations in November 2013; beginning interviews with Massachusetts' providers in January of 2014 and completing interviews in November of 2015. I interviewed practitioners in the Office of Refugee Resettlement (ORR), the Massachusetts Office of Refugees and Immigrants (MORI), Volag #1 - Boston, Volag #2 Worcester and, Volag #3 in Western

Massachusetts. In addition to these interviews, I observed a focus group discussing refugee integration with resettlement practitioners and refugees participants in the community.

I interviewed a total of one state resettlement practitioner, one federal resettlement practitioner, three voluntary agency resettlement practitioners, and one refugee.⁶²

Figure 4.2. Participants in Massachusetts Interviews



Volag #1 is a subsidiary of the one of the nine national resettlement agencies involved in the domestic resettlement program; in 2014 alone, the domestic program resettled twenty-seven percent of all refugees in the US. Volag #1 offers refugee

⁶² While the total number of participants was lower than Maryland, I believe the under participation was due to the fragmented nature of the W/F program. Resettlement practitioners in Maryland work closely with one another, reaching out to participants was eased due to the direct referrals of co-workers and officemates. In Massachusetts, while I was able to obtain referrals the response rate was quite low or there was no response.

services in Boston and participates in R&P, RCA, and case management while referring clients for other services such as English instruction and employment training and placement. Other services available to refugees include: counseling, immigration legal representation, interpreter & translation, nurse assistant training, mentoring and tutoring, and childcare. Volag #1 also worked with the Matching Grant (MG) program until 2015, which acts as alternative to public cash assistance/WF and has an aggressive timeline for clients under the program to become economically self-sufficient between 120 days to 180 days from the date of arrival or client eligibility for service.

One of the volags, Volag #2 is located in the central Massachusetts city of Worcester with another location in the western Massachusetts town of Westfield. This volag is an affiliate to one of the nine national resettlement agencies. Volag #2 provides R&P services, RCA and services such as English instruction, employment training and placement, and citizenship courses.

Another volag, Volag #3 is located in the western city of Springfield, Massachusetts; this volag also is a local affiliate of one of the nine national agencies working with the domestic resettlement program. Volag #3 provides R&P services, case management, employment training and placement, as well as citizenship courses. This volag also hosts refugee community services, working with “cultural brokers”⁶³, to create local social links with the greater western Massachusetts community.

⁶³ Source: Interview with a practitioner from Volag #3; November 3, 2015

4.6. Findings

Reception and Placement (R&P)

Under MRRP requirements, volags dispensing RCA must also be resettling agencies engaging in R&P. Due to this requirement, the volag practitioners I interviewed all noted the essential nature of the cultural orientation component of R&P. Cultural orientation, like in the case of Maryland, includes a home safety-training portion but also requires a more comprehensive orientation of the local area including discussion of transportation, safety issues and ‘custom norms’ in the US context. While the practitioners stated the comprehensive nature of orientations performed by the volags, two practitioners noted misconceptions regularly faced by newcomers. Resettlement practitioner, Cynthia, noted her concerns of the orientation provided abroad:

Overseas, they do cultural orientation as well before there. I think something needs to be done there also. I don’t know, because I have never seen the cultural orientation done overseas but I hear from the clients what they’re told. The clients are being told, you’re going to have your own apartment, you’re going to get a TV, you’re going to get this. So, they are really given these high expectations of what to expect so when they come here and have to share a room with someone they’re like ‘what the heck. I thought I was going to get my own apartment and TV and really live the dream here.’ It’s not what they expect so they get frustrated right off the bat. So I think that cultural orientation needs to be revamped.” For clients arriving to the US with these particular expectations of what resources they will have access to, when results fall short, the relationship between the volag and the newly resettled ad well as the relationship between the case manager and the client may begin strained. Such unmet expectations may also hamper and acclimation process that is already challenging, particularly to those who do not have relationships outside of the client/case manager/volag relationship.

Adil, an Iraqi refugee, arrived to Massachusetts after originally being resettled in Michigan, Adil chose to move to Massachusetts four months after arriving to the US. In the initial four months living in Michigan he was not able to secure employment, and after talking to a friend that lived in Massachusetts he chose to move in the hopes of having more employment opportunities. He was able to secure employment relatively quickly, but found that the cost of living was far higher than in Michigan and after first moving he realized that [public benefits] were *“a huge support for me because no one can afford the life here, it's very expensive without the food stamps and [other support].”*

Means and Markers

Employment

As noted previously, the United States' refugee program focuses on providing resources with the expressed goal of assisting refugees so that they might become economically self-sufficient and the WF program further makes this goal explicit by the nature of the services provided. To that end, attaining and retaining steady employment has been the primary aim for resettlement practitioners in meeting the goals of economic integration. The Wilson Fish program allows for practitioner flexibility in the allocation of funds to programming, as well as funding incentivizing securing employment for refugees. In my interviews I asked numerous questions regarding the most important needs for refugees and employment and language skills were consistently the number one responses. Attaining a steady source of income for refugees is paramount given the limited time that is allotted for case management and

cash assistance. Because case management and cash assistance are routinely cut after 8 months, programs offered through volags and the ORR are often based on attaining employment.

Practitioner Cynthia discussed the brief time frame in which refugees are expected to become self-sufficient through employment:

the eight months is not really a long time for people who know zero English. How do you expect someone who speaks Arabic or Somali, to get a job when they don't know a word of English, don't speak English, can't read English. So the eight months is kind of aggressive. It's really saying you need to start day one, which is good and bad.

For those who are younger and have little to no medical needs, such a prospect is not as daunting as it may be for those who are facing medical issues or who are elderly. One practitioner, MA, who works with refugee mental health needs noted that case managers have to:

work on a case by case basis, so even though the refugees have a shared experience, their personality, what they have been through, you have to address that person, meet the clients where they are at. Usually [help] to find work, but depending on what they have been through, they have mental health issues, they have a history of alcohol abuse, you kind of have to address that first before they can become independent.

While an emphasis on employment is necessary to meet the immediate goals of the program, identifying and sustaining employment for refugees who have faced severe trauma can mean addressing much more than simply employment skills and language skills for the work place, it may also mean addressing medical needs. As Cynthia asked that while employment is necessary towards self-sufficiency “*is it*

healthy to force someone right away to learn English and get a job, without providing time to think about what's happening around them.”

One way the MRRP seeks to address employment skills is through English courses. Curricula for language courses are often geared towards workplace needs, while case managers also focus on cultural understandings of employment - educating new arrivals on employment mobility to increase economic self-sufficiency according to resettlement practitioner, Matthew. Matthew noted that many clients, particularly from the former Soviet Union, were not familiar with mobility in job placement and were often apprehensive to be placed in jobs they felt were entry level fearful of being “stuck” in that one job. This apprehension may also be heightened by employment services that expire within the first 36 months of a refugee’s arrival or when a family achieves what is considered “durable economic self-sufficiency”⁶⁴. Though time is often limited, case managers may also make attempts for job placements in similar field for the refugee to build networks in the US in a career in which they are skilled- i.e., a former doctor now working in a hospital setting. Three of the practitioners also noted that Iraqis’, similarly to refugees from former Soviet Union, often tend to be highly educated, and thus may feel less flexible in the type entry level jobs they would like to attain. Overall, practitioner Matthew stated “*the*

⁶⁴ When the assistance unit’s (individual or family) gross income exceeds 450% of the federal poverty level

challenge is not getting an entry level employment, the challenge is trying to get the best job for them, the appropriateness level for the skills and career aspirations.”

While discussing long-term employment prospects, particularly employment that could lead to career growth and increasing salaries, practitioner Yvette again mentioned the constraints of clients’ eligibility as a limiting service delivery,

the initial basic needs [being met] yes, but I see so many more needs that are there. Post-employment services needs [are] a perfect example, you have time to get one job and get someone on their way and then there’s somebody else. But at some point that person is going to need help with a job upgrade.

For case managers who only have the opportunity to meet with clients for the first eight months after resettlement, aiding clients in attaining a second position, or even having the opportunity to follow up with the client is unrealistic. For clients that come with little to no language skills, the need for assistance down the road may be more paramount, Yvette further stated:

more help is needed for post-employment help for someone who has been here for 8 months and their English is going. They need and deserve a job with a higher salary but they need help, that will allow the whole family unit to be in a more stable-breathe easy and that in itself will open up integration into society so you’re not just totally focused on all ‘I can do is pay my bills and that’s it. I can’t do anything else, I have to work two and a half jobs to be able to make ends meet’.

Yvette offered that skills training to become a CNT or an EMT might allow the clients *‘to have a profession and not just a job.’* To that end, Yvette noted that:

re/certification is a very high demand [program] and a lot that happens with post-employment people, so that’s one that we never have enough money, for the number of applications we get for clients to go through training we never have enough money to cover all of them.

Yvette also advocated for other more creative skills training stating that “we put [the driver’s ED program] back into one of the skills training program, requiring office to do a certain amount of drivers training as a skills training and not just focusing on hospitality, working as a cash register.”

Some volags also provide childcare opportunities, though they remain expensive and refugees may be priced out of the service, never the less, refugees are encouraged to attain childcare when necessary. As Yvette explains:

we want to empower women to feel free to leave the home and not be homebound and also to provide the family with additional financial support. When all adults in the family have the ability to leave the home and work, that always grows you’re connecting to the community you’re interacting with more people, you’re seeing more things, you’re diversified and you’re not just focused inwards.

For some refugees, obstacles to gaining employment are not necessarily tied to language skills or educational background, obstacles may occur from job availability. Adil, a refugee, discussed his experiences coming to the US and trying to find a job. In his first position he was a dishwasher and enjoyed the position because he worked with many other immigrants from South America, the Dominican Republic, as well as Americans from Puerto Rico, though they mostly spoke Spanish exclusively. While he had reservations working as a dishwasher due to his professional background, he was able to learn some Spanish while employed. Adil already spoke Arabic and Russian fluently and was proficient in English. When asked about his past work experiences he said:

after that finished my master's degree in Ukraine and back to Iraq, I just directly went and applied for humanitarian organizations and I get a job and

work. Finally, I work with Red cross, I had a national position, covered all the country, you know? So when I came here, my life restarted again from the zero point; so I was at the Red Cross, in a national position, responsible for all country- five sub delegations and I came here with nothing. No one I know, it's very hard to get in touch with the people but it's ok for me, I believe the time is needed for everyone. You can't jump, you have like stair, and you have to walk.

Housing

Housing tends to be the foundation for everything it's set on, it can put a family in a really great trajectory or one that is really difficult - practitioner Yvette

Voluntary agencies are responsible for securing and furnishing housing for refugees, including any deposits and beginning rents, sometimes with as little as two weeks' notice. Housing in the Boston area is particularly expensive, being one of the largest cities in the northeast and the home to numerous institutions of higher learning, creating a shift from the city center to small towns outside of the city borders. The housing crunch in Boston has numerous effects on voluntary agency's budgeting and logistics, particularly when it comes to affordable and safe housing in proximity to modes of public transportation. Because some refugees do not have the means for personal transportation, identifying housing that is either close to the city center, where a higher concentration of employment can be found, or in relative proximity to public transportation is essential. All of the practitioners mentioned the need for appropriate, affordable, sustainable, safe housing as an integral role for refugee integration. For case managers involved in R&P the challenges to identify affordable housing is also first and foremost. As Yvette mentioned:

[one of the] biggest barriers to a family's self-sufficiency is housing, perfect location perfect for the family but it's not affordable, it's an immediate issue because you have to find housing based on the constraints on when the refugee is going to arrive, in MA it's based on square footage; individuals who are coming with physical need, we are seeing more cases come in with physical disabilities which require ground floor housing or ramps (needs based access)." Practitioner Cynthia said "'affordable housing, in Boston it's worse than it's ever been and public housing takes years. I just saw a client and he said he has been on the list for 5 years... in Boston, people are buying houses with cash in low income areas, redoing the entire home and then selling it for double or renting it out. So all these areas that used to be low income immigrant communities are now "up and coming" and people are moving in, buying houses for really cheap now those rent prices are skyrocketing. All the communities are gentrifying now.

Adil, also discussed his experiences with housing in Massachusetts:

When I arrived here, for example, I note that the city is really a little bit old. And it's not easy to get a good apartment. If you want to move, different apartment, so you need to pay first and last and security deposit. So let's say, about \$3000. At that time, when I work an entry-level job and I couldn't afford that. \$3000 I have to pay one time. It's not easy. When I start this job, it's good money, very good. But it's also, you know here, there is not a lot of good place to live. I mean it depends on the monthly payment you will have to pay. Here mostly, of good places, you know the complexes, something like that, they ask for \$1600 which I cannot afford for example." After searching for a better apartment a couple months after moving, Adil "did find something, when I start here, that is, let's say 'acceptable', let's say \$1000. Ok, here there is a limited sources from this complex, so they will not accept anyone and they will not accept me, I was pretty sure. So, I wish also me in the future, to live in a better place. Mine is not very bad, it's not bad, but I want to live in a better place."

Even though he was able to find alternative apartment that he felt was more comfortable than his initial housing, the waitlists and requirements prevented him from moving. Instead, he chose to stay in the apartment he first identified because the rent was far more affordable and did not require the scrutiny of a credit check. Adil

did not even attempt to join the waitlist, instead he hopes to receive a promotion and save so that he will be able to afford moving into higher priced housing.

Education

The discussions I had with my interviewees' regarding refugee education in the Massachusetts context focused heavily on English attainment. During these discussions, several practitioners made note of the lack of attention focused on formal education, particularly adult education and higher education. According to a 2015 report from the Migration Policy institute, refugees from the countries of Russia, Iran and Ukraine had the highest levels of education. Refugees from the countries of Bhutan, Somalia and Burma had the lowest levels of educational attainment.

Matthew also noted:

The very highly educated are challenged because you really want to help them move towards their career path. And those that are not literate in their own language, that's very hard too, because you have to start from square one, like "how do you hold a pencil?"

So while focus on English courses are necessary, particularly for refugees who come from non-Latin based languages or who have low levels of literacy in their own languages, the needs of refugees that already speak English and/or have high levels of education may not be addressed effectively. When asked about education Cynthia stated:

[higher education] is something that may be overlooked sometimes because it definitely needs to be address. The refugees that come, they have dreams, they have these goals they want to accomplish and it's really been, everything's kind of been put at a halt for them. They've had to put that on hold until they've been settled somewhere.

Further, because the focus for case management and refugee services generally are is for a maximum of a five-year period, Yvette noted:

I don't know if we've really thought that thru, there's a really a presumption that whoever it's going to happen for it's going to happen for...we don't think, what is this person's life going to look like in five years.

It may be that the refugee program does not necessarily take a view of longer than five years, because the assumption is made that refugees will apply for, and gain citizenship when they are eligible after five years.

The demographics of the refugees arriving may also play a role in the more immediate vision of the refugee program. As Yvette explains:

so adult basic education, and two you think of the age range of people that come, and I don't know if it's because we are presuming people have this mentality, my guess is it's a presumption we've had because this is not a conversation I've had many times. People are coming and you have those who are all through the early 20s we know that once they get a job, they are going to figure it out. They are going to get connected, they are going to get into GED classes, they are going to go ahead and get a degree or two or do whatever they want to do. Or kids are coming in and they are going in through high school and we know they are getting into the education system that way. And then you have people who are coming in in their 40s and 50s and they are not literate. So we are focusing our time on getting them financially stable with a job and getting them literate. I wonder if it's a matter of anybody themselves and us as service providers really taking a step back and say 'well yes, just because they are not literate now doesn't meant they won't be literate later and won't want to be in advanced education later.

A way to address this limited focus is to extend the self-sufficiency plan to include a component that involving a ten or fifteen-year plan.

Facilitators

Language

Unlike in the Maryland program, discussion on English courses was extremely limited from the practitioners. Though Yvette discussed the ESOL/driver's education hybrid program, the practitioners did not delve into the issues surrounding language acquisition or than advocating for more English courses. Yvette also mentioned the need for differing kinds of English courses:

ESL, the demand for ESL is high. ESL is focused on those entering into the workforce. More ESL classes, ESL for the elders or other populations that don't have easy access to classes." This statement also addresses some needs for those who are outside of working age or those who are not medically able to work, learning English is still integral to integration, those who are not in the workforce will have more challenges in learning English, particularly if the courses offer teach towards workforce issues and not more generally.

For refugees that already speak some English, informal meetings and events may be helpful in strengthening language skill. Adil noted that while attending the weekly community meetings he *"had a chance to speak and learn how to set the sentences, because I speak English, but sometimes I think, 'oh how do I say this sentence, how do I say this word'."* Outside of English courses Adil also mentioned wanting to take courses in other languages, to bolster his resume as he would like to continue to work for international organizations. He felt that learning French and later Spanish, along with already speaking Arabic, English and Russian fluently would make him more marketable.

Healthcare

We already had a system for state health insurance "Masshealth". Going straight to Mass health. We have not seen any issues with insurance, not a dramatic change – Yvette, practitioner

In chapter 2 of the ORR regulations regarding Refugee Assistance, the Secretary is directed to “provide for the identification of refugees who have been determined to have medical conditions affecting the public health and requiring treatment.”⁶⁵ While the goal of the refugee program is to aid refugees in attaining their first entry-level job, there is an additional goal of assisting refugees in attaining a job that also includes full time healthcare benefits.⁶⁶ To aid in providing healthcare for refugees who are not able to gain affordable health care through their employer, the Division of Refugee Health Services, was changed from Division of Refugee Assistance after the Affordable Care Act (ACA) was instituted and increased the focus on refugee health care. Congress appropriates separate line items for funding respective programs. Under the W/F guidelines for 2015, case management files established for the first 240 days (8 months) after arrival, must include documentation regarding the refugee’s status for health benefits and/or whether they were offered to the individual within the first 180 days (6 months) of employment. The ACA has increased the length of coverage for refugees, particularly in Massachusetts, a state that has signed on to the expansion of Medicaid, allowing those that are unemployed or making under the federal poverty level, to continue receiving medical assistance

⁶⁵ Section (4) 3

⁶⁶ Interview with resettlement practitioner, Matthew

beyond the 8-month period allotted for RMA. Further, family composition is no longer an issue as eligibility is now based solely on income. The ACA has made significant contributions in health care coverage in Massachusetts, a state that required healthcare coverage well before the ACA was passed and while this impact has benefited health coverage, according to the resettlement practitioners, there remains a lack of resources to face the mental health care needs of refugees, particularly those who face severe psychological trauma.

Practitioner MA discussed how some refugees are overwhelmed with their circumstances when they arrive:

I think when a lot of refugees arrive here, they have this understanding that when they arrive to a new country, it's kind of a period where they can take a deep breath. They have been through a lot, they are pretty surprised they have to find a place to work; they have to pay for their rent, that sort of thing. So they sort of go through a honeymoon period but when reality sets in it's kind of stressful for them. Their first adjustment period, that varies between people to people, especially what they have been through. If they have gone through war, they've been victims of abuse, we see a lot of people who have PTSD related symptoms and some they kind of cope by drinking alcohol, not too much though, but it is really hard for them to grab themselves by the bootstraps and find a job and be independent." In some agencies, in house counseling services are available, while other volags may refer clients to mental health care facilities that have refugee-centered treatments available, such as in the Boston Center for Refugee Health & Human Rights and the Harvard Program in Refugee Trauma. Though these programs are open to refugees, there are barriers to access, particularly refugees that don't live in proximity to both programs that are located in Boston.

Mental health needs affect case management in a variety of ways, such as employment placement as earlier noted by practitioner MA. Practitioner Yvette stated that resources can be increased due to what she experiences as a changing demographic, with refugees that are experiences more trauma prior to arrival:

We are receiving increased caseloads where individuals, they need a professional mental health assessment that's more readily available, that's more appropriate to refugee trauma and the ability to follow through with it. Mental health has been one of the biggest barriers that families and individuals face to integration, self-sufficiency and being on their own. It's one of the greatest stressors on caseworker, because caseworkers can only do so much and when there's a lack of resources to refer a client to, caseworkers are very knowledgeable they understand refugee trauma, they understand generally what's going on, when there's a lack of resources or the resources that are there are very limited or they are not most culturally appropriate or they don't have an understanding of refugee trauma, it makes it much more complex."

At times the barriers are not simply based on access or resources, there may be cultural barriers faced by western cultural mental health wellness practices. Yvette believes "*there's a real stigma on mental health in the refugee community, really no matter where they are coming from.*" As Cynthia discussed, during the cultural orientation courses she leads there are slides indicating when an emergency necessitates a call to 911, these slides also include pictures and one such slide is a picture with a person looking sad with their hand on their head. She mentioned:

It says if you feel suicidal what should you do? And so, I would say, nine out of ten times, when I go over that slide with groups in cultural orientation they start to laugh. They start to laugh and it's really a cultural thing they say 'we don't need that, that's ridiculous, who's going to do that?' they joke about it... I think that's just how they see mental health treatment; it's not anything serious. It's not your body, you'll survive if you're depressed... Boston is one of the top cities for medical research and for doctors and there are all these teaching hospitals so we are really robust in the type of medical treatment that we have here... they can get some of the best treatment in the world in Boston"

A way mental health needs are addressed by volags is through the cultural orientation courses, even when direct counseling services are not accessed by refugee

clients, orientation classes provide an environment where interactions can help ease some refugee concerns. While practitioner Cynthia may not always feel mental health treatment is successfully encouraged another way she addresses refugees being overwhelmed is through analogies:

One part of it that I really like is talking about the cultural emersion roller coaster. Like talking about the different levels of [being] immersed in a new culture. It first feels like excitement, then reality starts to sink in, they start to feel a little more angry, maybe confused. Then they start to take control of their life, maybe get a job, start to immerse in the community and lastly when they've finally fully immersed they feel happy. Last time I did a cultural orientation I was talking about this to some of the clients, s a group of all Somalis, and they were all like yes' yes. They felt really happy to know that if they felt angry and confused right now then they know it's normal... they were all in agreement and felt better that someone could understand their frustration but were comforted that it was a normal feeling.

Adil discussed feelings of depression when he arrived. One of the reasons he left Michigan, in addition to not finding employment, was because the one friend he had in the United States lived in Massachusetts, this is the same friend who convinced him to move and helped him find housing upon arrival. When I asked what issues that need to be addressed for refugees to become integrated into the community he mentioned the need for positive interactions, simply put to have fun:

When you have a bad feeling... depression let's say, when you have a fun time, it will be, you know, at least be equal, not just depression that you have. At least you have and this is the life, [if] you have a bad feeling and you should have a nice feeling.

Social Connections

According to the Case Manager Manual, Mutual Assistance Associations “play a pivotal role in providing services to further assist families in adjusting to life

in the U.S.” Many of these associations provide programing and some receive discretionary programing grants through ORR. Such programs have included: community education and orientation; mental health services; elder services; ethnic community self-help; and family/community strengthening.⁶⁷ In FY 2013-2014 discretionary grants focused on:

- Home Based Child Care
- Individual Development Accounts
- Microenterprise Development
- Preferred Communities⁶⁸
- Services to Survivors of Torture⁶⁹

These programs help to aid refugees outside of the traditional employment and cash assistance services by funding initiatives that are intended to have long term, sustainable outcomes and the programs are made possible due to the MAA’s that work with ORI.

A particular program that was discussed at length by practitioner Yvette, and called it:

“one of the most successful programs I’ve ever seen. That focused on ESOL and drivers Ed. So they would be in their English class, learning English, people that arrived just a month ago but they’re learning from the driver’s manual. That program had so much success because, so somebody is able to get a driver’s license after being her for six months. They get a driver’s

⁶⁷ Case management manual

⁶⁸ Granted to Refugee Immigration Ministry and Jewish Family Service of Western Massachusetts

⁶⁹ Granted to Boston Medical Center – From Surviving to Thriving and Massachusetts General Hospital - Harvard

license, they can get to a job that's outside of public transportation, they can get to a third shift job and not only can they get there, they can drive others in their community to work. It was a job outcome for that individual plus more job outcomes for the community. On top of that they were then able to access grocery stores that were off of public transportation so they were able to save money, they were able to have more diversity, and again you're doing that you're interacting with more community around you. You are not just in that small little place where you know ten different places and fifteen different families and that's my limited access. So a driver's license at any point, that is a huge need.

Programs that promote wider community engage may be able to bridge gaps that cannot be filled directly by volags that spend a majority of time and resources on the more basic-immediate needs of refugees.

A program that Adil attended was hosted at a local church with community volunteers, the program was established to connect the local community with refugees, as well as a means for refugees to practice conversational English skills. He enjoyed attending the weekly meetings and learning about American culture.

They are American, or native American, so they talk with us for example, next week it will be Thanksgiving what will Thanksgiving mean? Like this, like this, like this. The next week, will be Halloween for example, Halloween the Americans will like that like that. Something about their culture.

Even while Adil enjoyed attending the weekly classes he still feels some isolation, though he mentioned that having employment has made him feel more part of US society.

Here, it's not easy to contact the people, I've lived for one year here almost. I don't know my neighbor, no friend to contact with them and I'm very socialized person. I'm very socialized. But when I start here [work] at least I have a chance to hear, contact with them, using my English. It's not like the entry job I got...

In the above quote, Adil, was referring to the job where his co-workers primarily spoke Spanish. His experience also reflects a sentiment made by practitioner Yvette: *"there is so much integration and education that happens on the workplace, there's a lot that happens there"*.

Foundations - Rights and Citizenship

Refugee rights in Massachusetts are clearly outlined in the state regulations:

The policies of the Massachusetts Refugee Resettlement Program shall be administered in accordance with the rights guaranteed by Massachusetts and federal law, the MRRP regulations at 121 CMR 1.000 through 4.000 et seq., federal regulations, the policies of ORI and general principles of privacy and personal dignity. A refugee has a right to be informed of his or her rights and responsibilities under the MRRP. This includes the right of access to 121 CMR 1.000 through 4.000 et seq., which shall be available during regular business hours at Case Management Agencies and ORI.

The rights outlined in the Massachusetts regulations include: the right to Non-discrimination and equal treatment; the right to confidentiality; the right to information; the right to a fair hearing; the right to representation; the right to linguistically appropriate services.

The responsibilities of refugees in the Massachusetts program are also clearly outlined. "Responsibilities of Refugees. The Case Management Agency shall explain to the refugee all rights and responsibilities under the MRRP. The refugee shall sign an agreement acknowledging that he or she has been advised of his or her rights and responsibilities and agreeing to abide by the terms of the program."

As of FY2015 there were 23 locations that house the Citizenship for New Americans Program (CNAP). This program provides civic education and assistance

for immigrants applying for US citizenship, though some locations provide more extensive assistance such as English courses and intermediate civics courses. Volag #2's site in Worcester offers English courses, civics courses, assistance with application preparation, application fee waivers, as well as an onsite attorney. Volag #1 clients are referred to the Center for New Americans when they require/request assistance with citizenship preparation. The CNA location includes civics and English courses, application assistance, application fee waivers, as well as interview and test preparation services.

Wilson Fish & Flexibility

The Wilson/Fish program was instituted to provide resettlement entities with the flexibility necessary to encourage successful refugee resettlement. Yvette discussed the program stating that:

even though we are physically small we are a bit complex because we have so many affiliates; and so many orientations that this one spends a lot of time doing immigration help, with like green cards, etc.; or this one tends to do a lot of work with microenterprise; and this one does a lot of work with childcare; so they are all very different with other programs what they do.

4.7. Conclusion

The refugee program in Massachusetts is a reflection of the number of affiliates and the diverse geographical areas in which refugees are settled. Massachusetts has also increased the number of refugees being resettled to the state significantly over the past twenty –four years the Wilson/Fish program has been

adopted in the state. Yvette discussed the changes to the program over time, in that the refugee population has:

...significantly changed. Clients are coming with more barriers to success than they used to. Part of the reason is because of the regions they are coming from. The US Department of State has stated that the purpose of the refugee resettlement program is to assist the hardest to reach and that's evident in the needs - the changing needs of the refugees we serve and the barriers they are facing and what they need in order to be successful. Now I think it's a great program, every person that is a person in need needs to be helped as much as possible. But on the ground there is a reality. For people arriving that have more physical limitations, they are coming with more trauma, they are arriving illiterate, and there's more single parent households and those are the realities. The needs of the refugee... Let's just say the needs may not have changed, they all need the same thing, they need housing, a job, they need to be able to pay all their expenses, they need to know where to pay their bills. Those needs are all the same. But the barriers to being successful have increased and the barriers to appropriately meet those needs has increased.

The strains placed on the resettlement program have become even more pronounced as Congress has been funding the program through Continuing Resolutions, as Congress has not passed a comprehensive budget in the six years prior to my project.⁷⁰ With the calls from many in the human rights community, for the United States to increase the number of refugees resettled Yvette's concerns grow, the challenges to the program are:

a natural outgrowth of the change in the resettlement program - the people who have been sitting in camps for ten, fifteen, twenty years. I am proud that the United States makes it a priority to serve and assist individuals who are often overlooked, but it comes with additional strains on a resettlement program that was barely sufficient before, and now the burden is greater and I think everything has been done with the best intent.

⁷⁰ Interview with resettlement practitioner, Matthew

Overall, I found that the practitioners I interviewed focused a majority of their attention on employment attainment, cash assistance and identifying and securing affordable housing. Conversely, a majority of the practitioners noted the increasing need for mental health care that addresses the specific needs of refugees and the particular trauma they face. It was noted that there may be cultural barriers that prevent refugees from seeking mental health care but, as MA noted, it may be beneficial to approach different ways of addressing mental health outside of the traditional one on one centered care. MA's volag partnered with the local Department of Health as well as a religious institution, funded in part by MassHealth to tackle domestic abuse within refugee communities. This type of program, with sustained funding and institutional collaboration increased the interaction with co-ethnic community in their place of worship while increasing interaction with the volag and local police departments. MA stated he believed the program has been successful as 1) there was increased utilization of domestic abuse services 2) some members of the community stated they felt more comfortable reaching out to the local police in matters of safety and 3) the program received a grant renewal based on the measured outcomes. Given the concerns of the practitioners, it may be that increasing institutional collaboration, through direct joint service rather than referrals, could have a greater effect on the barriers they stated in affordable housing, youth programming and employment placement.

In chapter five I will discuss my findings from chapter three and chapter four, and evaluate the differences in the Maryland and Massachusetts refugee programs.

Chapter 5. Discussion of Findings in Maryland and Massachusetts

In this chapter I discuss the outcomes for the various indicators, integrating both Maryland and Massachusetts. I also compare and contrast the approaches to refugee integration through services provided in both states. I find both states focus time and funding primarily on R&P, employment skills and placement services as well as English instruction. Further, practitioners in both states indicated there is a need for increased mental health care services and funding to create and maintain services outside for the mainstream cash assistance and employment service. I find that the public-private partnership in Maryland promotes collaboration between public, private and community institutions that enhance resource sharing and service delivery for newly arrived refugees. I also find that the Wilson Fish model in Massachusetts allows for the many volags across the state to receive funding for services particular to the location and the needs of the refuge population in communities, while also delivering cash assistance. The Wilson Fish model works well for Massachusetts as refugee populations are located in many areas across the state while in Maryland a majority of refugees reside in three counties which allows the “one stop shop” center model to be effective in service delivery.

5.1 Reception and Placement (R&P)

During reception and placement (R&P) case workers in the resettling volags pick up clients, prepare housing arrangements, supply necessary household items, provide home safety tips and schedule further appointments including cultural

orientation classes, medical appointments/screenings, registration for school and register the client with their caseworker.

Figure 5.1 Approved Client Plan for R&P by City

State	City	FY 2015 Approved Total Capacity
Massachusetts	Boston	300
Massachusetts	Framingham	8
Massachusetts	Jamaica Plain	100
Massachusetts	Lowell	275
Massachusetts	South Boston	260
Massachusetts	Springfield	230
Massachusetts	Waltham	10
Massachusetts	West Springfield	340
Massachusetts	Worcester	443
Maryland	Baltimore	775
Maryland	Glen Burnie	150
Maryland	Rockville	39
Maryland	Silver Spring	845

Source: ORR

Funding for R&P is derived by the Department of State (DOS) with each client⁷¹ receiving \$1975⁷²; volags could only spend \$700⁷³ to cover administrative

⁷¹ Each client is allocated \$1,975, up from \$1,875 in FY2015 by the DOS to the sponsoring volag for airport pick up, household supplies, clothes, food, housing (likely first and last month rent), cultural orientation and other administrative costs, etc.; thus a family of four would be allocated \$7900

⁷² "FY2016 Notice of Funding Opportunity for Reception and Placement Program"

<http://www.state.gov/j/prm/funding/fy2016/241122.htm>; this amount was significantly increased between FY2009 and FY2010 increasing from \$800 per client to \$1900. The increase was instituted to reduce case manager to client ratios as a way to increase the quality of case management and so that the needs of refugees would be effectively addressed.

⁷³ \$700 was the amount allocated for administrative expenses when the allocated amount was \$1800, it may have been adjusted since the increase to \$1,975, however, the author was not able to identify any increase; Sen. Richard G. Lugar, "Abandoned upon Arrival: Implications for Refugees and Local Communities Burdened by a U.S. Refugee Resettlement System That Is Not Working", Report to the U.S. Senate Foreign Relations Committee, July 21, 2010

costs whereas the remaining amount was required to be spent on the client. Further, volags routinely provide in-kind support through donated household items and additional work hours.⁷⁴ Of these services, cultural orientation was mentioned numerous times by practitioners in Massachusetts, but was not necessarily mentioned as the most important part of refugee resettlement. Two of the practitioners in Massachusetts, who discussed the R&P program, focused on the difficulty in identifying housing and household supplies, due to funding constraints as well as the amount of time that goes into this portion of the case management period. In her interview Yvette said *“more funding is needed for housing through the R&P program, more money is needed for housing and put everything at a better starting point.”* This statement reflects the funding and housing constraints faced by volags and case during preparation for refugee reception.

What was poignant in my interview of the refugee family in Massachusetts was the discussion of the R&P program and how it was essential to acclimatization in the first months of arriving to both locales, Michigan and Massachusetts. Adil, emphasized the importance of the services he received upon relocating to Massachusetts. In particular he talked about the cash and food assistance as well as the aid he received through his case manager, who immediately helped to arrange his employment at the volag he accessed upon arrival to Massachusetts. He noted that his

⁷⁴ “The Real Cost of Welcome: A Financial Analysis of Local Refugee Reception”, Lutheran Immigration and Refugee Service

experience as a recently arrived refugee, his various language skills, and previous employment at an international non-profit organization in Iraq made him well suited to work with incoming refugees. His success in gaining employment so quickly in Massachusetts made him feel happy and more secure about moving from Michigan, where he was not able to secure employment in the first four months of residing in that state. His difficulty in securing employment in Michigan, he noted, was not necessarily because of the case management in the location, but rather the lack of available employment due to the economic stagnation in the area he resettled. Further, he discussed his positive experiences in a community orientation program, hosted by a local church in the area, where he was able to hone his English language skills while meeting people who were native born. While this program was not hosted through the cultural orientation program under R&P, it did act as both a cultural awareness and English instruction course, both of which were found to aid refugees according to the practitioners and refugees interviewed.

In contrast to Massachusetts, Maryland practitioners did specifically note the R&P program as essential in determining the trajectory of refugee integration. Perhaps factors such as housing and funding sources are attributed to the difference in perception of this program. While practitioners in Massachusetts noted the challenges in attaining affordable housing for refugees, practitioners in Maryland did not stress the lack of availability in identifying affordable housing, rather, they noted partnerships that arose between the agencies and apartment complexes. For example, in 2013 the IRC gave an award to a local housing complex for community partnership

as the volag worked closely with the complex to house resettled refugees. Additionally, AIRF noted the afterschool tutoring program the nonprofit established was housed in a local complex where a number of refugee families resided, in collaboration with the complex's management who donated the facility while the county government covered the costs of snacks for the youth. Daniel, a Maryland resettlement practitioner, discussed the issues with funding for R&P and the effects funding has on the program particularly in healthcare, case management time and cultural orientation programs:

And that in part because we have a Public Private Partnership (PPP) which has given us some flexibility in program design. Originally, they [ORR] termed PPP, they used the category "alternative projects" that's how they started, alternative projects. And worked pilot projects, experimental, innovative, and I think that streak of innovation has persisted in the program and when we, from our providers have an idea to do something more intensely, do something better, or to do something different ORR would accommodate us. That extended case management, our beefed up cultural orientation⁷⁵, the health program they funded all of those things, we grew and ORR finally, I guess with a different administration in part, but new people not so much a change in administration, and in more austere times looked at the budget and said, 'whoa, this program has grown and its all personnel', basically to offer better cultural orientation you get people to teach it. Same with health or any of those programs, so we've had to cut. And one of the centers, a center of forty something people, they cut eight people just a couple of weeks ago. So funding, generous funding allowed us to do things that weren't, what we now call core (the employment, the English language, the case management).

The practitioners in both states felt that the cultural orientation program laid a strong foundation for newly settled refugees. In particular, the program serves to

⁷⁵ The Maryland Cultural Orientation program was increased from a one to three day workshop to a week long orientation program, delivered by the volags in conjunction with MORA

acclimate refugees to the US cultural practices, institutions, childcare, health care and other pertinent issues for those newly resettled. As discussed in chapter 4, a practitioner in Massachusetts noted misinformation given in the pre-arrival cultural orientation that she felt created false expectations for those entering into the US. Given her comments and a report published by the Migration Policy Institute, I argue that certain pre-arrival practices should be standardized by the UNHCR, particularly in regards to the cultural orientation program and English instruction, which will be further discussed in the Facilitator's section of this chapter. An enhanced pre-arrival cultural orientation class, may also reduce the length of the curriculum, therefore reducing time and cost of the post-arrival orientation class.

Given the responses by both practitioners and refugees in Maryland and Massachusetts, I find that reception and placement, due to the factors that fall under this umbrella, are not adequately addressed in the Ager and Strang Integration Indicators framework. While various aspects of the R&P program are addressed in the means and marker domain of the framework, because of the structure of the US refugee admissions program (USRAP), where cultural orientation, home and community safety and housing are encompassed in the program and funded as such, evaluating the R&P program by incorporating outcomes into the social connections indicator would strengthen the integration indicator framework in the US context. The outcomes for this program may be measured in various ways, examples are:

1. The number of refugees attending cultural orientation classes and their scores on assessments (measured by volags participating in orientation classes);
2. The number of refugees being provided health screenings upon arrival – and the health profiles for those screened (measured by volags or health providers accessed for health screenings);
3. The cost of housing per client and the length of time clients’ stay in the first unit of resettlement (measured by volags and/or housing units);
4. The amount of private donations used towards the R&P program (measured by volags).

5.2 Refugee Integration Indicators

In this following section I will be discussing the findings for the Integration Indicators in Maryland and Massachusetts. I will be drawing from my interviews with practitioners, refugees and data compiled from the Office of Refugee and Resettlement (ORR); the Department of State – Bureau Population, Refugees and Migration (PRM); the Maryland office of Refugees and Asylees (MORA); the Massachusetts Office of Refugees and Immigrants (MORI); and the United States Census (Census). I will be focusing on the indicators that were most discussed most prevalently in my interviews as well as the indicators that are addressed through services and practices within the two states of inquiry.

Means and Markers Theme

The Ager and Strang refugee integration indicator framework encompasses the theme “means and markers”, what are known as core services under the ORR as well as the Maryland and Massachusetts state refugee programs.

Employment

The goal of the US refugee program is to aid refugees to become economically self-sufficient as soon as possible, so one of the main priorities of the resettlement program is immediate employment, particularly for clients that are enrolled in the Match Grant (MG) program. In order to achieve the goal of swift employment placement, both states put heavy emphasis on skills training for job attainment. Further, both states require clients to take the first employment opportunity offered unless exempted for “good reason”⁷⁶ by caseworkers.

Maryland

The placement rate/employment rate in Maryland for refugees within the first eight months of arrivals between 2010 and 2014 was an average of 82 percent⁷⁷. During this same period, the overall percentage of those in the civilian labor force, over the age of 16, was 68.3 percent⁷⁸ in the state of Maryland.

⁷⁶ Good reason may include factors such as health issues of the client, transportation/location issues for employment that is over an hour and a half from a client’s housing, etc.

⁷⁷ Refugee and Asylee, Resettlement in Maryland 2010-2014, MORA, Statistical Abstract; this rate reflects the refugee clients that were enrolled in employment placement, as such clients who were not enrolled in the employment placement program would not be calculated in this figure. Clients under the age of 16, the elderly and those who have health issues that preclude them from working are not reflected in this placement rate.

⁷⁸ US Census, Quick Facts, Economy

Figure 5.2 Employment Services Enrollment and Placement Outcomes in Maryland: FY 2010 - FY2014

Status	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	AVERAGE
Enrollment in Employment Services	852	949	1,183	1,263	1,258	1,101
Individuals Placed	692	843	1,000	1,044	917	899
Entered Employment Rate	81%	89%	85%	83%	73%	82%

Source: MORA

Refugee employment placement was higher than the overall Maryland civilian labor force by more than 13 percent. While these data reflect high placement rates for refugees, there was quite a bit of disparity of placement by education level. Refugees with a high school degree or some college had the highest placement rate, an average of 39 percent of those placed between 2010-2014, while their enrollment rate was 35 percent, meaning their placement rate was higher than their enrollment rate.

Figure 5.3 Refugee and Asylees Enrolled in Employment Services by Education Level in Maryland: FY2010 - FY2014

EDUCATION LEVEL	2010	2011	2012	2013	2014	Average	Percent
No formal education	27	30	44	33	21	31	3%
1 - 6 years of education	118	107	107	126	146	121	11%
7 - 11 years of education	181	211	255	237	317	240	22%
High school graduate or some college	344	396	483	349	342	383	35%
College graduate or above	178	205	289	518	432	324	29%
Unknown	4	0	5			3	0%
Total	852	949	1,183	1,263	1,258	1,101	

Source: MORA

Figure 5.4 Refugee and Asylees Placed into Employment by Education Level in Maryland: FY2010 - FY2014

EDUCATION LEVEL	2010	2011	2012	2013	2014	Average	Percent
No formal education	25	31	34	30	18	28	3%
1 - 6 years of education	106	100	90	109	113	104	12%
7 - 11 years of education	167	188	226	203	239	205	23%
High school graduate or some college	268	345	404	428	313	352	39%
College graduate or above	121	173	242	266	229	206	23%
Unknown	5	6	4	8	5	6	1%
Total	692	843	1000	1044	917	899	100%

Source: MORA

Conversely, refugees with a college degree or above and those who had seven to eleven years of education were tied as twenty-three percent of each group consisting of all those placed while their enrollment rates were twenty-nine and twenty-two percent respectively. The placement rate for college graduates or above is lower than their enrollment rate, perhaps reflecting the results of credentialing or re/certification that was noted by practitioners in Maryland. A Maryland volag worked with refugees who applied to be credentialed in various fields, particularly in the medical and engineering fields, however, the program was cut after two years because the yield was quite low, as Daniel stated:

We had a recertification program here for two years. It had modest success and LSS is the one that started it. Basically what they found it was a lot harder than they thought it would be. The process could be really cumbersome and for some folks impractical. For instance getting your documents from Kyrgyzstan or Cameroon, Liberia would be difficult. They came across stuff I never heard of, for instance to become a certified engineer,

I could have this wrong, but you needed peers to speak on your behalf or to stand for you in some way, and how do you get Americans peers to do that if you're new to the country? They even made inroads in that but the program couldn't be funded longer, ORR didn't offer the money for that again. I know they are putting a guide, a manual based on their accomplishments on what to do. Teachers they had success, accountants some success. But doctors I don't think they did, engineers they may have placed one or two.

Further, classes were established to aid clients who were interested in employment in the medical field, even if the position was not reflective of the client's career background. Daniel explained:

In response to [refugees with professional backgrounds] we offered vocational English, VSEL, Vocational English as a Second Language, in the healthcare field, for someone who, I think it was medical record keeping. So it was a job that wasn't at all advanced, but they were, a refugee who would get that job, might be a clerk, but they would be in an environment, even if it was more than three years, they would be in an environment that would be conducive to their persisting and overcoming that hurdle. They would be in healthcare. I think CNA (certified nursing assistant), GNA (geriatric nursing assistant), nursing.

The wages for refugees with higher levels of education were slightly higher than those with no formal education or less than seven to eleven years of education, however, the average wage for college graduates or above over this time period was \$10.88, barely two dollars higher than minimum wage. Given the median income per capita for all Maryland residents was just over \$74,000 yearly, a refugee with a college degree would have to work at least 133 hours a week to make the median income for Maryland⁷⁹. Working over one hundred and thirty hours a week would be

⁷⁹ For high school graduates the number of hours for the household would be approximately 152 hours; For those with seven to eleven years and one to six years of education the number of hours would be approximately 160; for those with no formal education the number of hours would be 170

possible for a family where two or more adults are sharing income, but would be far more challenging for an individual. The disparity in wages of refugees and native born to the US is even more drastic for some counties. For example, in Montgomery County, where the Suburban Washington Refugee Center (SWRC) is located, the median per capita income between 2010 and 2014 was approximately \$98,700. In Prince George's County, which is also served by the SWRC, the median income was approximately \$73,800. Conversely, the median per capita income in Baltimore City was approximately \$41,800⁸⁰, which would mean that refugee clients would have to work 74 hours⁸¹ to reach the median income. The differences in median per capita income may reflect why a majority of refugees are resettled to Baltimore City.

⁸⁰ Source for Median per capita incomes, US Census

⁸¹ For high school graduates the number of hours for the household would be approximately 84 hours; For those with seven to eleven years and one to six years of education the number of hours would be approximately 90; for those with no formal education the number of hours would be 95

Figure 5.5 Refugees and Asylees' Average Hourly Wage at Initial Job Placement by Education Level in Maryland: FY2010-FY2014

EDUCATION LEVEL	2010	2011	2012	2013	2014	Average
No formal education	\$8.05	\$8.38	\$8.11	\$8.72	\$8.96	\$8.45
1 - 6 years of education	\$8.75	\$8.95	\$8.40	\$9.10	\$9.38	\$8.91
7 - 11 years of education	\$8.58	\$8.92	\$8.85	\$8.85	\$9.59	\$8.96
High school graduate or some college	\$9.15	\$9.53	\$9.15	\$9.46	\$10.05	\$9.47
College graduate or above	\$11.34	\$10.70	\$10.00	\$11.31	\$11.04	\$10.88
Unknown	\$9.38	\$8.04	\$8.87	\$8.19	\$8.50	\$8.60
Average, All Clients	\$9.30	\$9.51	\$9.30	\$9.84	\$10.03	\$9.60

Source: MORA

Massachusetts

In Massachusetts enrollment and placement rates fluctuated between FY2009 and FY2014⁸². In FY 2009 56 percent of refugees enrolled in employment services where placed, whereas by FY2014 74 percent of refugees where placed.⁸³ These changes are likely the reflection of the recession that began in 2007 and began rebounding in 2012 and 2013. The average placement rate over these years was 68 percent. During roughly this same period, 2010 to 2014 the average workforce rate over all was 67.5⁸⁴, which is approximately the same rate as the refugee population.

⁸² These fiscal years are from October 1, 2008 to September 30, 2013

⁸³ Massachusetts Office for Refugees and Immigrants with data made available by Refugee Employment Services providers in Massachusetts through their Annual Program Reports.

⁸⁴ US Census, Quick Facts, Massachusetts

Figure 5.6. Refugee and Asylees Enrolled in Employment Services and Place in Employment in Massachusetts: FY2009 - FY2014

Status	2009	2010	2011	2012	2013	2014	Average
Enrollment in Employment Services	1,569	1,853	1,817	1,526	1,680	1,655	1,683
Individuals Placed	877	1,093	1,282	1,138	1,221	1,229	1,140
Entered Employment Rate	56%	59%	71%	75%	73%	74%	68%

Source: MORI

Figure 5.7. Refugee and Asylees Placed in Employment by Status in Massachusetts: FY2009 - FY2014

Status	2009	2010	2011	2012	2013	2014	Average
Full Time	544	675	816	653	762	867	720
Part Time	333	418	466	485	459	362	421

Source: MORI

The average hourly wage for those placed in employment in Massachusetts from FY09 to FY14 was approximately \$10, one dollar above minimum wage. Given the median income per capita for all Massachusetts residents was just over \$67,800 yearly,⁸⁵ a refugee would have to work approximately 130 hours a week to make the median income for Massachusetts. The differences in income of refugees and native born to the US varies from city to city. For example, in Boston, the median per capita income between 2010 and 2014 was approximately \$ 54,485.⁸⁶ In Worcester, the

⁸⁵ Source: US Census

⁸⁶ The hours need to work for a household to make this median income would be 105 hours weekly.

median income was approximately \$ 46,105.⁸⁷ In western Massachusetts, the cities of West Springfield and Springfield’s median per capita income was approximately \$52,800⁸⁸ and \$34,700⁸⁹ respectively. The differences in median per capita income may reflect why a majority of refugees are resettled to these cities.

Figure 5.8 Average Hourly Wages for Refugee in Massachusetts: FY2010 – FY2-14

Salary	2010	2011	2012	2013	2014	2010	AVERAGE
Hourly wage	10.13	10.24	9.65	9.95	10.17	10.21	10

Source: MORI

I find that the labor force rates for refugees are roughly on par with the overall populations in Maryland and Massachusetts. While average wages for refugees hover around the minimum wage in both states, households that have more than two members that can work full time (at least 40 hours), can be on par with the median per capita incomes for their respective states. For households that have single parents, many children that are not at least sixteen years old, or are singles, meeting the median income will be challenging and thus services would have to be able to accommodate the needs of these “non-traditional” household. These data point to a level of both economic self-sufficiency and a level of economic integration, as the

⁸⁷ The hours need to work for a household to make this median income would be 88.5 hours weekly.

⁸⁸ The hours need to work for a household to make this median income would be 101 hours weekly.

⁸⁹ The hours need to work for a household to make this median income would be 66 hours weekly.

household incomes are similar to the incomes of native born US households for those who have multiple income earners.

Education

Practitioners in Maryland discussed education at length, both regarding English instruction and higher education. The practitioners also focused quite a bit on youth issues in and out of the classroom. Practitioner Solomon discussed the services his organization provides to the local public school system in Baltimore, where there are resettled refugee liaisons working closely with teachers in the schools as bridges between the refugee and teacher committees. These liaisons provide advice for teachers in how to deal with cultural differences that youth in the classroom and parents have that may cause barriers to integration. Solomon noted this program has also been used as a way for students, who are being bullied, to talk about the experiences they are facing. Practitioner Semret discussed the afterschool program that was established by a non-profit working closely with refugee immigrants. The program was established to 1) create an environment for students, who are adjusting to a new country, to have additional academic support outside of the classroom 2) to aid students that may not have academic involvement from their parents 3) as a way to “catch them up” as many refugee youth were not making the academic achievements their parents knew were possible.

In speaking to another practitioner, Maureen, who works with English instruction at a local community college, she discussed a myriad of programs offered

that were in response to the needs of the arriving population, particularly the highly skilled or those with professional careers in their home country. Maureen stated,

My concern is for these, high level – highly skilled immigrants, they already have degrees. And so, my interest is how do we transition them to professions that they already know, and not have them get another degree. They don't need it. Sometimes they need updated training or a refresher, like nurses, if they can get their license in DC or Maryland, then I will send them to the nurse refresher training, which is at suburban hospital and its like \$2000. When they come out they can go get a nursing job, like in a couple of weeks.

She also discussed the necessity of non-credit and credit bearing courses on those who are highly skilled:

The third component is called tuition reimbursement and that's why I gave you the fall brochure. The high level, what we would call highly skilled immigrant or professional, who arrives in this country, they have been teachers, doctors, lawyers and engineers, get to do noncredit courses, here at the college and hopefully, which it is has proven to do, enhances several things. 1) Now they have training in the US 2) they've obtained a certificate for that training in the US and they have a current skill in the US. So, what does that look like? A cardiologist that does EKG technician training and gets a certification, we have a dentist that did the dental hygienist, you're not a dentist, you're not a cardiologist but you're doing something that's meaningful that you know. We are trying to prevent doctors from driving cabs. And so it's small steps, you work and you prepare for the certification and board certification here in the United States, like anyone else, you work and you study part time. They do phlebotomy, a lot of computer training, another big one is the project management, which we've had entrepreneurs, people who have their own businesses, that's a great transition. That's big. Some of the other allied healthcare, phlebotomy, pharmacy tech, all of my pharmacists – I've had about five or six from Iran and Iraq – do pharmacy technician. So what it does is keep them in something they know that's meaningful, that has value to them personally and hopefully propels them down the road – so that we don't see brooding people cleaning toilets at the hotel.

She went on to discuss a student she worked with and how she made her journey from attending English courses to becoming an academic scholar:

Long term, there have been some fabulous stories. A young lady from Ethiopia, if I can find it I can give it to you, came here for the morning program. I would say she tested in maybe intermediate English. [She] went through our afternoon [certified nursing assistant] CNA program, [Targeted Assistance Program]TAP, showed up in the nursing program at University of Maryland and walked across the stage from Montgomery College as the board of trustees' scholar – all in maybe two and a half years. That is a typical story. So long term the projection and the prediction is success. Everyone maybe not as quick, but what we all see here as educators is the absolute overwhelming desire to study, to learn, to be educated...

When I asked Maureen what the most important needs are for refugees to be integrated into the US society she said additional education and training was one of the top needs. She went on to discuss her interactions with students:

...as Americans we value that, other countries do too, but when you come you're disenfranchised by several things already, learning the culture, learning the language, and then having people value who you are because you have something to offer. And to, as Americans we look to people to be educated and trained. I hate to say that but that's how we look to see who's making a contribution. Ummm, all of the individuals that I have worked with in these last seven years, brilliant, but for some limited language, just absolutely brilliant. And they became frustrated with American culture. Everything was supposed to be like this, and the opportunities were supposed to be plentiful and 'grab it, it's yours' and it's not exactly that way. And so, they sometimes are students that become very disenfranchised and disillusioned, felt marginalized, the dentist, the doctor, the pharmacist and sometimes it wasn't even language, it is just that the culture is different. A classic example, so I had a bunch of Iraqi doctors, and they were all sitting with the employment specialist doing resumes. 'What? No resume, you call, my father calls, I get a job. My uncle is head of surgery, I get a job.' So I'm like that's not going to happen guys, you have to do your professional resume. And I was like, is it really like that in Iraq? But then I was thinking, ok; think about the cultural difference when Saddam Hussein was in power, maybe that was how you operated. You had a friend, who had friend, who was his friend and

everybody had a job. And then things changed so then I was like “oh my goodness” is that possible that they never had to do a resume? Well they never had to do a resume.

Maureen’s response underscores the issues for skilled refugees resettled to the US and the tension between immediate employment, at any level, in any type of job, and the skills that are not being utilized by both the refugee and their new communities. Literature addressing “brain drain” usually focuses on traditional immigrants coming to the US, particularly on H1B⁹⁰ visas, however, there is research addressing refugee “brain waste.” Sumpton (2013), evaluating best practices in the Canadian labor force, argues that skilled refugees should have a path to credentialing that eases current standards advocating various measures including: 1) aptitude tests in professional fields were testing is already performed and 2) adaption periods that include supervised on the job experience as a career pathway. Such measures would potentially encourage professionally skilled refugees to seek careers in their stated professions. The Maryland program is assisting refugees in these circumstances to a certain degree, when able, however, increased funding for programs that discourage brain waste would increase the skilled labor in the workforce.

My interviews with practitioners in Massachusetts the practitioners did not lead to such detailed responses regarding education as a path towards integration, though it was point out to me that some Mutual Aid Associations (MAA) as well as

⁹⁰ H1B visas allow US employers to sponsor foreign professionals in particular specialty occupations for a period of time. Specialty fields are usually technical in nature, such as engineering or computer science.

local schools, have programs focusing on youth education. The programs in public schools, however, are utilized as support for youth that sometimes don't feel like a part of the community. In addition to youth programs, MAA's received funding focused on Individual Development Accounts (IDA)⁹¹. IDA accounts may be used to aid in funding further education. Additionally, there is the childcare employment service⁹² that both trains refugees that are interested in home daycares regarding the administrative aspects, laws regarding in home daycares while also teaching childhood development. The limited response I received regarding education programs and services in Massachusetts is likely due to two factors: First, as Yvette noted in chapter 4 of this dissertation, the populations that arrive fit one of three categories a) youth that are mandated to attend school b) those in middle age who are focusing on supporting a household or c) the elderly that focus on English language. Second; while I spoke to various practitioners, I did not speak to any teachers, so it is likely those that I interviewed are not aware of the discussions concerning refugee education. I believe factor two is the primary reason I would like to focus on this factor in further research to be teased out more adequately.

There is no quantitative data available, that I could identify to further inquire into the role of education in the integration process, given readily available data sets either 1) do not parse out refugees from the larger immigrant community or 2) do not

⁹¹ Source: MORI

⁹² Under the ORR funded program "Home Based Child Care"

only reflect education attainment, as is the case with MORA data sets which merge education and wage data. Further, the interview with the refugee family in Massachusetts focused more on employment, housing and social connections, as the head of household is highly educated with employment that is mid-level. Adil, the refugee residing in Massachusetts, stated the only further education he intends to pursue is French studies, to increase his marketability for international jobs in the nonprofit sector. In contrast, Doni, the refugee residing in Maryland intends to pursue medical school, even after obtaining a bachelors of science degree in nursing. Both refugees have held these goals prior to resettling to the United States. As Yvette posited, refugees,

are coming and you have those who are all through the early 20s we know that once they get a job, they are going to figure it out. They are going to get connected, they are going to get into GED classes, they are going to go ahead and get a degree or two or do whatever they want to do.

Adil arrived in the US at age 33, already holding a master's degree, and Doni arrived in the US at age 19 and immediately began college courses after one semester of ESOL classes. Given the brief time frame for case work, and given the experiences of Yvette as a practitioner and Adil and Doni, focus on English attainment may open paths towards other forms of education for refugees in their first years resettled.

Health

The ORR encourages medical screenings for newly arrived refugees and reimburses volags for medical screenings performed, pursuant to refugee eligibility, to create a minimum standard of care across the US refugee program. The screening

includes physical and mental health evaluations. The figure below denotes the number of refugees screened in both Maryland and Massachusetts within the first ninety days of arrival. While Maryland has screened ninety percent of all refugees arriving between fiscal year 2010 and fiscal year 2014, Massachusetts was able to screen more than all of their refugees at 111 percent over the same five-year period.

Figure 5.9. Refugee Medical Screenings for Maryland and Massachusetts: FY2010 – FY2014

State	# screened in 30 days from arrival	# screened in 31- 90 days from arrival	# screened after 90 days	Total Screened	Total ORR Pop	Percent screened
Maryland	931	864	380	2175	2419	90%
Massachusetts	2277	321	25	2623	2362	111%

Source: Office of Refugee Resettlement, “ORR Indicators for Refugee Resettlement Stakeholders Issued: June 2015”

The number of screening in Massachusetts is likely a reflection of some participants being screened on more than one occasion. Further, Massachusetts’ refugees were screened at higher rates in the first thirty days from arrival than refugees in Maryland, with less than half screened in the first thirty days. It is possible that because the refugees resettled in Massachusetts are settled throughout the state, rather than in Maryland where a majority of the refugees are resettled in three counties, there are more providers available to provide screenings. Both Maryland and Massachusetts have signed on for Medicaid expansion through the Affordable Care Act, providing healthcare insurance for those who may otherwise go uninsured. Further, for those who are not eligible for Medicaid, the Maryland

resettlement hubs have ACA health navigators to assist individuals on the insurance open market.

Mental health

As noted in chapters three and four of this project, the practitioners in both states discussed the needs for increase mental health care, particularly mental health care that is culturally appropriate. AN noted that the US will likely be resettling refugees that have faced severe mental health trauma. As such, there should be an increase in funding for mental health programs, increased training for mental health care professionals with skills training for refugee trauma in particular, and group-oriented mental health programs. Massachusetts' hospitals have received funding directly from the ORR to support refugee mental health care units as well as engaging in group mental health programs. Maryland, has not received funds directly from the ORR to support mental health care, however, according to the practitioners I interviewed, there have been group-oriented mental health programs as well as mental health professionals working with child refugees.

Social Connections

PPP increases connections between volags, local and state governments as well as community groups, focusing attention on community partnerships, particularly in the Montgomery county location. Volags often work together on community advocacy projects, such as World Refugee Day, that was discussed at length in chapter three of this project. Further, the English instruction curriculum

incorporates networking skills and cultural competency skills during course work, for example Maureen described the program that draws students to the MTRC,

... Vocational ESL so all of our classes are linked to American work place behavior and skills. [practitioner], years ago, created three or four workstations, where each student will over the course of three four months, work at least one job. We have a snack bar, we have a dvd library, we have a boutique and donations come in for the dvd and the boutique and students can buy any item of clothing for a dollar and the dvds they rent and bring back. But they are each doing a job and they rotate and so that is part of the vocational ESL that we do here. Other ESL programs are straight language, English language, but ours connect work so that connects with the afternoon TAP.

The workstations are open to customers from around the college campus, which allows for the students to not only interact with one another in a job setting, they also interact with the wider student body, many of whom are native English speakers. According to Maureen, these types of interactions build the confidence of the ESOL students as they practice their language skills and potentially meet other students on campus.

Massachusetts encourages co-ethnic groups through the utilization of MMA's as a way for refugees to have a community of people with similar backgrounds while also providing services and programming to enhance social connections and connections with US institutions. The MMA' are routinely awarded funding through ORR discretionary funds and the co ethnic community self-determination program.

Facilitators

In the Maryland resettlement program, English language courses are offered through the local community colleges, potentially creating a pipeline for refugees to

transfer into other courses or registering as students. The Montgomery college training center expressly offers noncredit and credit bearing courses for students beyond English training courses.

Figure 5.10. Refugees and Asylees in Maryland enrolled in English as a Second Language Instruction (ESOL) and Vocational English as a Second Language (VESL) Instruction by County of Residence: FY 2010- FY2014

COUNTY OF RESIDENCE	2010	2011	2012	2013	2014	Average	Percent
Baltimore	95	64	56	74	95	77	4%
Baltimore City	694	727	761	796	846	765	45%
Montgomery	483	469	415	369	317	411	24%
Prince George's	421	432	433	478	361	425	25%
Other	20	12	17	47	65	32	2%
Total	1,713	1,704	1,682	1,764	1,684	1,709	100%

Source: MORA Statistical Analysis Report

Students receive advising through the center MRTC, I argue, creating a culture for long term education. Because English instruction courses are offered on a community college campus, refugee clients have increased access to the courses offered on the college campus. On my tour of the MRTC, I immediately noticed signs throughout the center advertising various majors, classes and programs that would be of interest to the population frequenting the center. Further, Maureen discussed English language and non-credit course work as a pathway for refugees to enhance skills for the workforce for example,

So that's what [Targeted Assistance Program] TAP looks like for us in the afternoon, we'll do hotel, housekeeping, healthcare is a big one, totally away from that is our CNA, certified nursing assistant program. We've had that since we've had the refugee center and we do at least two classes a year, four

months long, they do an internship at a nursing home – two weeks. Our class just graduated 100% pass, the state boards. So we have a good track record.

In Massachusetts ESOL courses are limited for the number of refugees in need of the services. As Yvette noted in chapter four, *“ESL, the demand for ESL is high. ESL is focused on those entering into the workforce. More ESL classes, ESL for the elders or other populations that don’t have easy access to classes.”*

Structure of Service Delivery - Benefits and Drawbacks

The PPP program is an efficient method for service delivery for states that are able to have hubs of resettlement activities, particularly, if refugees are resettled in concentrated areas in locations connected by proximity and means of transportation. Given my interviews with resettlement practitioners, I find that the “one stop shop” model is useful to attain institutional goals in the Maryland refugee program. The volags in Maryland work together on various programs, share resources, reducing the redundancies in personnel while enhancing the understanding of the refugee program for practitioners that work for the mainstream state institutions. Adalheid, a practitioner who had worked in mainstream services before working with Maryland’s refugee program, noted that having the ability to walk over to a caseworker’s desk, who is not a direct part of the agency she works for, allows her quickly ask for the information she needs to make a determination on a refugees file.

The PPP model is currently utilized by a handful of states but perhaps other states that have urban areas where refugees are resettled and have a moderate number of refugees coming into the state may pursue such a model. Even states that have

large flows of refugees may consider having numerous centers that can work in conjunction with established nonprofit entities already working with refugee populations.

Figure 5.11. Services Provided by Maryland Volags Represented in this Study

Institution	Funding Entity	Reception & Placement	Refugee Cash Assistance	ESOL Instruction	Mental Health Services	Youth Services	Health Programs
MORA	ORR		x		x		x
MRTC	ORR			x		x	
IRC	MORA, private donations	X	x		x	x	x
AIRF	Montgomery County, Private					x	x
ECDC	MORA	X			x		x

Figure 5.12. Services Provided by Massachusetts Volags Represented in this Study

Institution	Funding Entity	Reception & Placement	Refugee Cash Assistance	ESOL Instruction	Mental Health Services	Health Programs	Citizenship courses
Volag #2	ORR, MORI, Private Donations	x	X	x			x
Volag #1	ORR, MORI, Private Donations	x	X				
Volag #3	ORR, MORI, MassHealth, Department of Public Health; Private Donations	x	X	x	x		x

The W/F model, conversely, may best be utilized by states where refugees resettled that is more dispersed throughout the state, or in more rural/suburban areas where there are established associations or refugee/immigrant communities that have the will to establish associations to support the state’s role.

Study Findings

From the quantitative data collected, field work activities, and interviews performed, I found that the R&P program works to settled newly arrived refugees, while also serving as an institutional introduction as refugees who seek further services will reach out to the volag they received their placement/sponsorship through. This project aimed, in part, to evaluate institutional efficacy through the

integration indicators framework. Because the R & P program is instrumental in various aspects of the integration indicators, including: 1) housing 2) social connections and 3) health, R&P outcomes should be part of the measurement tools used to evaluate refugee integration in the US context.

I further found that the rates of refugees in the labor force in both states met or exceeded the civilian labor force rates overall, indicating that overall, refugees in both locations have or are nearing parity with the native born population in labor force rate. On average, refugees in both locations are making approximately a dollar over minimum wage. When calculating the wage per household, assuming there are two or more full time workers in the household, I find that the refugees meet the median income of the populations overall in the counties resettling the majority of refugees in Maryland and Massachusetts. Due to wages for those in households with two or more adults working is on par with the labor force rates and median per capita income for each state overall, I find that employment services help refugees in becoming economically self-sufficient.

While health screenings are widely utilized, particularly in Massachusetts where some refugee clients receive multiple screenings, Maryland's refugee screenings appeared to have a greater delay between arrival and having a health screening performed, though the delay in Maryland screenings has decreased in recent years. This decrease in the timeframe in which refugees have health screenings performed, corresponds with Maryland's push for greater health screenings as of 2013, as stated in my interview with Daniel. Further, refugees who

are eligible, may now have increased access to health care the Medicaid expansion under the ACA. Because costs to accessing medical care is reduced we may find that over time refugee health overall will improve. While the health screenings indicate refugees accessing health care, at least once upon arrival, it does not provide a holistic picture of the health of the refugee population over time, nor does it reflect the health care needs of refugees.

Lastly, I found that the practitioner's focus on academic education is limited in Massachusetts —although the refugee family I interviewed did find this focus a priority. Conversely, exposure to academic education in Maryland is invariably increased to those attending English instruction courses at an area community college. The MRTC, particularly, works to increase refugee access to further education, either through credit or non-credit courses. Further, three practitioners mentioned a program that was created for refugees who had previous professional degrees with job experience, to be recertified in the US⁹³.

Conclusion

This project sheds light on the initial resettlement period, where in which services are provided through state and volags, within the first eight months of arrival. Evaluating the effectiveness and efficiency of service delivery is necessary if the goals of the program remain as stated in the Refugee Act of 1980; especially, in

⁹³ The term, recertification may be used interchangeably with credentialing in this project.

light of the provision of effective and efficient delivery to aid in refugee's becoming economically self-sufficient of the Act's author, Edward Kennedy. While measures of employment outcomes, health screenings and cash assistance are currently employed to evaluate the effectiveness of services available to refugees; these measures do not account for the efficiency of the service delivery nor the effectiveness of services on other integration indicators such as social connections or foundations. Further, quantitative data reflect the overall findings for refugees, perhaps even for refugees by nationality or region, but current measures fail to adequately capture the long term efficacy of services on refugee adaptation or integration. Such limitation hinder the way in which the US refugee program can be evaluated, both institutionally and societally. This project begins to bring to bear ways in which service delivery, institutional capacity and program efficacy can be evaluated; by incorporating quantitative outcomes as well as qualitative approaches encompassing reflections of those involved with service delivery and the recipients of the services a comprehensive evaluation begins to emerge. Further, evaluating the effectiveness and efficiency of refugee service delivery, addresses additional questions regarding how the goals of the refugee resettlement program may be challenged and/or expanded, to include the goal of integration, both economically and socially.

Refugee integration should be approached holistically, rather than the focus be predominately on economic self-sufficient. Refugees arrive to the United States after fleeing persecution, and while economic self-sufficiency and language attainment

should be short term goals for the program, there should be increased focus on how to expand the program to prepare refugees for their long term goals. If refugee health needs are not effectively addressed, the attaining and retaining of employment may be detrimentally affected. Similarly, if paths to further education, recertification and/or academic planning are not actively sought, career development is likely to be stalled, effectively impeding long term economic progress.

Appendices

Examples of Questions to be asked in semi-structured interviews with refugee resettlement practitioners

1. How long have you been working in refugee resettlement?
2. What is your current role as a refugee resettlement agent? How long have you been working in this role?
3. Please provide background of your agency and how it operates?
4. What is the process for refugees to be resettled to your state?
5. What are the services that are in place for refugees that are resettled here to be successful?
6. In your experience, what are the most immediate needs for refugees resettled here to be successful?
7. In your experience, what are the long-term needs for refugees resettled here to be successful?
8. Over the time you have been here, in your experience, have the needs of refugees to be successful changed?
9. In your experience, are the needs of refugees met by the services provided by your organization?
10. What are the services that are necessary to meet the needs of refugees resettled here? (follow up to #7)
11. How does funding influence the structure/types of services you provide?
12. Where do you receive your funding?

Examples of Questions to be asked in semi- structured interviews with resettled refugees

1. What was the process of you resettling to this state? (How did you come to this state?)
2. Why did you come to this state? Did you know anyone here prior to your arrival?
3. What were your most immediate needs upon resettling?
4. What were/are your long term needs to become successful in this state?
5. What languages did you speak when you arrived? What languages were you fluent in?
6. What was your highest level of education upon arrival? What were your educational needs upon arrival?
7. How did you find employment? How long did it take? Was/is your employment full time? Do you receive benefits? Is/was your employment stable?
8. Where did you live upon arrival? How did you identify/find housing? What kind of housing was it (apartment, hotel/motel, house, etc.?) where was the housing located? How did you find the neighborhood in which you live/d?

9. What were your healthcare needs upon arrival? How did you access healthcare? Was the service/access sufficient for your needs? Did you/do you have healthcare insurance? Do you have health insurance through your employer? Are there any health needs that are ongoing?
10. What were you services that were most influential during your resettlement?
11. Where did you receive the services that were most influential in your resettlement?
12. Did the services that were provided to you meet your needs? Are there other services you needed that were not provided?

Short Survey presented to Refugees

Demographic Information

Name: _____

Age: _____

County of Residence: _____

Nationality (Where you were born): _____

Ethnicity: _____

What year did you arrive to the United States: _____

What country where you in when receiving Refugee Status:

Do you have children? Yes ____ No ____

How Many Children do you have? _____

What are your child(rens) ages? _____

Are you employed? Yes ____ No____

Are you a student? Yes ____ No____

Do you have health insurance? Yes ____ No____

Do you receive health insurance from your employer? Yes ____ No____

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