

STRENGTHS AND WEAKNESSES OF THE U.S.-BASED REFUGEE
RESETTLEMENT PROGRAM: A SURVEY OF
INTERNATIONAL RESCUE COMMITTEE EMPLOYEE PERCEPTIONS

by

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A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Philosophy,

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Approval Page

This manuscript has been read and accepted for the Graduate Faculty
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Abstract

STRENGTHS AND WEAKNESSES OF THE U.S.-BASED
REFUGEE RESETTLEMENT PROGRAM: A SURVEY OF INTERNATIONAL RESCUE
COMMITTEE EMPLOYEE PERCEPTIONS

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The International Rescue Committee (IRC) is among nine agencies in the United States that resettles refugees. There are two core national resettlement programs: the State Department's Reception and Placement (R&P) and the Health and Human Services' (HHS) Matching Grant (MG). These two programs largely have been designed to accomplish refugee self-sufficiency by way of early employment programming and services. Resettlement agencies, such as the IRC, are now beginning to initiate other program areas aside from early employment such as health and wellness, children and youth, and other concepts of financial literacy and economic empowerment.

This staff self-sufficiency study surveyed IRC field staff, known in this dissertation as "employees," to gain a better understanding of the efficacy and effectiveness of the U.S. resettlement program and as a way to consider more integrative concepts of programs and program evaluation. There is a dearth of empirical research, data, and analysis regarding resettlement programs based in the U.S. and especially in regard to understanding employee perceptions. Therefore, this study is one approach to better understanding, capturing, and

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tracking (through a database and analysis) meaningful information regarding services provided to refugees in the U.S.

The overall study finding is that IRC employees see self-sufficiency as incorporating early and long-term employment, financial understanding (such as knowing financial management), the ability to advocate for oneself, self-reliance, and non-dependence on government assistance. Further, IRC employees appear to believe in an integrated approach to working with refugees and service provision. Based on the findings from the study and the literature review, the dissertation recommends practice, research, and advocacy to expand the current definition of refugee self-sufficiency, gather more quantifiable information on the current resettlement program, build stronger data tracking and program evaluation, and support program growth. This process has already begun to be embraced at the IRC.

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Many years ago in undergrad, I was taught by Dennis Dalton, who sparked my joy for academics and challenged me and other students to “be the change.” How fortunate to still have him in my life as teacher, friend, and mentor. I treasure the wisdom you have shared in the nearly 20 years I have known you. Perhaps Joellen would be proud.

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List of Abbreviations

AOR – Affidavit of Relationship

CWS – Church World Service

DHS – United States Department of Homeland Security

ECBOs – Ethnic Community Based Organizations

ECDC – Ethiopian Community Development Council

ECMO – Extended Case Management Program

EMM – Episcopal Migration Ministries

GAO – United States Government Accountability Office

HHS – United States Health and Human Services

HIAS – Hebrew Immigrant Aid Society

IRB – Institutional Review Board

IRC – International Rescue Committee

IPD – International Programs Department (of the International Rescue Committee)

LIRS – Lutheran Immigration & Refugee Service

MG – Matching Grant program (administered by the Office of Refugee Resettlement)

MPI – Migration Policy Institute

NASW – National Association of Social Workers

NGO – Non-Governmental Organization

ORR – Office of Refugee Resettlement (of Health and Human Services)

P-1 – Priority 1 refugee category

P-2 – Priority 2 refugee category

P-3 – Priority 3 refugee category

PRM – State Department Bureau of Populations, Refugees and Migration

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R&P – Reception and Placement program (administered by the Bureau of Population, Refugees and Migration)

REL – Research, Evaluation and Learning (of the International Rescue Committee)

RRS – Refugee Resettlement System (of the International Rescue Committee)

RSC – Refugee Service Center (formerly referred to as Overseas Processing Center, or OPE)

RCUSA – Refugee Council of the United States of America

USCCB – U.S. Conference of Catholic Bishops

USCRI – U.S. Committee for Refugees and Immigrants

UN – United Nations

UNHCR – United Nations High Commission on Refugees

USP – U.S. Programs

USRAP – United States Refugee Admissions Program

VA – Veterans Administration

Volag – Voluntary Agency

WHO – World Health Organization

WR – World Relief

WRAPS – World Refugee Admissions Processing System (administered by the Refugee Processing Center of the Bureau of Populations, Refugees, and Migration)

Chapter 1:

Introduction

General Howard informed me in a haughty spirit that he would give my people 30 days to go back home, collect all their stock, and move onto the reservation. – Chief Joseph

The ache for home lives in all of us, the safe place where we can go as we are and not be questioned. – Maya Angelou

To be rooted is perhaps the most important and least recognized need of the human soul. – Simone Weil (Malkki, 1992).

War, famine, and displaced persons and refugees have a long and tragic history throughout the world. The earliest records of human history indicate that humans have suffered loss of life, land, and dignity as a result of both man-made and natural conflicts and disasters. However, in the modern era, the number of displaced persons has increased significantly, and many people have been uprooted through no cause of their own (Malkki, 1992; UNHCR, n.d., RCUSA, n.d.). Modern day responses to such tragedy have been based in a philosophical belief that innocent persons deserve protection and a chance for basic human dignities including safety, a home, community, livelihood, a sense of positive well-being, opportunity, and a sense of rootedness. According to the United Nations High Commission on Refugees (UNHCR), at the beginning of 2011 there were an estimated 10.5 million refugees world-wide (UNHCR, n.d.).

Currently, there are some countries that accept refugees and provide services to them; the United States (U.S.) is one. How these services impact refugees has not been adequately studied or tracked, especially in the U.S. This study was an initial attempt at gathering information from the employees of one U.S.-based resettlement agency, the International Rescue Committee

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(IRC), one of nine non-governmental organizations (NGO). It examined perceptions of the strengths and weakness of the current refugee resettlement program in the U.S. from the viewpoint of the IRC employees responsible for providing services to refugees.

Methodologically, the study used a survey to learn what self-sufficiency means to IRC employees, to better understand the efficacy and effectiveness of the U.S. resettlement program, and to consider more integrative concepts of programs and program evaluation. There is a dearth of empirical research, data, and analysis regarding resettlement programs based in the U.S. Therefore, this study represents one step toward better understanding, capturing, and tracking meaningful information regarding services provided to refugees in the U.S. It also offers recommendations on practice and program frameworks, policy advocacy, and potential future research studies.

Background

Definition of a Refugee

A “refugee” typically is considered to be a person who flees one’s community or country, especially when in danger or under persecution. In the 20th Century, the modern concept of refugees was developed from people fleeing Nazi Germany and later Italy and Spain (Malkki, 1992; Harrell-Bond & Voutira, 1992). From the historic perspective of World War II, Harrell-Bond and Voutira (1992) stated:

Responding to the need for a coordinated international response, the League of Nations, and later the United Nations (Skran, 1988) labeled them “refugees” (Zetter 1991), and introduced humanitarian law intended to ensure the protection of their rights. Refugees became the focus for the development of a vast and complex network of institutionalized assistance composed of host governments, The UNHCR and other UN organizations, and also non-governmental organizations (NGOs) which were assigned or assumed responsibility to deal with their material needs. (p. 6)

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One such NGO specific to international crisis and refugee work was the IRC, then two separate organizations that later combined efforts (IRC, n.d.). The UNHCR defined a refugee as:

[S]omeone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so for fear of their lives. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries. (UNHCR, n.d.)¹

For the purposes of this dissertation, the UNHCR definition will be used because it has become the standard definition internationally. All other frameworks, even that of the U.S. Department of Homeland Security (DHS) stem from this definition.

Refugee Organizations

The UNHCR was officially established in 1950 (UNHCR, n.d.), initially with a three-year mission post-WWII. However, in 1956, Soviet forces invaded Hungary, stopping the revolution. At that time, the permanency of the UNHCR was established (UNHCR, n.d.). In 1951, the Geneva Convention was signed (UNHCR, n.d.), thus providing a definition of the term “refugee” and setting the UNHCR’s broad mandate. The UNHCR currently offers three “durable solutions”: (1) voluntary repatriation; (2) local integration; or (3) resettlement to a third country²

¹Different from refugees, asylees are people who have fled “their own country and seek sanctuary in another country; they apply for asylum—the right to be recognized as a refugee and receive legal protection and material assistance. An asylum seeker must demonstrate that his or her fear of persecution in his or her home country is well-founded” (UNHCR, n.d.). The IRC resettles both refugees and asylees.

²There are an estimated 27.5 million internally displaced persons world-wide (UNHCR, n.d.). An internally displaced person (IDP) may be displaced within his or her own country, which becomes the problem of that country itself, the United Nations (UN), or an NGO. If, however, an IDP were to cross a country’s border, he or she would become a refugee (and is considered so for the purposes of this dissertation). For example, if an Iraqi were to cross into Syria or Jordan, and then if he or she could not be repatriated because of safety, acceptance, or other mitigating circumstances, the person could then be placed in a third country like the U.S. The use of a third country comes about because in the second country, the individual often would not be eligible for citizenship and because refugee situations in second countries often are dire due to sheer numbers. Additionally, living in a camp in another country is not considered a durable solution to the refugee’s problem. If the individual were to apply for UNHCR status, then he or she potentially could go to a third country.

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in situations where it is impossible for a person to go back home or to remain in the host country (UNHCR, n.d.). The unfortunate reality is that most refugees experience a protracted situation and returning to their homeland is too dangerous or simply not feasible (UNHCR, n.d.). Only a small number of refugees are allowed to be resettled in a third location, and only ten countries have resettlement programs: Australia, Canada, Denmark, Finland, the Netherlands, New Zealand, Norway, Sweden, Switzerland (which has not accepted refugees since 2002), and the U.S. (Patrick, 2004). Of these countries, the U.S. is a leader in that it accepts more refugees than any other country offering official resettlement programs (Patrick, 2004).

In 2010, the U.S. resettled approximately 80,000 refugees from the following countries:

- Africa: 15,500 refugees
- East Asia: 17,000 refugees
- Europe and Central Asia: 2,500 refugees
- Latin American and the Caribbean: 5,000 refugees
- Near East/South Asia: 35,000 refugees
- Unallocated Reserve: 5,000 refugees (IRC, 2011)

In 2011, there was a sharp decrease in the number of refugees resettled in the U.S. because of an increase in overseas security checks. The new system of security checks was implemented rapidly and resulted in several system-wide problems. This problem caused the overall refugee numbers to significantly decline. This problem has persisted into 2012 and only now is being rectified. In 2011, the U.S. resettled approximately 56,419 (ORR, n.d.) refugees, a far cry from the Presidential Declaration of 80,000 admissions. In 2010, IRC resettled nearly 10,000 refugees; in 2011 the agency resettled less than 7,000 (IRC, n.d.). In 2011, the refugees from the following countries were resettled in the U.S.:

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- Africa: 7,685 refugees
- East Asia: 17,367 refugees
- Europe: 1,228 refugees
- Latin America and Caribbean: 2,976 refugees
- Near East and South Asia: 27,168 refugees
- Unallocated reserve: 0 (CAL, n.d.)

Less than one percent of refugees worldwide are resettled in a third location (PRM, n.d.).

The U.S. has the largest refugee resettlement program accepting nearly half of all refugees granted acceptance to a third country³. The UNHCR is the governing authority that approves who is allowed to be resettled in a third country, while the U.S. Department of Homeland Security (DHS) is the organization that allows a refugee to enter the U.S. after various background and security checks. According to the State Department:

The UNHCR, a U.S. Embassy, or an authorized non-governmental organization (NGO) can refer a refugee to the U.S. Refugee Admissions Program (USRAP). Once a referral is made, an Overseas Processing Entity (OPE) (*now called “Resettlement Support Center” [RSC]*) [emphasis in original] in the refugee’s country of asylum (under contract to the State Department with responsibility for USRAP processing) prepares the case for presentation to the U.S. Department of Homeland Security (DHS).

The RSC helps the refugee and his/her family (if applicable) prepare their dossier—taking photos, checking the facts in the files, etc. Applicants are then interviewed by an officer of DHS’ U.S. Citizenship and Immigration Service (USCIS). (PRM, n.d.).

After twelve months of living in the U.S., a refugee must submit an “adjustment of status” request to become a permanent resident (PRM, n.d.). After five years, the refugee is eligible for naturalization and full citizenship (PRM, n.d.). Refugees come to this country legally and under the legal protection of the U.S. government; they are a population that has been forced

³ It is important to note that while the U.S. accepts nearly half of the total number of refugees worldwide, in terms of per capita number, Australia is the leader. Historically, the U.S. was the leader, but in recent years this gap has closed (Patrick, 2004). In 2001, as a result of the terrorist attacks on the World Trade Center, the number of refugees sharply decreased (Patrick, 2004). Slowly, the numbers went back up, but the last year and a half saw the numbers decrease again.

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to flee as opposed to an immigrant who decides to leave the country of citizenship, which is a defining difference between refugees and immigrants (Black, 2001).

There currently are nine resettlement agencies (or “sponsoring agencies”) in the U.S.: *Church World Service (CWS)*, *Episcopal Migration Ministries (EMM)*, *Ethiopian Community Development Council (ECDC)*, *Hebrew Immigrant Aid Society (HIAS)*, *International Rescue Committee (IRC)*, *Lutheran Immigration & Refugee Service (LIRS)*, *U.S. Committee for Refugees and Immigrants (USCRI)*, *U.S. Conference of Catholic Bishops (USCCB)*, and *World Relief (WR)* (PRM, n.d.) [Emphasis in original]. All but two resettlement agencies, the IRC and USCRI, are religiously-based organization. The IRC is a nonsectarian organization that also provides a spectrum of services both overseas and in the U.S.

Each refugee approved to come to the U.S. is sponsored by one of these nine agencies (PRM, n.d.). Each agency participates in the Reception and Placement (R&P) program, which is designed as a highly regulated, short-term, basic, case-management program. Officially, there are different terms used to identify refugees—called “cases”—that come to the U.S.: cases with U.S. ties (formerly referred to as Family Reunification), Non-U.S. Tie cases (formerly referred to as “Free cases”), other cases involving adults or families, and unaccompanied minors (minors who are not traveling with an adult). U.S.-Tie cases involve refugees who have a relative already living in the U.S. and who is willing to “sponsor” the refugee by providing housing and other basic supports. A Non-U.S. Tie case involves a refugee who does not have family in the U.S.

Overseas Processing for Refugees

There are refugee processing centers throughout the world, referred to as Resettlement Service Centers (RSC). They are located in the Middle East and Africa (e.g., Amman, Jordan; Cairo, Egypt; Damascus, Syria; Istanbul, Turkey; Beirut, Lebanon; and Nairobi, Kenya),

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Asia/Southeast Asia (e.g., Bangkok, Thailand; Islamabad, Pakistan; and Kathmandu, Nepal), the Americas (e.g., Quito, Ecuador; Havana, Cuba; and San Jose, Costa Rica), and Europe (e.g., Moscow, Russia and Vienna, Austria) (IRC, 2011). Refugees are admitted to one of ten host countries, but first must go through several steps including several security checks, an allocations process, an assurance process, and medical clearance (IRC, 2011). After security checks, refugees must be interviewed by U.S. Citizenship and Immigration Services (CIS), the DHS, and an RSC (IRC, 2011).

After a refugee has cleared the security checks and interview process, a biodata sheet is developed that provides basic biographical information about the refugee. The biodata sheet is sent to the U.S.-based Resettlement Processing Center (RPC) for allocation to one of the nine resettlement agencies (referred to as “allocations”). The RPC is located in Washington, D.C. Once a voluntary agency is allocated a case, it then needs to “assure” the case, meaning they indicate they will accept the case and place the person in one of its resettlement offices; this process is referred to as “assurance” (IRC, 2011). Once the case has been assured, the refugee must pass a medical check and attend a cultural orientation training (IRC, 2011). Travel arrangements are made by the International Organization on Migration (IOM) and must be repaid by the refugee, interest free, to IOM. IOM informs the State Department and resettlement agency at a minimum of six days before departure, giving the resettlement agency little less than a week to prepare for the arrival of a refugee case. Every Wednesday, cases are handed out at an “allocations meeting” to which the ten agencies send representatives.

The U.S. State Department has a system, called the World Refugee Admissions Processing System (WRAPS), by which it tracks refugees from around the world. This system gives resettlement agencies and the State Department the ability to access current information on

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refugees (IRC, 2011). There are five designated airports of entry to the U.S.: New York's JFK, New Jersey's Newark, Florida's Miami, California's Los Angeles International, and Illinois' O'Hare. These airports are able to provide screening of newly arrived refugees. However, after the September 11, 2001 attacks, the government set a maximum of 30 refugees per flight for security reasons (Wilson, 2010).

Currently, there exist three active "priority" areas whereby a refugee can be categorized: Priority 1 (P-1), Priority 2 (P-2), and Priority 3 (P-3) (Wilson, 2010). P-1 refugees include special needs (people with physical or mental disabilities) and medical cases, torture victims, vulnerable women, and those who have been recognized by either the UNHCR or a U.S. Embassy (Wilson, 2010; IRC, 2010). P-2 refugees do not need to be referred by the UNHCR, and this category includes people who are processed "in-country" (Wilson, 2010; IRC, 2011). Examples of P-2 cases are Cubans, people from the former Soviet Union, and Vietnamese. P-3 cases are family reunification cases in which a relative files an Affidavit of Relationship (AOR) to identify family members who are already living in the U.S. and who have permanent legal status, such as a refugee or asylee (IRC, 2010). The DHS is the lead agency for approving all refugees admitted to the U.S. for resettlement.

Refugee Resettlement in the U.S.

The U.S. has a long history of admitting refugees into the country based on humanitarian needs during or after crises. During World War II, nearly 250,000 Europeans fled their countries of origin and came to the U.S. in search of a life without persecution and war (RCUSA, n.d.). In 1948, the U.S. enacted the Displaced Persons Act, which allowed for 400,000 additional European refugees to come to the U.S. (RCUSA, n.d.). Between the late 1940s and the early 1970s, additional refugees from Korea, China, Hungary, Poland, Yugoslavia, and Cuba came to

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the U.S. (RCUSA, n.d.). In 1975, hundreds of thousands of Indochinese started arriving in the U.S. with a mostly ad-hoc response from the country both in terms of admissions and services stateside. This ad hoc response resulted in the passing of the Refugee Act of 1980 and currently is considered the guiding piece of legislation for refugee admission (RCUSA, n.d.). In the early days of resettlement in the U.S. when there were primarily Indochinese and Cuban⁴ refugees entering the country, employment programs were run as discrete individual programs and in a somewhat ad hoc way without consistent standards and central administration.

According to the Refugee Council of the U.S. (RCUSA): “[s]ince 1975, the U.S. has resettled over 3 million refugees, with annual admissions figures ranging from a high of 207,000 in 1980 to a low of 27,110 in 2002. The average number admitted annually since 1980 is 98,000” (RCUSA, n.d.). Every year, the President consults with the U.S. Congress to determine the number of refugees that will be admitted to the U.S. and from where they will come; this decision is known as the “Presidential Determination” (RCUSA, n.d.). Refugees come to the U.S. as legal permanent residents, unlike other immigrants (Singer & Wilson, 2006).

Refugee Act of 1980.

While the Displaced Persons Act of 1948 was one of the first pieces of legislation passed in the U.S. on behalf of resettled refugees, it was the Refugee Act of 1980 that was the pivotal piece of legislation. According to the Refugee Council of the United States (RCUSA), for the first time in U.S. history, the Refugee Act “incorporated the United Nations’ definition of ‘refugee’ and standardized the resettlement services for all refugees admitted to the U.S. The Refugee Act provides the legal basis for today’s Refugee Admissions Program” (RCUSA, n.d.).

The State Department and Health and Human Service’s Office of Refugee Resettlement

⁴ Cubans can be refugees, asylees, or parolees depending on their individual situations (UNHCR, 2000).

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(ORR) administer the Refugee Act in coordination with the DHS. In 1981, Senator Edward Kennedy, one of the legislation's prime authors and refugee champions, stated: "In the Refugee Act of 1980, Congress gave new statutory authority to the U.S.' longstanding commitment to human rights and its traditional humanitarian concern for the plight of refugees around the world." The Refugee Act stated the basic parameters of resources for refugees and essentially formed the basis for resettlement services. It was an attempt at making services more standard and effective, and it guaranteed a permanent funding source (Kennedy, 1981).

The Refugee Act focused on six primary areas. It (1) gave a broader, more inclusive definition of refugee; (2) raised the limit on refugees admitted to the U.S. annually; (3) provided guidance on responding to emergency situations; (4) gave Congress control over refugee admissions; (5) provided asylum protections; and (6) established federal programs to assist newly arrived refugees in the U.S. (Kennedy, 1981). According to the Brookings Institute, more than 2 million refugees have come to the U.S. There are an estimated 10.5 million refugees around the world of which a small number are resettled in a "third" location. The International Rescue Committee is among nine agencies in the United States that resettles refugees. There are two core national resettlement programs: Reception and Placement run by the State Department; and Matching Grant run by Health and Human Services. These two programs have been largely designed to accomplish refugee self-sufficiency by way of early employment programming and services. Resettlement agencies, such as the IRC, are now beginning to initiate other program areas aside from early employment such as health and wellness, children and youth, and other concepts of financial literacy and economic empowerment.

This staff self-sufficiency study surveyed IRC field staff, known in this dissertation as "employees," to gain a better understanding of the efficacy and effectiveness of the U.S.

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resettlement program and as a way to consider more integrative concepts of programs and program evaluation. There is a dearth of empirical research, data, and analysis regarding resettlement programs based in the U.S. and especially in regard to understanding employee perceptions. Therefore, this study is one approach to better understanding, capturing, and tracking (through a database and analysis) meaningful information regarding services provided to refugees in the U.S.

The overall study finding is that IRC employees see self-sufficiency as incorporating early and long-term employment, financial understanding (such as knowing financial management), the ability to advocate for oneself, self-reliance, and not be dependent on government assistance. Further, IRC employees appear to believe in an integrated approach to working with refugees and service provision. Based on the findings from the study and the literature review, the dissertation recommends practice, research, and advocacy to expand the current definition of refugee self-sufficiency, gather more quantifiable information on the current resettlement program, build stronger data tracking and program evaluation, and support program growth. This process has already begun to be embraced at the IRC.

History of the International Rescue Committee

Founded in 1933, the IRC is a non-profit, nonsectarian humanitarian organization working with and supporting people who have been displaced because of war, internal conflict, and—increasingly—natural disasters. The IRC was founded at the suggestion of Albert Einstein during World War II (IRC, n.d.). Initially, the IRC was two separate organizations: the International Relief Association and the Emergency Rescue Committee. In 1942, the two organizations joined and became the International Relief and Rescue Committee, later changing

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to the International Rescue Committee (IRC, n.d.). The IRC currently works in over 40 countries around the world and 22 cities throughout the U.S. (IRC, n.d.). The IRC's primary mission is to respond to crises and work with refugees across the spectrum both during the crisis and once resettled in the U.S. (IRC, n.d.). The IRC's work spans the globe and includes the resettlement of refugees, asylees, parolees, and Victims of Trafficking (both international sex and labor trafficked-victims) to the U.S. The IRC originated as primarily a resettlement organization but in later years, it grew into a crisis-response organization world-wide. However, the resettlement side of the organization is still strong with offices throughout the country.

Significantly, the IRC is unique in its legal structure and differs from the eight other resettlement agencies in the U.S. The eight other agencies are affiliate-based organizations. The IRC is one organization wherein the field offices are not chapters or affiliates, but a part of the entire global structure. Often, in affiliate based organizations, each field office has a higher level of autonomy including paying for its own infrastructure and administrative support, such as Finance and Legal. Within the affiliate system, the main Headquarters may provide some guidance, but the local affiliates have the ability to decide whether to accept the guidance. The IRC is one organization where field offices do not have the option of accepting policies, procedures, or guidance. In addition, the IRC is governed by one Board of Directors, one President, and its senior management structure. Administration is managed from the global Headquarters at the IRC, and Headquarters establishes set procedures, policies, and guidelines for all domestic and international offices worldwide (approximately 40; 22 of which are located in the U.S. and make up U.S. Programs). Headquarters conducts scheduled audits both for programs and finances, and it serves as the vetting "house" for grants, contracts, Human

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Resources, and other administrative activities. In the IRC, regional structures are established to oversee field offices and programs with direct and official reporting lines.⁵

In the U.S., the IRC assists with resettling refugees from such countries as Afghanistan, Iraq, Burma (Myanmar), Bhutan, and African nations. The cities where the IRC resettles are Atlanta, Baltimore, Boise, Charlottesville, Dallas (includes Abilene), Miami, New York City (includes Elizabeth, New Jersey), Silver Springs, Oakland (which includes San Jose, Turlock, and Sacramento as well as services for refugees in the San Francisco-Bay area), San Diego, Los Angeles, Phoenix, Salt Lake City, Seattle (includes SeaTac and Seattle-Tacoma), Tucson, and Wichita (the newest office in the network). Like the nine other U.S.-based resettlement agencies, the IRC participates in the core, government-funded R&P and Matching Grant (MG) programs, which it has for several decades.⁶

Throughout the years, IRC offices have acquired additional funding streams outside of the R&P and MG programs largely because it was perceived that those government programs were insufficient to meet the ongoing and more comprehensive needs of arriving refugees to the U.S. This phenomenon is not unique to the IRC as other resettlement offices also seek additional funding sources. The MG program, which is an employment-based program, measures a resettled refugee's success based on specific employment outcomes outlined by the Health and Human Services (HHS). Until 2010, the R&P program also measured refugee resettlement success based on employment outcomes, but it is no longer an employment-based program. Therefore, the federal government came to the recent conclusion that the R&P program's reporting requirements should not include employment outcomes.

⁵ It is difficult to estimate the percentage of services the IRC provides compared against other resettlement agencies in the U.S. since the other eight agencies are affiliate based and offer an array of services (although not necessarily in every location). The IRC is the second largest resettlement agency in the U.S. behind USCCB (ORR, 2008).

⁶ The Matching Grant (MG) program began in 1979 as a response to Soviet and other non-Soviet and non-Cuban refugees coming to the U.S., who were in need of employment.

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In recent years, the IRC has branched out, and local offices have built “ancillary or “discretionary” programs in an effort to better serve refugees outside the existing core programs. In the effort to expand services and programs, the organization has created a different concept of core services and termed the phrase “Core Sectors” as well as created a mission statement of “From Surviving to Thriving” (IRC, n.d.). The IRC Core Sectors currently are: Resettlement (includes R&P and MG); Health and Wellness; Children, Youth, and Education; Economic Empowerment; Community Integration and Development; and Protection (IRC) (See Appendix 1.1). While efforts to build such programs have been successful, there remain a few problematic areas. Sustaining discretionary programs is difficult because funding from the government tends to be time-limited and one-time only. Yet, these time-based limitations are incongruent with reality because it takes time to cultivate other funding streams especially when the program exists outside of the core R&P and MG resettlement programs. In addition, while the organization does capture reporting requirements data, it does not capture program evaluation or other types of data tracking of services and programs. Therefore, the organization often does not know the impact of its services on refugees.

In 2009, senior management and directors of the U.S. Programs’⁷ field offices came together at a conference in an effort to better define programming for refugees aside from the basic resettlement services (via the State Department and HHS). The Core Sectors were formulated at that conference. There was internal awareness at the IRC that ancillary or discretionary programs were being run, but they were not tracked nor was there a common

⁷ The IRC is one organization, and it is not chapter or affiliate based. It has two main program areas: International Programs (referred to as International Programs Department or IPD) and U.S. Programs (referred to as U.S. Programs or USP). International Programs focuses its work throughout the globe in both conflict and post-conflict areas and including work in overseas refugee camps and overseas resettlement processing entities. U.S. Programs’ work is focused within the United States and specifically focuses on resettlement. This dissertation considers only U.S. Programs.

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language to articulate what services the organization actually provided to refugees. The USP focused on setting the vision (from surviving to thriving), defining what is done (the Core Sectors), aligning as a department within the IRC (structural organization), and addressing how the USP relates to internal departments and external organizations. According to the IRC (2009):

[building the Core Sectors] is a way to leverage the resources we have, better educate others about our services and increase our fundraising potential. We understand that at this time, some offices may not provide services representing each sector. The Core Sectors can be used as a guide/framework for offices who wish to expand their services in the future.

The IRC USP continues to determine which program frameworks to prioritize and grow. Understanding how to track basic indicators and knowing which programs make the most impact are critical goals at this time. Although there are not many studies looking at the impact of resettlement programming, there are other areas of social work that can offer evidence-based practice and programming. This study can aid the organization—as well as the broader field of refugee assistance—as it considers its future direction.

Lack of Data Regarding Refugees

In 2006, the IRC developed a database system, Refugee Resettlement System (RRS), to track refugee arrivals, employment outcomes, reporting requirements, and general R&P and MG case management notes and activities. However, the RRS has not kept up with the increasing demands of capturing data on refugees that exist separate from reporting requirements per R&P and MG guidelines. U.S. field offices have developed additional programs that focus on health and wellness, children and youth, and expanded economic empowerment programs to provide ancillary services to refugees that are not currently provided under either the R&P or MG. There is no data system capturing critical information from the many programs that exist in the 22

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U.S.-based field offices, nor is there a clear definition of what successful refugee services are, or whether or not the employment-based programs are enough to assist refugees as they adjust to their new life in the U.S. The existing data, which go back to 1999, have never been analyzed in any manner. While employment outcomes are “tracked” and used for reporting purposes and assists IRC with ORR reporting requirements, from the agency’s perspective, the data are limiting in a broader context. For example, the ORR requires the agency to report on employment, but does not require information about where refugees are hired.

Statement of the Research Problem

Problem Statement

The IRC U.S. Programs uses a simple phrase to express its goal: “To help refugees resettled in the U.S. to go from *Surviving to Thriving*.” The phrase “from *Surviving to Thriving*” highlights the extraordinary, everyday work of IRC field workers. The U.S. Programs’ field employees’ work usually goes far beyond the requirements of grant parameters. The IRC U.S. Programs’ current mission statement is: “Creating opportunities for refugees to thrive in America.” While reporting requirements and basic information regarding arriving refugees are tracked through the IRC’s RRS database, there are many other aspects of the employees’ work that are not captured consistently or uniformly. Therefore, it is critical to find ways for the IRC as an organization to better understand what its employees do, how what they do affects the lives of refugees, and how their services may assist refugees to thrive. Fundamental questions must be answered in order to help the organization become aware of the impact of its services on refugees and employees.

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This study looked at IRC employees' perceptions of the strengths and weakness of the current refugee resettlement program in the U.S., and it offers recommendations regarding the practice and program framework, policy advocacy, and future research studies. This study gathered information from the IRC through an employee survey. Its goals were to better understand the effectiveness and efficacy of the U.S. resettlement program as well as to consider more integrative concepts of programs and program evaluation. The primary research question considered was: *What are IRC employee perceptions of the strengths and weakness of the current U.S.-government based model of self-sufficiency for refugees?* In addition, the study asked: *What is the meaning of "self-sufficiency" for IRC employees.* Other questions considered in this study were:

1. *What are employee perceptions of services that are considered necessary for refugees in the U.S. to go from surviving to thriving?*
2. *How does the current refugee resettlement system reinforce the way in which services are provided? For example, does it create barriers to change in program structures and services to refugees?*
3. *What additional program frameworks, integration models, and data tracking could help resettlement agencies learn more about the work they do and the services that employees provide?*

This study is informed by the assumption that the concept of "self-sufficiency" drives overall IRC-based programming for refugees, yet this narrow definition detracts from the ultimate goal of integration and thriving. It is important to understand to what extent these concepts have meaning for field employees that serve refugees in various capacities. Additionally, this study was developed to derive new definitions of "self-sufficiency" and

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“integration” that can be compared to the existing definition as outlined by the federal government.

This dissertation’s research was undertaken to determine whether economic self-sufficiency is seen from IRC employees’ perspectives as only one of multiple components of integration. Therefore, one of its intended goals is to extend the field’s knowledge about non-economic markers of integration such as social networks and community support while also considering the relative importance of economic security and self-sufficiency. As a means to track employment outcomes and other concerns, data about these non-economic factors of integration were gathered from (1) current literature, (2) a survey delivered to IRC case management and other employees regarding their perceptions of the self-sufficiency of their clients, and (3) existing demographic data on refugees and other applicable informal surveys that are collected annually at the IRC.

This study is a necessary first step in exploring the concepts of self-sufficiency and integration when these are considered desirable outcomes after resettlement of refugees in the U.S. The U.S. State Department’s definition of “self-sufficiency” has not been examined as a definition for these purposes; hence, it has not been considered a set parameter through which refugee resettlement agencies provide services. There is little understanding of whether the current functioning definition of self-sufficiency is adequate or whether it contributes to the integration of refugees. The concept of “integration,” although internationally recognized as an outcome of successful resettlement, also has not been sufficiently studied or evaluated in the U.S. refugee population. Indeed, federal resettlement programs apparently have not been structured and funded toward the long-term resettlement goal of integration. Their primary focus

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has been on early economic self-sufficiency. While early employment is important to assist refugees with a more stable beginning in the U.S. (i.e., it helps to pay rent, put food on the table, and give a sense of self-reliance), employment is not the only aspect of integrating into the host society. Indeed, the national resettlement programs, such as the MG and the R&P, have been designed to accomplish the economic goals. Resettlement agencies like the IRC are now beginning to initiate other program areas in addition to early employment such as programs that focus on health and wellness, children and youth, and other concepts of financial literacy and economic empowerment. However, building programs in a systematic, evidence-based approach has not been fully realized.

The R&P and MG programs are the core of refugee resettlement funding and programs. The State Department largely sets the parameters of resettlement in the U.S. through the R&P program. It is clear that the R&P program is specifically and only a short-term (three month) “welcoming” program for refugees, and it is intended only to establish the most basic of necessities for newly arrived refugees (i.e., safe and decent housing, food, general case management services, access to initial health screens, basic employment, and English language services). For several years, the State Department has looked at employment outcomes at the three-month mark even though they provided no funding for employment services or specific guidance on job placement. That policy was revised recently and is no longer considered a criterion for the program. However, the short-term funding and structure of the program only allows for three months of case management services, which is a short period of time to expect refugees to settle into a new community and environment and to be able to pay their bills independently.

Importance of the Study

Importance of the Study to the IRC

Since the IRC organizationally remains fully committed to resettling refugees and helping them go from “surviving to thriving,” understanding the results of the IRC’s programs and services offered ultimately will strengthen the organization. The IRC is in a nascent stage in terms of understanding the benefits of program evaluation and defining what self-sufficiency is as an orienting theory (and therefore a basic and practical framework from which to build). Furthermore, the IRC has yet to realize the strengths and weaknesses of the current programming through a systematic and methodological examination; to understand which aspects of the current program reinforce the status quo; and to set forth a better way of developing, tracking, and implementing programs and services to refugees.

Currently, the IRC does not have a framework for future research and practice, although at the time this study was developed, the organization drafted a program framework defining principles and programs⁸ but not a framework specific to data collection and program evaluation. This dissertation study has begun to ask the critical questions, and it provides much needed information regarding the agency’s next steps specifically concerning data collection and program evaluation as it relates to self-sufficiency. A better understanding of existing client service modalities and interventions will significantly assist the IRC as well as other resettlement agencies. The organization is moving toward standardization of programs and services, which make this an ideal time to learn which internal policies, should be modified, changed, and added. Not only will such an understanding strengthen the agency’s ability to self-assess what is working, maintain a high level of quality assurance, and build monitoring practices and

⁸ As Regional Director at IRC, I was a part of the team that drafted the Program Framework and Program and Principle definitions. The Program Framework was developed in tandem with this study.

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protocols, but it also will strengthen practice in the broader refugee assistance field. The development of program frameworks for core sectors and guiding principles has benefited the agency, and employees should be commended on this accomplishment. However, incorporating more robust data collection, an understanding of self-sufficiency beyond the given government definitions, and moving toward program evaluation and client self-assessment will assist the organization greatly.

One key aspect of this research must be to assert an IRC U.S. Programs' orienting theory on how employees perceive and define self-sufficiency. The other key aspect is to start collecting data throughout all 22 U.S. Programs' field offices in a consistent manner and to determine minimum standards in service provision and practice. Therefore, a programmatic goal for this research study is to find ways to collect information that can lead the IRC to a stronger and more comprehensive outcome-tracking design. Given that this study is an approach to comprehending the complexity of the IRC's effects on refugees, it is important to reach out to field workers to learn from their perceptions and daily experiences with clients.

The IRC U.S. Programs does not have a nationally integrated database system. The organization currently has the RRS tracking system, which tracks the basic information required via the IRC's contracts with the federal government. However, the RRS has shortcomings in that it only tracks refugees for a 90-day period under one program funded through the State Department and then 120- and 180-day outcomes under the HHS program. It does not capture from an agency perspective how well a refugee integrates in the U.S. after arrival here, how effective the IRC's programs are, and the definitions of self-sufficiency and integration. As a result, IRC employees have developed a variety of Excel and Microsoft Word documents to capture client data. This is a rudimentary method of data collection, and does not allow for

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analysis or report generation. In addition to the ad hoc database development, a few offices, such as San Diego and Phoenix, recently have begun using a limited versions of new technology for “efforts to outcomes” tracking. Currently, there are no standards for the type and style of information entered in the various documents or newly acquired tracking systems. Finally, the newly acquired tracking systems are not integrated in every office, and the few offices that have the tracking systems use different software. Therefore, there is no uniformity or consistency across the network.

This dissertation study offers the IRC a conceptual and logical way forward with which to build an outcome tracking system as well as to clarify and solidify how the agency defines self-sufficiency and integration.

Importance of the Research Broadly and Social Work Ethics

The literature regarding refugee resettlement shows that, generally speaking, the government-funded programs fall short of providing adequate funding and frameworks for successful refugee integration. However, the literature also reveals that a quantitative self-administered survey approach has not been used to learn how field employees perceive refugee self-sufficiency and integration. Therefore, IRC and other field employees have not been tapped as sources of data that considers the definitions, concepts, and frameworks of self-sufficiency and integration and how they relate to available refugee services.

The Preamble of the National Association of Social Workers (NASW) stated: “The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 1999). It is expected that humanitarian professionals uphold the same guiding principles. According to the Global

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Development Research Center, NGOs agree that humanitarian aid must be delivered to all people without impediment and that “[a]id is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind” (DRC, n.d.).

Refugees around the world are perhaps one of the most vulnerable groups because many have been forced to flee their homes, often at a moment’s notice, and have been dislocated with nothing more than the clothes on their backs. Some refugees may be fortunate enough to have received an education before they were forced to flee (such as many Iraqis) or placed in refugee camps (such as some Burmese). However, many refugees are not able to access education and are not only illiterate in their host country, but are illiterate in their native language as well. They must fend for themselves in environments of poverty, discrimination, lack of access to healthcare and education, and by living in a refugee camp or urban environment that often is not welcoming to them. Many languish in camps for years even though the refugee assistance community has learned that—once given certain opportunities—they can thrive. Therefore, upholding the highest social work and international ethical standards is paramount to practice, research, and policy when assisting refugees.

The research questions outlined in this dissertation have significant relationship to the practices and policies that the social work field holds in high esteem. In the National Association of Social Worker’s Code of Ethics (revised 2008), the Preamble stated that:

Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations,

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communities, and other social institutions to individuals' needs and social problems. (NASW, 2008)

According to this Code of Ethics, it is considered good practice and the IRC's obligation as an organization to ensure that it, like individual social workers, implements ethical and best practices throughout the agency. Ensuring that best practices and evidence-based practices are implemented means understanding the core of services being provided to clients and knowing how these services impact clients. The resettlement community in the U.S. has not established consistent ways for which to practice providing services to refugees other than reporting requirements for the R&P and MG programs. Achieving a more comprehensive understanding of what services the IRC provides on a daily-basis and documenting its impact are critical to further advances sound practice and programmatic growth. It includes all aspects of the work we do: service delivery, community integration, programmatic development and implementation, advocacy and policy (both internal the IRC as well as external), and research. Competence is listed as an NASW value; ensuring that quality services are being provided to refugees is one way of ensuring a level of competence throughout the field.

The core of social work practice, from an ethical stand point, is to empower the client, family, and community writ large (Lowery, 2007; NASW, n.d.). According to Lowery (2007):

How people treat each other as human beings reflects their morality. How social workers treat others shapes their ethics in a professional relationship. If social workers hope to shape their future as human beings in a global village, they must place human rights at the nexus of social justice. (p. 64)

Understanding how programs impact clients, frameworks and approaches to clients, and service delivery are the most critical cornerstones of social work practice and evaluation (Saleeby, 1996; Lowery, 2007). U.S.-based resettlement programs is an area of social work practice that remains behind in terms of understanding, in analytical ways, the strengths and weaknesses of the

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program and how to track outcomes so that the evaluation process become ingrained in the system. This study upholds the ethical, social justice, human rights, and client rights philosophy that is the foundation of social work. A constantly emerging field within social work, it is the aim of this study to push the parameters of knowledge on U.S.-based refugee resettlement.

Importance to the Broader Field of Refugee and Humanitarian Aid

Finally, this research is intended to have an effect on other refugee and humanitarian aid organizations as it can potentially challenge other agencies to rethink how they define self-sufficiency and integration of refugees. In addition, the findings can be used to advocate for changes in how the government (domestic and international) defines self-sufficiency and integration of refugees in the U.S. and other countries who resettle refugees. This research will have direct implications for practice/service delivery, policy, and future research. This study also can bring to light the qualities that social science research and social work more broadly bring to resettlement, case management, and the humanitarian profession (UNHCR, n.d.). Further, as refugee organizations continue to embrace concepts such as integration and self-reliance, refining data collection and incorporating basic program evaluation can significantly advance the their critical work and assist with evidence-based program growth.

The Sphere Project, which was initiated in 1997 by a group of NGOs, has established the *Humanitarian Charter and Minimum Standards in Humanitarian Response Handbook* to clarify ethical roles, responsibilities, and accountability of humanitarian aid workers and to promote set, minimum criteria that put the care and empowerment of the beneficiaries first. According to the handbook's foreword: "The Humanitarian Charter and minimum standards will not, of course, stop humanitarian crises from happening, nor can they prevent human suffering. What they offer, however, is an opportunity for the enhancement of assistance with the aim of making a

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difference to the lives of people affected by disaster” (Sphere, 2011, p. iii). The Sphere Project has two core beliefs: (1) people affected by crisis have a right to a life with dignity and a right to assistance during the crisis; and (2) “that all possible steps should be taken to alleviate human suffering arising out of disaster or conflict” (Sphere, 2011, p. 4). Much like the NASW’s value of “dignity and worth of people,” at the Sphere Project’s core is the decree that all people have the right to safety, security, and a life with dignity. Though not explicit in the standards, the intrinsic notion of protection, safety, security, and a life of dignity extends to refugees being resettled in a third location. This study can help satisfy this need and in so doing align the IRC’s policies and practices with the highest ethics found in the social work field.

Chapter 2:

Literature Review

Approach to Literature Review

...for it is the inherent nature of all human beings to yearn for freedom, equality and dignity, and they have an equal right to achieve that.” – H.H. The Dalai Lama

This literature review considers both international and U.S.-based research. Given the history of the problem considered in this dissertation and the scope of the literature review, it can be concluded that the area of refugee resettlement is under-researched both within and outside of the U.S. There are only ten countries that accept refugees and political asylees. While some countries, such as Australia and Canada, are implementing more comprehensive programming, the U.S.-based resettlement system is sorely under-studied, under-resourced and funded, and programs not adequately evaluated. Nonetheless, a majority of the literature is U.S.-based, with significant reports from other countries available for interpretation.

Studies of employee perceptions of government-run programs are nearly non-existent. The studies and reports found during a review of the literature represent an insufficient amount of research in this area. As demonstrated by the literature review and informal questionnaires such as the one administered by the U.S. Refugee Admission’s Program’s in 2009, most (if not all) U.S.-based resettlement agencies have not implemented a program evaluation or data tracking system that specifically identifies and tracks the aspects of the resettlement program that are considered to work well and those aspects that do not work well.⁹ While all U.S.-based

⁹While all nine U.S.-based resettlement agencies have tracking systems similar to the IRC’s RRS system, the other agencies track the same information that the IRC tracks: requirements for reporting to PRM and HHS. This was

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resettlement agencies must gather specific information and report back to State Department and HHS, this requirement is different from data tracking and program evaluation. Therefore, a section on program evaluation and practice-based research is included in the literature review.

The literature review also considers research and reports on the core resettlement programs, R&P and MG programs, as well as self-sufficiency and employment. Finally, it addresses the emerging application of the strengths-based approach to the field of refugee studies; this approach is evident in the literature, and it identifies and focuses on the perceived strengths of well-being, community integration, and other empowerment models over weakness-based models.

Interpretation of Core Resettlement Programs

Bacon (n.d.), the former President of Refugee International, asserted in *Betterworld* that certain activities change “relief to development and self-sufficiency.” He stated:

The challenge of ending displacement is inseparable from the challenge of establishing and maintaining peace. When wars end, farmers return to their fields; children return to school; violence against women declines; trade and economic activity resume; medical and other services become more accessible, and the international focus changes from relief to development and self-sufficiency. All this makes new wars less likely. It is a virtuous cycle that deserves nurture and support. (n.p.)

verified during a government meeting with PRM in 2009 and documented in an internal spreadsheet that outlined the type of systems each agency has to assist with pre-arrival information and post-arrival reporting requirements. In addition, in March 2012, the IRC sent out an informal survey to the eight other agencies (not including the IRC) asking whether they have ever conducted a staff survey. Of the eight (not counting the IRC) resettlement agencies surveyed, four responded, yielding a 50% response rate. Of the four that responded, none (100%) had surveyed staff on perceptions of self-sufficiency. In addition, when asked whether their organization provided an information management system to track services provided to refugees beyond the R&P and MG periods, all four (100%) responded “no.”

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While this assertion is reasonable in theory and in terms of practice wisdom, the literature reveals that little about refugee self-sufficiency actually has been tracked, studied methodically, and explained. Resettlement agencies tend to have a vast amount of anecdotal knowledge, which is important, but such knowledge does not allow for a more accurate level of knowing. Over time, in any refugee situation, services are provided, funding is sought, and programs are built. Yet, questions remain: How do resettlement service providers know what works and what does not work? If there is a call to change the current refugee service system in the U.S., on what knowledge is such a call based? How do resettlement agencies move forward and break out of a system that seemingly reinforces itself through its repetition of standard policies? This study is a necessary step toward better understanding more meaningful information on services provided to refugees in the U.S.

The State Department and the HHS largely have considered refugee self-sufficiency to be the state of an individual's employment and the non-reliance on the government for cash assistance:

The goal of the Matching Grant program is to assist qualifying populations in attaining economic self-sufficiency within 120 to 180 days from their date of eligibility for Office of Refugee Resettlement funded services. Self-sufficiency must be achieved without accessing public cash assistance. (HHS, n.d.)

The HHS (n.d.) defined self-sufficiency as: "earning a total family income at a level that enables a family unit to support itself without receipt of a cash assistance grant. Cases and individuals receiving Food Stamps, Medicaid, etc. without cash payments are considered self-sufficient." Under the MG program, there is a limit of 180 days (maximum) for a refugee to gain self-sufficiency. Funding for the program ends at the 180th day. If a refugee has not acquired self-sufficiency by the 180th day, he or she becomes eligible for Temporary Assistance to Needy

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Families (TANF) or welfare. The ORR's definition of economic self-sufficiency allows for families to still be receiving Medicaid or food stamps without receipt of a cash assistance grant (IRC, 2011).

The refugee resettlement program in the U.S. is funded primarily by both the State Department and the HHS. Historically, both the State Department and the HHS's refugee resettlement program have focused on a "self-sufficiency" social service model that primarily is defined by employment outcomes (For an overview of the R&P and MG programs, see Appendix 2.1). The State Department funds basic refugee resettlement programs through an ongoing grant called R&P, described in Chapter 1 of this dissertation. The U.S. Department of Health and Human Services' Office of Refugee Resettlement funds the MG employment program, also described in Chapter 1. Both programs are core funding streams for all nine U.S. agencies that resettle refugees. The structure and requirements of both of these programs define how agencies provide services to refugees and within what timeframe the services are to be provided.

In addition to the MG program, the U.S. Health and Human Services' Office of Refugee Resettlement administers several programs specifically focused on such transitional services as medical and employment programs. The primary programs made available to resettlement agencies through competitive grant application processes include the Public Private Partnership (PPP), Supplemental Services, Ethnic Communities Grant, Preferred Communities Grant, and Wilson/Fish (ORR, n.d.; GAO, 2011). Again, these programs are termed "discretionary" and have limited parameters in which offices can utilize the funds. Often, these monies are considered one-time only, or seed funding. Therefore, it creates a system by which offices have to provide bridge funding for programs or to close out programs and begin anew.

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The MG program is administered by U.S. Health and Human Services Administration of Children and Families (ACF) ORR. According to the IRC, the MG program:

...is a federally-administered program that assists refugees and other eligible populations in achieving early economic self-sufficiency through employment. It is designed to offer clients an alternative to public cash assistance by helping them find employment within 120 to 180 days while providing case management services and financial and material assistance. (IRC, 2011)

The IRC has been participating in the MG program since 1979 when it began (IRC, 2011).

Wilson (2009) stated: “The purpose of the Matching Grant Program is a fast track employment program to move refugees as soon as possible after arrival to economic self-sufficiency. It begins on the 31st day after a refugee has arrived in the U.S. and after the initial Reception and Placement grant has been issued in setting the family up” (n.p.).

The MG program is an employment program focused on initial, early self-sufficiency. It is unique to refugee resettlement, although other populations such as asylees, Victims of Trafficking, and parolees also are eligible to be enrolled. Once a refugee has arrived in the U.S. and is enrolled in the R&P program, employees assess whether the person can enter the work force immediately (known as an “employable”). If it is determined that the client can work and is willing to work, then he or she must be enrolled in the program by the 31st day of arrival. Once enrolled in the MG program, the client has 120 days to find employment. If by the fourth month the client has not found employment, the case can be extended to 180 days. If the client has not found employment by the 180th day, the case is closed (as the service period is over) and the client is enrolled in regular public assistance. Generally, if a client has a job by the 120th or 180th day, he or she will be considered economically self-sufficient per the parameters of the MG program.

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The MG program is based on both public and privately matched funds from resettlement agencies. According to the MG program, participating resettlement agencies must match “at least 50% of federal funds provided for this program, and of this match, at least 20% must be in cash. The balance can be made up of in-kind goods and services” (IRC, 2011). The MG program generates millions of dollars raised in both cash and in-kind goods and services, which includes volunteer time—unique in terms of government programs (IRC, 2011).

Although every refugee who arrives in the U.S. is enrolled in the R&P program, not every refugee is enrolled in the MG program. The MG program is limited to approximately 50% of a resettlement agency’s case load, although this percentage can vary from agency to agency and year to year. Therefore, criteria have been established as to who can and cannot be enrolled, and agencies providing services must be strategic and practical about whom they enroll. According to the IRC (2011), “Clients are selected for the Matching Grant Program on a case-by-case basis, with priority accorded to those clients most in need of additional financial and other resources.” (For more details on MG criteria and other program guidelines, see Appendix 2.1.)

There are few other types of services available to refugees aside from the R&P and the MG programs, which are the core programs offered to refugees. Without them, the refugee program in the U.S. simply would not exist, and their assistance is critical to the newly arrived refugees in their new home country. The R&P and MG programs provide a basic framework for agencies to function and for refugees to begin a new life. However, the programs fall short in a few primary areas: length of programs (R&P is only three months long and MG is between four and six months long), lack of program evaluation and data, lack of integration of discretionary funding and sustainability of programs, and lack of programming for special needs cases.

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Refugee Case Management

Case management in the U.S. dates back to the 1800's (Wilson, 2010; Hall, Carswell, Walsh, Huber, & Jampoler, 2002) and is a way in which social service agencies administer specific services to clients, or beneficiaries. According to the Social Work Dictionary (Wilson, 2010; see also Barker, 1999) case management is defined as "a procedure to plan, seek, and monitor services from different social agencies and employees on behalf of a client" (Wilson, 2010, p. 62). Wilson conducted a small, unpublished report looking at client-to-employee ratio at the IRC. She specifically focused on two offices within the IRC network: the Salt Lake City and New York City offices. Wilson asserted the premise that case workers often are so overwhelmed that they cannot fully provide the attention that refugee resettlement tends to demand (Wilson, 2010; Hall et al., 2002). Since there is no empirical data on the correlation between client-to-employee ratio and services to refugees, it is still uncertain to what extent the problem exists. Nonetheless, Wilson's (2010) report provided recommendations including further analysis of optimum client-to-employee ratios, increased supervision for additional support to case workers, and developing a more uniform system of care across the IRC network. Of note, Wilson expressed that the overall well-being of refugees may suffer as a result of lack of adequate funding. Even though the IRC approach to refugee case management is more focused on resilience and community integration models (organically, as opposed to systematically, developed over the years), the lack of resources stifles this approach and richness of services.

As a part of resettlement case management, the nine resettlement agencies are responsible for placing refugees within its U.S. network to the best of its ability. Agencies try to match the needs of the refugee with the most appropriate community; for example, if a newly arrived refugee has been a victim of torture, the agency will try to place him or her in an area with

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expertise in mental health and treatments for torture victims. Basic resettlement case management includes providing housing, essential furnishings, food, clothing, community orientation, and referral to other social, medical, and employment services for a 90-day period under the R&P program (Wilson, 2010). These types of services are requisites of the R&P program. However, often other types of support are needed. Refugees may need additional mentoring and support especially in the areas of employment, school, health/wellness, navigating various systems such as the U.S. healthcare system, among other areas. In Wilson's (2010) words:

The positive influence of developing a trusting relationship between a client and a case manager is a crucial component to successful client outcomes. Clients seeking services in any human and health service venue can be an intimidating and challenging experience. In order for progress and growth to occur, clients must develop a trusting relationship with the social service providers seeking to help them. (p.14)

McGinty et al. (2001; as cited by Wilson, 2010) added that in order to assist clients with "difficulty trusting the system," it is important to provide them with a "close relationship with the service coordinator...for the family to feel empowered and to participate fully" (p. 102). Wilson (2010) indicated that: "Part of this trusting relationship requires a strengths-based approach in working with clients. The importance of the human connection and the formation of a trusting relationship are essential components to an individual's well-being, and thusly, a community's well-being" (pp.14-15).

Resettlement case management employees generally are overworked and have a high client base with a low client-to-employee ratio (Wilson, 2010). The overwhelming workload is one contributing factor to the lack of more integrated services; time only allows for basic case management to be delivered. In addition to higher rates of employee burnout (Wilson, 2010;

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Yamatani, Engel, & Spjeldnes, 2003), research indicates potential detrimental effects on clients:

Extensive research of studies completed or articles written on the subject of client-to-staff ratios at refugee resettlement agencies in the U.S. yielded nearly no results. Key words used to search journal databases for appropriate articles included “case management,” “caseload,” “case management systems,” “caseload size,” “staff ratios,” and “client-to-staff ratios.” (Wilson, 2010, p. 15)

Finally, in Wilson’s literature review, she found no studies that specifically examined client-to-employee ratio in resettlement (p. 15); this research also has found none.

Employee Perceptions of the U.S-Based Resettlement Program

There are few studies that specifically examined the perceptions of employees and analyzed the resettlement program in the U.S. Two studies specifically looked at employee perceptions of the resettlement program: the HHS’s (2008) *Refugee Economic Self-Sufficiency: An Exploratory Study of Approaches Used in Office of Refugee Resettlement Programs* and Shrestha’s (2011) *Power and Politics in Resettlement: A Case Study of Bhutanese Refugees*.

The Health and Human Service’s Office of Refugee Resettlement released an exploratory study in 2008 indicating that there is more to refugee resettlement than just early employment (ORR, 2008). It was a qualitative study that included interviews from both ORR and State-run resettlement program employees. Interviews were conducted over a one-year period from 2007-2008 (HHS, 2008). Refugees were not interviewed. According to the HHS report, the sample was small and “causality cannot be inferred and findings are not generalizable to a wider sample” (HHS, p. 15, 2008). These factors weaken the study’s impact.

The importance of social integration, among other factors, is now being considered a component of resettlement in the U.S. and integral to employability of refugees (ORR, 2008). According to the ORR report, there are specific services that aid in employment of refugees:

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(1) pre- and post-employment services; (2) individualized goal-oriented approach with clients; (3) culturally diverse staff (often former refugees) who are “mission-driven” and can develop rapport with, and meet the cultural and linguistic needs of refugees; (4) highly motivated refugees who are survivors; (5) clear messages about ORR’s primary mission of early employment sent out by all program components; (6) coordination among refugee providers and between refugee and mainstream services at the system level. (p. 6)

The ORR’s report indicated that there are key factors to successful refugee employment and integration. Based on the results of the study and the literature (HHS, 2008; Potocky-Tripodi, 2001; Potocky-Tripodi & McDonald, 1995, Majika & Mullan, 1992), the following were found as factors associated with economic self-sufficiency:

1. Households that were headed by married couples with more persons were more likely to have higher incomes (HHS, 2008).
2. More men were employed than women (HHS, 2008).
3. Youth between 16 and 24 and older individuals above the age of 64 were the least likely to be employed (HHS, 2008; Majika & Mullan, 1992).
4. Higher education was associated with better economic status (HHS, 2008; Potocky-Tripodi, 2003).
5. Social network supports were important factors for newly arrived refugees including religious, cultural, political, and social networks and institutions (HHS, 2008).

The HHS report (2008) found that overall the “economic adjustment of refugees has been a relatively successful and generally rapid process” (p. 3). The report sought to understand what factors go into successful resettlement. While the findings from the HHS report outline key aspects to successful refugee economic employment, or self-sufficiency, it also raises questions. Employment tends to be temporary and because the ORR does not track refugees beyond the six-month service period, it cannot be sure as to what the trajectory of successful integration truly looks like for refugees.

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The HHS report (2008) was based on employees who worked for the ORR and state employees who administer ORR programs; as such, it only told one side of the story. Employees interviewed were aware only of how their programs are implemented and function and not how employment services are administered and provided on the ground via resettlement agencies. Resettlement agencies provide self-sufficiency reports to the ORR at the 120- and 180-day periods. The reporting does not account for refugees who were not enrolled in MG or for refugees who may have lost self-sufficiency after the 180-day period. Finally, although there seemed to be a sense that refugee economic self-sufficiency is key to successful refugee integration, it was unclear what steps via increased funding of programs, expanded case management timelines and resources would be taken into consideration by the ORR as a result of the study. This dissertation study, which examined employee perceptions from the resettlement agency perspective, will help to round out such aspects, leading to better understanding of successful resettlement and ways to enhance and strengthen programming.

Shrestha (2011) conducted a case study looking at the dynamics between resettlement employees and Bhutanese refugees. In her report, she argued that the intent of resettlement employees is in conflict with the “political” system and current structure of the resettlement program in the U.S. (n.p.). Shrestha found inadequacies in the government-run resettlement program and how the political and bureaucratic systems seemingly are at odds with humanitarianism. However, her report also contained some inaccuracies such as a misstatement about the amount of the current R&P per capita currently, among others. She stated that resettlement employees shared a paternalistic mentality with the U.S. government, but offered no data to support this questionable assumption. In addition, the report did not mention or discuss the MG program or other types of programs. While one may not be able to argue against the

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limited funds available to resettlement agencies and refugees alike, the assertion that the current “neoliberal” and “paternalistic” models limited employees’ abilities to provide additional support certainly is suggestive of author bias. Shrestha presented a more anthropological framework for understanding power struggles with newly arrived refugees, but offered little in the way of shifting those power struggles.

Shrestha concluded that resettlement in the U.S. is “messy” and that more research needs to be conducted. While the author seemed more concerned with the power play between the state and the individual, the concept of providing services and support was not entirely lost on the research. Since the research represented a small case study, and it argued through a neoliberal and anthropological framework, nuances of services provided to refugees were lost. Shrestha’s apparent bias suggests that she may have interpreted some findings narrowly from a perception of employees playing out the paternalistic model; for example, a staff worker’s desire to “control the refugees resources” and a focus on the refugees getting a job even if it was a lower paying, manual job can just as easily be seen as employees assisting with early employment as a step toward the refugee’s greater self-reliance. Although there may be case workers who orient themselves through a paternalistic lens, without empirical studies, it is impossible to say with certainty how wide-spread such an orientation may or may not be. For another example, the instances that Shrestha cited may be more about inadequate services being provided as opposed to employees desires to control refugees. In one statement, she recommended that resettlement agencies should provide a culturally appropriate meal. Under the R&P Cooperative Agreement, all resettlement agencies already are required to provide a culturally appropriate meal that must be waiting for the refugee upon arrival. Shrestha recommended that resettlement agencies follow the guidelines of the Cooperative Agreement, which is a recommendation oddly antithetical to

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her overall thesis. If culturally appropriate meals are not provided, then that may be a sign of insufficient case management that needs to be addressed. In addition, it is often the case that refugees must begin with taking lower-paying jobs as a means to start establishing themselves. From there, they can begin to build their English skills to the different standards of the U.S. workplace.

Finally, missing from Shrestha's study was an understanding of the complexity of services to be provided to refugees and a full analysis of the weaknesses. Rather than focusing primarily on funding concerns, addressing the quality and quantity of services while tracking programs and program outcomes would have yielded more helpful information for addressing the inequities and inequalities of the resettlement system in the U.S. Because Shrestha did not address these concerns in her study, it does not indicate whether employee perceptions of the program or asserted ideas of paternalism are the core cause of lack of a robust service.

Nonetheless, as a result of the interpretations provided in Shrestha's study, the reader can begin to understand—albeit inconclusively—that the current structure of the resettlement program in the U.S. may be a barrier to better integration of refugees.

Employment and Self-sufficiency

The literature indicates that employment in and of itself can be a positive force in a person's general mental and physical well-being. Studies have shown that prolonged periods of time without employment can lead to depression, anxiety, and diminished physical health, including an increase in alcohol/substance abuse, diabetes, and heart problems (ISED, 2007; Bartley, 1994). One recent study that examined the effects of employment on refugees and immigrants indicated similar findings: employment can assist refugees and immigrants with

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community integration, enhance English-language capacity, and have a positive effect on the mental and physical health (Potocky-Tripodi, 2007; Yakushko et al., 2008; Codell et al., 2011).

Historically, the U.S. has viewed refugee resettlement through the lens of employment and basic core services (i.e., safe affordable housing, basic case management services, and access to healthcare). The main goal has been to help newly arriving refugees secure employment as soon as possible (Wright, 1981). The U.S. refugee resettlement system functions largely under the same framework as the general welfare/social security system (Wright, 1981) with some differences. Codell et al. (2011) viewed economic self-sufficiency as a core indicator for refugee integration. However, they did acknowledge that the true success of economic employment, self-sufficiency, and integration is based on the robustness of refugee resettlement services.

In 2008, the U.S. economy went into a serious recession resulting in companies closing, home foreclosures, and high unemployment rates. The U. S. unemployment rate as of February 2012 was 8.3% (BLS, 2012). Refugees are not immune from the recession, and lack of jobs has resulted in newly arriving refugees truly living on the edge. Inadequate funding available to refugees has compounded the economic situation (IRC, 2009). It was only in 2010 that the per capita increase for the R&P program was implemented. Prior to 2010, the per capita was \$900 (a one-time payment of \$450 per refugee and \$450 to be used for administrative overhead for resettlement agencies). Under the Obama administration, the per capita was doubled to \$1800.

In 2006, the Brookings Institute conducted a study on refugees arriving to the U.S. and resettling in cities. The findings about resettlement in the U.S. included:

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1. A majority of refugees who have arrived to the U.S. have been placed in such cities as Los Angeles, New York, Chicago, and Atlanta;
2. Of those who were placed in smaller communities, such as Fargo, ND and Fresno, CA, the impact on the community was greater; and,
3. There has been a clear trend toward greater diversity of refugees arriving to the U.S. They came primarily from the Indochinese and Soviet countries in the 1970s and 1980s, from the Balkans in the 1990s, and from Africa, the Middle East, and Southeast Asia in the 2000s (Singer & Wilson, 2006).

The report correctly stated that refugees receive far greater federal, state, and local services and funding than immigrants more generally.

Employment can be viewed both in terms of early or immediate employment and long-term employment that leads to greater stability and potential career growth (ORR, n.d.; Codell et al., 2011). Under the ORR's MG program, the goal is immediate and early employment. While further career development such as higher education, certificate/technical training, and recertification programs are ideals, there are few resources available for obtaining longer-term employment.

Other areas of social welfare define self-sufficiency differently than the ORR's definition, and the time period for welfare is longer (ranging from two to five years depending on the state in which a recipient resides). The resettlement program at times is viewed as a welfare-deterrent program. However, refugees enrolled in the MG program who do not obtain employment by the 180th day are eligible for TANF. Indeed, refugees are entitled to TANF and Food Stamps for up to seven years of entry to the U.S. (and are eligible for permanent citizenship

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at their fifth year of residency). Statistics on refugees who receive welfare are hard to obtain because most resettlement agencies do not track or report specially the number of refugees on Welfare. Per the ORR's reporting requirements, resettlement agencies are expected to report merely on whether or not the refugee is economically self-sufficient through employment.

If the refugee¹⁰ is not economically self-sufficient at 120-days, then the decision of whether to extend the case is reported. If the case is extended, the client has until the 180th day to obtain economic self-sufficiency. The client may continue to receive either case assistance or employment services or both. If the refugee is not economically self-sufficient at 120 days and the case is not extended, then agencies must report whether they anticipate the client will require public assistance. If the answer is "no," then the agency is required to give a reason as to why the client is not being enrolled in Public Assistance. There are several reasons a refugee may not access Public Assistance. Sometimes it is because there is a family member who has agreed to financially support the person until he or she is self-sufficient. Refugees also may "out-migrate" to a different part of the country and therefore gain employment in the new location or apply for Public Assistance once relocated, but the resettlement agency would not be able to track out-migrated clients. The 180-day reporting requirements are more straightforward in that they ask whether a person is economically self-sufficient from employment or unable to achieve self-sufficiency (as defined by employment status). Since the reporting requirements are structured in this way, one cannot get an accurate breakdown of how many refugees receive Public Assistance once out of the MG service delivery period.

¹⁰ As discussed in Chapter 1, under the 1980 refugee law, refugees have a legal right to employment since they are in the U.S. legally, unlike many immigrants who may not be in the country legally.

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In addition, most welfare statistics focus on six primary racial categories: Black, White, Hispanic, Asian, Native American/Indian, and Other. However, the Migration Policy Institute (Levinson, 2002) has tracked the rates of enrollment for immigrants and refugees since the passage of Welfare Reform in 1996. According to Levinson, “*Between 1994 and 1999, legal immigrants’ and refugees’ use of welfare benefits declined significantly* [emphasis in original]. This decline was not accounted for by an increase in the number of naturalizations or by rising incomes within immigrant families” (Levinson, 2002). For refugees, there was a 78% decrease in TANF, 53% decrease in Food Stamps, and a 36% decrease in Medicaid (Levinson, 2002). However, the reason for the decline was not identified. Levinson reported:

While the number of naturalized citizen families increased by 480,000 between 1994 and 1999, the number participating in TANF dropped by 300,000[emphasis in original]. There were only 16,000 new enrollments. At the same time, the foreign-born population grew from 24.5 million in 1995 to 28.4 million in 2000.

Levinson noted that in two of the largest immigrant cities, New York and Los Angeles, those with limited English abilities were poorer.

Employment plays an important role in an individual’s sense of well-being, security, and sense of self-determination (Carreon, 2011; Akabas & Kurzman, 2005). One key aspect to being employed as a refugee is English-language proficiency (Carreon, 2011; Pine & Drachman, 2005; Levinson, 2002). Employment not only provides refugees the opportunity to feel self-reliant, but it can expedite deeper integration into the community. However, finding employment while taking ESL classes and adjusting to a new life in America can be daunting tasks and ideally would be accomplished within the relatively short three-month (R&P program) or four-to-six month (MG program) time frames.

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Although there are significant differences in the refugee resettlement program and the U.S.-based welfare program, the way in which the U.S. defines welfare and self-sufficiency more broadly is critical to understanding the framework (or culture) in which refugees are being resettled. In addition, an aspect to refugee resettlement includes accessing welfare for those refugees who are unable to attain employment after the short service delivery period. Some refugees who have attained employment still may need to access certain welfare services such as Food Stamps.¹¹

For refugees entering the U.S., learning to navigate the welfare system can be an arduous task. The refugee program is seen by the government as a “deterrent” to welfare for newly arriving refugees. However, because the service delivery period is time-limited by a maximum of six months (for MG) and three months (for R&P) and the R&P does not specifically provide resources for employment case management, it is inevitable that some refugees eventually will access welfare services. This time period is quite different from the amount of time U.S.-based welfare recipients are allowed to access, which can be two to five years depending on state of residence. In addition, because there is a low level of tracking of refugees, it is uncertain how many refugees go from “surviving to thriving”¹² for the IRC’s definition particularly and more broadly. According to a recent and unpublished pilot study that examined extended case management in the state of Utah, Shaw and Poulin (2011) stated:

Data from the most recent survey available revealed that 64.8% of the sample of employable adults had worked at some point since arriving, with 31.9% currently accessing public cash assistance and 25.0% receiving public housing (ORR, 2007). Other research considering employment rates for refugees who have arrived within the previous 6 years has found that 70% of employable adults were

¹¹ Again, a refugee would be considered “self-sufficient” even if receiving Food Stamps.

¹² As will be discussed in further detail in Chapter 4, U.S. Programs defines “surviving to thriving” as based on aspirations that include the concepts of self-reliance, integration, and citizenship [refer to Appendix 2.2 for the latest iterations of the Program Framework and definitions].

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working at the time of the survey (Farrell, Barden,& Mueller, 2008) and 85% had worked at some point during the previous 6 years (Allen, 2006). Employment outcomes have worsened for more recent arrivals, with only 31-52% of those who arrived in 2009 securing jobs during their first 8 months in the U.S., compared to 59-65% in 2007 (U.S. Government Accountability Office, 2011). (Unpublished Report ,p. 8)

Most available data on refugees and self-sufficiency initially have come from the ORR. The ORR collects data from agencies that participate in the MG program. These statistics have limitations and thus do not provide a full picture of how well refugees adjust and integrate in the U.S. The statistics are based on refugees who are enrolled in the MG program and collected by the ORR (Haines, 2010; ORR, n.d.). Resettlement agencies report outcomes to the ORR which leaves room for error and interpretation on the agency's part. In addition, it leaves out a significant part of the population since approximately 50% of refugees are enrolled in the MG program (GAO, 2011).

Codell et al. (2011) also indicated that many of the statistics collected by the ORR do not consider issues such as temporary employment situations, lack of healthcare benefits, and whether the refugee is paid minimum, lower, or higher wages and the wage's impact on the family budget. Codell et al. argued that job placement of adult refugees in metropolitan areas after the six month MG service period was at 73% between 2003 and 2008, yet 70% of those placements were in temporary jobs with little possibility of advancement. The researchers conducted a small quantitative study reexamining variables of employment among refugees. The study focused on 85 employable refugees resettled in Salt Lake City between 2008 and 2009 and did not include individuals who did not obtain employment by the six-month mark. The mean hourly wage was \$8.06. A moderate negative correlation was found between years in flight with education level and English proficiency. The study indicated that women made less money than

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men. There also was a moderate negative correlation between years as a refugee and employment status. Interestingly, the study found “there was no significant relationship between education level, English proficiency or years spent as a refugee, and hourly wages” (p. 220). Codell et al. concluded that in addition to developing and implementing a universal refugee resettlement assessment:

Future research on refugee employment and resettlement outcomes should consider the broader social and economic climate as predictors of successful refugee integration into the host community. Because both wage and employment status are particularly sensitive to broader economic and labor force influences, future research may also focus on refugee psychological or behavior variables as measures of successful adaptive responses to the resettlement process. (p. 222)

Codell et al.’s study brings to light the relationship between employment and years in which a refugee has been in a camp setting. In addition, education level and a refugee’s ability to speak English had a relationship with the refugee’s ability to find “meaningful” employment (Codell et al., p. 221). One might hypothesize that time spent as a refugee has an effect on the refugee’s education and English language level, though that is inconclusive from this specific study (Codell et al., 2011).

Constructivist Approaches to Resettlement

The field of refugee studies and forced migration has grown over the past 50 years with a primary focus on international refugees (Black, 2001; Malkki, 1995). In the field of refugee studies, there are a number of theories and approaches from the fields of sociology, anthropology, economics, psychology, and social work (Black 2001; Malkki, 1995). Malkki (1995), however, asserted that because the field of refugee studies is a “recent phenomenon,” theories have been applied on an “ad hoc” basis (p. 507). While the medical and trauma model has dominated the theory debate, more integrated, strengths-based and psychosocial approaches

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have emerged in recent years. The medical and trauma models are considered individualized approaches that do not necessarily take into account the abilities of people but rather focus on the “illness” or “problem” of the individual. The strengths-based approaches are empowerment models that frame the issues as a sociological problem rather than an individual problem.

Medical/Trauma Model

In the United States historically, social problems have been seen through the medical lens and perceived as “deviant” behaviors that were pathologized (Stanley & Baca-Zinn, 2003) as well as seen as individuals departing from what the dominant culture deemed to be social norms and societal contributions (Feagin & Feagin, 1997, p. 16). Since refugees come from conflict zones, have been exposed to different physical and mental trauma and torture, and have been forced to flee, they have been labeled through the medical model lens as “traumatized.” The medical model treats the person as the illness rather than the looking at the whole person and the circumstances of that person. This model does not consider how society deals with or perceives refugees; the societal barriers that prevent refugees from fully integrating; or the stereotypes, misconceptions, and prejudices. According to Ryan, Dooley, and Benson (2008): “In recent decades the theoretical approach of choice in refugee mental health research has been the so-called ‘medical model,’ with its focus on pathological conditions, the diagnosis of disorders, epidemiological studies and the treatment of symptoms through pharmacological or psychotherapeutic interventions”(p. 2).

Often a medical intervention can be a part of the solution in managing these diagnoses; however, they are not the whole solution and they do pose problems. Such intervention can cause over-diagnosis and does not address what refugees have done to actually survive the circumstances they overcame. The medical model risks treating the person as the disease rather

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than treating the refugee as a person who has a disease (or challenge), but who also has many other aspects to the “self.” Ryan et al. (2008) stated:

The medical conceptualization of mental health issues among refugees was bolstered by the introduction of the diagnostic category of post-traumatic stress disorder (PTSD) in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1980). This was followed by an upsurge of interest in levels of trauma among refugees. The message that came through was that refugees were very “sick” people, with prevalence rates of PTSD and depression as high as 86 per cent and 80 per cent respectively among one community sample of Cambodian refugees (Carlson & Rosser-Hogan, 1991, p. (2).

Ryan et al. (2008) argued that while understanding psychological traumas certainly is important, it is not the whole of the refugee nor does it take into account the strengths a refugee brings with him or her. Clearly, refugees have survived unfathomable events and trauma, but most remain resilient and can be considered to be survivors. The researchers explained that tapping into how the refugee survived horrific events is not taken into consideration within the medical model.

Once a person is labeled,¹³ or placed in a category, society offers parameters in which that person functions. The critique of the medical model is that the approach is often limiting, even pejorative, and excuses society from becoming an open, inclusive one (Tierney et al., 1988). The medical model perpetuates labeling, or categorization; the application of the medical model can result in a limitation as to how a person is viewed, which is critical in the case of refugees as doing so limits the individual’s options. An example is the prevalence of PTSD in refugees as noted above.

¹³ Within the symbolic interaction theory is the labeling theory. The labeling theory, according to Patton (2002), stated “that what people are called has major consequences for social interaction” (p. 113). Negative labels, such as “drug addicted” or “low functioning,” can have negative emotional ramifications on the people being labeled; Patton emphasized that there is power in words and how words are used to define people.

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In recent years, societal norms have been challenged and the refugee and resettlement community is seeking an integrated approach. The medical and trauma approaches see the person as the “disease” and treat him or her accordingly. By contrast, the next section of this literature review focuses on the constructivist model and specifically the strengths-based approach to viewing people with challenges. This approach includes attention to resilience, community integration, and well-being. The strengths-based approach is the theory that grounds this dissertation study.

Constructivism and the Strengths-Based Approach

The refugee researcher looking through the lens of the Constructivist and strengths-based approach analyzes the varied experiences of refugees by incorporating and respecting power structures in society as well as economic and political factors (Creswell, 2007; Lowery, 2007). Constructivism, a basis for the development of the functional model, seeks to challenge social norms and empower the disenfranchised, sees social reality as constructed by systems/structures, acknowledges that the nature of human beings is adaptive and more capable than given credit for, has a theoretical framework focused on revealing true conditions and freeing oneself from them, provides tools necessary to help people, and states that science begins with a value position, some right, some wrong (Neuman, 1994). From a refugee perspective, Constructivism would take a deeper look at the socioeconomic situation of refugees, a population that suffers from untold horrors, displacement, and a desire to be self-sufficient with little real means. A Constructivist perspective would look at the lack of access refugees have to safety, a home, employment, and community rather than look at the individual’s weaknesses or inability to achieve these needs. When a refugee arrives to the U.S., much emphasis is placed on a near-immediate self-sufficiency. When the refugee does not reach the government definition of self-

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sufficiency within the allotted period of time, he or she is cut out of refugee services and referred to TANF programs. Often, the resettlement agency is an extension of the community and family for until the refugee feels more secure in the new home and in finding employment and other necessary services.

A Constructivist approach is based on the understanding of the needs of the subject being studied. Constructivism agrees with the interpretive approach (closely associated with Post-positivism) in that Constructivism takes a “humanistic” attitude and uses field research methods with the researcher spending ample time with those being studied (Neuman, 1994). Social reality is based on the person living it, or his or her definition of it, which is why observing subjects in their natural environment, inclusion of participant-observation, understanding the history, narratives, case studies, and interviews are all highly valued methods in Constructivist research (Neuman, 1994). Indeed, as later chapters demonstrate, this approach has helped with hypothesis testing and the validity and reliability of the research in this dissertation. Feminist, Ethnic, Marxist, Queer, and Disability theories all might be viewed within the constructivist framework (Creswell, 2007; Denzin & Lincoln, 2003).

The Constructivist approach provides for higher levels of practice, practitioner, and client integration in social welfare research. Constructivism encourages interviews, stories, essays, and writing to be part of acceptable research. Similarly, practitioner interviews, narratives, case studies, and autobiography are acceptable. Case studies of an organization are acceptable, if not encouraged, as are historical, economic, and socio-cultural analyses of the research issues. Some Constructivists would assert that research is limited, if not useless, without socio-cultural and historical analyses (Schwandt, 2003; Saleeby, 1996). Saleeby (1996) stated: “The building blocks of meaning making are, for the most part, found in the edifice of culture. Culture provides

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the means by which people receive, organize, rationalize, and understand their experiences in the world” (p. 301). This approach also encourages seeking in-depth client and practitioner interviews of varying genders, race, ethnicity, sexual orientation, disability, and class. This is particularly useful and relevant in regard to the incorporation of the strengths-based approach to the field of refugees and this research inquiry: employee perceptions of the U.S.-based refugee resettlement program.

Although the research undertaken for this dissertation primarily is quantitative, formatting the survey to respond to the “voices” of the employees who work closely with refugees on a daily basis was critical. Constructivism is closely related to strengths-based approach, and they complement each other as models based in empowerment of people and communities.

Strengths-based Approach

Studies of Application

The strengths-based approach, or strengths perspective, was developed by Saleebey (1996) as a different approach from the more diagnostic model and is an emerging field within the practice of social work and beyond (Mattaini & Lowery, 2007). According to Saleebey (1996), the strengths-based approach developed as a technique in working with people with severe mental health conditions and has since grown to work with other vulnerable populations such as the elderly, youth at-risk, and even communities. It also is closely aligned with resilience, wellness, integration, and psychosocial approaches. The strengths-based approach was developed, in part, as a response to the individual, pathology, and deficit approach that seems prevalent in the social work profession (Saleebey, 1996).

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Mattaini and Lowery (2007) stated: “The strengths-based approach, although not denying problems or oppression, begins with and works with the client’s strengths, which have often been largely or entirely ignored in traditional practice” (p. 45). Specifically, the strengths-based approach focuses on how people survived traumatic experience and builds upon that as well as the notion that people can be resilient, which is similar to more integrated models. Saleeby (1996) stated:

Practicing from a strengths-based perspective does not require social workers to ignore the real troubles that dog individuals and groups. Schizophrenia is real. Child sexual abuse is real. Pancreatic cancer is real. But in the lexicon of strengths, it is as wrong to deny the possible as it is to deny the problem. The strengths-based perspective does not deny the grip and thrall of additions and how they can morally and physically sink the spirit and possibility of any individual. But it does deny the overwhelming reign of psychopathology as civic, moral and medical categorical imperative. (p. 297)

The strengths-based model includes the following principles:

1. Every person, human collective, and environment is rich with strengths.
2. Every client is viewed through the lens of hope.
3. People have the potential to change.
4. Everyone has a natural need to belong to a community or unit.
5. People have the capacity for resiliency.
6. Everyone has the ability to heal and can do so with support.
7. Dialogue and communication is a part of the healing and resiliency-building.
8. Healing should be a collaborative approach with shared power between such individuals as the client and social worker, client and agency, and client and family.
9. Affirm client’s views, perceptions and values. (Mattaini& Lowery, 2007, p. 46; see also Saleeby, 1996; Rankin, 2006; Mattaini, 2007)

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Wurzer & Bragin (2009) argued for a more integrated approach to working with refugees and specifically to be cognizant of the types of experiences, traditions, ethnic and religious beliefs and dimensions of who they are as individuals and a part of a community. This multi-dimensional approach still allows for the assessment and treatment of specific problems, such as depression, but allows for a more solution-oriented approach and treats the refugee as a whole person. The strengths-based approach, like integration, takes the prior information a refugee brings with him or her as a part of the full intake process. Therefore, information on where the refugee has been; what he or she has been exposed to and survived, known, or understood; chronic ailments; family dimensions and dynamics; and the political and social structure of the homeland all come into relevance (Ryan et al., 2008). The core question moves from “What are your problems?” to “How did you manage and cope with the events in your life thus far?” The medical- or trauma-focused model looks at the effects of the trauma itself rather than the whole person and how he or she may have survived that trauma (Correa, Velez, & Gifford, 2010). Saleebey (1996) stated that: “Having assessed the damage, social workers need to ensure that the diagnosis does not become the cornerstone of the person” (p. 303).

Along similar lines, Shah (2007) argued for an approach to refugee resettlement that incorporates both traditional Western modalities with non-Western modalities, referred to as ethnomedical competence as applied within the international context. Ethnomedical competence has been defined as “the capacity of individuals and organizations to discern, utilize, and preserve culturally embedded self-concepts and effective healing practices. This transpires in democratic and symmetrical learning environments so as not to be neocolonial. The treatment modalities become plural and hybrid, mixing Western and non-Western treatments” (p. 52). As outlined in the *Psychosocial Working Group* (2000) and in Shah’s article, the approach focuses

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on respect and incorporation of tools that individuals already may possess and the individuals' relationship to the immediate community, whether that's a shaman, Iman, Priest, or established community leader (Shah, 2007). According to Shah: "Ethnomedical competence strives for a balance among culturally embedded beliefs, providers, and methods" (p. 57). Bragin (2005) also advocated for a more integrated and psychosocial approach, based on research and studies, for refugees in camp settings.

Using the strengths-based approach, Grigg-Saito et al. (2007) initiated a qualitative case study looking at community health education among Cambodian refugees living in Lowell, MA. The study focused on health disparities, specifically diabetes and cardiovascular diseases in the Southeast Asian community. At the time of the study, Lowell had the second-largest population of Cambodian refugees who survived the genocide under the hands of the Khmer Rouge. According to the researchers: "Despite the resulting needs of this refugee community, the strength and resilience evident in daily interactions and in the stories of survival and success from both Cambodian employees and program participants led to inclusion of strengths-based approaches to address health promotion in this community" (p. 416). Seven focus groups were conducted with 141 total participants. During the first phase of the study, every effort was made to understand the culture, experiences, attitudes, and religion of Cambodians (Grigg-Saito et al., 2007). Eighty-five percent of people aged 50 and older in the community were Buddhists and used a nearby community temple. In addition, many Cambodians in Lowell did not have high rates of literacy in any language since the Khmer Rouge had closed schools. Outreach needed to consist of door-to-door; peer support; Elder Council; and media, audio, and other appropriate tools. The goal of this study was to increase participation of Cambodians with cardiovascular disease and diabetes in the healthcare system. The researchers indicated that the outcomes of the

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study were significant: “The number of Cambodian patients accessing health care at LCHC/Metta Health Center increased from zero in 2000 to 4,033 registered patients by the end of 2005, and the number with a primary or secondary diagnosis of diabetes grew from 23 in 2001 to 703 registered patients by the end of 2005” (p. 422). In addition, the study aimed to increase cultural competence among healthcare professionals. Some outcomes included:

- More than 95% of 901 participants who attended cultural competency trainings identified three of five elements of cultural competence.
- More than 84% of 398 participants who attended Cambodian cultural health belief trainings identified at least two things they learned about Cambodian cultural beliefs.

(p. 422)

The authors of the study asserted that using a strengths-based approach in health promotion in the Cambodian refugee community was a “viable approach.” In this case, including elders, community and religious organizations, and understanding the culture and attitudes of Cambodians allowed healthcare providers and educators understand the strengths of individuals and the community.

Other examples of applying a strengths-based and community integration approaches in the field can be seen with the work of Bragin (2005) and Wurzer and Bragin (2009), who utilized community integration and psychosocial frameworks for services to refugees globally.

Bragin(2005) developed a model, the Community Participatory Evaluation Tool (CPET), to assist humanitarian organizations on providing services specifically for children. A practical guide, the CPET espoused a holistic system that uses the evaluation tool within the individual, family and community. Community engagement and partnerships with local communities groups also are supported by Bragin, Prabhu, and Czarnocha (2007).

Application of the Strengths-based Approach in U.S.-based Refugee Resettlement

While social workers should practice grounded in evidence-based practice, there is also a balance with fully understanding the perspectives, experiences and strengths that each individual brings to the healing process. Refugees typically have endured a lot of suffering. Understanding how they have managed to survive the suffering may give insightful clues as to how to build further resilience, to understand which evidence-based practices maybe most applicable, and to determine which programs and services may be most useful. From an organizational perspective, applying a strengths-based model to understanding how and why programs work may assist resettlement agencies in a way forward. Tracking core indicators as standard evidence-based practice will assist with further identifying the strengths and the weaknesses of current programming. Such tracking can enable resettlement agencies to grow over time and document positive outcomes that are proven over time for refugees.

Increasingly, the strengths-based approach (explicitly and interpretively) and psychosocial programming are being used in the refugee community (Yohani, 2008; Halcon, Robertson, Monsen, & Claypatch, 2007; Grigg-Saito et al. 2007; Fong, 2004; Walsh, 2003; Scheinfeld, Wallach, & Langendorf, 1997). Best practices are shared among professionals and advocates, as are guidance documents. Refugee advocates will state that more needs to be accomplished, researched, studied, and understood about the U.S.-based programs. However, the process is in motion and theoretical approaches are evolving as strengths-based applications, community integration, and psychosocial programs are better understood and studied within refugee studies, and specifically U.S.-based resettlement.

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Well-being and integration.

In recent years, the strengths-based approach has been linked to and has incorporated concepts of well-being (Hodges & Clifton, 2011; Desai, 2010; Mattaini, 2007; Aarti & Sekar, 2006). According to Hartner (n.d.) of the Gallup Poll, “well-being” is defined as “all the things that are important to how we think about and experience our lives.” This seemingly straightforward definition is based on the Cantril Self-Anchoring Striving Scale, which Gallup used in 2005 to gauge the world population’s sense of well-being. While measuring well-being is complex and difficult to fully determine, Cantril provided one way to measure and get a sense of individual self-well-being (Gallup, n.d.).

From an economic perspective, links have been made between well-being and economic factors (McGillivray, 2007). McGillivray (2007) indicated that well-being is “a concept or abstraction used to refer to whatever is addressed in an evaluation of a person’s life situation” (p. 3). Identifiers and preconditions of well-being are diverse: (1) self-evident; (2) incommensurable; (3) irreducible; and (4) non-hierarchical (p.4). In the literature, as expressed by McGillivray (2007) and Gough (2004), it is possible to identify two basic needs that can be considered universal: physical health and autonomy of agency (McGillivray, 2007, p. 4). In “capacity” perspective, one can see the link of well-being to the broader strengths-based approach. McGillivray (2007) stated that: “Well-being is assessed in terms of the capacity to achieve valuable functionings,” (p.4) and the valuable functionings are based on an individual’s ability to do certain things with one’s life rather than a “value judgment.” Indeed, according to Gasper (2007), “The concept of well-being is thus best seen as an abstraction, which is used to refer to any or all of the many well-evaluated aspects of life” (p. 25). Veenhoven (2007) further indicated that well-being can be interpreted either negatively or positively, thereby clarifying

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“wellness” to assist with understanding and measuring it (p. 216). Having a positive impact on the wellness of refugees is paramount to the work IRC does in the field.

Generally speaking, the lens of economic factors has been used to measure well-being on a global scale. For example, measuring Gross National Product (GNP) and Gross Domestic Product (GDP) can be one way to understand how a society or community is faring (McGillivray, 2007). McGillivray (2007), however, expressed that if well-being is accepted as multi-dimensional, then considering only economic factors, such as GNP, is too limiting as is individual income (2007). One only has to consider the poverty levels and lines; public assistance writ large is considered based on individual and family incomes. While income is a certain indicator of well-being, it is not the only one (McGillivray, 2007; Gasper, 2007). According to McGillivray (2007), other indicators such as health, education, culture, and environment also are a part of measuring and understanding well-being (p. 7). In addition, linking sustainability to well-being has been discussed in recent years as another indicator. Sustainability means that communities strengthen for the immediate, intermediate, and future generations (McGillivray, 2007; Neumayer, 2007). Neumayer(2007) clarified that sustainability from an economist perspective is more than the environmental definition: “the requirement to maintain the capacity to provide non-declining well-being over time” (p. 193). The notion of *well-being* considers the present while *sustainability* considers the future; together, they create a more integrated concept of well-being.

Gasper (2007) explained that theory is only useful in as much as it points to ways of measuring and evaluating: “Unfortunately, much work on well-being has been based on insufficient evidence and theory about *be-ing*. The role of theory is to make sense of evidence; concepts should reflect plentiful experience rather than screen it out” (p. 57). Rooting the

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concept of well-being in a strengths-based approach (and program theory) enables the researcher to develop clearer goals and ways to evaluate programming and its outcomes/benefits to clients.

In an article published over 20 years ago by McSpadden (1987), the author specifically focused on Ethiopian refugees and their integration into U.S. communities. McSpadden was interested in finding out whether there was a difference in psychological well-being among refugees resettled by faith-based organizations (e.g., Catholic Charities and Church World Service) and non-religious, or “casework-based” resettlement agencies. Fifty-nine single, male Ethiopian refugees were interviewed for the pilot study, which was a response to the reported high rates of suicide among newly arrived Ethiopian refugees at that time. There were a few points of dispute in McSpadden’s study, including the suggestion that non-sectarian and religiously-based resettlement agencies provided different services. However, there is no evidence that was the case. In fact, at least currently, all nine voluntary agencies who have agreed to the terms of the State Department’s Cooperative Agreement are under obligation to provide the same technical level of case management. Arguably, each agency reaches differing levels of compliance with the State Department Cooperative Agreement, but the ultimate goal of community integration is the same. Unfortunately, McSpadden did not specifically state why she believed that an Ethiopian refugee would integrate better if resettled by a religiously-based organization. McSpadden concluded:

In summary, the data presented above would appear to show that the congregation/volunteer method of resettlement of single male Ethiopian refugees in the U.S. encourages a higher level of psychological well-being than the agency/caseworker method of resettlement. This appears to relate to the ability of the volunteer methodology to produce employment and schooling opportunities which lead to a more hopeful future, that is, a future of good jobs and higher education, a future in the U.S. which is more culturally compatible with the aspirations of the Ethiopian refugee. And no matter what type of employment, there is an absolute higher rate of employment. This conclusion is similar to

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Bach's findings relating labor force participation to method of sponsorship.
(McSpadden, 1987)

McSpadden's conclusion on psychological well-being is not clear especially given that religiously-based voluntary agencies outnumbered non-sectarian organizations by seven to three at that time (in 1987 that was the number of organizations); the sample was not equal. However, McSpadden's conclusion that psychological well-being is linked to employment and integration (such as to school attendance and community engagement) is a point of interest. McSpadden found that U.S.-based volunteers can significantly help in the resettlement of Ethiopian refugees—especially with regard to better understanding American culture, learning English, navigating the U.S. system including healthcare, and with job readiness. In addition, providing Ethiopian refugees with ongoing support for higher education, advancement in the workplace, and assisting with planning for longer-term goals were found to be key aspects in Ethiopian resettlement process.

Understanding the impact of health and mental health on the lives of refugees and their changes of employability is critical to resettlement. It is common for the intake biodata sheet to have incorrect, missing, or insufficient medical information (HHI, 2009). Lack of accurate medical information has a significant impact on resettlement agencies and arriving refugees (HHI, 2009). According to the Harvard Humanitarian Initiative (2009):

There are many implications of inaccurate and insufficient information for each resettlement site. At the worst, a site simply may not have the resources or medical services available in the community to care for a particular individual's medical issues and may end up transferring clients to other sites. Additionally, particular medical details may be logistically relevant when assigning appropriate housing. (p. 20)

This lack of correct medical information creates a more challenging situation for case workers and potentially puts the lives of refugees at risk. When a refugee with a serious medical

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condition is assigned to an area that does not have adequate healthcare services, it creates layers of problems in an already taxed situation. The Harvard Humanitarian Initiative (2009) reported that not only are the contemporary groups of refugees more diverse, but the medical conditions refugees are presenting are equally diverse:

Those clients coming from more developed countries tend to deal with issues that many in the western world also grapple with; they tend to have higher rates of hypertension, heart disease and diabetes. Those coming from camp situations (Burmese and Bhutanese) have higher rates of infectious disease such as tuberculosis. Of note, given the ongoing violence in the Middle Eastern states, many refugees from Iraq and Iran arrive with physical disabilities and orthopedic injuries. This variability in the health care needs of various populations provides an additional challenge for local staff members, who try to provide equal and appropriate health care to all individuals. (p. 20).

Since refugees are presenting with more diverse medical conditions, making health care referrals and management of the refugee's conditions are more challenging. In addition, because there is a wider ethnic, cultural, and religious diversity, resettlement agencies must have broader language capacity and cultural and religious understanding and context. This level and complexity of diversity requires resettlement agencies to look increasing to integrative and empowerment models.

The Harvard Humanitarian Initiative (2009) conducted a qualitative study to assess the health needs refugees resettled by the IRC. The study found common themes, or "barriers" to addressing the health needs of refugees including language/interpretation access issues; difficulty navigating the local, state, and federal health systems; difficulty accessing health clinic/healthcare; and issues enrolling refugees in federal programs such as Medicare and Medicaid. Limitations like the lack of consistent funding and resources as well as variations across the network have compounded these problems. Based on the assessment, the Harvard Humanitarian Initiative recommended that case management consider new approaches to address

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the issue of client-to-employee ratio (which, at the IRC, is disproportionate) and to incorporate key issues—such as medical information and healthcare access—into orientation. The Harvard Humanitarian Initiative specifically recommended that the IRC and the broader resettlement community should implement the following changes:

1. Case management should include more robust health orientation, extend the timeframe for case management, and to incorporate healthcare employees into the overall service structure.
2. Begin a national conversation regarding the healthcare needs of refugees that includes key stakeholders such as refugees and refugee groups (often referred to as Mutual Assistance Associations, or MAAs), government entities, and resettlement agencies. The conversation should be an acknowledgement of problems and medical and mental health concerns of refugees as well as ways to better address these problems across the entire network.
3. The IRC and other agencies should launch a national database and program evaluation system to better track refugees and services and to verify services and their impacts.
4. Improve pre-arrival information by conducting an international advocacy campaign.
5. Create a standardized health curriculum at the IRC for newly arrived refugees.
6. Improve community health partnerships at the local, state, and federal levels.
7. Seek more funding to support the needs of refugees and to better fill service gaps.

The Harvard Humanitarian Initiative indicated that the results of such changes would strengthen refugee services and programs; alleviate some burdens on employees; enable resettlement agencies and the federal government the ability to better track refugees and evaluate programs;

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and create a uniform, systematic, and consistent way of providing information across the country.

In a small study looking at the integration of Eritreans refugees in New York City, Carreon (2011) asserted that more research needs to be conducted in the area of refugee services, integration, and refugee well-being. According to Carreon:

National resettlement programs focus on economic self-sufficiency through the obtainment of employment as a priority, while they subordinate community and social integration. From a macro-practice perspective, a review of the literature and data about these populations will support the present policy structure or deny its coherence. From a micro-practice perspective, this analysis will help practitioners to bring services better adjusted to refugee clients' desires and expectations. In general, a better understanding of the populations being served can help practitioners to advocate for policies that facilitate integration and to serve clients in a culturally competent way. (p. 2)

Carreon conducted a small study resulting in an unpublished report that, while helpful in framing the issues of integration and refugees in host countries, only included two focus groups.

However, the report did shed light on the experiences of some refugees and pointed out need for additional research.

In 2006, the ORR created an Integration Working Group to look at how well refugees are integrating into new communities (ISED, 2007). The Institute for Social and Economic Development implemented a work plan as a part of the Integration Working Group and reported in 2007 on outcomes. The Integration Working Group was charged with developing a "working" definition of integration, ways to measure integration, best practices and to provide recommendations on how the ORR can "support" integration (ISED, 2007). Their developed definition is: "Integration is a dynamic, multi-directional process in which newcomers and the receiving community intentionally work together, based on a shared commitment to tolerance

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and justice, to create a secure, welcoming, vibrant, and cohesive society” (ISED, 2007, p. 3). The agreed-upon indicators identified were: health and wellness, economic development, language capacity, civic engagement, education, housing, social network, and a sense of safety and belonging. Indicators identified included: English, employment, housing, education, health and shared values, social bonds, safety and civic participation (p. 4).

In the interim report, the Integration Working Group suggested that case studies be conducted in selected sites to see how integration practices were being supported (ISED, 2011). The ISED conducted case studies in the following locations: Utica, NY; Chicago, IL; Minneapolis, MN; and Denver, CO (ISED, 2011). Findings from the case study included:¹⁴

- *Integration occurs on multiple pathways* (language acquisition, economic opportunity, civic participation, citizenship, health access, housing, etc.) and involves multiple sectors of a community, such as government agencies, schools, libraries, Ethnic Community Based Organizations (ECBOs), employers, faith-based organizations, advocacy groups, health care providers, and other organizations.
- *Learning to speak English is the most important indicator* of and basis for integration in the United States. This was the most frequent observation in the site activities in all four sites. It was the most consistent observation across all three entities—refugees, refugee service providers, and mainstream community members.
- *Going to work is a key facilitator of integration.* There is an inherent tension between the desire to work and English language acquisition. An issue for consideration is how taking a job soon after arrival in the United States can, and sometimes does, slow down English

¹⁴ Although it is generally accepted within the resettlement community that English skills and employment are key factors to successful integration, within the U.S. there is not enough research to empirically validate this belief, and there is a dearth of program evaluation that would enable agencies to better understand its programmatic impacts and outcomes. However, and as seen with the literature review, resettlement agencies increasingly understand the value of data collection and program evaluation and the importance of integrative service models.

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acquisition, which in turn compromises the integration process. Refugees, as individuals and as unique groups, report that they integrate at different rates based on their experiences and background. The site visit teams heard repeatedly that “one size does not fit all” when it comes to resettling, learning English, finding a job, and ultimately, saying “I am integrated” into life in the United States. (pp.1-2)

According to the qualitative case study, the most important identified indicator for integration is learning English (ISED, 2011). Other indicators identified were employment; tension between work and language acquisition; diverse populations needing multiple approaches; integrated environments supporting individual integration; poverty; issues of funding, coordination, and collaboration of federal, state, and private partners; state leadership in integration; and education (p. 12).

In the 2008 article *Understanding Integration: A Conceptual Framework*, Agar and Strang (2008) discussed the notion of integration within the resettlement field. Although the analysis was based on the UK resettlement program, the discussion and findings are of interest to the U.S.-based resettlement program. The authors explained that the definition of “integration” is wide and differing across fields. With regard to resettlement, Agar and Strang defined integration as having four key elements: “achievement and access across the sectors of employment, housing, education and health; assumptions and practice regarding citizenship and rights; processes of social connection within and between groups within the community; and structural barriers to such connection related to language, culture and the local environment” (p. 166). Their inductive study focused on “seeking to provide a coherent conceptual structure for considering, from a normative perspective, what constitutes the key components of integration” (p. 167). Similar to the Harvard Humanitarian Initiative(2009) report, Agar and Strang used

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conceptual frameworks and analysis, field work, secondary analysis of existing data, and stakeholder verification (Agar &Strang, 2008). According to the study, the “domains of integration” for refugees included employment, housing, education, health, social bridges, social bonds, social links, language and cultural knowledge, safety, and citizenship (Agar &Strang, 2008).

Program Evaluation and Practice-Based Research

There is a fair amount of research on program evaluation and its benefits for service delivery and programmatic growth (Mattaini, 2007). Although many scholarly articles have noted that there are barriers to practice-based research and program evaluation such as funding, resources, and lack of agency commitment (Mattaini, 2007; Donaldson, 2007; Weiss, 1998; Chen, 1980), the benefits of integrating evaluation methods can strengthen programming and positive client outcomes (Wade &Neuman, 2007). Within the social work profession, there have been arguments for and against evidence-based practice and other ways of knowing (Mattaini, 2007). Refugee resettlement social services in the U.S. have gone largely unevaluated. Moving towards program evaluation and evidence-based practice can have benefits to clients and programs.

Lillienfeld et al. (2003) discussed science versus pseudoscience in their research. They asserted that questionable, non-scientific techniques often are used in clinical social work and urge greater use of scientific method standards. Understanding how programs impact clients is considered important practice as it enables agencies to have optimal outcomes (Mattaini, 2007). Mattaini argued that social workers need to understand two key “bodies of knowledge” in order to “effectively monitor their practice” (p.149). According to Mattaini, “First they need to know about *measurement*, defined here as approaches for measuring progress on focal issues. Second,

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they need to know how to *design* their ongoing measurement approach—how to apply those measures and structure treatment so as how to track what is going on” (p. 149).

Lillienfeld et al. (2003) indicated that pseudoscientific belief can be detrimental to both the patient receiving psychological treatment and clinical social work and research as a profession. They thought that pseudoscience can be especially detrimental because it can put the patient’s well-being at risk with at times tragic outcomes. In addition, they noted that unscientific research can deplete a client’s economic ability to seek other proven services that would be beneficial (referred to as “opportunity cost”) and ultimately may lead to undermining the public’s faith in clinical research and treatment. Scientific research is distinguished from other ways of knowing, such as belief and authority, because it employs a systematic process that may include a hypothesis, self-correction methods, extensive peer review, continual questioning of the hypothesis/theory, and systematic and redundant use of qualitative and quantitative methods.

According to Dawes (as cited in Gambrill, 2002), science can be defined as a systematic collection and analysis of data that allows the researcher to “show” something as compared to other intervention methodologies. Science is a framework that allows researchers to prove that a specific intervention method is more reliable and more valid than another clinical intervention method. Dawes stated that science compares ideas and tests them as opposed to “intuition” (or a belief) some clinicians may have when treating clients. Dawes pointed to the difference between clinical trials and the “intuition” of clinicians—the first (clinical trials) is scientifically based while the latter (intuition) is based on personal insight. She asserted that clinicians should adhere to scientific clinical trial outcomes and not be tempted to follow intuition, as it is not a reliable source of knowledge. Dawes stressed that intuition is not scientific and may be harmful to the patient and clinical profession whereas clinical trials have been tested (Gambrill, 2002). Science

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has been tested using tried techniques whereas belief and authority are not necessarily subject to rigorous testing standards. This idea of rigor differentiates scientific knowing from other ways of knowing. Since the resettlement community has not adequately tracked programs and outcomes, there is little systematic understanding of the negative and positive effects of services on refugees. This dissertation addresses this lack of understanding using a more scientific way of knowing that can be helpful for the IRC and for the resettlement community more broadly.

Program Theory Evaluation/Theory-Driven Evaluation in this Dissertation Study

Since the study recounted in this dissertation examined IRC employee perceptions of the U.S.-based resettlement program, grounding the study on program evaluation theory informs the understanding and interpretation of the IRC's programs. The purpose of theory-driven program evaluation is to provide a framework for organizations to better understand programs, increase learning on an organizational level, strengthen decision making, and ensure quality services for clients or beneficiaries (Weiss, 1998; Donaldson, 2007). Donaldson (2007) defined program theory as:

Program Theory Evaluation-Driven Science is the systematic use of substantive knowledge about the phenomena under investigation and scientific methods to improve, to produce knowledge and feedback about, and to determine the merit, worth, and significance of evaluands such as social, educational, health, community, and organizational programs. (p. 9)

Since both the R&P and MG programs have strong emphasis on compliance with program requirements, program theory evaluation is a nice fit. Program theory evaluation can facilitate the link between monitoring (which is tied to the process) and outcomes (which is tied to evaluation) interpretation and analysis (Weiss, 1998). Monitoring is the process by which the IRC ensures compliance with the R&P and MG. Evaluation is something that currently is not done on a national scale at the IRC, but it is a goal within the next few program years. Theory-

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driven evaluation can help the IRC to “disentangle the success or failure of program implementation (‘action theory’) from the validity of the program theory (‘conceptual theory’)” (Donaldson, 2007, p. 13). In addition, the process can assist the organization in making better, more informed choices about programs and service models (Donaldson, 2007). According to Donaldson (2007), theory-driven evaluation “is one of the most promising evaluation approaches for producing cumulative knowledge and enlightening various stakeholders (including policymakers and project sponsors) about the problems of concern” (p. 14).

Indeed, program impact theory is important in that it informs the framework of how one would evaluate its programs (Donaldson, 2007). Donaldson (2007) stated that the theory should be based in “behavioral or social science theory” (p. 22). The strengths-based approach becomes the link between program evaluation and how the IRC frame’s its work with refugees. The IRC currently has a working version of its impact statement: “Using a strengths-based program management approach, IRC will assist clients to become self-sufficient and self-empowered American citizens who are well integrated in their new communities and their new country”¹⁵ (IRC USP Program Framework, 2011). The IRC U.S. Programs’ draft Program Framework includes mission, principles, program, impact and goal. Chapter 3 of this dissertation explains in more detail how program evaluation is implemented in this study and ultimately how it is used in the final chapter on recommendations.

Chen and Rossi (1980) asserted that all programs have some kind of an effect, or outcome, even if it is minimal. They also stated that “a priori knowledge and social science theory can adequately anticipate the effects that a given social program can be expected to have” (p. 108). However, some program evaluation can show a “no-effect” in its outcomes (Chen&

¹⁵ The USP IRC is currently working to better define the concepts of “successfully transition,” “self-reliant citizens,” and “well-integrated.” In Chapters 4, 5, and 6, the findings of the study look at how staff perceive these concepts and define self-sufficiency.

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Rossi, 1980). To address this outcome, Chen and Rossi suggested a multi-goal, theory-driven approach be applied to program evaluation. They stated: “Our approach entails *defining a set of outcomes as potential effects of a program some given by the official goals of the program and others derived from social science knowledge and theory concerning the subject matter in question*” [emphasis in original] (p. 108). Chen and Rossi argued that program evaluators should clearly define a program theory at the outset and as a means to buffer the no-effect results. Theory enables the evaluator to flip the “passive” approach to goal setting and tracking. On the other hand, theory-driven evaluation promotes a more active incorporation of “social science knowledge and theory” as the means of evaluation (p. 110).

Weiss (1998) defined evaluation as “the *systematic assessment of the operation and/or the outcomes of a program or policy, compared to a set of explicit or implicit standards, as a means of contributing to the improvement of the program or policy*” [emphasis in original] (p.4). Weiss referred to programs to mean nationally operational programs such as Head Start (p. 7). Within the context of the study outlined in this dissertation, the programs are the federal R&P and MG. Weiss defined a project as a local affiliate or office (p. 7). The IRC’s local offices can be considered projects in this sense. Components are the aspects or tasks that carry out the projects. In this dissertation study, those tasks are case management and employment services. Weiss stated that evaluations can be conducted at any of these levels (p.7). Like other methods of research, evaluation uses similar techniques including quantitative, qualitative, mixed methods, surveys, interviews, and case studies. The aims of research, like program evaluation, is to find correlations, validity in programs, variables in relationships, and to ultimately better services and programs (Weiss, 1997).

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Program Theory Evaluation and Measurements

Tripodi, Epstein, and MacMurray (1970) defined evaluation as “the use of a variety of facts for providing information about the achievement of objectives pertaining to any aspect of programs” (p. 851). Program-driven theory evaluation and program evaluation offer various quantitative measurement tools designed for implementation by human service organizations, among others (Donaldson, 2007; Potocky-Tripodi & Tripodi, 2007; Weiss, 1998; Chen & Ross, 1980). In many ways, program evaluation employs the same principles and tools from qualitative and quantitative research, but with practical ways to employ them in the workplace (Weiss, 1998; Donaldson, 2007). Donaldson (2007) described the nuance between program-theory driven evaluation and scientific quantitative research:

Program-theory-driven evaluation science is essentially method neutral. That is, the focus on the development of program theory and evaluation questions frees evaluators initially from method constraints. The focus on program theory often creates a superordinate goal that helps evaluators get past old debates about which methods are superior to use in evaluation practice. (p. 11)

Program-theory evaluation merges the practice of theory-driven approaches and programs with evaluation science in which the technical aspects of program evaluation are carried out (Donaldson, 2007). In terms of the IRC, U.S. Programs is currently in the process of refining and finalizing its program framework and impact statement. The current iteration of the impact statement is: “Over the next 5 years, IRC U.S. Programs will create opportunities for refugees and asylees to successfully transition into American society. IRC will assist clients to become self-reliant citizens who are well-integrated in their new communities” (IRC, 2011). [See Appendix 2.2 to view the current iteration of the IRC U.S. Programs’ program framework]. The organization is poised to consider program theory and program evaluation implementation. This study is a timely research inquiry in this regard.

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Program theory evaluation offers a three step model for organizations to consider: (1) developing program impact theory; (2) formatting and prioritizing evaluation; and (3) answering evaluation questions (Donaldson, 2007, p. 10). In essence, this study is following Donaldson's recommended course of action. The IRC has started the inquiry process with regard to its program impact theory, which is step 1. The survey looking at employee perceptions of the strengths and weakness of the U.S.-based resettlement program assists with steps 2 and 3. The answers and analysis from the survey will assist the organization with identifying and prioritizing the outcomes to start tracking, determining how to focus on strengthening programs, and deciding how to begin to analyze program outcomes (Weiss, 1998; Donaldson, 2007). Further, the program theory evaluation model offers structured analysis based on core questions that can be tracked empirically (Donaldson, 2007). This study and survey fit within this framework and format.

Summary of the Literature

The theme of needing additional research and understanding regarding refugee resettlement is apparent in the literature. The literature reveals that core necessities and services are critical to at least some part of the success a refugee will have in integrating into the host society. However, a comprehensive understanding the specifics of resettlement programs, services, and impacts on refugees is seriously lacking. Researchers have called on future studies and programs to better track and measure services provided as well as to learn how to develop stronger program frameworks. The resettlement agencies can learn from other social services, specifically health, mental health, and employment-based programs, as they consider better tracking of services and analysis of impact of programs on refugees. A core theme in the social work profession is that social workers need to understand the services they provide. In order to

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understand these services, program frameworks, clear goals, and database tracking of measurements are critical. Sound programs often are based on evidence-based practice. Within the IRC, it is often the mantra that if services were not documented in case files, then they never happened. The IRC can learn from this problem in that without tracking and documentation of program outcomes the service may just as well not have been provided.

In addition, building from the existing literature on strengths-based approaches, including resilience and community integration, is a logical step. While most of the studies in the literature are case studies, the larger body of evidence with regard to strengths-based approaches as having positive impacts on individuals, families, and communities exists. This literature is becoming more plentiful in the resettlement area. In many ways, the IRC organically grew its core resettlement programs within a strengths-based approach. Offices tend to use empowerment and resiliency models to both semi-(or informally) structure programs as well as to provide case management services. Although this information is anecdotal, and may not necessarily be integrated in how offices function or are structured, the quantitative employee survey developed for this dissertation aims to clarify this point. In sum, the theoretical goal of the strengths-based approach that includes well-being, integration, and empowerment of refugees presents tangible goals for IRC field employees to consider. Program theory offers a method and way forward in both philosophical and practical terms.

Chapter 3:

Research Methods

Methods

The purpose of this study was to understand IRC employee perceptions of the strengths and weaknesses of the current refugee resettlement program in the U.S. This study gathered information from the IRC through an employee survey and aimed to determine the effectiveness and efficacy of the U.S. resettlement program and to consider more integrative concepts of programs and program evaluation. The primary research question was: *What are IRC employee perceptions of the strengths and weakness of the current U.S.-government based model of self-sufficiency for refugees?* The study also asked: *What is the meaning of “self-sufficiency” for IRC employees.* Other questions considered in this study were:

1. *What are employees’ perceptions of services that are considered necessary for refugees in the U.S. to go from surviving to thriving?*
2. *How does the current refugee resettlement system reinforce the way in which services are provided? For example, does it create barriers to change in program structures and services to refugees?*
3. *What additional program frameworks, integration models, and data tracking could help resettlement agencies learn more about the work they do and the services that employees provide?*

Relative to these research questions, the data gathered and analyzed are helpful in advancing understanding about: (1) the meaning of self-sufficiency to IRC employees and whether the IRC can construct a practice-based definition of self-sufficiency based on this understanding; (2) employees’ perceptions of strategic serviced priorities; (3) employees’ perceptions of strategic

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priorities and whether they differ by different organizational variables (such as position and years of experience); and (4) current monitoring and evaluation systems and gaps in monitoring and evaluation systems at IRC. This was a quantitative study with elements of qualitative research. The unit of analysis was IRC employees.

Research Design

This dissertation study primarily used quantitative methods with some qualitative questions to contextualize the findings. Quantitative research entails using various techniques that produce measurable results in terms of statistical data analysis, which generally is a deductive process, and it assumes a hypothesis that will be verifiable (Babbie, 2005; Weiss, 1998). In this research study, there was no hypothesis per se because it is applied research conducted in a natural setting.

Patton described applied research as “testing applications” of theories and practice to “real-world” knowledge (Patton, p. 217, 2002). Patton asserted that applied research helps “people understand the nature of a problem in order to intervene, thereby allowing human beings to more effectively control their environment” (Patton, 2002, p. 217). He further stated that, “Applied qualitative researchers are able to bring their personal insights and experiences into any recommendations that may emerge because they get especially close to the problems under study during field work” (p. 217). This method suited the study because surveying field employees to better understand the meaning of self-sufficiency, practitioner’s strategic service priorities, and perceived effectiveness were at its heart. Both the unit of analysis, IRC field employees, and the researcher are both deeply tied to the organization and services provided on a daily basis. Applied research was appropriate because it enabled the researcher to apply basic quantitative and qualitative research techniques and methods as well as to incorporate formative and

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summative qualities once the results were analyzed. Such formative research assists with improving programs throughout program implementation and summative research assists with determining the program's effectiveness (Patton, 2002).

In quantitative research, standardized techniques like surveys, among others, are used and then the information is given numerical value to generate statistical information, or data, that then can be analyzed (Weiss, 1998). In the case of this study, a survey was developed to produce statistical information regarding IRC employees' perceptions of the strengths and weakness of the U.S.-based refugee resettlement program.

The quantitative nature of the survey enabled the researcher to elicit more responses than typically would be gotten from qualitative research methods, thus providing a more definitive direction for the agency as well as influencing other resettlement agencies and the federal government programs. Because of its broader reach, the survey was intended to lead to a better sense of field employee thoughts and beliefs. It was understood that qualitative research offers depth while quantitative offers breadth of knowledge (Babbie, 2005; Patton, 2002). Both types of research are considered critical and valid, but for this study it was important to capture the breadth of knowledge and experiences of resettlement employees, an often overlooked population as demonstrated in the literature reviewed in Chapter 2.

One weakness to using a quantitative methodology for such a study is that the richness associated with qualitative methods, such as interviews and focus groups, cannot be captured. Qualitative methods have been used for Harvard Humanitarian Initiative (2009), Health and Human Services (2008), and other studies focused on refugees (HHI, 2009; GAO, 2011). Given the potential to build on these studies and to contextualize the quantitative findings, the survey

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also was designed to incorporate qualitative aspects through open-ended questions that added depth to the study.

Scientific research may proceed based on either inductive or deductive reasoning and using qualitative, quantitative, or a combination of qualitative and quantitative methods (Babbie, 2005). Deductive reasoning begins with a set of assumptions usually embodied in a theory. The theory generates one or more hypotheses, which the researcher tests with data collection methods evaluated by various measures (e.g., statistical tests such as t-tests, chi-square tests, or multivariate analysis). A deductive inquiry process often starts with a broad question to be narrowed. Quantitative research usually begins at this point and uses research to evaluate a hypothesis.

This study primarily used a deductive approach in that program theory-driven evaluation and the strengths-based approach were used to examine employee perceptions of the resettlement program. However, there also were elements of an inductive approach since, to date, the IRC and other resettlement agencies are not certain which actual aspects of resettlement and economic self-sufficiency programming actually work (Weiss, 1998). The inductive approach begins with a series of observational or data-based propositions, leading to generalizations from those instances (Babbie, 2005). Similar to the researcher who uses deductive reasoning, the researcher employing inductive reasoning might use a variety of measures to evaluate the validity, reliability, and generalizability of the findings. Inductive reasoning examines a set of specific patterns that then is used to represent a larger picture. According to Potocky-Tripodi and Tripodi (2007):

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The role of social work researchers is to use rigorous research designs to develop and test theoretical models for informing the design and development of social work practices and programs and social policies. Theory development is an inductive process that typically entails use of qualitative methods. Once a theory is developed, it must be tested to determine whether it is supported or refuted by empirical evidence; this is a deductive process typically entailing quantitative methods. (p. 10)

As discussed in Chapter 2, “rigorous research” and standard program evaluation is missing in the U.S.-based resettlement system. On the one hand, since resettlement agencies are required to provide reports to both the State Department (for the R&P program) and ORR (for the MG program), there is a starting point for analysis. Professionals do have ideas about these programs, thus making their understanding primarily deductive. However, too little is known about the programs; technically there has been no straightforward hypothesis testing to date. Therefore, elements of an inductive process were necessary in this study.

As discussed in Chapter 2, social workers should consider evidence-based practice as should practitioners¹⁶ providing case management and humanitarian aid. According to the strength-based approach, understanding which evidence-based practices maybe most applicable and determining which programs and services may be most useful are critical next steps for the IRC. From an organizational perspective, applying a strengths-based model to understanding how and why programs work may assist resettlement agencies in a way forward. Tracking core indicators as standard evidence-based practice will assist with further identifying the strengths and the weakness enabling agencies to better develop both areas of strength and refugee programs that have positive outcomes that are proven over time.

¹⁶ Though not the focus of this study, this is an area in which the resettlement and humanitarian professions can learn from and better integrate social work ethics, practices, and interventions as well as look for way to strengthen and incorporate social work directly into the field.

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Rationale for Design and Methods

The reviewed literature indicated that there have been few studies conducted on various aspects of resettlement (Shrestha, 2011; HHS, 2008). The literature also indicated that data tracking and quantitative information are lacking more generally (Codell et al., 2011; GAO, 2011; HHI, 2009; HHS, 2008). To fill these gaps, this study is a necessary step toward understanding what IRC employees think about refugee services through quantitative methods, and it lays the groundwork for identifying elements that should be tracked beyond reporting requirements. This research also considers a program-evaluation framework that includes both formative and summative processes (Weiss, 1998). A reasonable starting place for program evaluation is surveying the IRC employees regarding their perceptions of the strengths and weakness of the program and system through which they provide services to refugees. Indeed, a quantitatively analyzed employee survey allowed for rapid information collection and near-immediate feedback and enabled the researcher to “harvest” practice-wisdom. Significantly, this study used empirical data to valid decisions that were not necessarily made with data analysis.

The Health and Human Services (2008) study and Shrestha’s (2011) study were qualitative case studies that focused on both employee perceptions of the MG program (Health and Human Services, 2008) and the dynamics between resettlement employees and the power structure in the U.S. (Shrestha, 2011). To build on these studies and to provide a different grounding, this research introduced quantitative methods. To date, it is the first quantitative study to examine employees’ perceptions of the U.S.-based resettlement system, providing the perspective of resettlement agency field employees. In addition, program theory and program evaluation are new approaches to examining these data. This study, therefore, was grounded in program evaluation theory to inform the understanding and interpretation of the IRC’s programs.

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The purpose of theory-driven program evaluation is to provide a framework for organizations to better understand programs, increase learning on an organizational level, strengthen decision making, and ensure quality services for clients or beneficiaries (Weiss, 1998; Donaldson, 2007). Program evaluation enables practitioners to contribute to empirically based practice, it can be implemented on a daily basis in the regular work of social workers, and it is used often by human services organizations (Potocky-Tripodi & Tripodi, 2007). Before a program evaluation framework could be developed for the IRC, it was important to identify more information regarding programs and services.

Per the requirements of the ORR, resettlement agencies must report on specific data points, such as whether a refugee is employed by either the 120th or 180th day of the program. Data currently being collected by the ORR only tell part of the story. This is because refugees who are employed either full time or part time and who may be receiving some public benefits such as food stamps are still considered “self-sufficient.” In addition, while the data collected by the ORR indicated that there are aspects of the MG program that are successful in that refugees are gaining employment by the 180-day mark, such data do not indicate which program elements are successfully enabling refugees to gain employment. In the MG Program Year 2010, the IRC had a self-sufficiency rate of 71% by the 180-day mark and by MG Program Year 2011, the IRC had a 72% self-sufficiency rate by the 180-day mark. However, the IRC was unable to quantitatively identify whether certain interventions were working because efficacy is not considered in the ORR reporting requirements. It is unclear how long refugees receive benefits after the 180-day period and the IRC—or any resettlement agency—does not capture data on refugees who are not enrolled in MG.

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Quantitative research through an employee survey was an appropriate method to assist with identifying strengths and weakness of the resettlement program and in developing indicators that the IRC can start tracking. In addition, the survey enabled reaching more employees than other methods like interviews and focus groups. Indeed, interviews and focus groups, while important and valid research tools, would have required considerably more research time and would not have enabled the broad reach of a survey disseminated via email or over the Internet. While perhaps not yielding as in-depth and rich results as numerous person-to-person interviews, open ended-qualitative questions were included in the employee survey to allow richness to be incorporated into the quantitative data. Finally, by including open-ended questions in the employee survey, qualitative data collection became more efficient than the more traditional methods of individual and group interviews.

Feasibility

The study was feasible because it was an applied research study and the core questions were measurable both in terms of quantitative and qualitative analysis (Babbie, 2005). In terms of real-world feasibility, this study necessarily was narrow in scope to be completed within a one-year time frame. In addition, because this study used the responses of IRC field employees to whom the researcher had access, the study was disseminated easily. Finally, the use of a survey as a tool for data collection was an efficient way of collecting measurable data.

Generalizability, Reliability, and Validity

Generalizability refers to whether the results of a study are generalizable to other, similar subjects of study or populations (Babbie, 2005). Statistical significance is the degree to which a study's results are significant or not significant; statistical significance assists the researcher in knowing whether the result of a randomized study is generalizable (Babbie, 2005). If the results

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of a randomized study are statistically significant, they may be considered generalizable. Since this was a purposeful sample and not a randomized study, the generalizability is somewhat undermined. While the results are generalizable to the IRC U.S. Programs, they are not generalizable to other resettlement agencies. Therefore, in Chapter 5, a recommendation is made that this study be replicated in one or more U.S.-based resettlement agencies. The generalizable conclusions about self-sufficiency are applicable only to IRC U.S. Programs' field employees and not to the broader resettlement community.

Target Population and Unit of Study

A unit of analysis is the entity or data being analyzed (Babbie, 2005; Weiss 1998; see also Epstein & Tripodi, 1977). The unit of analysis, or target population, for this study was IRC U.S. Programs' field employees, whose thinking and beliefs were measured and tested to answer the posed research questions. The study specifically examined the strengths and weakness of the U.S.-based resettlement program based on employees' perceptions and knowledge of the program. The survey was sent to case management, employment, immigration, children and youth, education, health and wellness, and executive director employees. These workers, who provide direct services to refugees, were considered closest to the programs.

A variable either is dependent upon, or caused by, another variable or is independent of, or not caused by, another variable (Babbie, 2005). In this study, independent variables included employee positions (case management and employment), years of service, demographic variables, and years working at the IRC. An independent variable is a "constant" in that it remains unchanged, but can determine and/or change the dependent variable (Babbie, 2005); it is causal (Weiss, 1998). Each independent variable was compared with the overall employee perception of the U.S.-based resettlement program.

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Variables asked in the survey were:

1. How many years have you been working in the field of social services?
2. How many years have you been working with refugees/asylees?
3. How many years have you been working for the IRC?(optional)
4. What is your current work position at the IRC?(optional)
5. In which office do you work?

An example of an independent variable is self-sufficiency. A dependent variable in relation to self-sufficiency is access to healthcare, access to childcare, and English proficiency.

Sample

The targeted sample consists of specific groups of IRC employees, or a sub-set of U.S. Programs' employees: case manager, employment specialist, immigration officers, children and youth program employees, and health and wellness program employees, economic empowerment employees, and executive directors. Since the researcher could easily access employees, this study used the convenience sampling method. Convenience sampling, which is targeted, means that the researcher surveyed a specific group. There was no guarantee that IRC employees randomly selected would be representative of all resettlement employees because (1) not all employees were part of the random selection and (2) for those who were selected, the survey may not have captured facets of the individual employee's experiences of the U.S.-based resettlement program.

Description of Sample Population

This study focused on a sub-set of USP IRC employees: case work, employment, and program employees. Approximately 350 fulltime case workers, employment-focused workers,

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and program employees were targeted and sent the survey via email; 230 responded. Thirty of the 200 responses were not included in the data analysis because the responses were incomplete. The survey yielded a response rate of 57% (or 200 responses out of 350 targeted employees). At the time of the survey, there were an estimated 415 fulltime USP field employees, 41 employees at the Headquarters level, and 177 in the Resettlement Service Center in the Bangkok office (these numbers do not include part time employees). This survey specifically was disseminated among field employees in the U.S. and not Headquarters, Resettlement Service Center, and Wichita employees (the Wichita office was not open at the time of the survey dissemination). In addition, administrative field employees such as finance managers, resource developers and fundraising, and other administrative employees were not included in this study. In 2011, the IRC did not have technology or human resource employees to accurately track current and fulltime employees within the organization. Thus, the overall number of employees is not considered accurate, although it is based on a hand count that matches the organizational charts for each of the 22 field offices.

Table 1 shows the office, number of fulltime employees who received the survey, and response rate per office by percentage. The first column, “# of Fulltime Employees” indicates the number of fulltime employees for each office. Following is “# of Field Employees,” which shows the number of employees who were targeted per each office since not every employee in each office received the survey. Column “# of Survey Responses” is the total number per each office of targeted field employees who responded. The “% of Total Surveyed” is the percentage of responses per each office compared against the total number of responses (N=181). The final column, “% of Office Field Employees,” indicates the percentage of employees per each office who answered the questionnaire. For example, in the Atlanta office, 15 out of the targeted 32

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field employees answered the questionnaire yielding a response rate of 46.9% in the Atlanta office.

Table 1: Office Location and Percentage of Respondents from Each Office

N=181¹

Office	# of Fulltime Employees	# of Field Employees	# of Survey Responses	% of Total Surveyed	% of Office Field Employees
Atlanta, GA	38	32	15	8.3%	46.9%
Baltimore, MD	32	24	6	3.3%	25.0%
Boise, ID	16	12	4	2.2%	33.3%
Charlottesville, VA	16	12	8	4.4%	66.7%
Dallas, TX ²	36	34	20	11.0%	58.8%
Los Angeles, CA	10	8	5	2.8%	62.5%
Miami, FL	15	12	6	3.3%	50.0%
New York, NY ³	22	20	12	6.6%	60.0%
Phoenix, AZ	48	40	23	12.7%	57.5%
Salt Lake City	36	32	9	5.0%	28.1%
San Diego	53	46	41	22.7%	89.1%
Northern California ⁴	23	20	5	2.8%	25.0%
Seattle, WA ⁵	15	12	5	2.8%	41.7%
Silver Spring, MD	35	30	10	5.5%	33.3%
Tucson, AZ	20	16	12	6.6%	75.0%
Total	415	350	181	100.0%	

¹Office locations missing for 19 respondents

²The Dallas office includes the Abilene sub-office.

³The New York office includes the New Jersey sub-office.

⁴The Northern California offices include Oakland, Turlock and Sacramento sub- and satellite offices.

⁵The Seattle office includes the SeaTac satellite office.

This study was concerned with understanding employees' perceptions of the U.S.-based resettlement program; therefore, surveying field employees was a sensible way for the researcher to stay close to the problem statement and focus of the study. Field employees directly interact and work with refugees, asylees, and Victims of Trafficking. Because headquarters employees primarily focus on such administrative tasks as monitoring, supervision and oversight of field

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offices, managing human resource issues, and financial and budgetary oversight, these employees were purposely excluded from the survey.

Table 2 describes the characteristics of the respondents. The largest group of the respondents (those from the sample who answered the survey) was comprised of case management employees (44.4% including case managers and supervisors) followed by employment-focused workers (18.1% including employment specialist and supervisors). Table 2 shows how long respondents had worked in the field of social services, with refugees and asylees, and with the IRC.

Table 2: Characteristics of Survey Respondents

Sample Characteristic	N	Percent
Years working in the field of social services (mean=7.2; median =4.0)		
1-4	102	53.0%
5+	92	47.0%
Years working with refugees/asylees (mean=5.2; median=3.0)		
1-3	101	52.0%
4+	94	48.0%
Years working for the IRC (mean=4.5; median=3.0)		
1-3	107	61.0%
4+	69	39.0%
Current Position		
Case Management	64	44.4%
Employment	26	18.0%
Senior Management	20	13.9%
Immigration	7	4.9%
Economic Development/Livelihoods	6	4.2%
Health	6	4.2%
Other	15	10.4%

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Table 2 shows that a majority of respondents have worked in the field of social services between one and four years; a majority have been working with refugees and asylees between one and three years; and a majority have been working at the IRC between one and three years. In Chapter 2, there was a brief discussion of case management and client-to-employee ratio. It is interesting to see a possible link with the issue of employee burnout discussed in Chapter 2; if the average IRC field employee has been with the IRC for between one and three years, then such workers may find themselves burnt out in this work by their third year. Although this issue may not be directly related to the meaning of self-sufficiency, in terms of the overlap of job roles and functions, this may be some valuable information for the organization to consider.

Over 59% of respondents reported working for the R&P program and more than 52% reported working directly for the MG program. In addition, 33.5% reported working in “resettlement.” More employees associated their work through the programmatic “lens” of either or both R&P and MG. This number indicates overlap between programs and job roles in the field including employees that may split their time between the R&P and MG programs. From a budgetary perspective, employees can be “billed” to shared costs; this fact means that a case worker may split her time between R&P and MG or R&P and a healthcare program, for example. Often, the structures of offices are built on funding sources and programs. Other core sector, or program areas, scored significantly lower than R&P, MG, and “resettlement”:

- 20% reported working for economic empowerment
- 8% reported working for community integration and development
- 6% reported working in children, youth and education
- 6% reported working for health and wellness
- 3% reported working for protection

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When asked which core sector is encompassed in employees' work, the numbers increased significantly:

- 42.5% reported their work encompassed community integration and development
- 34% reported their work encompassed economic empowerment
- 33.5% reported their work encompassed resettlement
- 32% reported their work encompassed health and wellness
- 23% reported that their work encompassed children, youth, and education
- 16.5% reported their work encompassed protection

Again, these numbers indicate overlap among roles, jobs, and programs and services provided within the IRC. To a certain extent, the data suggest a level of integration in the field work. The R&P and MG programs do include aspects to core sector programming; core sector programming is intended to grow service delivery beyond the respective 90-day and 180-day program periods.

Overall, the respondents fell within a broad range of demographic variables and were not limited to one particular sub-group. For example, there was a spectrum of employees who responded to the survey and were new to the IRC as well as those who had been with the IRC for five, ten, and up to 35 years. Different employees from different offices responded as did employees with different job positions. In addition, every office had employees who responded to this survey, so all IRC offices had a level of response and were represented. Given that every office had field employees who responded to this survey, it is representative of the population targeted. However, there was variation in responses from office to office that could be because staff tend to be overwhelmed and not able to fill the survey out. Since a majority of employees

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responded (57%), this also supports a conclusion that it is a representative sample. As indicated, at the time of the survey, the IRC did not have accurate tracking of employees making verification of exact numbers impossible. However, given that each office was represented and had a high response rate ranging from 25% to as high as 75% (see Table 1), there was strong representation from the targeted sample.

Limitations of the Study

This study presents some limitations that need to be considered within the overall context of refugee resettlement and program evaluation. Staff surveys and questionnaires are key tools in gathering reliable and valid data in a time-efficient manner (McColl, Jacoby, Thomas, Soutter, Bamford, Steen, Thomas, Harvey, Garratt, & Bond, 2011). However, it is important to remember that since this study was based entirely on employees' perceptions; it could present misinterpretation of questions, potential bias, and errors in completing the survey (McColl et al., 2001). In addition, while providing valuable insight into programming and concepts of self-sufficiency, this study did not measure or test efficacy of resettlement programs. The data presented here are clearly limited to employees' perceptions of self-sufficiency and service delivery priorities.

Although it specifically focused on employees' perceptions, the study also examined only one agency, the IRC, and its employees' responses to the current refugee resettlement program. Since there are nine resettlement agencies in the U.S., only limited information could be gathered relative to the entire issue of resettlement. In addition, the fact that it was an employee survey set certain parameters around what can and cannot be said about self-sufficiency (i.e., this is not a study that can measure the impact of self-sufficiency or programming). Moreover, as the employees are human, the study may reflect some errors and misinterpretation of questions.

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On yet another level, the staff survey was administered with the assumption that there is a given, working definition of self-sufficiency (per Health and Human Services) and that IRC employees fully understand the government definition of self-sufficiency. Any respondent who was in some way unaware of or of a different opinion about this definition may have provided responses that are somewhat incongruent. Finally, because the study was designed to be as anonymous as possible, certain demographic data were not collected in an effort to make employees feel more comfortable filling out the survey. Demographic information not collected included, but was not limited to religion, gender, ethnicity, and whether the respondent was a refugee now employed by the IRC. While this information would not have made a significant impact on the overall outcomes of the study, it might have provided interesting points for analysis.

Data Considerations

Data Collection

A staff survey was the primary instrument used for this study (see Appendix 3.1 for the full set of survey questions). The survey was developed with the assistance of IRC employees and Selmira Carreon, a social work intern who worked under the guidance of the researcher and Martha Bragin at the Hunter College School of Social Work. A working group, which included targeted IRC field employees, was established to discuss the purpose of the survey and ways to construct the questions. Questions were generated initially from the R&P and MG program compliance elements and integrating aspects to the core sector program areas such as health and wellness, economic empowerment, and children and youth. It was sent to a few key IRC field employees for their input and revisions to ensure that the questions were relevant and that they potentially resonated with employees' issues and concerns. These survey development

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participants included case workers who work in resettlement or one of the U.S. Programs' core sectors, three regional directors who oversee U.S. Programs' field offices (the researcher included), three Executive Directors, and select Headquarters employees. The survey was finalized by the researcher and Vice President of U.S. Programs. It is important to note that survey questions were formulated beyond the scope of this dissertation's research questions. To that end, only those survey questions that directly addressed this dissertation study are analyzed and presented in this document.

The survey was disseminated to approximately 350 targeted field employees using a Zoomerang online survey on March 25, 2011. It was sent out via IRC email and resent three more times in the month of April to ensure that it had reached the attention of as many potential participants as possible. In May of 2011, the survey was closed and the data tallied. The survey had a 57% response rate.

The survey was voluntary and anonymous. As a result, general demographic information was not collected and questions about job titles and office locations were made voluntary to protect the participants. The collected data were intended initially to assist the IRC in building a basic framework, or core indicators, to start building a program evaluation database. After data were collected in Zoomerang, they were imported into Excel and then transferred to a statistical data analysis program, Statistical Package for the Social Sciences (SPSS) version 15 for the data analysis.

Survey Type and Questions

Among the survey questions were ones that sought understanding of what self-sufficiency meant to employees providing direct services to refugees; this information is not captured otherwise in IRC reporting requirements. The structure of the survey was directly

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linked to the core research question regarding the IRC employees' perceptions of the strengths and weakness of the current U.S.-government based model of self-sufficiency for refugees.

Questions designed for quantitative analysis used a combination of scale measurements including interval scale (from 1-to-5 and 1-to-4) and ordinal scale scoring methods. The dichotomous variable of a yes/no scale is a nominal scale although—depending on context—it can be ordinal. Within the context of this study, the yes/no scale was considered ordinal because it had an order whereby “yes” is preferable to “no.” For example, the ordinal scale in this survey included “evidence of self-sufficiency”; even though it is a yes/no, there is an order to it because “yes” is preferable to no, which gives “yes” a higher value.

Questions include the following samples. Question #1 is provided with requested responses (for a full review of the entire survey, please refer to Appendix3.1):

1. How would you rate the influence of these factors in a refugee's achievement of self-sufficiency?

Reference:

- 1 = it does not contribute to self-sufficiency
- 2 = it contributes to self-sufficiency in a modest way
- 3 = it contributes to self-sufficiency considerably
- 4 = it highly contributes to self- sufficiency

Access to health services	1	2	3	4
Access to mental health services	1	2	3	4
Adjusting immigration status	1	2	3	4
Adequate nutrition	1	2	3	4
Budget management	1	2	3	4
Childcare access	1	2	3	4
Cultural adjustment	1	2	3	4
English proficiency	1	2	3	4
Expansion of social network	1	2	3	4
Financial literacy	1	2	3	4

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- | | | | | |
|---|---|---|---|---|
| Job placement | 1 | 2 | 3 | 4 |
| Job skills training including workshops | 1 | 2 | 3 | 4 |
| Professional recertification | 1 | 2 | 3 | 4 |
| Safe and sanitary housing | 1 | 2 | 3 | 4 |
| Schooling for children | 1 | 2 | 3 | 4 |
| Transportation orientation | 1 | 2 | 3 | 4 |
2. From your experience, which other factors do you consider to be important for the achievement of self sufficiency of our refugee clients?
 3. If you are working directly with the Reception and Placement Program, how would you rate the intervention of the R&P Program in helping clients to obtain the following (these activities may or may not be a part of the required services under the Reception and Placement program)?
 4. If you are working directly with the Matching Grant Program, how would you rate the intervention of the Matching Grant Program in helping clients to obtain the following (these activities may or may not be a part of the required services under the Matching Grant program)?
 5. What evidence of refugee self-sufficiency is available in your case files? Check all that apply.

The various quantitative research techniques discussed in this chapter were used to analyze the results of this survey.

As noted earlier, although the study is primarily quantitative, the survey included five open-ended questions that give additional depth to the study:

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1. From your experience working with refugees/asylees, what does self-sufficiency mean?
2. From your experience, which other factors do you consider to be important for the achievement of self-sufficiency of our refugee clients?
3. Other than Matching Grant and Reception and Placement, which other program(s) in your office most contribute to refugee self-sufficiency? In which way?
4. Which other kind of evidence do you have in case files or documented elsewhere that your clients are achieving self-sufficiency?
5. What do you feel would be the most effective way of tracking self-sufficiency?

The answers to a select number of these questions were coded qualitatively and analyzed and compared against the existing definition of self-sufficiency (see Chapter 4 for results).

Data Management and Storage

The collected data are stored in a secure location with limited access for anyone other than the researcher and statistician. SPSS was used for the quantitative analysis and open and structural coding used for qualitative analysis. The SPSS software has a data collection package that includes the survey questions used for the study and a code book. The code book became a reference point for coded responses as they were transformed into numbers. Transformed data were input into the computer and stored in both an SPSS file and a separate Excel Spreadsheet, which has ensured there was no loss of data. The researcher worked with a professional statistician on data analysis.

Quantitative Data Analysis Process

The following outlines execution of the quantitative data analysis process:

1. A frequency distribution was run to determine the measures of central tendency, or the average of the frequencies (Babbie, 2005; Kachigan, 1991). Frequency distribution refers to how often a score may occur (Babbie, 2005; Kachigan, 1991) and allows for more concise and clear interpretation of data (Kachigan, 1991).
2. Mode, median, and mean were calculated. For the most part, the mean was used for the data analysis. The median and mode were examined, but not used in the final analysis. Mode refers to the value of the variable that commonly occurs; median refers to the mid-range score (i.e., 50% above and 50% below); and the mean refers to the added scores divided by the number of scores (Kachigan, 1991). The standard deviation also was analyzed (standard deviation is the “index of the amount of variability in a set of data (Babbie, 2005, p. 424).
3. A t-test was run that compared the difference in mean between two groups (Babbie, 2005; Weiss, 1998).
4. Chi square was also run. (Babbie, 2005; Weiss, 1998).
5. Tables were developed to demonstrate how the variables related or not (Babbie, 2005; Weiss, 1998).
6. A qualitative analysis for the relevant qualitative questions was conducted.

Bivariate and multivariate analysis.

A univariate and bivariate analysis were conducted for the quantitative analysis, and coding was used for the qualitative analysis. Bivariate analysis is “the analysis of two variables simultaneously, for the purpose of determining the empirical relationship between them”

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(Babbie, 2005, p. 429). Coefficient correlations are examples of bivariate analysis (Babbie, 2005), and they are useful in developing contingency tables; values of the dependent variable are contingent upon values of the independent variable (Babbie, 2005, p. 434). Bivariate analysis assists with correlational and causation analysis (Babbie, 2005).

Qualitative Data Analysis Process

Qualitative research enables the researcher to have an in-depth look into complex phenomena and/or sets of perceptions. As Patton (2002) stated, “Qualitative methods permit inquiry into selected issues in great depth with careful attention to detail, context, and nuance” (p. 227). This specific inquiry lent itself to aspects of qualitative research because there was no hypothesis per se, making it is subjective as opposed to objective. Nonetheless, the primary focus of the study was quantitative with qualitative elements incorporated into the survey in order to capture more nuances about the definition of self-sufficiency. The study did not pose a hypothesis, but rather considered what the meaning of self-sufficiency is for U.S. Programs’ field employees and whether it is possible to construct a practice-based definition of self-sufficiency. Because the researcher has not begun the study with a theory that could be tested through a randomized study, incorporating qualitative elements into the quantitative survey approach enriched the inquiry (Stake, 1994).

Traditional qualitative methods often involve individual and group interviews (both short and long) (Patton, 2002). This study did not utilize the traditional methods of qualitative research. Rather, it utilized a traditionally quantitative research and evaluation tool: a staff survey. The staff survey as a qualitative and quantitative instrument enabled capturing quantifiable information from field employees without losing the richness that qualitative research offers (Patton, 2002). In addition, because the survey was administered online, it was an

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efficient and expedient method of gathering a lot of information in a succinct and accessible format, both for the researcher and the respondent.

Coding as a qualitative analytic tool for this study.

In general, coding is the process of categorizing qualitative data. According to Huberman and Miles (1994), “Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study” (p. 56). Codes assist the researcher in organizing “chunks” of information (data) in various forms including words, sentences, phrases or whole paragraphs (Denzin & Lincoln, 1994; Huberman & Miles, 1994). There are several steps to coding qualitative interviews including open/conceptual, axial, and structural/selective coding (Strauss & Corbin, 1997; Denzin & Lincoln, 1994; Strauss, 1993).

Open and structural coding process.

Open coding is the first step in coding qualitative analysis and was used as a technique for this study. Generally, in traditional qualitative research in which multiple interviews are conducted, the next step in coding analysis after open coding is axial coding and structural coding. Axial coding is the process of deconstructing, or disaggregating, qualitative data.¹⁷ However, given the nature of the qualitative questions integrated into the staff survey and the lack of face-to-face interviews, a “univariate,” or one dimensional approach to the qualitative coding process made the most sense. The design of the study did not allow for matching each question from multiple interviews to concepts identified from the open coding process. Therefore axial coding was not involved in the data analysis. Structural coding was used and incorporated into the coding analysis.

¹⁷Axial coding is the creation of core categories and subcategories as they relate to the core categories (Creswell, 2007). Questions can be matched to the concepts identified from the open coding process. Axial coding enables the researcher to identify the interrelated themes that emerge from the data.

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Open coding provides for first impressions of interviews in which the researcher begins to see initial themes or categories emerging (Huberman & Miles, 1994). Open coding can be categorized using different techniques such as blocking “chunks” of words, sentences, phrases or paragraphs (Creswell, 2007). The blocking process enables the researcher to begin the process of identifying emergent themes and more complex subcategories and integrated concepts. For traditional interview coding, after the raw data have been transcribed, the data are blocked or highlighted according to core themes that have emerged in the interview text. This study incorporated qualitative questions into the staff survey, so no interviews were conducted. However, open coding of responses was used as a technique for identifying the emergent themes.

Structural, or selective coding, is the process by which a researcher identifies the interrelationships among the data. According to Creswell (2007), selective coding is when, “the researcher takes the model and develops propositions (or hypotheses) that interrelate the categories in the model or assembles a story that describes the interrelationship of categories in the model (p. 65). Creswell addressed four forms of data analysis, as identified by Stake (1995), that are specifically useful in case studies (Creswell, 2007). They are: (1) categorical aggregation, (2) direct interpretation, (3) patterns, and (4) naturalistic generalizations (Creswell, 2007). Categorical data focus on a “collection” of multiple pieces of information as the researcher looks for emergent themes. Direct interpretation “looks at a single instance and draws meaning from it without looking for multiple instances” (Creswell, 2007, p. 163). Patterns consider how issues are interrelated and often are expressed using tables. Finally, naturalistic generalizations focus primarily on what the themes tells and what can be learned about the emergent themes (Creswell, 2007).

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Qualitative coding analysis.

After reading the open-ended responses to questions 7, 9, and 12 several times, core themes in the open-ended response text were blocked and coded. While not necessarily a common method of open coding, a color-coded system was used for blocking themes and creating categories (or nascent themes) and subcategories (or inter-related themes; themes that co-emerged). The color-coded system enabled starting the process of identifying emergent themes and more complex subcategories and integrated concepts.

Implementation and Timeline

The survey was sent to IRC employees in March, 2011. The survey portion of the study was completed by May 2011. The proposal was accepted by the Dissertation Committee in February 2012. Analysis and finalization of the dissertation were completed by May 2012. A professional statistician was hired to assist in establishing an SPSS database and in analyzing the data as well as verifying and reviewing qualitative coding techniques and analysis.

Consent

Agency consent.

The IRC consented to be participant in this study and agreed to allow the use of the survey results in both this dissertation and for potential internal IRC use. In addition, the researcher has been given agency consent to access IRC information as necessary and to appropriate from the existing Refugee Resettlement System database. The agency consent form can be viewed in Appendix 3.2.

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Institutional review board and human subjects protection.

This study and survey has been presented to the Graduate Center City University of New York's Institutional Review Board (IRB) and was approved in May 2011. Care was taken to ensure that questions remained relevant to the study and that no traumatizing issues were raised for participants. All efforts were made to ensure that participants were not exploited, made uncomfortable, or traumatized in any manner. Permission forms were offered and the wishes of participants adhered to.

In addition, and in order to maintain the integrity of the study and avoid conflict of interest, the researcher did not directly interview employees from field offices. The researcher currently oversees six IRC resettlement offices: Atlanta, Boise, Miami, Salt Lake City, Seattle, and Wichita. In addition, the researcher worked on the Program Evaluation team and Program Framework development team as a Regional Director for the duration of the study. Participants were informed that the study results will assist the IRC with developing a new program evaluation tracking system, and that the analysis on employees' perceptions of refugee self-sufficiency will offer the agency an orienting theory and may help to build future frameworks for data collection and intervention models moving forward.

Summary

This chapter has explained the methods chosen in this study and the sample population. This study lays the ground work for better understanding the resettlement program, services provided to refugees, and building a more theoretically sound program evaluation framework. Therefore, the fundamentals of practice-based research used to analyze the data (the results of which will be discussed in detail in Chapter 4) also can be applied in future research within the

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IRC and externally to other resettlement programs. This study offers a set method for the IRC and forward direction as it embarks on program evaluation, program growth, and analysis.

Chapter 4:**Quantitative Analysis of Strategic Approaches to Self-Sufficiency****Quantitative Data Findings**

Frequency distributions as described in Chapter 3 were run on all of the quantitative survey questions.

Question 8 (“*How would you rate the influence of these factors in the refugee’s achievement of self-sufficiency*”) directly related to question 7, the qualitative question discussed in Chapter 5 (“*From your experience working with refugees, what does refugee self-sufficiency mean?*”). Question 8 used a scale of 1-4 with 1 rated as “does not contribute” and 4 rated as “highly contributes.” Table 3 shows the mean scores of each of the items in question 8.

Table 3: Contribution to Self-Sufficiency

Question 8: *How would you rate the influence of these factors in the refugee’s achievement of self-sufficiency?*

Factors Contributing to Self-Sufficiency	Mean (N=162)
Job placement	3.91
Schooling for children	3.64
Budget management	3.60
English proficiency	3.60
Transportation orientation	3.57
Job skills training	3.56
Financial literacy	3.54
Health services access	3.46
Cultural adjustment	3.41
Mental health services access	3.35
Expansion of social network	3.32
Safe & sanitary housing	3.30
Adequate nutrition	3.27
Adjusting to immigration status	3.15
Professional recertification	3.04

Based on mean scores, overall:

- The highest factor contributing to self-sufficiency was identified as job placement (mean score of 3.91).
- The second highest factor contributing to self-sufficiency was schooling for children (mean score of 3.64).
- The third highest factors contributing to self-sufficiency were English proficiency and budget management (both with a mean score of 3.60).
- The lowest factors contributing to self-sufficiency were adjusting to one's immigration status (mean score of 3.15) and professional recertification (mean score of 3.04).

As demonstrated with the qualitative analysis in Chapter 5, these quantitative data indicate that employment was most frequently rated highest. Education was a distant second, clustered with several other self-sufficiency indicators including English proficiency. Here however, English skills appear more prominently than in the responses to qualitative questions. In question 8, English skills were rated third highest, along with budget management, as a contributor to self-sufficiency.

Table 4 shows the mean scores for question 16: *“If you are working directly with the Reception and Placement program, how would you rate the intervention of the Reception and Placement program in helping the client to obtain the following categories?”* A scale of 1 to 5 was used with 1 rating the program as “not effective” and 5 rating the program as “highly effective.”

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Table 4: Reception and Placement Program

Question 16: *“If you are working directly with the Reception and Placement program, how would you rate the intervention of the Reception and Placement program in helping the client to obtain the following categories?”*

R&P Program Helpful With	Mean
Schooling for children	4.31
Transportation orientation	4.02
Safe & sanitary housing	4.00
Health services access	3.91
Adjusting immigration status	3.83
Job placement	3.82
Cultural adjustment	3.59
Budget management	3.58
Adequate nutrition	3.50
Job skills training	3.44
English proficiency	3.42
Financial literacy	3.39
Expansion of social network	3.29
Mental health services access	3.17
Professional recertification	2.73

With regard to effectiveness within the R&P program, the mean scores showed:

- The highest rated intervention for R&P contributing to self-sufficiency was school enrollment (mean score of 4.31).
- The second highest rated intervention for R&P contributing to self-sufficiency was transportation orientation (mean score of 4.03) followed by safe and sanitary housing (mean score of 4.00).
- The fourth highest rated intervention for R&P contributing to self-sufficiency was health services access (mean score of 3.91).
- Job placement had a mean score of 3.82 rating it sixth, just below adjusting immigration status (mean score of 3.83).

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- Professional recertification (mean score of 2.73) and mental health access (mean score of 3.17) were rated the lowest.
-

Schooling for children, transportation orientation, and safe housing were rated in the top three effective programs. This is not surprising since the R&P program requires that agencies find safe and affordable housing, enroll children in school, and teach refugees how to get around their community. The answers to question 16 indicated that respondents had a good understanding of the requirements for R&P. However, the requirements for R&P may not necessarily support self-sufficiency in the way that employees understand it; self-sufficiency integrates services, supports refugees with early and long term job placement, and helps refugees integrate into their new community.

Job placement scored sixth within this question for effectiveness. This score may indicate that many respondents believed the R&P program is not necessarily helpful with job placement or other typed of financial literacy. Employment and financial literacy generally were rated high in terms of contributors to self-sufficiency. Although not a job readiness program, R&P, according to respondents, was lacking in integrating early employment funding and program structure.

Table 5 shows the mean score of question 17: *“If you are working directly with the Matching Grant program, how would you rate the intervention of the Matching Grant program in helping clients to obtain the next categories?”* A scale of one to five was used with 1 indicating not effective and 5 indicating highly effective.

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Table 5: Matching Grant Program

Question 17: *If you are working directly with the Matching Grant program, how would you rate the intervention of the Matching Grant program in helping clients to obtain the next categories?*

MG Program Helpful With	Mean
Job placement	4.35
Job skills training	3.90
Transportation orientation	3.88
Budget management	3.68
English proficiency	3.57
Financial literacy	3.54
Schooling for children	3.52
Cultural adjustment	3.49
Safe & sanitary housing	3.48
Health services access	3.32
Expansion of social network	3.25
Adjusting immigration status	3.06
Professional recertification	3.04
Adequate nutrition	3.02
Mental health services access	2.73

With regard to the perceived effectiveness of the MG program, the mean scores showed:

- The first highest rated intervention from MG contributing to self-sufficiency was job placement (mean score of 4.35) followed by job skills training (mean score of 3.90).
- The third highest rated intervention from MG contributing to self-sufficiency was transportation orientation (mean score of 3.88).
- The fourth highest rated intervention from MG contributing to self-sufficiency was budget management (mean score of 3.68).
- The lowest rated intervention factors from MG that contribute to self-sufficiency were professional recertification (mean score of 3.04), adequate nutrition (mean score of 3.02), and mental health access (mean score of 2.73).

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Since the MG program is an early-employment program, it makes sense that IRC employee respondents would rate job placement as the most effective component. In comparing the answers from questions 16 and 17, clearly in the respondents' experience, MG is strong in supporting early employment readiness programming. According to the qualitative data discussed in Chapter 5, respondents rated employment and economic empowerment as top components to self-sufficiency. MG is more closely aligned, therefore, with IRC employee notions of self-sufficiency. However, as the qualitative data analyzed for Chapter 5 reveal, it was also apparent that not only were there other components that contributed to self-sufficiency (e.g., integration, accessing services on one's own, and cultural orientation), but the time frame for offering programs to support refugees and more robust programming were also seen as important.

Predictors of Self-Sufficiency Strategies

T-test and chi square were conducted to see whether position, years working in social services, years working at the IRC, or years working with refugees and asylees affected respondent's perceptions of the factors contributing to self-sufficiency.¹⁸ The results in Tables 6 and 7 show that none of these variables affected how employees responded to or believed were the factors contributing to self-sufficiency.

¹⁸In addition to the Chi Square, a One-way ANOVA test was run comparing the mean ratings for each group on each factor. The results were identical and overwhelmingly non-significant as displayed in Table 7 using the Chi-square statistic.

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Table 6: Mean Ratings of Factors That Contribute to Refugee Self-Sufficiency**Mean Ratings of Factors That Contribute to Refugee Self-Sufficiency***Differences by Employees Years of Experience*

Factor	Years working in social services		Years working with refugees/asylees		Years working at IRC	
	1-4	5+	1-3	4+	1-3	4+
Health services access	3.54	3.37 ^{ns}	3.44	3.47 ^{ns}	3.45	3.48 ^{ns}
Mental health services access	3.49	3.19 ^{**}	3.40	3.28 ^{ns}	3.37	3.32 ^{ns}
Adjusting immigration status	3.08	3.19 ^{ns}	3.08	3.19 ^{ns}	3.13	3.25 ^{ns}
Adequate nutrition	3.28	3.23 ^{ns}	3.28	3.23 ^{ns}	3.25	3.23 ^{ns}
Budget management	3.67	3.53 ^{ns}	3.59	3.60 ^{ns}	3.54	3.65 ^{ns}
Cultural adjustment	3.45	3.35 ^{ns}	3.45	3.35 ^{ns}	3.44	3.43 ^{ns}
English proficiency	3.61	3.58 ^{ns}	3.65	3.54 ^{ns}	3.63	3.59 ^{ns}
Expansion of social network	3.25	3.38 ^{ns}	3.27	3.37 ^{ns}	3.32	3.34 ^{ns}
Financial literacy	3.56	3.51 ^{ns}	3.55	3.52 ^{ns}	3.54	3.54 ^{ns}
Job placement	3.91	3.91 ^{ns}	3.92	3.90 ^{ns}	3.91	3.89 ^{ns}
Job skills training	3.59	3.52 ^{ns}	3.65	3.47 ^{ns}	3.60	3.46 ^{ns}
Professional recertification	2.99	3.10 ^{ns}	3.05	3.04 ^{ns}	3.08	3.02 ^{ns}
Safe & sanitary housing	3.25	3.33 ^{ns}	3.30	3.28 ^{ns}	3.32	3.21 ^{ns}
Schooling for children	3.60	3.66 ^{ns}	3.65	3.61 ^{ns}	3.62	3.61 ^{ns}
Transportation orientation	3.54	3.62 ^{ns}	3.59	3.57 ^{ns}	3.60	3.54 ^{ns}

^aScale: 1=It does not contribute to self-sufficiency; 2=It contributes to self-sufficiency in a modest way; 3=It contributes to self-sufficiency considerably; 4=It highly contributes to self-sufficiency

^{ns}Difference between means not statistically significant [p > .05]

^{**}Independent samples *t*-test, p < .01

Table 7: High Ratings of Factors That Contribute to Refugee Self-Sufficiency—Differences by Current IRC Position

	Percent Giving <i>High</i> Contribution Ratings ^a				χ^2 p
	Case Management	Employment	Senior Management	Other	
Health services access	79%	87%	100%	96%	.052 ^{ns}
Mental health services access	75%	91%	93%	89%	.139 ^{ns}
Adjusting immigration status	74%	65%	67%	82%	.528 ^{ns}
Adequate nutrition	79%	78%	87%	86%	.804 ^{ns}
Budget management	91%	87%	100%	96%	.394 ^{ns}
Cultural adjustment	90%	74%	87%	86%	.361 ^{ns}
English proficiency	90%	83%	100%	96%	.199 ^{ns}
Expansion of social network	90%	91%	87%	85%	.903 ^{ns}
Financial literacy	91%	87%	100%	96%	.383 ^{ns}
Job placement	97%	100%	100%	100%	.509 ^{ns}
Job skills training	91%	91%	86%	93%	.905 ^{ns}
Professional recertification	72%	61%	71%	75%	.715 ^{ns}
Safe & sanitary housing	79%	87%	87%	93%	.391 ^{ns}
Schooling for children	93%	96%	93%	100%	.549 ^{ns}
Transportation orientation	97%	96%	80%	96%	.088 ^{ns}

^a*High Rating = It contributes to self-sufficiency considerably + It highly contributes to self-sufficiency*

^{ns}Differences in percentages not statistically significant [p > .05]

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Table 6 compares the mean question 8 ratings of high versus low experience respondents, using a t-test. Table 7 uses cross-tabulations between position groupings and the percent of respondents giving “high contribution” ratings [3’s and 4’s on the rating scale]; the statistical test is chi-square. There is only one significant difference in the first table: mental health was rated higher from employees who have worked in social services, with refugees, and at the IRC for between one and three years.

Years of experience working with refugees and asylees, years of experience working at the IRC, and years of experience working in the social service sector did not make a significant difference in the rating of contributors to self-sufficiency. Respondents who have worked for the IRC for a few years or for many years appeared to agree: an integrated approach to working with refugees is critical as are more robust employment services, economic empowerment programs, and cultural orientation. Giving refugees the “tools” to find jobs, navigate local systems, understand social norms, advocate for one’s self and family, and empower refugees along the path of self-reliance are all concepts of self-sufficiency around which a majority of IRC employee respondents were unified regardless of years of experience or other variables.

Currently, the IRC does not track and measure these types of indicators fully or, in some cases, at all; therefore, they are unavailable indicators for building the program. For example, while R&P requires every refugee receive cultural orientation training upon arrival (and in some Resettlement Service Centers, refugees receive cultural orientation before arriving in the U.S. although this orientation is not consistent either programmatically or content-wise), the training at times is basic and cannot be reviewed beyond the service period. Therefore, even if a refugee does not fully understand certain parameters of American life after 90 days, the R&P service period is over and follow-up training and services available may not exist. Respondent

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perceptions of self-sufficiency indicators give the IRC, and perhaps the resettlement community writ large, the opportunity to expand what is required and tracked and to develop programs more in alignment with the broader definition for a longer period of time. It is a starting point from which agencies can build, learn, and grow.

The MG program guidelines state that a refugee is “self-sufficient” as long as he or she is working a minimum of part-time. Under the MG guidelines, a refugee can still be receiving food stamps and be considered self-sufficient. Yet, considering the qualitative and quantitative data, surveyed employees appear to believe that a refugee is not truly self-sufficient until “free” from government assistance. The staff survey and the reviewed literature point to integration and extended employment services beyond the 90, 120/180 day service periods. The factors in this study can serve as a starting point for tracking self-sufficiency predictors. The literature also points to frameworks and approaches, such as the strengths-based approach and community integration, which can be operative and support the findings in this study, as discussed in Chapter 5.

Summary

A summary of these quantitative data are discussed at the end of Chapter 5, where the quantitative and qualitative data are considered together.

Chapter 5:

Qualitative Survey Results Overview

Resettlement is a life-changing experience. It is both challenging and rewarding. Refugees are often resettled to a country where the society, language and culture are completely different and new to them. – UNHCR (UNHCR, n.d.)

[Refugee self-sufficiency means] to live their lives without the support of temporary support systems such as IRC. To have secured and be able to maintain safe shelter, food supply, and health care while also experiencing their new country as a safe place to live out their lives and have their families thrive. - IRC Staff Respondent. (IRC Staff Perception Survey, 2011)

Qualitative Data Findings

Meaning of Self-Sufficiency for U.S. Programs' Field Employees

In order to identify how respondents perceived self-sufficiency and what the elements of self-sufficiency are, as well as to construct a practice-based definition, three key qualitative questions were asked:

- Question 7: From your experience working with refugees, what does refugee self-sufficiency mean?
- Question 9: From your experience, which other factors do you consider to be important for the achievement of self sufficiency of our refugee clients?
- Question 12: Other than Matching Grant and Reception and Placement, which other program(s) in your office most contribute to refugee self-sufficiency? In which way?

Of the 200 respondents who answered the survey, more than half responded to question 7, or approximately 70%. Of the 200 who answered the survey, less than half responded to question 9, or approximately 46%. Of the 200 who responded to the survey, more than half responded to question 12, or approximately 60%.

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Tables 8 and 9 show the emergent themes from question 7, and Table 10 shows the emergent themes from question 9.

Table 8: Question 7 Open Coding

From your experience working with refugees, what does refugee self-sufficiency mean?

N=139

Emergent Themes	Number and % Theme Appeared
Employment/pay bills/financially self-supporting	79 (57%)
Accessing services on own (includes healthcare, Transportation, paying rent, food shopping, etc.)	78 (56%)
Non-reliant on government funds/independent from “system”	43 (31%)
Contribute to community/function in society	18 (13%)
Basic English skills	12 (9%)
Basic daily needs	10 (7%)
Well-being (emotional, physical, financial)	8 (6%)
Citizenship	2 (1%)

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Table 9: Co-Themes that Emerged From Question 7

N=139

Financial stability and access	44 (32%)
Financial stability and no additional help	24 (17%)
Access and no additional help	16 (12%)
Access, financial stability, and no additional help	5 (4%)

Some examples of “employment/pay bills/ financially self-supporting” include:

- “Having the ability to pay all essential bills such as rent, electric, water using their pay checks.”
- “Refugee and family are able to support themselves on their own financially.”
- “When they reach a point where they are able to self-sustain themselves (including family members) financially.”

Some examples of “accessing services on one’s own” include:

- “The ability to independently identify and respond to needs based on knowledge of available resources and how to access them.”
- “To independently avail itself of resources in the community needed to live a life of self-reliance.”
- “It is the ability to navigate and feel comfortable with systems in the U.S. on one’s own.”

Some examples of “non-reliant on government funds/independent from the system” include:

- “The ability to live without the assistance or benefits from others including organizations and government agencies.”

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- “The refugee is able to support self and family without the need of accessing public assistance.”
- “That a refugee is confident and capable of managing their life in the United States with minimum financial and social support from a voluntary agency.”

An example of co-emergent themes that includes both “employment/pay bills/financially self-supporting” and “accessing services on one’s own” is:

The ability to financially support oneself and/or family, health of oneself/family and complete problem-solving on their own. It's not enough to be able to work and make money; clients also need to be able to complete every day problem solving. Being able to make money, pay bills, care for one's/and other's health properly and perform simple problem solving in any situation will ensure complete self-sufficiency.

An illustration of “accessing services on one’s own” and “non-reliant on government funds/independent from the system” is: “The refugee is able to support self and family without the need of accessing public assistance. However, self-reliance goes beyond this--having the knowledge and ability to access appropriate resources and advocate for self and family.”

When respondents referred to “financial independence” it often was linked to notions of clients’ not receiving any direct assistance from the government or other NGOs, including food stamps. For example, one respondent stated, “Self-sufficiency means being able to meet only the most basic expenses: rent, food, utilities, and access to medical care.” Similarly, another respondent stated, “Refugee self-sufficiency means they need the basic services for living.” In these two responses, the respondents indicated that on a basic level, self-sufficiency means survival. These responses were coded separately from employment/financial stability because of this nuance.

Interestingly, English language skills did not emerge as a consistent or frequent theme in question 7; however the theme appeared slightly more in question 9. Along with English

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proficiency as among the least mentioned themes, “citizenship” also was mentioned few times.

This finding is fascinating because it is generally accepted that in order for refugees to successfully maintain employment and integrate well into the community, basic knowledge of English is important.

Likewise, citizenship as an ultimate goal of the IRC resettlement program is a concept that was not fully acknowledged in the survey. The path to citizenship is a long one and can take up to five years and beyond. Although it may be an ultimate goal for refugees, it may be viewed by respondents as a longer-term goal and perhaps not considered an immediate need or function of self-sufficiency within the first year.

Question 9 also was coded and analyzed, as shown in Table 10. A majority of the responses were focused on different types of services and perceived community needs so the color coding was changed to allow for the following themes:

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Table 10: Question 9 Open Coding

From your experience, which other factors do you consider to be important for the achievement of self sufficiency of our refugee clients?

N=91

Emergent Theme	Number and % Theme Emerged
Access to services on own (includes healthcare, transportation, childcare, etc.)	36 (40%)
Job placement/skills training/financially self-supporting beyond basic or core employment	28 (31%)
Cultural adjustment/understand the community/ integrate into community/safety	28 (31%)
School/education/understanding education	16 (17%)
Basic English skills	12 (13%)
Attitude/willingness to achieve self-sufficiency	11 (12%)
Additional assistance/case management	10 (11%)
A part of the refugee community/use community for support	7 (8%)
Housing	6 (7%)

Elements such as “understanding of local decision making processes in the neighborhood” and “expansion of social network” illustrate the theme of “cultural adjustment/understand the community/integrate into the community.” Similar to how the theme of employment was articulated in question 7, phrases such as “job placement,” “financial sufficiency,” and “employment” were consistently used in response to question 9. The theme of “access to services on one’s own” also had similar wording in question 9 such as, “Access to the community-based

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resources and self-referrals” and “full knowledge of how to find and use outside resources to help them.”

As seen in Tables 8, 9, and 10, in both questions 7 and 9, financial self-support and being able to access other types of services on one’s own were rated relatively high in relation to achieving self-sufficiency. In question 7, financial self-supporting was the most prominent theme; accessing services closely followed financial self-supporting. There are slight variations in responses to questions 7 and 9. Question 7 asked employees what they believed self-sufficiency means based on their experience while question 9 asked what they deemed as important for refugees to achieve self-sufficiency. The variation in question becomes clear in the way the questions were answered. Although nuanced, question 7’s answers were primarily focused on services whereas the answers in question 9 focused more on what refugees need in order to achieve self-sufficiency. This may first appear to be insignificant. However, during the coding process, different categories emerged in question 9 as compared to question 7, such as refugee’s attitude and additional services being offered. However, there were cross-over themes that emerged between questions 7 and 9 to include the concept of accessing services on one’s own and employment/financial self-supporting.

The respondents appear to believe that self-sufficiency includes financial stability, but goes beyond that to include the concept of integration. Services that can be included in integration are additional economic development programming, financial literacy, additional and ongoing job training, health and mental health programming, English learning, Immigration, more robust cultural orientation, and youth and children’s programming. Table 11 shows the results to open-ended question 12.

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Table 11: Question 12 Open Coding

Other than Matching Grant and Reception and Placement, which other program(s) in your office most contribute to refugee self-sufficiency? In which way?

N=120

Emergent Theme	Number and % Theme Emerged
Economic development/financial literacy/more job training	62 (51%)
Health and mental health	33 (28%)
English	26 (21%)
Cultural orientation/community development	24 (20%)
Immigration	18 (15%)
Youth programming/children	18 (15%)
Healthy food/nutrition/food security	12 (10%)
FTF/women's programming/women's empowerment	7 (6%)
Education	5 (4%)

Question 12 yielded similar information to questions 7 and 9: self-sufficiency considered to be about jobs, but it is also about other aspects to a person's well-being. Question 12 responses, however, also suggested key program and service priority areas for the IRC to consider. These responses also revealed the first time that English language skills and Immigration emerged as significant themes.

Prominent Theme: Traditional Definition of Self-sufficiency Versus Practitioner-based

Definition of Self-sufficiency

The State Department and the HHS largely have considered refugee self-sufficiency to be the state of an individual's employment and the non-reliance on the government for cash assistance: "The goal of the Matching Grant program is to assist qualifying populations in attaining economic self-sufficiency within 120 to 180 days from their date of eligibility for Office of Refugee Resettlement funded services. Self-sufficiency must be achieved without accessing public cash assistance" (HHS, n.d.). The federal government defined self-sufficiency

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as a person's ability to obtain employment so as to not be receiving financial public assistance. The results of this survey demonstrated, as did the literature, that obtaining employment is an extremely important component of self-sufficiency. However it is only one aspect to self-sufficiency and not the whole picture (HHS, 2008; Potocky-Tripodi, 2001; Potocky-Tripodi & McDonald, 1995, Majika & Mullan, 1992). The survey suggested that IRC employees also place critical parts to successful self-sufficiency in that they acknowledge integration, not relying on government assistance, and the sense of empowerment that enables refugees to navigate various systems (e.g., health services, schools, and community organizations). The IRC employees appeared to see a bridge between economic self-sufficiency (i.e., early employment) and the road to successful self-sufficiency (i.e., employment, community integration, self-reliance, and empowerment).

These interrelated themes clearly emerged from the qualitative data including the concept of financial stability and integration as well as an awareness of the traditional definition of self-sufficiency and a more broad definition of self-sufficiency. One respondent categorized self-sufficiency into two parts:

I believe there are 2 levels to this; the first is what we are looking for in the first 6 months. A point where the refugee is able to pay their own bills and function primarily on their own, accessing the IRC's services on a much less frequent basis. Then the second level is really when the refugee "grows up", they no longer need us and only come back to say "hi." Hopefully at this point they are functioning within society and working a job that has lifted them above utilizing all forms of PA, including food stamps and Medicaid.

As one Executive Director from the IRC indicated, refugees are successfully self-sufficient when they can meaningfully talk about family vacation. Here the concept of "success" enters the equation. This Executive Director's paraphrase stated a theme that was evident in both questions 7 and 9: there is an element of "success" in the concept and definition of self-sufficiency from

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the employee perspective. Throughout the coding process, it became apparent that while employees understood the basic programmatic parameters of “self-sufficiency” (i.e., one can pay rent, maintain employment, and provide for basic needs), there was also a deeper understanding of self-sufficiency beyond providing for basic needs. One respondent stated:

The literal definition of self-sufficiency is that clients are not receiving any form of cash assistance from governmental or non-governmental sources. However, self-sufficiency as a holistic definition would imply that the client is able to perform all necessary tasks on their own. They would have enough grasp of the English Language to read and understand their mail or leases, be able to make doctor's appointments for themselves, feel comfortable asking questions when they don't understand something and be employed and receiving a salary that will pay for their necessary expenses. It would also mean that they understand the types of services that are available to them and know how to access them.

In many ways, and in analyzing the qualitative data, the definition of self-sufficiency is about a more holistic integration of multiple aspects of life; yet, the definition under which IRC employees “function” merely acknowledges and understands the need for early employment. The respondents appeared to understand that refugees need more than work. They need to feel confident in their own abilities and to feel a part of the community. In some instances, this happens with the first generation of refugees; in other instances it is the parents or caretakers who sacrifice and focus on “surviving” so that their children will ultimately “thrive.” Whether the employees believe refugees are well on their way to achieving the broader sense of self-sufficiency and self-reliance did not clearly emerge from the survey. However, one respondent said: “...the individual becomes self-reliant and has access to all the benefits, privileges and freedoms that native-born Americans are given at birth. In reality, this is seldom the case.” Since the IRC does not have a robust outcome tracking system, that statement cannot be verified and it may represent a minority perception of the reality of refugees resettled in the U.S.

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The traditional, government definition of self-sufficiency is built on the premise that early employment is the primary role in assisting refugees to become self-sufficient and integrate into a community. However, based on the survey, U.S. Programs' employees are challenging this idea. Employees seemed to be keenly aware that while financial self-supporting is a critical factor to successful integration and self-reliance, there is more to it than early employment. As one respondent stated:

The ability to financially support oneself and/or family, health of oneself/family and complete problem-solving on their own. It's not enough to be able to work and make money; clients also need to be able to complete every day problem solving. Being able to make money, pay bills, care for one's/and other's health properly and perform simple problem solving in any situation will ensure complete self-sufficiency.

A more integrated definition of self-sufficiency emerged from these open-ended questions, which is based on integration within a few different contexts. For example, there was also overlap between independence from the system and financial self-support: "A refugee being able to support themselves as well as their family without financial support from anyone else."

While integration emerged as a clear theme (and as articulated in phrases such as "navigating the system on one's own" and "not receiving help from the government and NGOs"), "well-being" as a concept did not emerge as frequently. When it did emerge as a theme, well-being almost always was included with financial, emotional, and community integration as a part of the definition: "When a refugee is able to take care of him/herself and family financially, emotionally, and feels well acclimated to their new home." The concept of "integration" arose more often as a theme than "well-being." Within the literature, community integration is considered a part of well-being. It is interesting, however, that IRC employees more often identified self-sufficiency with the concept of integration than with that of well-

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being. Indeed, most often, financial stability, accessing services on one's own, and not being reliant on government or NGO assistance were combined into the definition of self-sufficiency.

Self-sufficiency as defined by the government is only focused on a client's financial status but we know that many other factors come into play such as the integration of clients into the local community, their understanding and ability to access proper medical services, ability to advocate for themselves when necessary, understanding of laws especially in regards to immigration status, the acceptance of children into local schools and many other psychosocial factors. It's the difference between surviving and thriving.

A few respondents demonstrated that they were still functioning under the traditional or historical definition of self-sufficiency: "Be able to pay bills for their basic needs (housing, utilities, and be able to make their own medical appointment). I did not include food because more likely most of them are still eligible for food stamps at their first job." A few responses equated self-sufficiency with employment and meeting basic needs and survival: "Being able to [pay] one's bills and have enough money for survival" and:

Refugee self-sufficiency is financial stability, knows how to access healthcare, can communicate with schools and jobs. They know how to shop, how to save money, how to budget. They understand appointment times and dates. They have a way of communicating with necessary institutions and getting to and from places of interest. IRC standard of self-sufficiency is only financial stability from my experience. A family is deemed self-sufficient when they get a job and start making an income. Nothing else is usually used to determine self-sufficiency.

An example of a respondent using the traditional or historical definition is as follows: "Self-sufficiency means that the clients can support themselves through employment without the need of public cash assistance. They can still be eligible to receive food stamps and medical assistance." The data suggested that employees who primarily see self-sufficiency in the traditional sense are in the minority. A majority of employee responses indicated that they

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accepted the traditional definition, while in practice functioning within the broader definition and what that means to services provided to refugees.

A new service model and approach to self-sufficiency.

Based on the qualitative analysis and employee perceptions of self-sufficiency, the question emerges regarding what service model and approach best fits this broader definition. Community integration, well-being, integrated care, and holistic and integrated services seem to be the most appropriate models to consider in relation to refugee self-sufficiency and services. Integrated care as a service model is not new to the field of social services and specifically healthcare (WHO, 2008). Still existing within the medical model largely, integrated care is described as coordinated, integrated, and shared care for patients or clients (WHO, 2008). The World Health Organization (WHO) defined integrated services as: “The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system” (WHO, 2008, p. 1). An example of integrated care can be seen with the Veterans Administration (VA): a veteran can go to any VA clinic or hospital and theoretically receive any offered and necessary health and mental health services.

There are definitions that exist outside of the medical model as evidenced by the Canadian model of refugee self-sufficiency.¹⁹ Canada considers integration to be an important outcome of resettlement, and the country uses indicators to measure success including employment, English capability, and housing (some similarities to the results of the staff survey and some differences) (Hyndman, 2011). As Hyndman stated, “If refugee ‘resettlement is

¹⁹ Under the Canadian system, government sponsored refugees can receive services for up to 24-months and privately sponsored refugees can receive services for up to 36-months (Hyndman, 2011). While Canada has a more robust tracking system than the U.S., the data are not aggregated between different refugee groups (i.e., those who are government sponsored versus those who are privately sponsored), so results of government data analysis cannot differentiate between programs (Hyndman, 2011).

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protection plus' (UNHCR, 2009), then integration is settlement plus" (Hyndman, 2011; p. vi).

And, according to IRC employees, defining refugee self-sufficiency is more nuanced than the traditional definition and model of integrated care or just employment, but there are clear similarities with how Canada has defined resettlement. As one respondent from the staff survey stated:

The most important factors, as reflected by my answers in the section above[question 7], seem to be budgeting, financial literacy training, transportation and cultural orientation, English training, job placement. Health services increase overall quality of life but I have not seen it directly relate to self-sufficiency as much; though clients DO have a need for health services, I have found that the services available are lacking in the community (especially mental health and disability services), and so the services don't increase client outcomes. However, the least self-sufficient clients are often the ones with the biggest health challenges. So, if there were more services available this would contribute positively to self-sufficiency...there just aren't the resources at the moment.

This respondent considered integration in two distinct ways: integration into the community and integration of services delivered to refugees (closer to the integrated care model). The latter as an indicator of successful refugee self-sufficiency was not discussed in as much depth as the concept of refugees being integrated into communities. Although integration as a concept is accepted by many humanitarian players including UNHCR, there is no general consensus or one accepted definition (Hyndman, 2011). According to UNHCR:

Integration is a mutual, dynamic, multifaceted and on-going process. "From a refugee perspective, integration requires a preparedness to adapt to the lifestyle of the host society without having to lose one's own cultural identity. From the point of view of the host society, it requires a willingness for communities to be welcoming and responsive to refugees and for public institutions to meet the needs of a diverse population."

Integration is "multi-dimensional in that it relates both to the conditions for and actual participation in all aspects of the economic, social, cultural, civil and political life of the country of resettlement as well as to refugees' own perceptions of, acceptance by and membership in the host society." (UNHCR, 2002, p. 12)

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In Canada, the definition of integration is oddly vague considering that it is a goal of their resettlement program:

Canada's approach to integration is one that encourages a process of mutual accommodation and adjustment by both newcomers and the larger society. Newcomers' understanding of and respect for basic Canadian values, coupled with Canadians' understanding of and respect for the cultural diversity that newcomers bring to Canada, is fundamental to this approach. As well, the cooperation of governments, stakeholders and other players, such as employers and volunteers, in providing newcomers with the support they need for successful economic and social integration helps Canada realize the full benefits of immigration. (Hyndman, 2011, as quoted from CIC, 2010c, p. 29)

It seems that, based on the survey results, IRC field employees have formed their own idea of refugee self-sufficiency: integration. Further, the surveyed IRC employees appear to view integration as a function of short and long-term employment, economic empowerment, accessing services on one's own, self-reliance, and not being dependent on the government for assistance.

One can categorize the employee definition of self-sufficiency and self-reliance as fitting with the strengths-based approach described in Chapter 2. The strengths-based approach includes the concepts of integration, well-being, and resiliency as approaches to working with clients, including refugees. Although the respondents did not specifically use the term "well-being" and did address the concept of integration, the sentiments appear to be similar. IRC survey respondents seemed to prefer integrated services that include a more holistic model for their refugee clients. In addition, they also articulated that a refugee is integrated into a community only to the extent that he or she can successfully navigate the many different and diverse systems. These concepts fit well with both the ideas well-being and integration (McGillivray, 2007; Gasper, 2007; Saleeby, 1996). Based on the qualitative results, seems appropriate to posit that IRC employees consider self-sufficiency to include the types of services provided

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(integrated care) and community integration (belong to a community fully) as critical to the refugee's path to self-reliance. Indicators that refugees have been integrated into a community include employment, self-reliance, self-determination, and some sense of well-being.

Further, the well-being literature indicated that while economic factors are one consideration in a person's (or family or community or country) well-being, it is not the whole picture (Dorwick, 2007). Similar to how IRC survey respondents perceived the importance of employment, they also indicated that employment alone is not the indicator of a refugee's successful integration to the new home and community. While financial stability and the ability to pay bills and save for the future certainly contribute to well-being, integration, and self-sufficiency, other factors like a sense of family, community, pride, and empowerment also are necessary. As one respondent stated, self-sufficiency is "[t]he ability to access the resources necessary toward a dignified life." Gasper argued that there are many major aspects to well-being—including health family, employment, and leisure (Gasper, 2007, p. 57). These aspects, however, are both subjective and objective. As the IRC moves towards a more robust data collection system, developing clearer indicators of both monitoring and evaluation will provide a more solid ground for understanding the program and its overall efficacy and growth. Monitoring then can ensure program compliance and quality to begin to expand the IRC's overall knowledge and understanding of refugee integration and the effectiveness of integrated services for refugees.

Understanding successful integration of refugees more fully is beyond the scope of this research study and the results therein. However, it is important to recognize that IRC employees are not alone in grappling with redefining the concept of refugee self-sufficiency and the notions of successful self-sufficiency and integration (Stuart & Ward, 2011). However, clarifying the

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concept of integration with some level of certainty is an important step toward identifying how to track refugee integration. For example, based on the data, the IRC can pay attention to and track whether a refugee is accessing government services between six and twelve months. From that point, the IRC needs to have the capability to determine whether provided services actually assist the refugee with integration along with the broader, more holistic definition of self-sufficiency and self-reliance.

Toward A Research-Informed Definition of Self-sufficiency

Based on the qualitative data, a research-informed definition of self-sufficiency emerges: Refugee self-sufficiency is comprised of (1) early and long-term employment; (2) integration into the community; (3) economic empowerment and financial literacy; and (4) ability to access services on one's own. Services also should be integrated and the strengths-based approach incorporated regarding how services are delivered. Integrated services and the strengths-based approach are in alignment with the emergent theme of empowering refugees, refugee self-reliance, and building resiliency with individuals and families.

The definition of self-sufficiency that emerged from this research study primarily aligns with the definition provided in the recently drafted U.S. Programs' *Program Framework and Principle and Program Definitions* (2012). The USP *Program Framework* is based on the ideal of assisting refugees as they go from "surviving to thriving" by looking at the short and long-term needs of clients "to ensure that all of USP's efforts serve to assist individuals in their transition from surviving to thriving." The primary areas of impact include self-reliance, integration, and citizenship. Interestingly, citizenship (which includes immigration) did not rate

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highly from respondents' perspectives. According to the U.S Programs' *Program Framework*, self-reliance, integration, and citizenship are defined as:

U.S. Programs must first and foremost assist clients to achieve *self-reliance*. For USP, a refugee who is self-reliant is one who has received all initial services, has attained short-term stability, and is now firmly on the path from surviving to thriving. A self-reliant client is able to economically, socially, and culturally engage in his/her community with minimal direct assistance or general relief, and has the ability to utilize economic, social, and cultural resources to achieve his/her own long-term goals.

USP also seeks to ensure meaningful opportunities for client *integration* into their new communities. For USP, integration is defined as a sustainable relationship between the client and his/her community, the possession of economic and socio-cultural awareness, and the ability of a client to engage in a leadership role within his/her chosen community to the extent that s/he may desire.

Attaining *citizenship* in their new communities is also essential. For USP, citizenship has two distinct components. The first is *citizenship* with a small "c," which denotes a client who is able to engage civically within the country and his/her community and can advocate for what s/he feels is important. Secondly, *Citizenship* with a large "C," denotes services that help clients attain legal, permanent immigration status, conferring protection from deportation and loss of benefits, and realization of the full rights and responsibilities of a U.S. Citizen. (U.S. Programs' Framework, p. 2-3, 2012)

Although there are aspects to integration that may appear "obvious," it is important to not take anything for granted. While respondents identified integration as an indicator of self-sufficiency, their notion of self-sufficiency is inclusive of longer term self-reliance and non-government reliance, empowerment, and in which immigration is a second tier in the process.

Summary

A survey that includes both open ended and scaled questions can produce rich data. In the case of this study, both the qualitative and quantitative data painted a picture about the meaning of self-sufficiency to IRC field employees. For the surveyed IRC employees, self-sufficiency

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appears to be an inclusive definition in that it considers both *early employment and integration* and *long-term employment and integration*. The ultimate goals of self-sufficiency are self-reliance and integration into the community and society. Obstacles that emerged from the results of the data include not having enough resources and funding to sustain programming beyond the 90 and 120/180 day periods in addition to lack of better data collection and a program evaluation framework. Regardless of thoughts about holistic programming (i.e., the need for extended case management, health and mental health programming, education opportunities, and more robust cultural orientation), job placement still rated high for both immediate (and short-term) self-sufficiency and for long term self-sufficiency.

According to IRC respondents, the foundation for self-sufficiency and integration is a stable financial situation. Building upon financial stability as the foundation, working with and supporting refugees as they learn to navigate the many complex systems in the U.S. on their own and integrating into their community are now defined as self-sufficiency in the broader context for IRC employees. IRC respondents appear to feel the same way regardless of their years of experience working with refugees and with the IRC. By understanding what employees believe and documenting their experiences, knowledge and perceptions, the IRC can start to test the boundaries of the core resettlement programs and begin to measure indicators pointed out by employees against the efficacy of programming.

Chapter 6:**Data Tracking Considerations and Service Priority Areas****Based on the Survey Results and the Reviewed Literature**

The requirements of the R&P and MG programs dictate to resettlement agencies what and how to track the services of refugees for up to but no more than 180 days. Most services provided within R&P are basic services that include finding safe and affordable housing, basic budget counseling, ensuring refugee children are enrolled in school, and if eligible, enrollment in either the MG employment program or other types of employment programs. According to an informal and unpublished 2010 survey conducted by WRAPS, all resettlement agencies (including the IRC) use a tracking system to track pre-arrival information (such as biodata from overseas) and to track basic case management reporting requirements; however, none of the agencies track beyond the pre-arrival and basic resettlement. Current data tracking systems track the progress of a refugee from the beginning phases of case allocation, assurance, and arrival through employment as supported by the MG. Therefore, resettlement agencies appear to have enough resources and funding to maintain basic data tracking for pre-arrival information and to meet the basic requirements of the R&P and MG. This tracking process enables agencies to maintain a level of monitoring, tracking and compliance. However, it does not provide the resources or funding to build a larger, more measurable program evaluation framework.

Question 15 (“*What do you feel would be the most effective way of tracking self-sufficiency?*”) in the staff survey was analyzed. Of the 200 who responded to the survey, 112 answered this question giving a response rate of 57%. Of the 112, the following were the dominant themes: more robust tracking is needed beyond the 90 day and 180 day periods, self-

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assessments/talking to refugees about how they are doing are necessary, and a better tracking system needs to be developed. This overall concept emerged in 57 of the 112 responses (50% of the responses included these ideas). There appears to be a strong opinion that a clearer, broader definition of self-sufficiency is needed, the methods by which the IRC tracks needs to be expanded (both conceptually and technology wise), and the time period of data tracking should be expanded.

The meaning of self-sufficiency matters to IRC employees. It affects how programs are run and the underlying approach and philosophy of refugee resettlement. In question 12, respondent IRC employees were asked what programs other than R&P and MG is relevant to assisting refugees along the path to self-sufficiency. Among the top program areas were:

- Economic development/financial literacy/more job training (51%)
- Health and mental healthcare access (28%)
- English language instruction (21%)
- Cultural orientation/community development (20%)
- Immigration (15%), youth programming/children's programming (15%), nutrition/food security (10%), women's programming/women's empowerment (6%), and education (4%) were rated at the bottom half.

To determine the feasibility of program growth, the IRC should examine these program areas that respondents identified as priority service considerations. Further, U.S. Programs recently sent an informal survey to U.S. Programs' employees and external stakeholders (i.e., partners, funders, and volunteers) from February 6 to February 13, 2012; it yielded 140 responses. The Strategic Planning Survey asked open-ended questions regarding the IRC's strengths, weaknesses, opportunities, and external threats. Results were coded and trends identified.

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Overall, the respondents rated the following as the most important aspects for IRC U.S.

Programs to focus on over the next five years:

Programs

1. Economic Empowerment
2. Education

Employees

1. Development
2. Retention
3. Management

Funding

1. Network and Partnerships
2. Advocacy

Data collection and program evaluation were not raised in this informal February 2012 Strategic Planning Survey. However, as discussed in Chapters 4 and 5, it did emerge consistently in the quantitative and qualitative data. In contrast, this IRC Employee Perceptions study indicated that data collection and program evaluation, extension of service periods, enhanced economic empowerment programs, and expanding the definition of self-sufficiency were important to IRC employees and presented prominently in both the quantitative and qualitative data. In the Strategic Planning Survey, economic empowerment and education were the two program areas listed as strengths of the IRC; they also were named as program areas to further develop. Economic empowerment programming under the U.S. Programs' program framework included the following program areas: Agriculture and Food (food security), Employment

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(beyond 120 and 180 days), Matching Grant, Financial Literacy, Micro-Enterprise, and Tax Preparation.

Chapter 7:**Practice, Research, and Advocacy Recommendations****Overview**

I have been a refugee for more than ten years. Other friends share the same life. Some have resettled to a third country. For those who resettle they live their lives with freedom. For the remaining refugees we are still in the refugee life. Our life is difficult but it doesn't make us poor. I am grateful to be a refugee. For being blessed. – Sin Thi Ya Htoo (Burmese refugee), Ban Mae Surin camp in Thailand (Barron, 2010)

I think my future will be in a third country. My children will be more highly educated. They will learn languages. They will achieve things and be able to live like other people do.–Naw Ro Lay (Burmese refugee), Thaw Pa camp in Thailand (Barron, 2010)

I see my past in these people. We were just walking and walking. I had no idea when I arrived in Kenya that I would live in a refugee camp for the next 20 years. - Muhioadin Ahmed Aden (Somali refugee), Dadaab Ifo camp in Kenya, preparing to leave Dadaab to be resettled in Salt Lake City (UNHCR, 2011)

Unfortunately, refugees and asylees number an estimated 10.5 million refugees globally, and they are not significantly decreasing (UNHCR, n.d.). Asylee applications alone doubled in 2011 (UNHCR, n.d.). Resettlement, though just one part of the solution, is a critical and life-saving option for many refugees around the world. The U.S. undoubtedly is the leader in global refugee resettlement because it accepts more refugees than any other resettlement country. The work resettlement employees do in the U.S, while lifesaving, is challenging on many levels. Yet, employees' experiences and understanding of programs are not widely known or studied, especially in the U.S. Nor are the concept of self-sufficiency, robust data collection, and an understanding of the impact of resettlement programs on refugees beyond the requisite 90-, 120-, and 180-day core resettlement service period. This dissertation study has shed some light on what IRC employees believes self-sufficiency is and which service areas are priorities for

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assisting refugees. This study offers recommendations on practice and program evaluation frameworks, research, and advocacy.

Recommendations

Considering the results of this study and the scope of the reviewed literature, the IRC could benefit from revising its notion of self-sufficiency and then clearly stating a working definition—a holistic and integrated approach to resettlement and assisting refugees along the “surviving to thriving” spectrum. This definition should include at the forefront employment and financial stability. This study’s survey strongly suggests that IRC employees see the tremendous value in early employment, financial budgeting, and education, as well as a longer-term trajectory towards financial stability and independence. While other services and core sectors were considered important by respondents, these did not out-rate employment and integration. Employment and financial literacy consistently rated high in both quantitative and qualitative data. These findings indicate that the IRC should move toward more robust employment training and readiness programs, financial literacy, and more innovative economic empowerment programming (such as micro-lending). Services that “wrap” around economic empowerment (such as agricultural and farming programs, health access, integration and not being reliant on government money and services) as well as integrating programs and services is one way for the IRC to move forward in its approach and understanding of self-sufficiency.

Practice

In order to better understand the effectiveness of resettlement programs (including early employment, core resettlement programs, and expanded services); more data need to be collected and a basic program evaluation system needs to be developed. This finding was evident in this study and the literature. Perhaps more common in social services, mental health, and the social

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work profession, data collection and program evaluation are areas that have been sorely lacking in resettlement. Historically, the U.S.-based resettlement community thought of itself as separate from the “rest” of the social services/social work agencies in the U.S. In some ways, that thinking may have caused the resettlement community to fall behind in program development, agency-integration into the local community, and better data tracking and program evaluation. Next steps that the IRC should consider are to expand its data collection capacity, engage in an outcome study on refugee’s understanding of their own self-sufficiency, and build a nation-wide program evaluation system. The IRC should aggressively pursue resources to secure a more robust data tracking system and to build its program evaluation at the national level. Other U.S. refugee organizations also might consider these steps given the state of the research literature. Other resettlement countries, such as Canada and Australia, provide a broader array of services, have far better tracking systems, and conduct ongoing research and program evaluation.

Organizationally, the IRC should consider how both the core resettlement programming (R&P and MG) and other programs (i.e., economic empowerment, health and wellness, children and youth) affect turnover in field offices and quality of services provided. More than half the employees who responded to the survey reported being with the IRC for between one and three years. That short employment span is an indication of high employee turnover. The IRC should examine such turnover to uncover reasons why employees leave the organization on the average of three years’ employment. The IRC should then determine ways to address this issue.

Extended case management: Salt Lake City pilot

As discussed in the literature review, an internal extended case management program for newly arrived refugees was initiated by the IRC Salt Lake City office in 2008. The purpose of the 24-month case management program was to assist refugees to quickly become self-reliant

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and contributing members of society. To achieve this self-reliance, the efforts were focused on helping the refugees in successfully navigating the U.S. social services system; improving overall well-being; and launching households facing multiple language, health, employment, housing, and income barriers.

As a part of the Extended Case Management Program (ECMP), data were collected enabling the IRC and the State of Utah to analyze program outcomes and efficacy (Shaw & Poulin, 2011). The data demonstrate how refugees' lives are improving through the analysis of quarterly assessments of a significant cohort, over 1100 refugees representing 434 households resettled during a two-year span (Shaw & Poulin, 2011). This type of study and data collection have not been accumulated before in the U.S.; it represents a starting point to demonstrate the importance of data analysis in determining refugees' resettlement needs, making program adjustments and interventions, and determining which outcomes to capture and monitor to ensure that resettlement is a sustainable, durable solution. The Extended Case Management Program collects data beyond the initial resettlement program period and collects different types of data (Shaw & Poulin, 2011). The data tracked in the ECMP focused on integration and well-being of refugees. Indicators of well-being and integration included ability to access various types of social services, consistent rent payment, employment and self-sufficiency, and a sense of self-reliance (Shaw & Poulin, 2011).

Although the internal report is not yet published, this researcher anticipates that the final report will show that refugees' well-being is improving over time and that they are becoming economically independent. The report should enable the IRC to better understand the needs, challenges, and strengths of refugees over a longer time period (i.e., past the 90-day Reception and Placement and the 120/180-day Matching grant periods) leading to improved services.

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Indeed, it also should enable the IRC to advocate for expanded case management programming nationally (Shaw & Poulin, 2011). In addition, the ECMP report will be valuable in that it will add to the growing knowledge base among resettlement stakeholders and the research community.

This report suggests that fewer than half of the households had any English language and approximately 18% of all heads of households were illiterate (Shaw & Poulin, 2011). This information is significant as the study may indicate that speaking English was one of the factors associated with higher well-being scores and lower needs. The study also showed that about one third of refugee head of households had no previous work experience, while 35% had skilled experience and 31% had unskilled employment; yet, there was no significant difference in previous work experience for the head of household and securing employment once resettled (Shaw & Poulin, 2011).

The IRC provides core services during the reception period (first 3 months) and employment services for those enrolled in MG. Once a refugee is out of the service period, the IRC does not track progress nor can it establish with certainty how long these services, as well as other services, are needed to ensure resettled refugees become self-reliant and integrated into the community. In addition, since the IRC only tracks basic data related to resettlement programming, it is difficult to identify services that could be beneficial for specific populations and at which time in the resettling process they are most critical. The ECMP, however, will provide data from an expanded period of time, which can be used to compare against data currently being tracked in the RRS (Shaw & Poulin, 2011). Preliminary results show that within six months, households reporting they needed assistance with housing (paying rent/talk to landlord) decreased from 73% to 28%, and by 24 months had dropped to a mere 2.6% (Shaw

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& Poulin, 2011). In contrast, households needing assistance with scheduling health appointments only dropped from 96% at arrival to 87% at the six month mark, remaining at 48% at 12 months and 22% at 24 months. These data may indicate that, for some refugees, the ability to navigate the healthcare system may take longer to learn (Shaw & Poulin, 2011). In addition, preliminary results indicated that the extended case management study can help refugees better integrate over time. Once the study is complete, the results should be considered for incorporation into the five-year IRC strategic plan. The study report should be shared within the IRC network and with stakeholders. The IRC should continue to support this program and work with the office on analyzing the results from the self-reported quarterly assessments (Shaw & Poulin, 2011). The tracking of data and evaluation of the program provides valuable information from which the IRC can learn.

IRC U.S. Programs' program framework: Progress and next steps.

Throughout the duration of this employee perceptions study, the IRC U.S. Programs' department has been undergoing the development of a program framework, defining core principles, and engaging in the start of the five-year strategic planning cycle. These activities in addition to the existing data base, RRS, poised U.S. Programs not only to grow and expand its program, service delivery, and data tracking capacities, but also to incorporate fundamental program evaluation techniques to enhance the work employees do with refugees every day. The U.S. Programs can utilize the new definition and unified vision of refugee self-sufficiency as a fundamental guiding principle. Given that the U.S. is currently in a recession with a national deficit of over 15 trillion dollars, understanding the impact of programming on refugees as well as keen strategic planning during tumultuous times is financially responsible and may prove to be politically savvy. The U.S. resettlement program has begun to see community backlash and

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misunderstanding about who refugees are and how they impact local communities on several levels including economically. Without tracking refugees beyond 90-, 120- and 180-days and given the decided lack of information regarding the impact of current programming, resettlement agencies are not in a position to address in clear, statistical, and documented terms the types of contributions refugees make to their new communities. This issue has been taken on as a part of the U.S. Programs' five-year strategic planning process.

Research

Formative and summative research: Application to the field of practice.

Formative and summative research historically has been applied to teaching as a technique to assist educators with adjusting to the learning needs of students through a course period (William & Black, 1996). Formative research is evaluation that occurs as programs are in process and it offers practitioners the ability to readjust mid-course (William & Black, 1996). Summative research is evaluation that is conducted at the end point of a program or program evaluation time period (William & Black, 1996). A formative and summative approach to data collection and program evaluation can assist the IRC. The U.S. Programs has been engaged in an ongoing process of defining its program impact and program framework. Formative research can be incorporated into the new program evaluation framework especially during the early stages of implementing a program evaluation system. Summative research will be critical to understand, via summative analysis, the results of this study and to lay the ground work for further analyzing other program outcomes that are ultimately tracked.

Common among many national organizations and programs is the desire to “find out what is going on in the field and how clients are faring in the local units” (Weiss, 1997, p.21). Managers want to understand what the short and long term effects of programs are on clients

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(Weiss, 1997). The IRC is committed to the values and ideal that services that are tracked and better understood often translate to better services for refugees. Understanding program evaluation as a method to structuring programs and tracking and interpreting data will start the IRC on a path of greater understanding, enhancement of services, and positive program growth. It will allow the organization to base decisions on more sound information and ways of knowing and strengthening donor relationships.

Meta-analysis.

In addition to formative and summative research, another known analytical research tool is meta-analysis. Meta-analysis is the analysis of multiple quantitative program evaluation results (Weiss, 1998). In fact, it may be a research tool that the IRC will want to consider implementing once it develops a program evaluation framework and system. According to Weiss (2007), meta-analysis serves three primary functions in program evaluation: (1) it combines data, or evidence, to better understand the trends; (2) it helps clarify circumstances of how better outcomes are realized; and (3) it assists with the analysis of what influences the effects of the finds (p. 237). In short, meta-analysis helps with the how's, why's, and what's of program evaluation, which is precisely what the IRC U.S. Programs currently need in terms of program theory and framework development. The processes of developing an impact statement, program framework, internal examination of self-sufficiency, and consideration of a new database have begun—which is a positive direction for the organization—but it is still very much in the nascent stages. Meta-analysis employs the techniques of common scientific research including problem formulation, review of the literature, evaluation of any existing studies, analysis and interpretation of meta-analytic data, and presentation of the analytic results (Weiss, 2007, pp. 238-239).

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Recently, Hyndman conducted a meta-analysis on research on refugee integration in Canada (Hyndman, 2011). While not exhaustive; it was an important step towards compiling information on components to refugee integration in Canada. Meta-analysis offers the opportunity to synthesize information and identify gaps and next steps in research and programming. According to the meta-analysis, the following were found: in the early years of the twenty-first century, refugees resettled in Canada are younger compared to similar refugee populations in the 1990s (60% are under the age of 24); refugees arriving in Canada are less educated; while there are no recent shifts in regard to employment there has been a decline in salaries and this is inclusive of self-sufficiency; and a majority of refugees in Canada remain in the location where they were originally sent (Hyndman, 2011). Since Canada has a national tracking system, accessing this information and conducting meta-analysis is easier than in the U.S. The results and significance of such tracking are self-evident.

Research, learning and evaluation technical unit at the IRC.

The International Programs Department (IPD) of the IRC began implementing impact evaluation studies to measure the effectiveness of specific programs overseas. A small unit within the IRC, the Research, Evaluation and Learning (REL) technical unit provides guidance on design, monitoring and evaluation as well as conducting small-scale program evaluation studies to determine the impact of programs. Thus far, and primarily because of funding and resource constraints, REL has only been involved with evaluation of programs in the IRC's overseas offices and not in the U.S. Programs. When REL was formed, its initial goal was to grow and implement impact evaluation studies in overseas programming. Since the International Programs Department and U.S. Programs' department have been integrated, the mandate may change to include U.S. Programs. However, and as just mentioned, additional resources and

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funding would need to be acquired in order for full integration of the REL unit with the program evaluation with of U.S. Programs.

The work that the REL unit has done in regard to program evaluation has primarily focused on the impact of gender-based violence programs and psychosocial programming in children and youth populations. For example, two evaluations REL is engaged in are: *Evaluating the impact of a mental health intervention for child survivors of sexual violence in Thailand and Ethiopia*; and *Evaluating the impact of an economic and empowerment intervention on the prevention of partner violence in Cote D'Ivoire*. Both of these study examples include funding from foundations as well as academic partnerships. The Thailand and Ethiopia study have been funded by the Melinda and Bill Gates Foundation with its academic partnership with Johns Hopkins. The Cote D'Ivoire study has been funded by the World Bank with its academic partners with Yale University. Since the REL has experience with designing and implementing program-specific evaluations, the U.S. Programs could greatly benefit from working with REL and better integrating into the unit. The U.S. Programs should develop a plan to:

1. Secure funds and resources so that the REL unit has greater capacity to work both within International Programs and U.S. Programs.
2. Initiate a program evaluation strategic plan so it is clear what U.S. Programs hopes to gain from program evaluation and using what scale it would like to engage the analysis.

Learning from other resettlement countries.

In Australia, there is a stronger reliance on and utilization of research and data to identify emerging issues with refugee resettlement, drive programming, and develop new program areas.

As a result, the program period is much longer than it is in the U.S. (five-years) and the

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programming more robust and integrated. This includes nation-wide youth, gender-specific (and in particular working with women who have been victim to gender-based violence), and English proficiency programming. In addition, there are close relationships with academia to develop and conduct ongoing studies and research. Perhaps not all aspects of resettlement in Australia will translate to the U.S.-based system. However, there are key aspects to the national program. The IRC and the resettlement community writ large can certainly learn from and consider implementing. These include: data tracking and ongoing research and evaluation; the expansion of the service time period; and the development of critical programming, such as Health and Trauma and Torture services (Refugee Council Australia, n.d.).

New Research Directions

The literature review in this dissertation indicates that research has not sufficiently examined practitioner perspectives on resettlement service provision, data collection, program evaluation, and the evolution of self-sufficiency. More research needs to be conducted both at the PRM and HHS level and throughout the eight other resettlement agencies. The opinions and experiences of field employees regarding policy and practice changes in the R&P and MG programs can provide insight into how the programs work “in the real world.” Field employees should have a voice in changes to programs. Generalizability would therefore be expanded to beyond this study to either indicate that the IRC is in “lock-step” with field employees from other resettlement agencies or that the IRC sees self-sufficiency differently. A broader study can also incorporate reliability and validity testing.

A study on refugee’s perspective of self-sufficiency.

A study should be conducted that focuses on refugee’s experiences with resettlement in the U.S. and at which point refugees feel “self-sufficient.” Expanding on the self-assessments

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used in the ECMP, the information from the refugees can be compared against this study and the literature. In addition, this study could include refugees resettled by other agencies in the U.S. Bringing together employees' perspectives with refugee's self-reporting assessments can provide valuable information on the efficacy of resettlement programming and integration success.

Clinical data mining.

In addition, the IRC should consider setting up a clinical data mining (CDM) study to analyze existing data from its RRS system. Epstein defined CDM as "*the practitioners' use of available agency data for practice-based research purposes*" (Epstein, 2010, p. 3). Given that the IRC has basic data on thousands of refugees dating back to approximately 1999, there is an opportunity to re-analyze the old data to understand how variables may or may not impact specific aspects to programming, specifically MG.CDM could aid in identify effectiveness of programming and give evidence to expansion of programming as gaps in information and knowledge would be identified.

Advocacy

The IRC, along with other resettlement agencies, should advocate for extended services and programs; sustainable, meaningful data tracking; and program evaluation. This advocacy should include funding case management beyond the current 90-, 120-, and 180-day periods; resources for expanded economic empowerment programming; and support for health, children and youth, education, and cultural orientation programs. In addition, technical support and increased resources and funding for data collection and program evaluation should be sought both nationally and locally.

This dissertation study has assumed that the concept of "self-sufficiency" drives overall programming for refugees and that its current definition is narrow, causing it to detract from the

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ultimate goals of integration and thriving. It is additionally important to understand to what extent these concepts relate to field employees that serve refugees in various capacities. Finally, a new definition of self-sufficiency and integration to be derived from this study will be compared to the existing definition as outlined by the federal government.

This study has attempted to determine whether economic self-sufficiency is only one of multiple components of integration and where it rates among other service and program areas. According to field employees who responded to the survey, employment and economic empowerment are key factors regarding both early self-sufficiency and long-term self-sufficiency. To set a clearer path for the IRC in terms of program growth and data tracking and program evaluation, it is necessary to extend knowledge about non-economic markers of integration, such as social networks and community support, while paying attention to the importance of economic security and self-sufficiency. The IRC needs to consider the results of the staff survey and recommendations offered in the study as a part of both program planning and a path towards greater program evaluation and data tracking. In addition, the study can serve as an advocacy tool for both policy and program changes in R&P and (primarily) MG as well as additional research studies.

One key aspect of this research must be to assert an IRC U.S. Programs'-orienting theory on how employees perceive and define self-sufficiency. The other key aspect is to start collecting data throughout all 22 field offices in a consistent manner and to determine minimum standards in service provision and practice. A programmatic goal of this research is to find ways to collect information that can lead the IRC to a stronger and more comprehensive outcome tracking design. As a first approach to understanding the complexity of the effect of the IRC's work on

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refugees, it is important to reach out to workers in the field and to learn from their perceptions and daily experiences with clients.

Summary

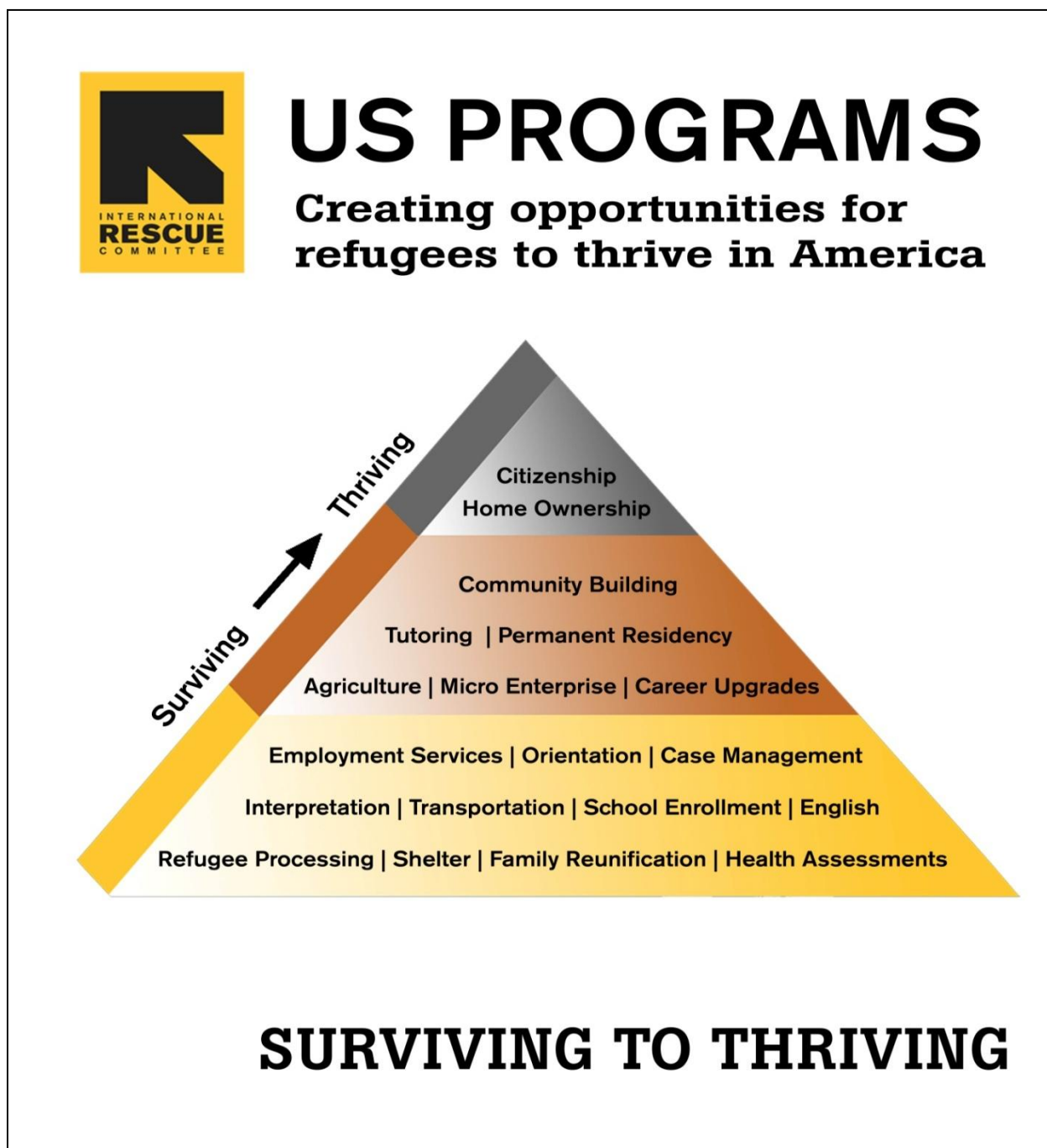
While having a potentially positive effect on internal IRC program and evaluation goals, this research study also was intended to have a positive effect on other refugee and humanitarian aid organizations because it potentially can challenge other agencies to rethink how they define self-sufficiency and integration of refugees. In addition, the study's methods and findings could be used to advocate for changes in how the government (domestic and international) defines self-sufficiency and integration of refugees in the U.S. and other countries who resettle refugees. This research will have direct implications for practice/service delivery and future research. This study can be enhanced and replicated in other agencies as a means to determine generalizability beyond the IRC U.S. Programs' field employees.

The IRC U.S. Programs uses a simple phrase to express its goal: "To help refugees resettled in the U.S. to go from *Surviving to Thriving*." The phrase "from *Surviving to Thriving*" highlights the extraordinary, everyday work of the IRC field workers. The U.S. Programs' field employees' work usually goes far beyond the requirements of grant parameters. The IRC U.S. Programs' current mission statement is: "Creating opportunities for refugees to thrive in America." This survey already has assisted the IRC to more clearly capture how IRC field employees perceive and define the concept of self-sufficiency. While reporting requirements and basic information regarding arriving refugees are tracked through the IRC's RSS database, there are many other aspects of the employees' work that are not monitored as uniformly and shared beyond the individual office level. Fundamental questions must be answered in order to help the organization become aware of the impact of its services on refugees and employees. It is an

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organizational principle that the IRC should continue to strengthen and expand its program monitoring mechanisms to better understand its impact on refugee clients and how the IRC's services may assist them to thrive in America.

Appendix 1.1 IRC U.S. Programs' Core Sectors



Appendix 1.2 IRC U.S. Programs' Impact Statement

Over the next 5 years, IRC U.S. Programs will create opportunities for refugees and asylees to successfully transition into American society. IRC will assist clients to become self-reliant citizens who are well-integrated in their new communities.

Appendix 1.3 IRC U.S. Programs' Sectors, Description, & Service Areas

Sector	Description	Service Areas
Access & Legal Rights	Promoting durable solutions and ensuring life-saving protection of vulnerable populations.	<ul style="list-style-type: none"> • Advocacy & rights protection • Overseas processing • Domestic processing • Family reunification
Resettlement	Meeting the basic needs for food, shelter and legal rights in the early, critical stages of resettlement.	<ul style="list-style-type: none"> • Outreach and assistance to victims of human trafficking • Asylee assistance • Protection from employment discrimination
Health & Wellness	Promoting wellness and ensuring access to healthcare services that address physical and psychological needs.	<ul style="list-style-type: none"> • Housing set-up & safety inspection • Airport welcoming • Interpretation • Public benefit enrollment • Cultural orientation • Temporary financial assistance • Identity documentation & status compliance • Case management • Home visits • Information and referral • Food & maintenance assistance • Transportation • Crisis intervention • Mentor matching
		<ul style="list-style-type: none"> • Health & mental health assessments & referrals • Enrollment in public & private health insurance programs • Appointments with primary care providers and specialist • Medical interpretation • Health and nutritional educational workshops • Community health promotion • Prenatal and maternal health services • Public safety outreach • Healthy families

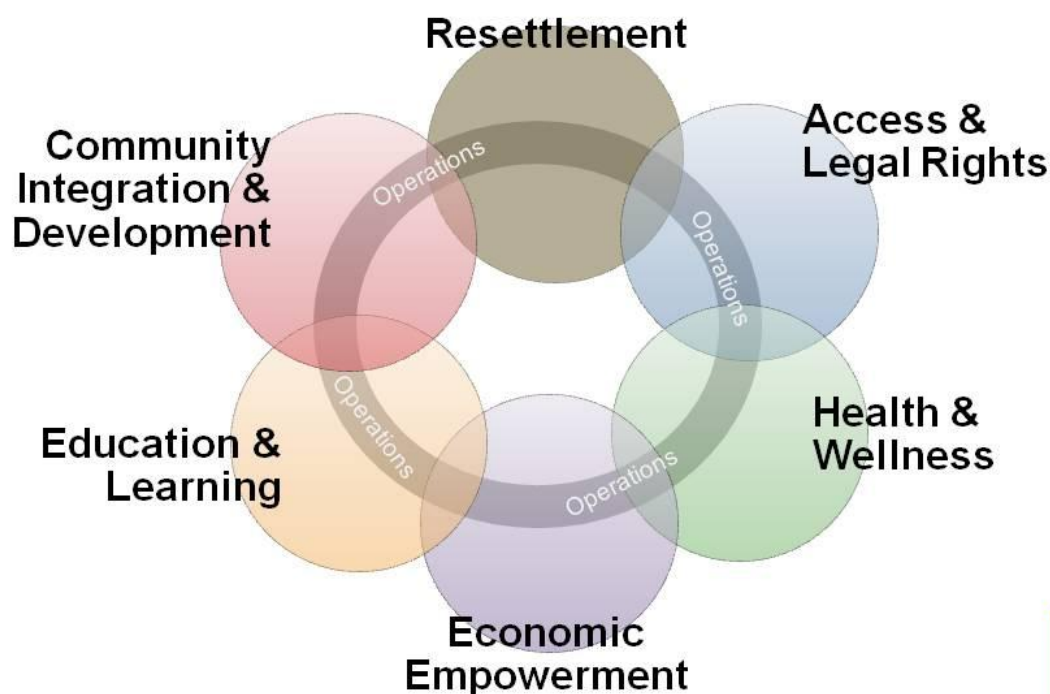
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Sector	Description	Service Areas	
		services <ul style="list-style-type: none"> • Immunization and preventive health clinics 	counseling & support groups <ul style="list-style-type: none"> • Domestic violence prevention
Sector	Description	Service Areas	
Economic Empowerment	Protecting, supporting and improving household livelihoods and financial security.	<ul style="list-style-type: none"> • Employment readiness classes • Job skills training • Vocational English for Speakers of Other Languages (VESOL) • Job coaching and counseling • Job placement • Employment Upgrades • Credential evaluation assistance • Recertification • Microenterprise skills training 	<ul style="list-style-type: none"> • Business plan development • Small business loans • Financial literacy training • Budget/income management • Matched savings accounts • Urban agriculture • Farmers' markets • Taxpayer education & tax preparation • Credit-building activities • Home ownership promotion services
Education & Learning	Providing educational and developmental opportunities that build the essential academic, personal and social skills needed to succeed.	<ul style="list-style-type: none"> • Early childhood development • School readiness, enrollment and school liaisons • Educator outreach • Parent outreach & counseling • After-school activities • Academic tutoring • Creative arts • Sports & recreation 	<ul style="list-style-type: none"> • English for Speakers of Other Languages (ESOL) • Native language literacy • Computer literacy • Internships and career guidance • Higher education guidance and counseling • College applications assistance and scholarships

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Sector	Description	Service Areas
Community Integration and Development	Strengthening communities and preparing individuals to participate fully in American society.	<ul style="list-style-type: none"> • Immigration services • Legal permanent residence • Citizenship & civics education • Naturalization application assistance • Community development initiatives • Technical assistance to refugee organizations • Peer mentoring opportunities • Life skills training • Leadership development training

US Programs Core Sectors



Appendix 2.1:

Core Resettlement Service: Reception and Placement and Matching Grant

Reception and Placement (R&P) Program

The U.S. State Department's Bureau of Population, Refugees, and Migration (PRM) division administers the R&P program. The PRM is specifically focused on "refugees, other migrants, and conflict victims" and its overarching goal is "to protect these people, who are often living in quite dangerous conditions" (PRM, n.d.). PRM implements programs both internationally and domestically in the U.S. The program that provides admissions to the U.S. is called the Refugee Admissions Program. As a part of the Admissions program, PRM provides initial assistance to newly arriving refugees in the U.S. through the R&P program.

The guiding document for resettlement agencies is the PRM's Cooperative Agreement. The goal of the R&P program is for resettlement agencies to provide basic necessities and core services during the service period of 90 days. Agencies that sign the Cooperative Agreement agree to provide the basic necessities and core services as outlined by the PRM. The R&P program is a 90-day program in which a resettlement agency receives a one-time sum of \$1800 per capita funding.²⁰ Of the \$1800, \$900 must be spent on direct assistance, \$700 on administration, and \$200 is flexible (referred to as "flex spending"). Therefore, the \$200 can be applied as direct assistance to other refugees who are more in need, such as single household earners (a single parent). The entire allocation must be used within the 90-day period from the

²⁰Until 2009, the funding was \$900; resettlement agencies saw a recent increase in funds to \$1800, essentially doubling the funding (IRC, 2011).

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day a refugee arrives, including the flex spending (IRC, 2011). Other rules that enable the reader to understand the R&P program follow:

- While offices have the ability to determine the best course of action for each client, the R&P program is a policy-driven program in that the terms are clearly outlined and prescribed, including how the money is spent. It is expected that offices will follow the best practices of the PRM and IRC's internal controls policies. Monitoring, training, supervision, site visits, and pertinent materials are methods to ensure quality and compliance.
- If the case is a "U.S. Tie" (previously referred to as "family reunification," and meaning that a refugee has a family member in the U.S.), an office may determine that \$1100 should go directly to the client (and it must be documented in the case file) because family reunification cases often do not require housing (they can move directly into the family's domicile). The \$700 then would be retained by the resettlement agency to offset administrative costs that are allowable under the Cooperative Agreement. There are instances when a family reunification case has a complication and it may be determined that the refugee cannot co-locate with the family. In that case, the direct assistance money may be used to acquire appropriate housing per the Cooperative Agreement.
- If the case is a "No-Tie" case (previously referred to as "Free Case," meaning without family ties or other relationships in the U.S.), the direct assistance spending is used primarily for housing and other basic items as outlined in the Cooperative Agreement. The PRM provides each resettlement agency with checklists on what items must be given to refugees upon arrival and what the parameters are with the items (please see the *Basic Services* section below for examples of the parameters).

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- The \$200 flexible spending is a new policy implemented in 2010 by the PRM in response to the economic downturn and unemployment and to stave off homelessness. The primary reason the PRM allows for flexibility with the \$200 is that certain cases may not require the additional funds, whereas more vulnerable cases will need the additional money. If the case is a U.S. Tie (family reunification) case, often the \$200 is not necessary because the client will have a decent place to live and will have basic necessities provided for via the family. It is standard practice across the network that the \$200 flex direct assistance is used to support the most vulnerable cases (such as single mothers and bridge funding for people waiting for SSI).
- Of note, regardless as to whether the entire \$1100 is given directly to a client, all refugees being resettled by the IRC must receive core services, have basic necessities met, and be provided with the same information and assistance. This is a standard expectation across the network (IRC, 2011).

Housing

Agencies are required to provide “decent, safe, and sanitary housing based on federal housing quality standards or local or state standards if local or state standards are higher than federal standards” (IRC, 2011). The Cooperative Agreement has specific requirements including, but not limited to, smoke detectors, fire extinguishers, stoves, sinks, bedrooms appropriate per number of occupants, and furniture. Household items, such as beds and furniture, are not required to be new but must be in good repair and clean. It is expected that the refugee will be able to pay rent at the end of the 90-day period. The Cooperative Agreement stated: “To the extent possible, the family should be able to assume payment of rent at the end of the R&P period, based upon projected family income from all sources. The family should be left with

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sufficient resources for other essential expenses (food, transportation, utilities, etc.) after rent payments are made” (p.10). Since the R&P program is a public-private partnership, resettlement agencies must provide significant money, in-kind, and volunteer resources (Wilson, 2010). In fact, the private partnership is critical to the overall resettlement operation.

The PRM lays out specific guidelines regarding the housing of refugees in the U.S. Most importantly, the domicile must be safe, clean, in “good repair,” and affordable (PRM, 2011; IRC, 2010). Given that refugees arrive to the U.S. without much, if any, money and material items, they often are placed in an apartment. There are cases in which refugees arrive with funding and can afford larger apartments, but that is not the reality for many refugees resettled in the U.S. The PRM expects that apartments will be safe and free from rodents, insects (especially roaches, which is an issue in many urban environments), and other types of health hazards. Obtaining and sustaining affordable housing for refugees in the current economic environment is a serious issue in most locations throughout the U.S. This is a large part as to why working with refugees on early employment is critical. Case workers are responsible for finding housing prior to the refugee’s arrival. Building relationships with local landlords and gaining knowledge about suitable housing complexes also is a critical part of the work that resettlement case workers engage.

Basic Services

Per the PRM’s Cooperative Agreement, core case management services include:

- Pick up at the airport upon arrival.
- Housing ready for the refugee prior to arrival (if a client needs to be housed in a hotel upon arrival, it must be documented as to why housing was not ready).

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- Culturally appropriate, hot, ready-to-eat food available on arrival, plus one day's worth of additional food supplies and staples (including baby food as necessary).
- Within one day of arrival, food or food allowance at least equivalent to the food stamp allocation for the family unit and continued food assistance until receipt of food stamps or until the individual or family is able to provide food for himself, herself, or themselves.
- Assistance with the application for food stamps, if necessary, within seven working days of arrival.
- Appropriate seasonal clothing required for work, school, and everyday use for all members of the family, including proper footwear for each member of the family, and diapers for children as necessary. Clothing need not be new, but must be clean, in good condition, and functional.
- An appropriate amount of pocket money for each adult throughout the first 30 days from any source to allow independent spending at the refugee's discretion.
- Assistance in applying for cash and medical assistance, as appropriate, within seven working days of arrival.
- Assistance in applying for social security card(s) within ten working days of arrival.
- Assistance with enrollment in English language programs, as appropriate, within ten working days of arrival.
- Assistance with enrollment in employment services, as appropriate, within ten working days of arrival.
- Assistance with enrollment in other services, as appropriate, within ten working days of arrival.

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- Assistance in accessing health screenings and appropriate health programs:
 - Ensure that every refugee has a health assessment within 30 days of arrival.
 - Ensure that refugees with acute health care requirements receive appropriate and timely medical attention.
- Assistance with meeting school enrollment requirements and registering children for school within 30 days of arrival. Please note, that it is recognized that this cannot always be done in the summer time when schools are closed, but that must be documented in the case file regardless.
- Transportation in compliance with local motor safety laws.
- Transportation to job interviews and job training.

Case File Maintenance and Employment

Per the Cooperative Agreement, agencies must maintain and document core services and basic needs provided each arriving refugee case. Case files are monitored by both PRM and the IRC. When case files are not up to par, corrective action plans are implemented with the expectation that all identified problems will be corrected.

Helping refugees obtain early employment in the U.S. often is challenging. For refugees who have education or who have had a career (such as being a doctor), it is not easy to find employment for them within their field initially. Therefore, during orientation, expectations are clarified so that refugees understand that it may take a few years before they become certified in the U.S. or know enough English to practice in their profession. Early employment is critical for newly arrived refugees as it helps them become self-sufficient and can have positive effects on their overall health and well-being. Once a refugee has a job and is able to manage the monthly

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home budget, he or she can begin to work towards other careers, education, and career growth.

This, however, falls out of scope for both the R&P and MG programs.

Matching Grant Program Criteria and Program Parameters

In order for refugees to be eligible for Matching Grant services, they must meet the following criteria:

- Must be a refugee, asylee, Cuban or Haitian entrant or parolee, Amerasian from Vietnam, certified victim of human trafficking, or Iraqi or Afghan Special Immigrant. Clients must be able to provide federally-issued documentation of their status.
- Must be enrolled in the program within 31 days of his or her date of eligibility.
- Must either be employable or have one family unit member who is employable, and willing and able to work upon enrollment. An employable client is anyone between the ages of 18 and 64 who has been determined to be physically and mentally able and willing to work either as a primary wage earner or an additional wage earner. All non-employable members of the family unit must be otherwise eligible for the program. (IRC, 2011).

Clients are ineligible if they are elderly or disabled (with the expectation they will receive Social Security Insurance, or SSI), considered to be unemployable in the short-term (in this criterion, usually the case manager has to make the determination), or already receiving other forms of public assistance such as TANF (IRC, 2011).

Once a client has agreed to enroll in the MG program, there are specific requirements for them to follow. Clients sign a form that states what their responsibility is now they have decided to enroll. According to the IRC Matching Grant Manual, all clients agree to:

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- Attend all IRC job readiness classes provided unless otherwise excused
- Attend all IRC English classes provided or otherwise participate in English language training as indicated in their Resettlement Plan
- Be on time or early for all appointments with IRC employees and employers
- Accept any job interview
- Inform IRC employees of all contacts made with potential employers
- Not schedule any appointments which might conflict with their job search
- Accept the first available job
- Consult with IRC employees prior to changing jobs
- Inform IRC employees of any important changes that might impact participation in the program
- Not access public cash assistance during the program period (IRC, 2011)

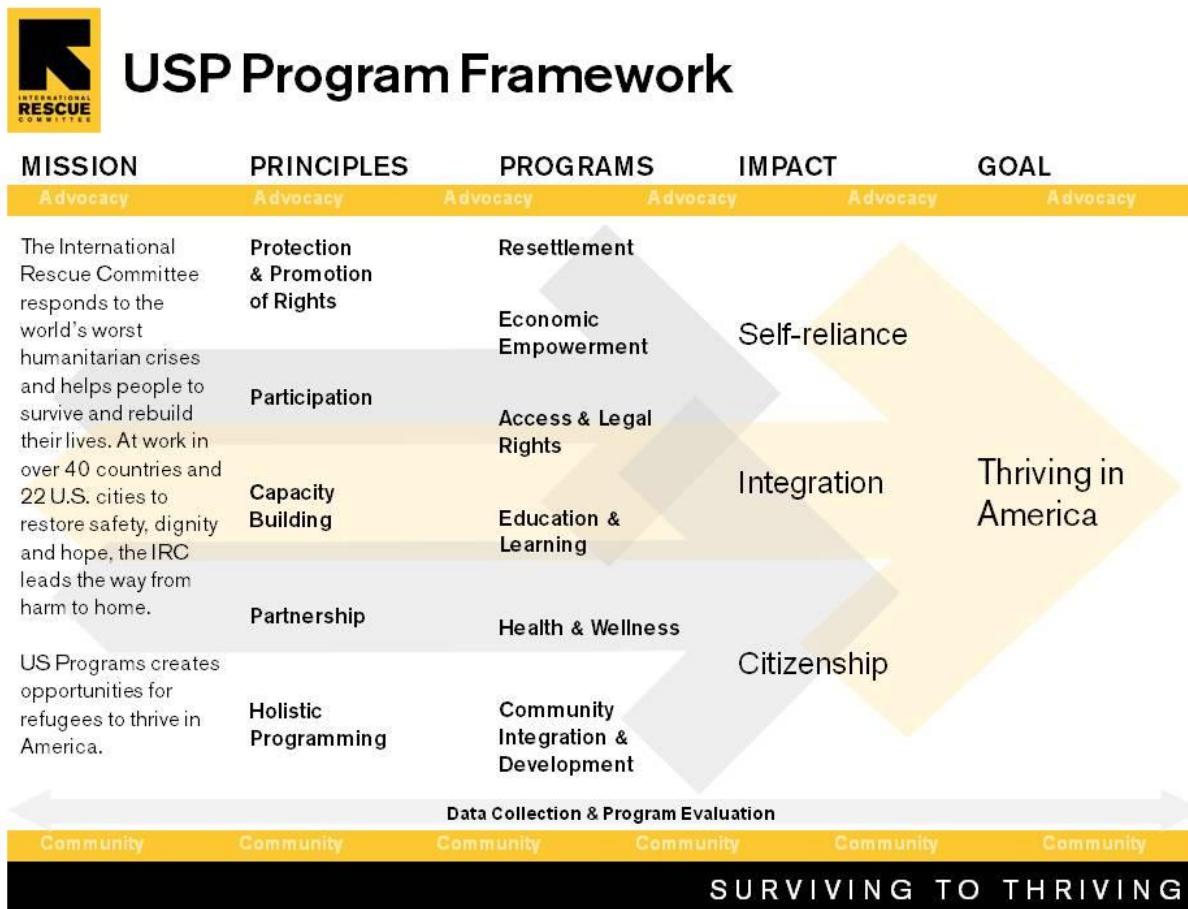
Clients receive one-on-one case management services, employment services, and other financial support as they prepare to search for a job. Depending on funding and resources, resettlement agencies either will directly provide or refer to other agencies for the following type of services: health and/or mental health, English language training, certificate or employment training, and other types of social services support (IRC, 2011).

MG employment services include a requirement for case managers to work with potential employers for refugee job placement, coaching on job readiness and interview processes, resume work, refer to English language classes, and follow up after employment. In addition to on-site and referral services, resettlement agencies provide family budgeting training. If a client is not

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cooperating per the requirements of the program (i.e., does not accept a job offer), he or she can be sanctioned or terminated (IRC, 2011). This disciplinary action is taken at the discretion of the resettlement agency. Employees are expected to follow proper case file noting and organization for the MG program. Offices are subject to internal and ORR monitoring to ensure program quality and compliance.

Appendix 2.2: U.S. Programs’ Framework and Principle and Program Definitions



Overview of the Framework

This document was written in February 2012 by Aaron Rippenkroeger, Claudia Connor, Jenny Mincin, Susan Donovan, Suzy Cop, Thomas Hill and Kristy Gladfelter, following discussions held throughout 2011 with Executive Directors and HQ U.S. Program staff.

Over the past decade, the nature of the IRC's work in the United States has changed and expanded dramatically. The IRC's US Programs (USP) department is currently engaged in over 150 projects in 22 U.S. cities and through the IRC's Resettlement Support Center (RSC) in East Asia. The USP portfolio has grown to encompass a spectrum of support in six defined program sectors with numerous local partners, hundreds of corporate, foundation, and government donors, and thousands of individual givers. The nature of US Programs is unique within the IRC and as compared to humanitarian agencies and social service entities. One example is that USP offices are rooted in local U.S. communities while also engaged in activities that are international and national in scope. The distinctive components and programmatic endeavors of IRC's US Programs are represented and guided through the USP Program Framework.

Following decades of implementation, reflection and analysis it has been recognized that the vital assistance which the IRC provides to a broadened array of beneficiaries in the United States (including refugees, asylees, victims of trafficking, immigrants and other targeted groups) can no longer be directed through the provision of initial resettlement services alone. These clients require a wider range and longer period of assistance that can provide sustainable, durable opportunities for self-reliance, integration, and citizenship to reach a common goal: ***thriving in America.***

The USP Program Framework is based on these aspirations. Its purpose is to encourage staff to consider the long-view from the initial intake of a client and to ensure that all of USP's efforts serve to assist individuals in their transition from surviving to thriving. To achieve this, USP has identified three core concepts of desired primary impact: ***self-reliance, integration, and citizenship.***

These concepts are wholly connected and interdependent and are reflected in USP's overarching intended impact statement as follows:

Over the next five years, IRC US Programs will create opportunities for refugees and asylees to successfully transition into American society. IRC will assist clients to become self-reliant citizens who are well-integrated in their new communities.

US Programs must first and foremost assist clients to achieve ***self-reliance.*** For USP, a refugee who is self-reliant is one who has received all initial services, has attained short-term stability,

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and is now firmly on the path from surviving to thriving. A self-reliant client is able to economically, socially, and culturally engage in his/her community with minimal direct assistance or general relief, and has the ability to utilize economic, social, and cultural resources to achieve his/her own long-term goals.

USP also seeks to ensure meaningful opportunities for client **integration** into their new communities. For USP, integration is defined as a sustainable relationship between the client and his/her community, the possession of economic and socio-cultural awareness, and the ability of a client to engage in a leadership role within his/her chosen community to the extent that s/he may desire.

Attaining **citizenship** in their new communities is also essential. For USP, citizenship has two distinct components. The first is *citizenship* with a small “c,” which denotes a client who is able to engage civically within the country and his/her community and can advocate for what s/he feels is important. Secondly, *Citizenship* with a large “C,” denotes services that help clients attain legal, permanent immigration status, conferring protection from deportation and loss of benefits, and realization of the full rights and responsibilities of a U.S. Citizen.

All of USP’s core program sectors --*resettlement, economic empowerment, protection, education and learning, health and wellness, community integration and development*--drive towards these components of intended impact, each playing a vital role through services essential for clients to comprehensively succeed and thrive.

The foundation and belief system from which USP strives to achieve impact through each sector comprises the Program Framework *principles*. The principles must be understood and implicit in all efforts, though greater emphasis may be placed on one over another depending on the context of a program or a client’s journey.

The first principle is **protection and promotion of rights**. For USP, this means ensuring that the populations served in each sector are aware of their rights and able to access them, and that USP’s work promotes this value with both clients and partners. This is most directly manifested in programs that support legal status and ensure meaningful access to rights and services, including activities that promote awareness and strengthen institutional and individual accountability. With residence and eventually citizenship also come responsibilities equally important for successful integration into one’s new community.

The second principle is **participation**. For USP, this includes the development of programs with the active involvement of and ownership by key stakeholders, allowing them to influence and share control over decisions and processes. Active participation maximizes opportunities for stakeholders to have a voice and impact program design, direction and implementation, while

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building unity and collaboration between interacting groups. Also as a leader in refugee resettlement and as an entity in constant direct engagement with beneficiary communities, the IRC can channel invaluable participatory information to key donors and decision-makers within the U.S. government and elsewhere to influence program priorities and initiatives within the overarching support mechanisms.

The third principle is *capacity building*. For USP, this means capacity building at the individual, organizational, and community level to provide clients and related entities with the tools, opportunities, possibilities, and partnerships necessary to succeed. Capacity building ensures greater accountability and program effectiveness over time, and strengthens the sustainability of any program or organization.

The fourth principle is *partnership*. For USP, this means a deliberate alliance between stakeholders similarly motivated toward a common vision and common objectives. Effective partnerships are based on transparency, inclusion, mutual respect, and accountability and typically involve a wide array of stakeholders from the private and public sectors throughout the communities in which USP works.

The fifth principle is *holistic programming*. For USP, this means ensuring a broad perspective that encompasses: 1) the client and understanding the need to address his/her short-term and long-term needs, 2) the community and understanding the support clients require within the context of a local community and the work essential to leverage resources and ensure sustainable support and success within those communities, and 3) the agency and understanding that US Programs must always strive to integrate its work internally and with external actors to achieve maximum impact.

Lastly, USP employs *advocacy* and engages deeply and broadly with the *community* in all aspects of work – meaning IRC speaks out for its beneficiaries and works closely with local communities to ensure that clients have access to and receive the services they need. In some cases, this may involve close collaboration to develop, provide or strengthen those essential identified services. The IRC mobilizes others, using organizational strength, knowledge and influence as appropriate to ensure the political and foundational changes that can make impact sustainable. When communities are engaged in USP’s work, they are able to take ownership of program design and outcomes in the long-term, further empowering the community.

In summary, if the five principles are employed —holistically viewing the client, community and agency when designing interventions, ensuring the active participation of key stakeholders in all phases of activity, meaningfully engaging partners and developing appropriate capacities as needed, making certain that constituents are aware of their rights and responsibilities and are able to access and maintain them with equity and equality — then the foundation for achieving USP’s

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intended impact has been appropriately established. When clients are increasingly becoming self-reliant, integrated citizens of their communities and are supported through appropriate advocacy when necessary, then US Programs is making tangible progress towards its common goal.

Following are the Definitions of the Principles and Programs.

The Principles | PROTECTION & PROMOTION OF RIGHTS

Definition

The general definition of protection is the act of protecting or the state of being protected or given refuge.

International human rights, humanitarian, and refugee law are the primary sources used to define protection and also identify the responsibilities of the international community, government entities, service providers, host communities and the refugees themselves.

The IRC's US Programs employs protection and promotion of rights through activities that promote:

- Durable solutions and life-saving protections of vulnerable populations;
- Awareness of rights and how to access services and assistance;
- Client education on responsibilities within their new communities;
- The strengthening of society's capacity to respect one's rights and to be held accountable.

Why it is Important

Programming must be based on the rights of the individuals affected and provide the necessary opportunities and tools for them to achieve their potential, while becoming self-reliant, integrated citizens. People who arrive in the U.S. are faced with the challenge of rebuilding their lives in a new country and culture. They are faced with often unfamiliar and complex structures and systems as they strive toward full participation in American society. They may also be originating from countries where their rights have been abused, removed, or were non-existent.

How it is Implemented

The IRC helps clients transition *from harm to home* by ensuring their access to meaningful services, tools for empowerment and education regarding their rights and responsibilities. A strong

- **Resettlement Support Center (RSC):** In East Asia, the IRC facilitates access to the U.S. refugee resettlement program for individuals seeking permanent relocation. The RSC provides education about the process, interviews applicants, shepherds their cases through adjudication, and obtains assurances of assistance from U.S. resettlement agencies.
- **Family Reunification:** The IRC assists significant numbers of refugees living in the U.S. to file applications for their immediate family members to join them via resettlement in America. Often separated for years through war and exile, numerous families are reunited each year by these services.
- **Asylee Orientation:** Since November 2008, the IRC in Northern California has been conducting orientation sessions for recently approved asylees in collaboration with the San Francisco Newcomer's Health Program and the asylum office. These sessions brief participants on their rights and responsibilities as asylees in the U.S.

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understanding of one's responsibilities in his/her new culture is often equally important to rights awareness for successful integration into a new community. Successful implementation of this principle requires adequate structures and monitoring mechanisms to ensure accountability by all relevant stakeholders.

The Principles | PARTICIPATION

Definition

For USP, participation is a process involving the active engagement and ownership of clients and community stakeholders to ensure their influence and shared control over decisions and processes that affect their lives. Participation requires knowledge of stakeholders and the type of participation appropriate for each.

Participation provides a mechanism by which groups and individuals that are impacted by a program are engaged in decision-making in the implementation of that program. It is a facilitated process of dialogue, engagement and negotiation between the key stakeholders. The goals of participation are to a) increase stakeholder involvement and ownership over the program, b) maximize the opportunity for stakeholders to have a voice and to influence program design, direction and implementation, and c) build unity and collaboration between interacting groups.

Why it is Important

Self-reliance is a key element of US Programs' intended impact. USP believes that refugees are capable, resilient and, with appropriate support, can make sound decisions about their lives in America. Empowering refugees to be involved in decisions that affect their lives is critical to achieving self-reliance. A refugee chooses to resettle. So too should refugees have ownership of actions that flow from this decision. Experience shows that when individuals or a community participate in decisions that affect them, their needs and desires are more accurately reflected in resulting action that is taken. The process of their engagement is, in itself, empowering. In addition, individuals and

- **Community Gardening:** In San Diego discussions between IRC staff and resettled Somali Bantu refugees in 2006 led to the creation of a 2-3 acre urban community garden in the San Diego City Heights neighborhood. The program participants continue to be heavily involved in day-to-day and long-term decisions regarding program direction and development.
- **Public Health:** In Baltimore and Silver Spring, Maryland, the IRC seeks input from clinics, care givers, and other health providers to ensure that their health programs support existing community services. The programs also work to empower clients to take ownership over their own health decisions.
- **FARM:** In Phoenix, many of the IRC's clients with extensive agrarian experience want to continue rural farming but struggle in the desert climate. Through business consulting and small loans, the FARM program helps them access the land and training tools needed to convert their skills into prosperous agriculture businesses and participate in their own advancement and success.

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communities more readily accept responsibility for outcomes of decisions if they have been involved in the process leading to that result. Thus, participation helps foster community ownership, reduce vulnerability and dependency by helping individuals and communities become part of the solution, and increase the likelihood of sustainability of the program, outcome or solution.

How it is Implemented

Refugees are consulted about decisions that impact their lives. Case managers, job developers, health program specialists, and youth program staff, among others, work closely with their clients to keep them informed of their rights and responsibilities to ensure that the refugees have a voice in decision-making processes. To the extent possible, clients and other key stakeholders are consulted about program opportunities and program design. When new programs are being created, we seek input from clients as well as from key partners, donors, relevant community organizations, and others.

The Principles | CAPACITY BUILDING

Definition

The United Nations Development Program (UNDP) defines capacity building as “the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.” The UNDP definition of capacity building is the basis for USP’s own understanding and implementation of capacity building which is implemented on the individual, organizational and community level.

Individual capacity building refers to providing the tools needed and enhancing the skills and strengths refugees have as they move from surviving to thriving. Individual capacity building includes a strength-based, resiliency approach to working with refugees so they can successfully adapt to changes and challenges associated with integration in the U.S. Empowering refugees, assisting them to enhance their skills and knowledge, and supporting the acquisition of critical coping tools are the bases of individual capacity building.

Organizational capacity building refers to increasing the abilities of targeted organizations to develop their own program frameworks, create organizational cultures that support self-determination and resilience, establish sustainable and functional structures, develop strategic plans and build and enhance skills and knowledge.

Community capacity building refers to partnering with key community-based organizations to develop or strengthen services and to advocate for policy changes that will positively impact the lives of refugees with the effect of strengthening local communities more broadly.

- **Job Readiness:** In Dallas, the IRC develops individual capacities through employment focused English programs that train participants in vital language skills needed for securing a first job in the US. This includes support with job applications, answering interview questions, and building a workplace vocabulary.
- **Project SOAR:** The IRC partners with the Nationalities Service Center on the Project for Strengthening Organizations Assisting Refugees (Project SOAR), which provides ethnic community-based organizations (ECBOs) and other refugee-serving agencies throughout the U.S. with technical assistance to develop and deliver quality services and improve sustainability.
- **Community Support:** The IRC in Seattle serves as the lead agency for the Refugee Support Network (RSN), an AmeriCorps VISTA project, which provides capacity building support to five community agencies providing essential services to refugees living and arriving to King County, WA.

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Why it is Important

Capacity building lies at the foundation of USP's ability to build strong ties with local communities, work and partner with key organizations, and develop individual capacity within the refugee population for integration and sustainable self-sufficiency. The IRC is responsible for assisting refugees' move towards self-determination, utilizing a strengths-based approach to providing services.

How it is Implemented

USP employs leadership, knowledge, and accountability to implement this principle. This involves multiple entities at the local, state, national, and institutional levels. It requires continual reassessment and flexibility to change as needed. USP implements this principle through training, technical assistance, one-on-one mentoring, and other related activities.

The Principles | PARTNERSHIP

Definition

Partnership is a deliberate alliance between actors similarly motivated toward a common vision and common objectives. Effective partnerships are based on characteristics of transparency, inclusion, mutual respect, and accountability. Partnerships within US Programs are generally created around a particular set of objectives: capacity building of a specific population, provision of holistic programming with complementary expertise, or project-specific implementation.

Partnerships may include community-based organizations, local social service providers, local or state government entities, public-service institutions, donors, for-profit agencies, medical providers, schools, and financial institutions.

Why it is Important

No one organization can do everything alone and have a lasting impact. Organizations working together can complement each other's skills and experience, as well as expand and reinforce the depth and breadth of each other's learning, work, and, ultimately, program impact. These relationships and their joint work are best maintained through partnerships in which each organization has a defined role and set of responsibilities over a clear timeframe and with an intended impact.

US Programs offices are part of the communities within which they sit. It is imperative that USP works with, not replace, the efforts of local community organizations, other non-profits, government, and private sector agencies. Partnerships help to ensure

- **Public-Private Partnership:** In Baltimore, the IRC is the lead agency of the Baltimore Resettlement Center (BRC) and is co-located with Lutheran Social Services, Maryland Department of Health and Human Services, and Baltimore City Community College. The BRC is designed to be a “*one-stop shop*” enabling clients to access multiple services on-site. The close operating relationships between Center partners provide enormous benefits to clients.
- **Pre & Post Natal Services:** In Phoenix, the IRC partners with St Joseph's Medical Center and Phoenix Baptist Hospital to decrease poor birth outcomes in refugee populations and increase the capacity of local medical providers to provide services to refugees. Services also include a Dental Program that ensures pregnant women and breast-feeding mothers have access to dental cleaning and oral health information to prevent the transmission of disease.
- **Employment:** In Boise, the IRC partners with Threemile Canyon Farms, a dairy operation in Boardman, Oregon to provide initial employment and promote employee development training. The partnership allows refugees to earn a living wage, while advancing their employment goals and easing their acculturation in America.

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that all relevant voices are heard, that local programming aligns with local needs and respects the missions of other organizations.

How it is Implemented

USP offices enter into partnerships to address more effectively an acknowledged gap in services, capacity or programming. Partnerships can be informal, as in a coalition of agencies that meet to jointly plan and implement an advocacy campaign, but have no formalized agreement binding their work together. More often, however, partnerships are formalized relationships, bound by service contracts, grant agreements, or memorandums of understanding. Some of these formal relationships are legally binding with defined objectives, roles, responsibilities, timeframes, and accountabilities (i.e. obligations to each other and to the completion of a project or program).

The Principles | **HOLISTIC PROGRAMMING**

Definition

Holistic programming ensures a broad perspective. For USP, holistic programming means: 1) seeing refugees as whole individuals with a past, present, and future, 2) linking the IRC's internal programs and projects to support refugees across sectors and over time and, 3) serving refugees in the context of the resettlement community, working with external partners to develop programming that supports resettlement and contributes to the well-being of refugees.

Why it is Important

Holistic programming demands an understanding of the complexity of the resettlement process and an awareness of how it affects individuals and communities differently. While no organization can address all issues, programming with a broad and longer term view positions the IRC to maximize its effectiveness in helping refugees to reach their potential and in building sustainable, community-supported solutions for resettlement.

At the individual level, holistic programming takes into account the particular culture, language, family, and life experience of each refugee in order to promote that person's adjustment process and help her/him move toward a sense of well-being over time. Within each resettlement operation, the IRC's programs and projects also must actively link together. Each sector has valuable information and strengths that should be shared to improve overall effectiveness and reduce the risk of people falling through the cracks. At the community level, holistic programming ensures program integration, coordination, and support. In any resettlement community, there will be many actors, including government, donors, community groups, schools,

- **New Roots:** In various locations around the U.S., the IRC's New Roots initiatives span from community gardens to agricultural business development and broad-based community food projects. These activities weave together benefits from the sectors of Health & Wellness, Economic Empowerment, and Community Development by providing refugees with an opportunity to enhance their nutrition, supplement their incomes, and contribute to the development of the communities in which they have been resettled.
- **Care Coordination:** In Phoenix, the Early Childhood Care program helps refugee families access services that are available in the US and works to create a 'healthy family' plan for families with children aged 0-5. The IRC also coordinates with pediatricians and other health professionals to create a strong network of refugee youth supporters.
- **Volunteers:** Over 3,000 volunteers support the USP's work throughout the United States each year. Volunteers assist the IRC to provide individualized, comprehensive support to refugee clients in a variety of ways across all program sectors.

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and volunteers. Coordination with these groups will minimize gaps, mitigate duplication, and maximize accountability, impact, and learning. Active community involvement will also strengthen trust and render institutions more inclusive and accountable.

How it is Implemented

Context analysis and strategic planning are essential to the development of holistic programming. Consultation with refugees, IRC staff, and community partners on how to achieve common goals will yield a shared understanding of service gaps and opportunities. An appraisal of the concerns of individual refugees and resettling populations may reveal unknown gaps in service or impediments to progress. The USP Program Framework should help USP staff align programs to common goals and principles, allowing for variances in size and context. Assessments of community resources are also paramount and should inform the selection of partners and allow for the identification of program priorities and opportunities.

The Programs | RESETTLEMENT

Definition

Resettlement involves the process of relocating a refugee from a country of first asylum to another country, when it is clear that a refugee will not be able to return to his/her home and cannot be integrated into the country to which s/he has fled.

Within the IRC, resettlement is described as meeting basic and immediate needs for recently resettled individuals, building support systems, and facilitating a refugee's integration into their new country and community.

Why it is Important

In many cases, resettlement is the only durable solution available to an individual or family. It is therefore vital to have programs in place that assist in meeting the specific needs of those individuals or groups as they undergo the significant transition into a new culture.

The assistance USP provides includes short and long-term activities that lay a foundation for clients to become self-sufficient, contributing members of their new communities. The provision of housing, food, clothing, cash assistance, health, and social service referrals address their most immediate needs and provide for initial security. Additional services may include orientation, mentoring, and crisis intervention. All of these services provide essential tools and building blocks for the longer-term integration process and development of self-reliance. It should also

- **Reception & Placement:** Through a partnership with the U.S. Department of State, the IRC assists up to 10,000 refugees to resettle in 22 U.S. cities each year. IRC staff and volunteers meet refugees at the airport and provide initial housing, furnishings, food, and clothing. Additional services include employment assistance, health and social service referrals, vocational training, English-language classes, and orientation within their first 30-90 days in the United States.
- **Case Management:** As the primary point of initial contact, USP provides many forms of support through an individualized case management model. Case management staff assist a refugee to create a resettlement plan, map measurable goals and set objectives that determine an appropriate sequence of service delivery. Depending on the context, USP offices may also offer **extended case management** support to individuals and families beyond the initial resettlement period. This additional support for targeted clients is sometimes necessary to ensure that clients are connecting with appropriate services over time. In Salt Lake City, IRC provides case management services to all refugee clients for their first two years in-country. Services include regular home visits, needs assessments, crisis management, and support for refugees to become self-sufficient in the areas of health, employment, personal finances, housing, and education.
- **Resettlement Shop: In Atlanta, the IRC's "Resettlement Shop" provides recently arrived** refugees with essential items including clothing, kitchen ware, small appliances, school supplies, and toiletries. The shop is staffed by volunteers and supplied through the in-kind donations of individuals, groups, and businesses in the community.

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be noted that many USP services are provided through an integrated and individualized case management model. This approach provides a supportive, personal connection for every refugee client and facilitates the tailoring of service provision based on individual capacities and needs.

Service Areas

- Refugee placement
- Case management
- Airport pick-up
- Housing set-up
- Immediate material needs
- Transportation
- Home visits
- Public benefits enrollment
- Language support
- Social service referrals
- Extended case management

The Programs | ECONOMIC EMPOWERMENT**Definition**

The IRC seeks to develop, support, protect, and improve household livelihoods and financial security with all beneficiaries served in the United States. The IRC's approach is predicated on providing holistic economic support services responsive to the unique needs and individual aspirations of each client as they transition into or progress further within the U.S. economic context.

Why it is Important

The IRC works with some of the most vulnerable groups and individuals in the U.S., typically in the midst of an enormous transition into a new and complex society. Many clients have experienced trauma, upheaval, and marginalization in their regions of origin. Their language skills vary and their economic backgrounds range from subsistence farmers to renowned international professionals. In addition, the U.S. refugee resettlement program is built upon a concept of early self-sufficiency and an expectation that refugees arriving to America will quickly develop the means to support themselves and their families without extended external financial assistance. One of the most impactful and stabilizing ways in which the IRC can assist its clients is to help them develop their capacity to reach this initial plateau and, as their self-confidence and contextual understanding grow, to move beyond it.

Service Areas

- Household budgeting/income management

- **Matching Grant:** The IRC administers this federal program throughout all of its USP offices. The program seeks to assist recently arrived refugees and other eligible populations in achieving early economic self-sufficiency through employment obtained within 120 to 180 days after enrollment. Services are provided in the form of case management services and financial and material assistance. The IRC has participated in the Matching Grant Program since 1979.
- **Microenterprise:** Starting a business can often be a viable route to a refugee's financial stability in the U.S. In 2000, the IRC launched a microenterprise program in San Diego to assist refugee clients in overcoming entrepreneurial challenges such as start-up costs, licensing requirements and regulations, and language barriers. Both the Phoenix and San Diego offices now run innovative and successful microenterprise programs.
- **Individual Development Accounts:** Developed in partnership with the United Way of Greater Los Angeles, the IDA program is designed to help refugees save toward their American dream. Program participants open savings accounts that can be used for purchasing an automobile, capitalizing a small business, or covering educational or training expenses. Accounts are held at local financial institutions and contributions are matched through private and public sources.

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- Refugee cash assistance
- Employment readiness support
- Job placement
- Career development
- Recertification
- Credit-building activities
- Microenterprise skills training
- Small business loans
- Matched savings accounts
- Urban agriculture income patching
- Rural agriculture farm training
- Farmers' markets
- Taxpayer education and tax preparation
- Asset development
- Home ownership promotion services

The Programs | ACCESS & LEGAL RIGHTS

Definition

The concept of access and legal rights encompasses all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the law. It is broadly the process through which fundamental human rights principles, including nondiscrimination, meaningful access, safety, and dignity are recognized and realized in program design and implementation.

In the USP context, programs in this sector ensure meaningful access to legal rights and services. Promoting awareness of rights and strengthening institutional and individual accountability are important aspect of work in this area.

Why it is Important

Refugee status in the U.S. provides an avenue for victims of conflict who are not protected by any government to receive basic security. USP's overseas and domestic refugee processing work ensures that refugees are afforded the opportunity to access the U.S. resettlement program. Refugee status offers access to fundamental rights and services. It does not, however, provide the benefits of legal permanent residence or U.S. citizenship, such as the freedom to travel and the right to vote. Nor does refugee status protect against deportation. Refugees are given the opportunity for safe haven in the United States, along with an obligation to adjust their status to that of a Legal Permanent Resident (LPR) after one year. USP immigration practitioners play a critical role in assisting refugees to obtain this durable protection, along with other key immigration

- **Immigration Services:** Throughout the U.S., the IRC provides high-quality, low-cost immigration legal services, filing applications and petitions for adjustment of status, family reunification, and naturalization. The IRC's immigration staff also advise on rights and obligations related to citizenship in the U.S., a durable protection solution. Citizenship services include civics classes and community outreach to support and educate clients on the naturalization process.
- **Human Trafficking:** The IRC's Anti-Human Trafficking programs in Miami, Phoenix and Seattle provide assistance to survivors of human trafficking through comprehensive services that include gaining access to shelter, health care, and legal and economic assistance. The programs also work to raise awareness of human trafficking and modern-day slavery in their respective communities contributing to the fight against this societal affliction.
- **Title VI Promotion:** Throughout their communities, all IRC USP staff promote awareness of the obligations of all community entities receiving federal funds (i.e. hospitals, schools, courts) to abide by Title VI of the Civil Rights Act of 1964 to ensure that refugees have sufficient language support and thereby meaningful access to government and community benefits and services.

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services such as family reunification and citizenship. The IRC is also an important advocacy voice in ensuring that refugees rightfully access services and benefits available to them in their communities.

Service Areas

- Advocacy and rights protection
- Overseas Resettlement Support Centers
- Domestic refugee processing
- Family reunification
- Immigration services
- Legal Permanent Residence
- Citizenship and naturalization application assistance
- Outreach and assistance to victims of human trafficking
- Asylee assistance
- Protection from employment discrimination
- Title VI promotion (ensuring access to services for persons with Limited English Proficiency)

The Programs | EDUCATION & LEARNING

Definition

Education and Learning programs provide instructive and developmental opportunities that build the essential academic, personal, vocational, and social skills needed to succeed. These are cross-sectoral, ensuring integrated programs that meet a range of individual and community needs in a comprehensive manner.

Why it is Important

For children and youth, access to meaningful education is critical to positive development. In addition to academic support, children and youth require programs that support their individual personal growth and development. Supportive partnerships with parents, educators, mentors, and others ensure effective and holistic support for refugee children and youth to realize their full potential as valued, confident, and successful members of their communities.

For adults, education and learning is critical to their ability to secure gainful employment, advance in their careers, embrace their new communities and support their families and themselves in a sustainable way. As refugees arrive with diverse levels of skill and employment experience, a wide range of learning opportunities are needed. For all new arrivals, comprehensive cultural orientation is essential for navigating a new community and understanding cultural and social expectations. For refugees with no previous employment history, English acquisition, basic vocational training, and life skills are critical to their

- **Summer Youth Academy:** In partnership with the NY Board of Education, this intensive six-week program introduces newly-arrived refugee children and youth to an academic environment and prepares them for their first full school year in a NYC public school. A team of experienced and professional teaching and counseling staff lead sessions on English language development, learning skills and creative recreation and provide group and individual guidance sensitive to the student's unique social development needs.
- **Cultural Orientation (CO):** The IRC's RSC East Asia implements CO programming for refugees departing from the region. Utilizing a student-centered approach, the program provides refugees with factual information regarding important topics such as employment, education, American culture, benefits and assistance, and other subjects that will help them succeed in their transition to life in America.
- **Youth Futures:** This program in Atlanta provides refugee teenagers with academic, vocational and social support to help them succeed in high school and make informed decisions about college. Teens receive after-school tutoring, computer literacy classes, and English language instruction, as well as summer internships, college visits, and career exploration classes.

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ability to secure a first job. For parents, it is critical to understand the importance of their role in their child's education as well as their own opportunities to succeed in a new culture and environment.

Service Areas

- Cultural orientation
- School enrollment /orientation, academic tutoring, homework help, pre-GED classes
- Youth-focused special events, cultural and recreational event, sports and recreation
- Parenting guidance, school liaison services, crisis intervention, family support
- Educator liaison, curriculum development, parent/teacher coordination
- English for Speakers of other Languages (ESOL)
- Language literacy, vocational literacy, financial literacy

The Programs | HEALTH & WELLNESS

Definition

US Programs defines Health and Wellness to include both physical and mental well-being. The definition includes promoting wellness and ensuring access to healthcare services that address physical and psychological needs.

Why it is Important

Refugees are impacted, both physically and mentally, by political instability and the violence taking place in their home countries as well as on their passage to safety in the U.S. Their precarious circumstances are further undermined by the collapse of public health and other service infrastructure. Refugees often live in camp settings with unpredictable access to health services and limited, if any, mental health care support for years prior to resettlement. The breakdown of health and social services and lack of access to professional care results in refugees arriving to the U.S. with longstanding neglected health conditions. These can include mental health issues, chronic illness such as diabetes or heart disease, and other potentially life-threatening illnesses such as cancer. Migration may include risk of sexual violence and stress related to loss of community and livelihood. Life in the U.S. can also bring additional stresses involved in integrating into a new culture while striving to quickly achieve self-sufficiency. Refugees often come

- **Health Programs:** The IRC Salt Lake Health Program serves refugees through health-related initiatives such as the Tuberculosis program. The TB initiative has raised completion of treatment to over 80%. Health education programs focused on diabetes, nutrition, and sexual health (for young adults), and well-being learning circles are assisting refugees to restore healthy lifestyles. The Salt Lake City program also includes coordination of dental services. Interpretation support is in place for health program services.
- **Well-Being:** In Tucson, the IRC manages the Center for Well-Being serving all refugees in Pima County through essential support services that empower refugees to make long-term and lasting changes that support healing and optimum health. Services include behavior health case management and counseling, support for survivors of torture and education, referral and advocacy services to refugee women utilizing a community health worker model.
- **Health Literacy:** In New Jersey, the IRC's provides community outreach and education to improve refugees' knowledge of healthcare benefits, preventive health practices, and access to resources through a partnership with community-based health services in Union County, NJ, while also building capacity of area healthcare providers to provide adequate services to refugee clients.

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across barriers in the U.S. involving: language/interpretation access issues; difficulty navigating the local, state, and federal health systems; difficulty accessing healthcare; and difficulty enrolling in federal programs such as Medicare and Medicaid. Health and Wellness programs are vital for refugee integration and wellbeing.

Service Areas

- Health and mental health assessments/referrals
- Enrollment in public and private health insurance programs
- Food security support and nutritional education workshops
- Pre and post-natal maternal health services
- Immunization and preventive health clinics
- Domestic violence prevention
- Behavior health services
- Health literacy for vulnerable populations and healthcare providers

The Programs | COMMUNITY INTEGRATION & DEVELOPMENT

Definition

USP's Community Integration and Development programs work side-by-side with refugees to strengthen resettlement communities and empower refugees to participate fully in American society. Programs focus on building relationships with key individuals, community stakeholders, refugee community members and organizations to foster social inclusion, equality and client integration.

Why it is Important

The IRC works to create and strengthen environments that facilitate a refugee's ability to successfully and smoothly integrate and become self-reliant community members and citizens. To this end, the IRC builds relationships between its clients and resettlement communities and between the community stakeholders themselves to increase cultural understanding and awareness, strengthen community capacities for integration support and to assist in the development and promotion of leaders in ethnic communities and organizations. In many cases, the refugees themselves are able to contribute to this process directly as language interpreters, community garden developers, or by helping to raise cultural awareness among other initiatives.

The contributions that former refugees make toward developing and strengthening the communities in which they resettle have been a foundational characteristic in the historical arc of the United States. USP seeks to continue to foster this awareness and to facilitate these opportunities. Former refugees are also one of the most important and effective resources for assisting in the support and transition of newly-arrived clients. USP works to ensure this connection through staff recruitment, community engagement and in working to develop the capacities of community-based

- **Interpreter Services:** In Charlottesville, Phoenix and Salt Lake City, the IRC facilitates high quality language services in refugee target languages to local hospitals, schools, courts, and organizations serving persons with Limited English Proficiency (LEP).
- **Community-based Organizations:** The IRC in Baltimore's Bhutanese Community Program provides technical assistance to the Association of Bhutanese in America (ABA) to improve their organizational capacity to establish sustainable, effective programming that supports the self-sufficiency of Bhutanese refugees.
- **PORTAL:** The IRC in Salt Lake's Programs Optimizing Refugees Transition & Adaptation to Life (PORTAL) connects refugees to community resources through hands-on orientation on subjects such as public transportation, higher education, vocational training, cultural and spiritual centers, and recreational opportunities. Additionally, through community networking and training activities, the PORTAL program works to educate the Salt Lake community on the needs of incoming refugees.

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organizations founded by former refugees themselves.

Service Areas

Community Development

- Technical assistance to refugee organizations
- Ethnic community development projects
- Interpreter services

Community Integration

- Mentors
- Life skills and community integration workshops
- Civics education
- Community outreach/education

Appendix 3.1: IRC Staff Survey

SURVEY ON EMPLOYEES'S PERCEPTIONS OF CLIENT OUTCOMES

Informed Consent

From our mission statement to the phrase that describes our goal: “*from surviving to thriving*”, the everyday work of the **IRC workers** highlights their vision for the long term benefit of our clients. We know that much of the work that you do goes far beyond the agency or funder requirements and it becomes solid base for the new lives of our clients. As you know, much of this meaningful work has long term repercussion that is only partially tracked by our current databases. The present design of the Reception and Placement and Matching Grant Programs has shaped our tracking systems in a way that is not comprehensive to the whole scope of the outcomes in the refugee populations, and some of the data tracked for other programs is particular to an office or area. The HQ team is aware of this situation, and we want to reach out to YOU, to obtain a greater understanding of your perceptions on refugee self-sufficiency and outcomes tracking. Your participation will be extremely valuable; since the findings will help us to understand the issue of *self-sufficiency from your points of view*, as well as *your needs in recording and tracking your accomplishments*. In addition, the results of this survey will be one first step in lighting the development of *new system technology* able to track the outputs and outcomes in our served population, improving our accountability to funders, donors and clients.

Please, be aware that your participation in this survey is **confidential** and **voluntary**; refusal to participate will involve no penalty for you as a worker of the IRC, and there are no risks that can be anticipated from your participation. Each worker is free to discontinue participation at any time without prejudice from our institution. However, please keep in mind that your cooperation is highly appreciated in order to expand our knowledge of the real scope of our work from information coming from you, the experts from the field.

It is important to let you know, that the information gathered will remain strictly confidential. The results of the survey will be published in internal reports or presented at professional meetings.

Please contact Jenny Mincin or Selmira Carreon with any questions, comments, or concerns in regard to this survey, its purpose, conduction or results.

If you agree to participate in this voluntary and confidential survey, please mark Yes ____

SURVEY ON STAFF’S PERCEPTIONS OF CLIENT OUTCOMES

I. DEMOGRAPHICS

Circle one or complete the requested information:

- 1. How many years have you been working in the field of social services? _____
- 2. How many years have you been working with refugees/asylees? _____
- 3. How many years have you been working for the IRC? (optional) _____
- 4. What is your current work position at the IRC?
(optional)_____
- 5. In which office do you work? _____

II. ACHIEVING AND TRACKING SELF-SUFFICIENCY

Circle one or complete the requested information:

- 6. From your experience working with refugees/asylees, what does self-sufficiency mean?**

- 7. How would you rate the influence of these factors in a refugee’s achievement of self-sufficiency?**

Reference: 1 = it does not contribute to self-sufficiency
 2 = it contributes to self-sufficiency in a modest way
 3 = it contributes to self-sufficiency considerably
 4 = it highly contributes to self- sufficiency

Access to health services	1	2	3	4
Access to mental health services	1	2	3	4
Adjusting immigration status	1	2	3	4
Adequate nutrition	1	2	3	4
Budget management	1	2	3	4

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Childcare access	1	2	3	4
Cultural adjustment	1	2	3	4
English proficiency	1	2	3	4
Expansion of social network	1	2	3	4
Financial literacy	1	2	3	4
Job placement	1	2	3	4
Job skills training including workshops	1	2	3	4
Professional recertification	1	2	3	4
Safe and sanitary housing	1	2	3	4
Schooling for children	1	2	3	4
Transportation orientation	1	2	3	4

8. From your experience, which other factors do you consider to be important for the achievement of self sufficiency of our refugee clients?

9. If you are working directly with the Reception and Placement Program, how would you rate the intervention of the R&P Program in helping clients to obtain the following (these activities may or may not be a part of the required services under the Reception and Placement program)?

Reference:

- 1 = program is not effective
- 2 = program is a little effective
- 3 = program is moderately effective
- 4 = program is effective
- 5 = program is highly effective

Access to health services	1	2	3	4	5
Access to mental health services	1	2	3	4	5
Adjusting immigration status	1	2	3	4	5
Adequate nutrition	1	2	3	4	5
Budget management	1	2	3	4	5
Childcare access	1	2	3	4	5
Cultural adjustment	1	2	3	4	5
English proficiency	1	2	3	4	5

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Expansion of social network	1	2	3	4	5
Financial literacy	1	2	3	4	5
Job placement	1	2	3	4	5
Job skills training	1	2	3	4	5
Professional recertification	1	2	3	4	5
Safe and sanitary housing	1	2	3	4	5
Schooling for children	1	2	3	4	5
Transportation orientation	1	2	3	4	5

10. If you are working directly with the Matching Grant Program, how would you rate the intervention of the Matching Grant Program in helping clients to obtain the following (these activities may or may not be a part of the required services under the Matching Grant program)?

Reference:

- 1 = program is not effective
- 2 = program is a little effective
- 3 = program is moderately effective
- 4 = program is effective
- 5 = program is highly effective

Access to health services	1	2	3	4	5
Access to mental health services	1	2	3	4	5
Adjusting immigration status	1	2	3	4	5
Adequate nutrition	1	2	3	4	5
Budget management	1	2	3	4	5
Childcare access	1	2	3	4	5
Cultural adjustment	1	2	3	4	5
English proficiency	1	2	3	4	5
Expansion of social network	1	2	3	4	5
Financial literacy	1	2	3	4	5
Job placement	1	2	3	4	5
Job skills training	1	2	3	4	5
Professional recertification	1	2	3	4	5
Safe and sanitary housing	1	2	3	4	5
Schooling for children	1	2	3	4	5
Transportation orientation	1	2	3	4	5

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11. Other than Matching Grant and Reception and Placement, which other program (s) in your office most contribute to refugee self-sufficiency? In which way?

12. What evidence of refugee self sufficiency is available in your case files? Check all that apply:

- Apartment lease
- Case notes
- Case/family budget
- Communication with any community groups
- Communication with employers
- Copy of client's paystubs
- Employment verification letter
- ESL assessment
- Follow up with clients after 6 months or more after the end of service period
- Program reports indicating self-sufficiency status
- Proof of client's self employment
- Proof of health insurance coverage
- School enrollment

13. Which other kind of evidence do you have in case files or documented elsewhere that your clients are achieving self-sufficiency?

14. What do you feel would be the most effective way of tracking self-sufficiency?

III. ACHIEVING AND TRACKING CORE SECTOR'S OUTPUTS AND OUTCOMES

1. Your work belongs to primarily Core Sector: (list will open)

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2. What other Core Sectors does your work encompass? (list will open)_____
- (Comment: Each chart will be opened depending on the selections of Core Sectors in the previous questions)
3. **Select one option for each indicator on the following chart (the indicators presented do not encompass all the range of services included in this Core Sector):**
- a. **RESETTLEMENT:** Meeting the basic needs for food, shelter and legal rights in the early, critical stages of resettlement.

	Currently being tracked in RRS as it is mandated by agency/funder	Currently being tracked in RRS voluntarily	Currently being tracked in other database (not RRS) as it is mandated by agency/funder	Currently being tracked in other database (not RRS) voluntarily	Identifiable information but currently not being tracked	Information we are unable to track
Clients accessing food stamps						
Clients obtaining food from other sources rather than employment or food stamps						
Clients renting housing						
Former clients known to have accessed to the shelter system						
Clients being able to access public transportation independently						
Number of visits of family mentors						
Clients accessing						

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interpreter services						
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b. What other indicator(s) do you think should be included in this chart?

c. ECONOMIC EMPOWERMENT: Protecting, supporting and improving household livelihoods and financial security.

	Currently being tracked in RRS as it is mandated by agency/funder	Currently being tracked in RRS voluntarily	Currently being tracked in other database (not RRS) as it is mandated by agency/funder	Currently being tracked in other database (not RRS) voluntarily	Identifiable information but currently not being tracked	Information we are unable to track	I'm not aware of how this data is being managed
Clients receiving job skills training							
Part time/Full time status of clients							
Client's Salary							
Client's Benefits							
Clients retaining employment after 3 months of been hired							
Clients retaining employment after 6 months of been hired							
Clients receiving financial literacy training							
Clients being							

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able to access financial services independently							
Clients receiving budget management training							
Clients receiving assistance with professional recertification							
Clients obtaining professional recertification							
Clients accessing Microenterprise skills training							
Clients starting their own business							
Clients buying property							
Increment on client's income as a result of IRC services							

d. What other indicator(s) do you think should be included in this chart?

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HEALTH AND WELLNESS: Promoting wellness and ensuring access to healthcare services that address physical and psychological needs.

	Currently being tracked in RRS as it is mandated by agency/funder	Currently being tracked in RRS voluntarily	Currently being tracked in other database (not RRS) as it is mandated by agency/funder	Currently being tracked in other database (not RRS) voluntarily	Identifiable information but currently not being tracked	Information we are unable to track
Clients accessing 30 days medical screening						
Clients accessing public or private health insurance						
Clients accessing health coverage after job termination						
Clients obtaining referrals						
Clients attending/not attending health appointments						
Clients attending/not attending mental health appointments						
Clients accessing medical translation services						
Clients receiving nutritional education						
Clients been able to access health services independently						

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e. **What other indicator(s) do you think should be included in this chart?**

f. **CHILDREN, YOUTH AND EDUCATION:** Providing educational and developmental opportunities that build the essential academic, personal and social skills needed to succeed.

	Currently being tracked in RRS as it is mandated by agency/funder	Currently being tracked in RRS voluntarily	Currently being tracked in other database (not RRS) as it is mandated by agency/funder	Currently being tracked in other database (not RRS) voluntarily	Identifiable information but currently not being tracked	Information we are unable to track
School enrollment						
Children accessing ESOL classes						
Enrollment in after-school programs						
Access to pre-school						
Older youth accessing to career planning						
Older youth accessing to support services						
Access to meetings with educators						
Parents been able to outreach educators independently						
Children graduating high school						
Children applying to college						
Adult clients accessing to ESL						

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classes						
Adult clients attending ESL classes regularly						
Clients graduating from ESL classes						
Clients accessing to GED, other high level education						
Former clients graduating from college/ other higher education						

g. What other indicator(s) do you think should be included in this chart?

h. COMMUNITY, INTEGRATION AND DEVELOPMENT: Strengthening communities and preparing individuals to participate fully in American society.

	Currently being tracked as this is mandated by the agency/funder	Currently being tracked voluntarily	Identifiable information but currently not being tracked	Information we are unable (it is very difficult) to track	I don't know about this particular indicator
Clients receiving immigration information					
Clients applying for permanent residence					
Former clients applying for citizenship					
New clients applying for citizenship					
Clients receiving counseling/support with acculturation					
Clients receiving					

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food security/community health information					
Ethnic community organizations being assisted with community building activities					
Clients attending community development activities					
Ethnic communities connecting with the larger society through IRC programs					

i. What other indicator(s) do you think should be included in this chart?

PROTECTION: Promoting durable solutions and ensuring life-saving protection of vulnerable populations.

	Currently being tracked in RRS because it is mandated by	Currently being tracked in RRS voluntarily	Currently being tracked in other database (not RRS) as it is mandated by agency/funder	Currently being tracked in other database (not RRS) voluntarily	Identifiable information but currently not being tracked	Information we are unable to track
Clients receiving information on legal rights						
Number of individuals assisted with family reunification						
Number of asylees						

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assisted						
Human Trafficking activities	If your work encompasses Human Trafficking activities, please complete the Economic Empowerment and the Health and Wellness Core Sector charts.					

j. What other indicator(s) do you think should be included in this chart?

4. Do you have any other comments?

Thanks for participating in our survey!

IRC Employee Perceptions of Refugee Resettlement



Office of the Vice President for Research and Sponsored Programs
 Committee on the Protection of Human Subjects

The Graduate School and University Center
 The City University of New York
 365 Fifth Avenue
 New York, NY 10019-4309
 TEL 212.817.7523 FAX 212.817.1829

TO: Ms. Jennifer Mincin
 Social Welfare

FROM: Richard G. Schwartz, Ph.D. *RGS*
 Chairperson
 Graduate Center IRB

SUBJECT: IRB Approval - Exemption

DATE: June 8, 2011

STUDY: **11-05-106-0135 Self-sufficiency and refugees: Analysis of US-based refugee system based on staff feedback**

The Graduate Center IRB has approved the above study involving humans as research subjects. This project is Approved - Exempt Category: 4 - under 45 CFR 46.

IRB Number: 11-05-106-0135 This number is a Graduate Center IRB number that should be used on all correspondence with the IRB regarding this study.

Approval Date: June 8, 2011
Expiration Date: June 7, 2014

NONRENEWABLE. APPROVAL OF EXEMPT RESEARCH IS NONRENEWABLE. THE DURATION OF STUDY FOR EXEMPT RESEARCH IS LIMITED TO THAT SPECIFIED ON THE APPROVED APPLICATION, NOT TO EXCEED THREE YEARS. INVESTIGATORS WISHING TO CONTINUE EXEMPT RESEARCH BEYOND THE PERIOD SPECIFIED ON THE APPROVED APPLICATION MUST SUBMIT A NEW APPLICATION TO THE IRB FOR APPROVAL AT THE CONCLUSION OF THE ORIGINAL PERIOD.

Consent Form: If you are using a consent form, all research subjects must use the approved and stamped consent form. You are responsible for maintaining signed consent forms for each research subject for a period of at least three years after study completion.

Mandatory Reporting to the IRB: The principal investigator must report, within five business days, any serious problem, adverse effect, or outcome that occurs with frequency or degree of severity greater than that anticipated. In addition, the principal investigator must report any event or series of events that prompt the temporary or permanent suspension of a research project involving human subjects or any deviations

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Mincin 11-05-106-0135

from the approved protocol.

Amendments/Modifications: All amendments/modifications of protocols involving human subjects must have prior IRB approval, except those involving the prevention of immediate harm to a subject. Amendments/modifications for the prevention of immediate harm to a subject must be reported within 24 hours to the IRB.

If you have any questions, please feel free to contact Kay Powell in the IRB Office at 212-817-7525.

Good luck on your project.

cc: Irwin Epstein Ph.D.
Social Welfare

Sign the Verification Statement below. Return the original signed copy of this memo to the IRB Office and retain a copy for your records. The IRB Office must receive a copy of the signed verification statement before research may begin.

VERIFICATION:

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED THIS APPROVAL AND AM AWARE OF, AND AGREE TO ABIDE BY, ALL OF ITS STIPULATIONS IN ORDER TO MAINTAIN ACTIVE APPROVAL STATUS, INCLUDING TIMELY SUBMISSION OF CONTINUING REVIEW APPLICATIONS AND PROPOSED PROTOCOL MODIFICATIONS, AS WELL AS PROMPT REPORTING OF ADVERSE EVENTS, SERIOUS UNANTICIPATED PROBLEMS, AND PROTOCOL DEVIATIONS. I AM AWARE THAT IT IS MY RESPONSIBILITY TO BE KNOWLEDGEABLE OF ALL FEDERAL, STATE AND UNIVERSITY REGULATIONS REGARDING HUMAN SUBJECTS RESEARCH INCLUDING CUNY'S FEDERALWIDE ASSURANCE (FWA) WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF HUMAN RESEARCH PROTECTIONS.

Signature of Principal Investigator

Date

Signature of Faculty Advisor for Student Research

Date

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International Rescue Committee
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April 8, 2011

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To Whom It May Concern:

I am aware that Jenny Mincin is conducting a research study. Jenny is currently a Regional Director at the International Rescue Committee (IRC) US Programs. This study focuses on the development of a program database tracking system and new ideas about refugee self-sufficiency through the IRC network. Jenny has shared with me the details of her project.

I give her permission to conduct her study at our agency. Her study includes data-mining from both an informal staff survey that was voluntarily filled out as well as government reporting requirements our agency is under obligation to provide.

The IRC requests the agency name and identifiers of its staff be kept completely confidential in the research results.

Sincerely,

Kay Bellor

Vice President, US Programs

International Rescue Committee

References

- Aarti, R. & Sekar K. (2006). Strengths perspective in mental health (Evidence based case study). *Strength Based Strategies – 2006*. Retrieved from <http://www.strengthbasedstrategies.com/PAPERS/16RanganFormatted.pdf>
- Ager, A. & Strang, A. (2008). Understanding integration: A conceptual framework. *Journal of Refugee Studies*, 21(2), 166-191.
- Akabas S. & Kurzman P. (2005). *Work and the workplace*. NY: Columbia University Press.
- Al-Ali, N., Black, R. & Koser, K. (2001). Refugees and transnationalism: The experience of Bosnians and Eritreans in Europe. *Journal of Ethnic and Migration Studies*, 27(4), 615-634.
- Army, D. (1999). Government programs have not reduced poverty. In L. Egenderff (Ed.) *Poverty: Opposing views*. San Diego, CA: Greenhaven Press.
- Babbie, E. (2005). *The basics of social research* (3rded.). Pacific Grove, CA: Wadsworth.
- Baca-Zinn, M. & Stanley, E. D. (2003). *Social problems*. New York: Allyn & Bacon.
- Bacon, K. (n.d.). Retrieved from: <http://www.betterworld.net/quotes/refugee-quotes.htm>
- Barron, S. (2010). *Nine Thousand Nights Refugees from Burma: A People's Scrapbook*. Bangkok, Thailand: Thailand Burma Border Consortium.
- Bartley, M. (1994). Unemployment and ill health: Understanding the relationship. *Journal of Epidemiol Community Health*, 48,333-337. doi:10.1136/jech.48.4.333
- Beiser, M. (2006). Longitudinal research to promote effective refugee resettlement. *Transcultural Psychiatry*, 43(1), 56-71.
- Beiser, M. (2009). Resettling refugees and safeguarding their mental health: Lessons learned from the Canadian Refugee Resettlement Project. *Transcultural Psychiatry*, 46, 539-583.

IRC Employee Perceptions of Refugee Resettlement

- Black, R. (2001). Fifty years of refugee studies: From theory to policy. *International Migration Review*, 35(1), 57-78. Retrieved from <http://www.jstor.org/stable/2676051>.
- Bragin, M. (2005a). The community participatory evaluation tool for psychosocial programs: A guide to implementation. *Intervention: International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict*, 3(1), 3-24.
- Bragin, M., Prabhu, V., & Czarnocha, B. (2005). Mathematics, psychosocial work and human rights: A unique partnership between technical consultants and community organizers in India. *National Child Traumatic Stress Network*. Los Angeles, CA & Durham, NC.
- Bragin, M., Würzer, J., & Elbs, T. (2009). *Integrating the psychosocial dimension in women's empowerment programming: A guide for CARE country offices*. Vienna: CARE Österreich.
- Carey, B. (2004, August 10). For psychotherapy's claims, skeptics demand proof. *The New York Times*. Retrieved from <http://nytimes.com>
- Cox, P. & Hardwick, L. (2002). Research and critical theory: Their contribution to social work education and practice. *Social Work Education*, 21, 35-47.
- Carreon, S. (2011). Eritreans in the Big Apple: Integration of new populations of refugees in the United States. Unpublished report.
- Chen, H.T. & Rossi, P.H. (1980). The multi-goal, theory-driven approach to evaluation: A model linking basic and applied social science. *Social Forces*, 59(1), 106-122. Retrieved from <http://www.jstor.org/stable/2577835>
- Codell, J. D., Hill, R. D., Woltz, D. J., & Gore Jr., P. A. (2011). Predicting meaningful employment for refugees: The influence of personal characteristics and developmental

IRC Employee Perceptions of Refugee Resettlement

- factors on employment status and hourly wages. *International Journal of Advanced Counseling*, 33, 216–224. doi:10.1007/s10447-011-9125-5
- Correa-Velez, I. & Gifford, S. (2010). Longing to belong: Social inclusion and well-being among youth of refugee backgrounds in the first three years in Melbourne, Australia. *Social Science and Medicine*, 71, 1399-1408.
- Creswell, J. W. (2007). Qualitative inquiry and research design: Choosing among five approaches. *National Review*, 2(1), 395.
- Cultural Orientation Research Center (CAL). (2009). *U.S. Refugee Program: Final FY2009 Admission Statistics*. Retrieved from http://www.cal.org/co/refugee/statistics/final_FY2009.html
- Cultural Orientation Resource Center (CAL). *U.S. Refugee Program: Fiscal Year 2011 Admission Statistics*. Retrieved from <http://www.cal.org/co/refugee/statistics/index.html>
- Daly, J., Willis, K., Small, R., Green, J., Welch, N., Kealy, M., & Hughes, E. (2006). A hierarchy of evidence for assessing qualitative health research. *Journal of Clinical Epidemiology*, 60 (2007), pp. 43-49.
- Dana, R. H. & Matheson, L. (1992). An application of the Agency Cultural Competence Checklist to a program serving small and diverse ethnic communities. *Psychosocial Rehabilitation Journal*, 15(4), 101-105.
- Dean, R. G. & Fenby, B. L. (1989). Exploring epistemologies: Social work action as a reflection of philosophical assumptions. *Journal of social work education*, 25, 46-54.
- Denzin, N. K. & Lincoln, Y. S. (2003). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.) *The landscape of qualitative research: Theories and issues* (2nd Ed.). (pp. 1-46). Thousand Oaks, CA: Sage Publications, Inc.

IRC Employee Perceptions of Refugee Resettlement

- Desai, M. (2010). A rights-based preventative approach for psychosocial well-being in childhood. Springer Press: New York.
- Donaldson, S.I. (2007). *Program theory-driven evaluation science: Strategies and applications*. Mahwah, NJ: Erlbaum.
- Epstein, I. & Tripodi, T. (1977). *Research techniques for program planning, monitoring, and evaluation*. New York: Columbia University Press.
- Friedberg, R. (2000). You can't take it with you? Immigrant assimilation and the portability of human capital. *Journal of Labor Economics*, 18, 221–251.
- Fong, R. (2004). Culturally competent practice with immigrant and refugee children and families. New York, NY: The Guildford Press.
- Gallup (n.d.). Well-being: The five essential elements. Presented by Jim Harter. Retrieved from http://institute.gallup.lu/downloads/B3_HARTER_Five_Elements.pdf
- Gallup (n.d.). Understanding how Gallup uses the Cantril Scale Development of the "thriving, struggling, suffering" categories. Retrieved from <http://www.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx>
- Gambrill, E. (1999). Evidence-based practice: An alternative to authority-based practice. *Families in society: The journal of contemporary human services*, 80, 341-350.
- Gambrill, E. (2002). On critical inquiry into the use of unexamined methods: A conversation with Robyn Dawes. *Journal of social work education*, 39(1). Retrieved from: <http://www.cswe.org/publications/jswe/03-Idawesinterview.htm>
- Gasper, G. (2007). Human well-being: Concepts and conceptualizations. In M. McGillivray (Ed.) *Human well-being concept and measure* (pp. 23-65). Hampshire, England: Palgrave McMillian.

IRC Employee Perceptions of Refugee Resettlement

George, V. & Wilding, P. (1993). *Welfare and ideology*. New York: Haverster.

Gough, I. (2004). Human Well-Being and Social Structures: Relating the universal and the local.

Global Social Policy 2004 4: 289. Retrieved from

<http://gsp.sagepub.com/content/4/3/289>

Government Accountability Office (GAO). (2011). Refugee assistance: Little is known about the effectiveness of different approaches for improving refugees' employment outcomes.

(Report to Congressional Committees, March 2011). Retrieved from

<http://www.gao.gov/products/GAO-11-369>

Grigg-Saito, D., Och, S., Liang, S., Toof, R., & Silka, L. (2007). Building on the strengths of a Cambodian refugee community through community-based outreach. Retrieved from

<http://hpp.sagepub.com.ezproxy.gc.cuny.edu/content/9/4/415.full.pdf+html>

Haines, D. W. (1988). The pursuit of English and self-sufficiency. *Journal of Refugee Studies*, 1, 1195-1213.

Hagstrom, P. (2000). *The fiscal impact of refugee resettlement in the Mohawk Valley*. Clinton, NY: Hamilton College Press.

Halcón, L. L., Robertson, C. L., Monsen, K. A., & Claypatch, C. C. (2007). A theoretical framework for using health realization to reduce stress and improve coping in refugee communities. *Journal of Holistic Nursing*, 25(3), 186-194.

Hall, J. A., Carswell, C., Walsh, E., Huber, D., & Jampoler, J. S. (2002). Iowa case management: Innovative social casework. *Social Work*, 47(2), 132-141.

Ham, C. & Hill, M. (1983). *The policy process in the modern capitalist state*. New York, NY: St. Martin's Press.

IRC Employee Perceptions of Refugee Resettlement

- Harrell-Bond, B. E., & Voutira, E. (1992). Anthropology and the study of refugees. *Anthropology Today*, 8(4), 6-10. Retrieved from <http://www.jstor.org/stable/2783530>
- Harvard Humanitarian Initiative (HHI). (2009). *Assessment of health care access and programs for resettled refugees in the United States*. (U.S. Health Assessment, HHI/IRC USP). Boston, MA: Harvard Humanitarian Initiative.
- Hodge, D.R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work*, 46(3), 203 – 214.
- Hodge, D.R. (2005). Developing a spiritual assessment toolbox: A discussion of the strengths and limitations of five different assessment methods. *Health and Social Work*, 30(4):314-323.
- Hodges, T. D., & Clifton, D .O. (2004). Strengths-based development in practice. In A. Linley & S. Joseph (Eds.) *Handbook of positive psychology in practice*. Hoboken, NJ: John Wiley & Sons.
- Hodges, T. D., & Harter, J. K. (2005). *The quest for strengths*. Gallup Organization.
- Huberman, M. and Miles, M. (1994). *Qualitative data analysis: An expanded sourcebook (2nd Ed)*. Sage Publications.
- Hyndman, J (2011). *Research Summary on Resettled Refugee Integration in Canada*. Retrieved from <http://www.unhcr.org/4e4123d19.html>.
- International Rescue Committee. (2011). *IRC case worker's kiosk: A practitioner's guide to resettlement*. Retrieved from <https://rescuenet.theirc.org/programs/usprograms/coresectors/resettlement/Public%20Documents/Case%20Worker's%20Kiosk.pdf>

IRC Employee Perceptions of Refugee Resettlement

International Rescue Committee. (2011). *Matching grant manual*. Retrieved from

<https://rescuenet.theirc.org/programs/usprograms/coresectors/economic/PublicDocuments/Matching%20Grant%20Manual.pdf>

International Rescue Committee. (2009, June). *Iraqi refugees in the U.S.: In dire straits*.

Retrieved from the International Rescue Committee website:

http://www.theirc.org/sites/default/files/resource-file/irc_report_iraqcommission.pdf

International Rescue Committee. (2011). *U.S. program framework*. Unpublished internal document.

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.

Institute for Social and Economic Development (ISED). (2007). *Report of the integration working group*. Washington, D.C.: ISED.

Institute for Social and Economic Development (ISED). (2010). *Exploring refugee integration: Experiences in four American cities*. [ORR Integration Report 2010]. Washington, DC.: ISED Solutions.

Kachigan, S. K. (1991). *Multivariate statistical analysis: A conceptual introduction* (2nd ed). New York, NY: Radius Press.

Kennedy, E. (1981). Refugees today. *International Migration Review*, 15(1/2), 141-156.

Kunz, E. F. (1973). The refugee in flight: Kinetic models and forms of displacement.

International Migration Review, 7(2), 125-146. Retrieved from

<http://www.jstor.org/stable/3002424>

Lanphier, M. (1983). Refugee resettlement: Models in action. *International Migration Review*, 17(1), 4-33. Retrieved from <http://www.jstor.org/stable/2545922>

IRC Employee Perceptions of Refugee Resettlement

- Lent, R., Brown, S., & Hackett, G. (2000). Contextual supports and barriers to career choice: A social cognitive analysis. *Journal of Counseling Psychology, 47*, 36–49.
- Levinson, A. (2002). Immigrants and welfare use. *Migration Policy Institute*. Retrieved from <http://www.migrationinformation.org/usfocus/display.cfm?ID=45>
- Lilienfeld, S.O., Lynn, S.J. & Lohr, J.M. (2003). Science and pseudoscience in clinical psychology: Initial thoughts, reflections, and considerations. In S. O. Lilienfeld, S. J. Lynn, & J. M. Lohr (Eds.) *Science and pseudoscience in clinical psychology*. New York: The Guilford Press.
- Lowery, C.T. (2007). Social justice and international social work. In M. Mattani, C. Lowery, & C. Meyer (Eds.) *The foundations of social work practice: A graduate text* (4thed.). Washington, D. C.: NASW Press.
- Lurie, A. (1984). Staffing patterns: Issues and program implications for health care agencies. *Social work administration in health care*. (pp. 179-88). New York: Haworth Press.
- Malkki, L. (1992). National geographic: The rooting of peoples and the territorialization of national identity among scholars and refugees cultural anthropology. *Cultural Anthropology, 7*(1), 24-44. Retrieved from <http://www.jstor.org/stable/656519>
- Malkki, L. (1995). Refugees and exile: From “Refugee Studies” to the national order of things. *Annual Review of Anthropology, 24*, 495-523. Retrieved from <http://www.jstor.org/stable/2155947>
- Mattaini, M. A. (2007). Monitoring social work practice. In M. Mattani, C. Lowery, & C. Meyer (Eds.) *The foundations of social work practice: A graduate text* (4thed.). Washington, D. C.: NASW Press.

IRC Employee Perceptions of Refugee Resettlement

Mattaini, M. A. & Lowery, C. T. (2007). Foundations of social work. In M. Mattani, C. Lowery, & C. Meyer (Eds.) *The foundations of social work practice: A graduate text* (4thed.).

Washington, D. C.: NASW Press.

Majka, L. (1991). Assessing refugee assistance organizations in the United States and the United Kingdom. *Journal of Refugee Studies*, 4, 267-283.

Majka, L., & Mullan, B. (1992). Employment retention, area of origin, and type of social support among refugees in the Chicago area. *International Migration Review*, 26, 899-926.

Mamgain, V. (2003). Off the boat, now off to work: Refugees in labor market in Portland, Maine. *Journal of Refugee Studies*, 16, 113-146.

McBrien, J. L. (2005). Educational needs and barriers for refugee students in the U.S.: A review of the literature. *Review of Educational Research*, 75, 329. doi:

10.3102/00346543075003329. Retrieved from

<http://rer.sagepub.com.ezproxy.gc.cuny.edu/content/75/3/329.full.pdf+html>

McGillivray, M. (2007). Human well-being: Issues, concepts, and measures. In M. McGillivray (Ed.) *Human well-being concept and measure* (pp. 1-23). Hampshire, England: Palgrave McMillan.

McGinty, K., McCammon, S. & Koeppen, P. V. (2001). The complexities of implementing a wraparound approach to service provision: A view from the field. *Journal of Family Social Work*, 5(3), 95-110.

McSpadden, L.A. (1987). Ethiopian refugee resettlement in the western United States: Social context and psychological well-being. *International Migration Review*, 21(3), 796-819.

Retrieved from <http://www.jstor.org/stable/2546623>

IRC Employee Perceptions of Refugee Resettlement

- Miller, K. E. (1999). Rethinking a familiar model: Psychotherapy and the mental health of refugees. *Journal of Contemporary Psychotherapy*, 29(4), 283-306.
- Mullaly, R. (1993). *Structural social work: Ideology, theory and practice*. Toronto: McClelland & Stewart.
- Neuman, W.L. (1994). *Social research methods* (2nded.). Boston: Allyn & Bacon. 592.
- Neuman, K. & Wade, K. (2007). Practice-based research: Changing the professional culture and language of social work. *Social Work Health Care*, 44(4), 49-64. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17804341>
- Neumayer, E. (2007). Sustainability and well-being indicators. In M. McGillivray (Ed.) *Human well-being concept and measure* (pp. 193-214): Hampshire, England: Palgrave McMillian.
- Palinkas, L. A., Pickwell, S. M., Brandstein, K., Clark, T. J., Hill, L. L., Moser, R. J., & Osman, A. (2003). The journey to wellness: Stages of refugee health promotion and disease prevention. *Journal of Immigrant Health*, 5(1), 19-28
- Patrick, E. (2004). The U.S. refugee resettlement program. *Migration Policy Institute* (MPI), Retrieved from <http://www.migrationinformation.org/feature/display.cfm?ID=229>
- Patton, M. Q. (2002). *Qualitative research and research methods* (3rded.). Thousand Oaks, CA: Sage Publications.
- Perkins, D.D., Palmer, N.A., & García-Ramírez, M (2011). Psychosocial studies of migration and community: Introduction to the special issue. *Psychosocial Intervention* 20(3), 237-272. Retrieved from <http://dx.doi.org/10.5093/in2011v20n3a1>.
- Pine, B. & Drachman, D. (2005). Effective child welfare practice with immigrant and refugee children and their families. *Child Welfare League of America*, 5, 537-562.

IRC Employee Perceptions of Refugee Resettlement

- Potocky, M. (1997). Predictors of refugee economic status: A replication. *Journal of Social Service Research, 23*, 41-70.
- Potocky, M., & McDonald, T. P. (1995). Predictors of economic status of Southeast Asian refugees: Implications for service improvement. *Social Work Research, 19*, 219-227.
- Potocky-Tripodi, M. (2001). Micro and macro determinants of refugee economic status. *Journal of Social Service Research, 27*, 33-60.
- Potocky-Tripodi, M. (2003). Refugee economic adaptation: Theory, evidence, and implications for policy and practice. *Journal of Social Service Research, 30*, 63-91.
- Refugee Council of Australia, (2012). Working Group Resettlement Meeting. Retrieved from http://www.refugeecouncil.org.au/news/current/1202_WGR_overview.pdf
- Refugee Council of the U.S. (RCUSA), n.d. *History of the U.S. resettlement program*. Retrieved from <http://www.rcusa.org/index.php?page=history>
- Refugees International (n.d.). Press Release on Death of Kenneth Bacon. Retrieved from <http://www.refugeesinternational.org/ken-bacon>
- Robinson, V. & Caroline Coleman, C. (2000). Lessons learned? A critical review of the government program to resettle Bosnian quota refugees in the United Kingdom. *International Migration Review, 34*(4), 1217-1244. Retrieved from <http://www.jstor.org/stable/2675980>
- Rankin, P. (2006/2007). Exploring and describing the strength/empowerment perspective in social work. *IUC Journal of Social Work, 14*. Retrieved from http://www.bemidjistate.edu/academics/publications/social_work_journal/issue14/articles/rankin.htm

IRC Employee Perceptions of Refugee Resettlement

- Rounds, J. B., & Armstrong, P. I. (2005). Assessment of needs and values. In S. D. Brown & R. W. Lent (Eds.) *Career development and counseling: Putting theory and research to work*. Hoboken, NJ: Wiley.
- Ryan, D., Dooley, B., & Benson, C. (2008). Theoretical perspectives on post-migration adaptation and psychological well-being among refugees: Towards a resource-based model. *Journal of Refugee Studies*, 21(1). Oxford, England: Oxford University Press.
- Saleebey, D. (1996). The strength perspective in social work practice: Extensions and cautions. *Social Work*, 41(3), 296-305.
- Saleebey, D. (1999). The strengths perspective: Principles and practices. In B. R. Compton & B. Galaway. *Social work processes* (6th ed.). Pacific Grove, CA: Brooks/Cole. 14-23.
- Saleebey, D. 2001. *The strengths perspective in social work practice* (3rd ed.) Boston: Allyn & Bacon.
- Scheinfeld, D., Wallach, L. B., & Langendorf, T. (1997). Strengthening refugee families: Designing programs for refugee and other families in need. Chicago, IL: Lyceum Books.
- Schwandt, T. A. (2003). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In N. K. Denzin, & Y. S. Lincoln, *The landscape of qualitative research: Theories and issues* (2nd ed.) (pp. 292-331). Thousand Oaks, CA: Sage Publishing Company.
- Shah, S. A. (2007). Ethnomedical best practices for international psychosocial efforts in disaster and trauma. In J. P. Wilson & C. C. So-Kum (Eds.) *Cross-cultural assessment of psychological trauma and PTSD*. New York: Springer-Verlag New York, LLC.
- Shaw, S. & Poulin, P. (2011). International rescue committee: Extended case management program evaluation. Unpublished report.

IRC Employee Perceptions of Refugee Resettlement

Shrestha, C. (2011). Power and politics in resettlement: A case study of Bhutanese refugees in

the U.S. A. *New Issues in Refugee Research*. [Research paper 208]. Retrieved from

http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_608.pdf

Singer, A. & Wilson, J. H. (2006). *From there to here: Refugee resettlement in metropolitan*

America. The Brookings Institution Living Cities Census Series. Retrieved from

http://www.brookings.edu/~media/Files/rc/reports/2006/09demographics_singer/200609

[25_singer.pdf](http://www.brookings.edu/~media/Files/rc/reports/2006/09demographics_singer/200609)

Stuart, J & Ward (2011). *A question of balance: Exploring the acculturation, integration and*

adaptation of Muslim immigrant youth. *Psychosocial Intervention*, 20(3), 255-

267. Retrieved from <http://dx.doi.org/10.5093/in2011v20n3a3>.

The Sphere Project.(2011). The sphere handbook 2011: Humanitarian charter and minimum

standards in humanitarian response. Retrieved from

<http://www.sphereproject.org/content/view/720/200/lang,english/>

Stake, J. (1994).Case studies. In N. Denzin& Y. Lincoln (Eds.) *Handbook of*

Qualitative research (pp. 236-247), Newberry Park, CA: Sage Publications.

Strauss, A. (1993). *Qualitative data analysis*. New York: Cambridge University Press.

Strauss, A. & Corbin, J. (Eds.) (1997). *Grounded theory in practice*. Thousand Oaks,

CA: Sage.

Tierney, K., Petak, J., William J., & Harlan, H. (1988). *Disabled persons and earthquake*

hazards. Boulder, CO: Program on Environment and Behavior, University of Colorado.

Monograph #46.

IRC Employee Perceptions of Refugee Resettlement

Tripodi, T., Epstein, I. & MacMurray, C. (1970). Dilemmas in evaluation: Implications for administrators of social action programs. *American Journal of Orthopsychiatry* 40(5), 850-857.

United Nations High Commission for Refugees (UNHCR). (n.d.). *About refugees*. Retrieved from http://www.unrefugees.org/site/c.lfIQKSOWFqG/b.4803645/k.8478/About_Refugees.htm

United Nations High Commission for Refugees (UNHCR). (n.d.) *What is a refugee?* Retrieved from http://www.unrefugees.org/site/c.lfIQKSOWFqG/b.4950731/k.A894/What_is_a_refugee.htm

United Nations High Commission for Refugees (UNHCR). (n.d.). *A new beginning in a third country*. Retrieved from <http://www.unhcr.org/pages/4a16b1676.html>

United Nations High Commission for Refugees (UNHCR) (2002). *Refugee Resettlement: An International Handbook to Guide Reception and Integration*. Retrieved from <http://www.unhcr.org/4a2cfe336.html>

United Nations High Commission for Refugees (UNHCR). (2011). *Hope wins out for Somali refugee heads to Salt Lake City for a new life*. Retrieved from <http://www.unhcr.org/4e6a345c6.html>.

United Nations High Commission for Refugees (UNHCR) (2000). *Immigration and Refugee Board of Canada and the United States*. Retrieved from <http://www.unhcr.org/refworld/topic,4565c22526,4565c25f31d,3ae6ad7f18,0,,CUB.html>

United Nations High Commission for Refugees (UNHCR). (n.d.). *Standards and indicators report*. Retrieved from <http://www.unhcr.org/pages/4a0183436.html>.

IRC Employee Perceptions of Refugee Resettlement

United States Department of Labor Bureau of Labor Statistics (2011). News release: *The employment situation*. Retrieved from <http://www.bls.gov/news.release/pdf/empisit.pdf>

United States Department of Labor Bureau of Labor Statistics (2012). News release: *The Employment Situation —February 2012*. Retrieved from <http://www.bls.gov/news.release/pdf/empisit.pdf>

United States State Department Bureau of Populations, Refugees and Migration (n.d.). *The U.S. refugees admissions program*. Retrieved from <http://www.state.gov/g/prm/c26471.htm>

United States State Department Bureau of Populations, Refugees and Migration (n.d.). *U.S. refugee admissions program: Reception and placement (R&P) program agencies FY 2012*. Retrieved from <http://www.state.gov/g/prm/rls/146403.htm>

United States Department of State. (2011). *FY 2011 Reception and placement basic terms of cooperative agreement between the government of the United States of America and the International Rescue Committee* (SPRMCO09CA008). Washington, DC: Government Printing Office. Retrieved from <https://rescuenet.theirc.org/programs/usprograms/coresectors/resettlement/Public%20Documents/PRM%20FY2011%20Reception%20and%20Placement%20Cooperative%20Agreement.pdf>

United States Health and Human Services. (2008). *Refugee economic self-sufficiency: An exploratory study of approaches used in office of refugee resettlement programs*. Washington D.C.: U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation.

United States Health and Human Services Office of Refugee Resettlement (n.d.). Data. Retrieved from <http://www.acf.hhs.gov/programs/orr/data/fy2011RA.htm>

IRC Employee Perceptions of Refugee Resettlement

- Veenhoven, R. (2007). Subjective measures of well-being. In M. McGillivray (Ed.) *Human well-being concept and measure* (pp. 214-240): Hampshire, England: Palgrave MacMillian.
- Wade, K. & Neuman, K. (2007). Practice-based research: Changing the professional culture and language of social work. *Social Work Health Care, 44*(4), 49-64. Retrieved from <http://www.ncbi.nlm.nih.gov.ezproxy.gc.cuny.edu/pubmed/17804341>
- Walsh, F. (2003). *Normal family process: Growing diversity and growing complexity* (3rd ed.). New York, NY: The Guildford Press.
- Weiss, C. H. (1998). *Evaluation* (2nd ed). New Jersey: Prentice Hall.
- Williamson, J. & Robinson, M. (2006). Psychosocial interventions or integrated programming for well-being? *Intervention, 4*(1), 4-25.
- Wilson, S. (2010). *Client-to-staff ratio at the International Rescue Committee U.S. Programs: Recommendations for optimal caseload*. Unpublished report.
- Wright, R. G. (1981). Voluntary agencies and the resettlement of refugees. *International Migration Review, 15*(1/2), 157-174. Retrieved from <http://www.jstor.org/stable/2545334>
- Würzer, J. & Bragin, M. (2009). Integrating the psychosocial dimension in women's empowerment programming: A guide for CARE country offices. Vienna: CARE Austria.
- Yakushko, O., Watson, M., & Thompson, S. (2008). Stress and coping in the lives of recent immigrants and refugees: Considerations for counseling. *International Journal for the Advancement of Counseling, 30*(3), 167.
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Yohani, S. C. (2008). Creating an ecology of hope: Arts-based interventions with refugee children. *Child and Adolescent Social Work Journal, 25*, 309–323. Retrieved from <http://www.springerlink.com/content/a78rq8848x485576/fulltext.pdf>