SIENKIEWICZ, HOLLY C., DrPH. Social Engagement Patterns of Refugees Resettled within a Settlement House. (2013)
Directed by Dr. Tracy R. Nichols. 127 pp.

Successful integration entails that refugees engage in both intra-ethnic social bonding and inter-ethnic social bridging. The settlement house model as an intervention has potential to increase social bonding and bridging amongst newly resettled refugees; however, little is known about the social interactions that occur within this model. This focused ethnography examined the social engagement patterns of refugees residing within a local settlement house.

Nearly 100 hours of observation were conducted and 36 refugee residents, settlement house staff and volunteers, and apartment management formally interviewed. Eligible participants spoke English, French, Vietnamese, Burmese, Chin or Karen and were at least eighteen years old. Thorough descriptions of the research environment were recorded. Themes were extracted from the data using a priori and emergent codes and constant comparison analysis was then conducted. Etic interpretations were applied to the data through memo writing and co-author feedback. Results represent a co-construction of events informed by both emic and etic perspectives. Due to unforeseen circumstances, the settlement house unexpectedly closed halfway through the study.

We found three primary types of social engagement occurring within a local settlement house—functional, communal, and exploratory engagement; the combination of all three is necessary for successful integration. The settlement house fostered inter-ethnic social bridging through functional and exploratory engagement and intra-ethnic social bonding through communal engagement.

When the settlement house closed, refugee residents lost access to all onsite exploratory engagement opportunities and many functional engagement services. Communal engagement persisted amongst refugee residents despite the closing. The loss of exploratory and functional engagement opportunities affected refugee residents differently due to contextual and cultural distinctions. Factors contributing to the decline of the settlement including communications challenges, low rapport, passive management styles, and ill-defined role delineations will also be discussed.

SOCIAL ENGAGEMENT PATTERNS OF REFUGEES RESETTLED WITHIN A

SETTLEMENT HOUSE

by

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A Dissertation Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirement for the Degree
Doctor of Public Health

Greensboro
2013

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CHAPTER I

INTRODUCTION

Statement of the Problem

Presidential determinations for 2011 allowed up to 80,000 refugees (Appendix A) the opportunity to resettle in the United States (U.S.) (Refugee Council USA, 2011). While the upper ceiling for presidential determinations is rarely met, acceptance numbers continue to increase since the temporary moratorium imposed on refugee resettlement as a result of the events of September 11, 2001. In the 2010 fiscal year, the U.S. accepted over 73,000 refugees for resettlement (Office of Refugee Resettlement, 2012). The state of North Carolina (N.C.) resettled more than 2,300 refugees that year (Office of Refugee Resettlement, 2012); approximately 35% of refugees arriving to N.C. resettled in Guilford County equating to roughly 800 refugees that year. The county receives an average of 700 to 800 refugees per year. Approximately half of Guilford County's refugees are resettled in the city of Greensboro, whereas the other half is resettled in High Point (personal communication Church World Service, 2010).

Social relationships are associated with one's overall physical and mental health and well-being (Berkman, Vaccarino, & Seeman, 1993), but relationships maintained by refugees are terminated on an exponential scale when compared with other populations (Simich, Beiser, & Mawani, 2003). Upon initial displacement from their countries of origin it is not unusual for refugees to experience loss of social networks via acute flight

and/or the death of loved ones (Pumariega, Rothe, & Pumariega, 2005). While there is

the opportunity that refugees may be re-united with loved ones upon arrival to various

refugee camps, the chance of this occurring is minimal. Social networks continue to

lessen in scope as refugees leave the temporary confines of refugee camps and are

selected for resettlement. While some refugees arrive with their nuclear family unit

intact, there is still the need to re-build depleted social networks after resettlement to a

new country. This is true for refugees arriving both as family units and as individual

cases (Simich et al., 2005).

It has been thought that the settlement house model via its four primary tenets of

maintaining a neighborhood focus, offering flexible programming, providing programs

for clients of all ages, and celebrating the cultural diversity of clients could potentially

increase the social networks of refugee and immigrant populations (Yan & Lauer, 2008).

A local bridging agency implemented two settlement houses within the city of

Greensboro. Approximately half of the city's annual refugee allotment is resettled under

this model. Within this context, refugees from around the world are resettled together in

the same apartment complex that offers onsite services within walking distance of

residents' homes. While the premise of the settlement house model is grounded in the

benefits of cultural diversity, currently there is little understanding of the intra- and inter-

ethnic engagement of refugees residing there.

It is posited that the settlement house model may increase the social support and

social integration of refugee residents. Living in this setting affords most refugees the

opportunity to establish both intra- and inter-ethnic social relationships with the other

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refugees residing there. While there may be opportunities for inter-ethnic interactions, the ways in which refugees interact with one another (if they interact at all) are unclear. Furthermore, in offering onsite service provision, refugee residents, in theory, do not have to leave the apartment complex as frequently; thus, there is the need to further explore the interactions of refugee residents with the larger Greensboro community as well.

Purpose of the Study

The use of the settlement house model appears to be a growing trend in refugee resettlement policy; however, little is known about its primary tenets of increased social support and social integration. Understanding the social interactions among refugees living within a settlement house will help determine future housing strategies for this population. Better insight as to who they are engaging with may also make the implementation or modification of programs and/or policies more conducive to facilitating social interactions amongst resettled refugees. This study seeks to explore the social engagement patterns of resettled refugees residing at a local settlement house. At this stage in the research, social engagement pertains to the both the intra-ethnic and inter-ethnic interactions that refugees experience within close geographic proximity of their residence.

Research Questions

Research questions specific to this qualitative study are as follows:

1. What is the shared experience of social engagement for refugees living within a settlement house?

a. How do refugees living within a settlement house experience social engagement intra-ethnically?

b. How do refugees living within a settlement house experience social engagement inter-ethnically?

c. What differences, if any, exist between the intra- and inter-ethnic social engagement experiences of refugees living within a settlement house?

2. How do refugees residing within a settlement house perceive their opportunities for social engagement with the larger Greensboro community?

CHAPTER II

REVIEW OF THE LITERATURE

Upon resettlement to the U.S., it is often presumed that newly arrived refugees are at an increased risk for mental health conditions. This assumption is often attributed to the tumultuous pre-migration risk factors associated with refugee status (Schweitzer et al., 2006). Risk factors such as war, torture, genocide, terrorism, natural disasters, and famine contribute to a higher incidence of mental health issues such as post-traumatic stress disorder (PTSD), anxiety, depression, and somatization than witnessed in the general population (Schweitzer et al., 2006; Lindencrona, Ekblad & Hauff, 2008; Gerritsen et al., 2006). While pre-migration trauma clearly contributes to the mental health of recently resettled refugee populations, post-migration experiences and biopsychosocial settings also affect the mental health of refugees (Schweitzer et al., 2006).

Distressing events that occurred in pre-migration settings clearly contribute to mental health ailments; however, post-migration challenges account for much of resettled refugees present day stress (Miller, 1999). Post-migration stressors include issues such as financial concerns, acculturation, loss of traditional ways of life, and forced modernization (Miller, 1999; Miller & Rasco, 2004). In Schweitzer et al.'s (2006) assessment of Sudanese refugees resettled in Australia, they note that the most commonly reported post-migration stressors pertain to worry regarding family back home (95%),

employment status (82.5%) and acculturation challenges (73%). Additional post-migration stressors include experiences of prejudice and discrimination and dismal housing conditions (Pumariega, Rothe, & Pumariega, 2005). The combination of such stressors has the potential to negatively impact one's mental and physical health. Increased social engagement and social support have the potential to alleviate and possibly negate symptoms associated with mental and physical health ailments (Uchino, 2009; Rook, 1984).

Disrupted Relationships

As documented above refugee populations experience unique mental health issues upon arrival to the U.S. These mental health issues can be exacerbated by disrupted social relationships (Simich, 2003; Simich et al., 2003). Relationships maintained by refugees are terminated on an exponential scale when compared with other groups (Simich et al., 2003). Disruptions to social relationships occur upon initial flight from the country of origin and continue through resettlement, as the loss of family members and social networks through separation and/or death is relatively common (Pumariega, Rothe, & Pumariega, 2005).

It is important to note that the social networks of refugees upon initial flight from their country of origin will differ based on whether or not they fled as anticipatory or acute refugees (Kunz, 1973). Anticipatory refugees are aware that there is potential danger in their country of origin and thus, plan their departure accordingly. The flight of anticipatory refugees tends to be more organized. Because of this, they typically depart their country of origin with more of their social network intact (i.e. immediate family

members). Acute refugees leave their home with little to no preparation at all. There is an immediate danger present which causes them to flee abruptly. They are less likely to arrive with intact social networks due to the disorderly nature of their departure (Kunz, 1973).

The cycle of relationship disruption often continues upon arrival to a refugee camp in a host country. It is not unusual for individuals residing in refugee camps to be "warehoused" in protracted refugee situations (PRS) for years or even decades (Loescher & Milner, 2005). Within long time frames such as these it is presumed that many new relationships may be initiated and formed. Many of these relationships inevitably end, however, as refugees repatriate back to their country of origin, integrate into their host society, or resettle to a third country such as the U.S. (Loescher & Milner, 2005).

Evidence also suggests that the process of migration and the formal application process can impact the relationships of refugees. Polygamy is still practiced in various regions of the world. The practice of having multiple spouses is not legal in the U.S.; thus, the U.S. will not accept multiple wives from the same family to be resettled as one family unit or as part of family reunification programs (Haines, 2010). Families seeking placement in the U.S. must either lie about such relationships on their application forms or elect to leave certain members behind. It is presumed that either of these options has the potential to greatly affect family dynamics and further disrupt the social relationships of refugees.

It is estimated that approximately ten percent of refugees relocated to western countries upon resettlement experience PTSD. Roughly five percent will display

symptoms of major depression, whereas four percent suffer from a generalized anxiety disorder (Fazel, Wheeler, & Danesh, 2005). These estimates indicate that approximately 300,000 of the 3 million refugees resettled in the U.S. since 1975 could have PTSD (Fazel et al., 2005). The statistics estimated by Fazel and colleagues are lower than one might see elsewhere. For instance, in a more recent study Lindert and others indicate that prevalence rates for depression amongst resettled refugees was a staggering 44% whereas prevalence rates for anxiety amongst the same group was 40% (2009). The side effects of PTSD among other mental health conditions have the potential to dramatically hinder a refugee's ability to form new relationships once resettled.

Post-resettlement Mental Health

The mental health of resettled refugees is not a static variable, but oscillates with time. The ways in which mental health changes post-resettlement, however, is debated in the literature. Having left behind imminent danger, Berry (1986) asserts that many refugees experience feelings of elation upon initial resettlement. Post-migration, refugees are placed in relatively safe environments and have high expectations for their economic and social adjustments (Stein, 1986). Berry posits that elations gradually diminish after several months, and a process of bereavement for the life refugees left behind begins (1996).

Research by Williams and Westermeyer (1986) and Prenice and Brook (1996) contest theories propagating initial euphoric periods. Williams and Westermeyer observed four main transitional phases with resettled refugee populations and theorize that the initial phase consists of a period of profound loss that traditionally lasts several

months (1986). Within this time period, refugees realize that they are virtually nonentities in their new community and experience loss of identity, culture, and professional status. At this point, many refugees contemplate returning home even though consequences of such actions may be dire (Zwingmann & Pfister-Ammende, 1973).

The second phase promoted by Williams and Westermeyer encompasses the first several years post-resettlement (1986). Within this period, refugees typically seek to re-establish prominence that they previously maintained in their new community. During this time refugees will often change jobs, attend school, or relocate to a neighborhood with higher like-ethnic concentrations.

The third phase occurs four to five years post-resettlement. In this stage, refugees typically have achieved various levels of cultural and linguistic adaptation, but realize the prestige previously held in one's country of origin will not be achieved by the first generation; resettlement is for the benefit of children and future generations. Resettled adult refugees acquiesce to a life of, "just surviving, acculturated enough to function but far from assimilated or integrated," (Stein, 1986, p. 15).

The final stage occurs approximately ten years or more after initial resettlement. At this time, refugees have achieved a degree of stability, but have not attained the prominence maintained prior to migration. This stage is typically associated with feelings of nostalgia and longing for the past (Williams and Westermeyer, 1986).

Resettlement and Building New Relationships

Refugee resettlement programs in the U.S. sponsor refugees and their families so that they have the opportunity to come to the U.S. and start a new life. Despite significant effort, refugee resettlement is hardly an orderly process. David Haines (2010) depicted the operations of these programs well when he observed that:

> The refugee resettlement program aims to take people whose lives have been utterly disrupted, whose kin and community networks—those most elemental of "safety nets"—have been attenuated and ruptured, whose expectations may never have been to come to America, who may know no English and have no exposure to an urban, industrial (or post-industrial) society, and turn them into functioning, successful Americans. (p. 7)

Thus, the process of resettling refugees and assisting to rebuild their social networks is difficult for many reasons. Furthermore, it has been noted that refugees are "triply disadvantaged" when trying to build their new life (Haines, 2010). To begin with, they have often endured brutality inconceivable to many Americans of which the pain and/or memories are not easily relinquished. Many find themselves caught in a "past that [will] not go away and [a] future that [will] not arrive—[at least] not easily anyway," (Haines, 2010, p. xii). Additionally, the loss of social ties is much more pronounced with refugees than with other immigrant populations, and lastly, they often lack existing support structures upon arrival that are vital to the successful adjustment of migrant groups. Interventions, however, have been developed that may be able to assist with their process of adjustment.

Israel (1982) among others developed a typology of social network interventions consisting of five different ways of generally enhancing social engagement and increasing social support specifically. These five categories include improving existing networks, creating new relationships, improving relationships via the use of natural helpers, improving networks via community capacity, and a combination of the previously mentioned strategies. While many refugee populations that have resettled in the U.S. could benefit from all the intervention types referenced above, developing new social network linkages is central to this population (Simich, 2003; Simich et al., 2005). Creating new relationships is most helpful when "the existing network is small, overburdened, or unable to provide effective support," (Heaney & Israel, 2008). This scenario most accurately reflects the position of resettled refugees. Refugees' social networks have been greatly disrupted since initial flight from their country of origin, and new forms of support are often needed in response to major transitions such as an international migration and to assist with navigating a new social system (Simich et al., 2005).

Berkman (1995) indicates that to enhance health outcomes among vulnerable populations, "we will need to focus on preventive efforts that, at their core, promote social support and develop family and community strengths," (p. 251). Furthermore, she cites that, "it now seems clear that we should take the next step forward to develop psychosocial interventions whereby we might attempt to alter or modify social networks and support," for the improvement of health (Berkman, 1995, p. 250). The settlement

house model is one example of an intervention that has the potential to enhance social support among resettled refugee communities.

Settlement House Model

Settlement houses originated in the late 1800s and have had a long history in the U.S. (Ramey, 1992; Addams, 1999). They utilize geographic proximity to connect immigrant and refugee communities with social ties and resources (Yan & Lauer, 2008). With the initiation of the first settlement house, Toynbee Hall, a primary goal of the movement has been to reduce racial and ethnic segregation among community residents (Abel, 1979) and assist immigrant populations with successful integration into the host society (Fisher, 2005). Additionally, settlement houses assist newcomers in establishing social connections in their new society (Yan & Lauer, 2008). While cultural diversity is generally appreciated and encouraged, it is important to note that many settlement houses encourage cultural assimilation at the expense of cultural pluralism (Lissak, 1989). The past two decades have experienced a resurgence of the settlement house movement in the form of neighborhood houses and community centers being established in cities with high influxes of immigrants and refugees around the world.

Settlement house models utilize a community-based service model to enhance social service delivery, encourage community building, and promote social justice (Fabricant & Fisher; Yan, 2004). The comprehensive model focuses primarily on social, educational, humanitarian, and civic engagement (Lasch, 1965) and offers programs that are adapted to address the needs of residents of all ages, within walking distance of residents homes, flexible in nature, and celebrate cultural diversity (Fisher, 2005).

Programs offered may include employment services, child care, counseling, and public health services (Yan, 2004). The majority of neighborhood houses and community centers operate on government and/or private grant funding. Thus, programming at many settlement houses has become fragmented and government directed instead of owned by community residents (Fabricant & Fisher, 2002; Koerin, 2003).

The city of Greensboro is a viable resettlement option for many refugees arriving to the U.S. The housing model that Greensboro utilizes with refugee resettlement is rather unique, however. Within the past decade a local bridging agency implemented two modern-day settlement houses in effort to enhance service provision to refugee clients. These settlement houses consist of community development centers that offer various services to refugee residents. The original two community development centers were located at Hill Ridge apartment complex (established in 2004) and Magnolia Manor apartment complex (established in 2009) (Appendix B—the Community Center at Magnolia Manor has since closed. Staff and volunteers relocated to a new Center at Briar Creek in Fall 2012). In this arrangement refugees from around the world are located in one central location. Liberian, Bhutanese, Vietnamese and Montagnard populations reside primarily at one settlement house; whereas Congolese, Ethiopian, Burmese, Sudanese, and Vietnamese comprise the majority of the ethnic populations at the other settlement house. Outside of this model, these groups would typically not have the opportunity to interact with one another.

The community development centers at Hill Ridge and Magnolia Manor offer programming within walking distance of residents' homes such as English as a Second or

Other Language (ESOL), health education, after school tutoring, women's groups, festivals and cultural events, community gardens, and information and referral services. Programs vary according to population needs and are taught by AmeriCorps members and volunteers from the greater Greensboro community.

It is the existence of the community development centers and onsite service provision that constitute both Hill Ridge and Magnolia Manor as settlement houses. At both locations the community development center consists of two or three apartment units in a row. Apartment management donated these units to a local bridging agency with the understanding that resettlement agencies will continue to place refugees in units within the apartment complex, thus, raising occupancy rates.

Apartment units are not reserved specifically for refugees; other immigrants and native-born Americans may live there as well. Refugees are the majority, however, and comprise approximately 80% of the population at the Magnolia Manor apartment complex. Furthermore, the locations of these apartment complexes are not ideal and there are typically vacancies within the complex. While the locations of these apartment complexes may not be the best, there are built in advantages for the refugees residing there. It is posited that a social support network may exist between refugee residents due to the possibility of shared language, experiences, and cultural backgrounds.

It is important to note that not all apartment complexes housing refugees in Greensboro utilize this model. Due to limited funding this model has only been implemented in two apartment complexes. Refugees in other complexes do not have

access to community centers and must rely on their resettlement agency for information and referral pertaining to social services and service provision in general.

Isolation within the Settlement House

While virtually anyone can suffer the effects of social isolation, it appears as if non-English speaking populations are more apt to experience this phenomenon within the U.S. (personal communication R. Bailey, 2012). Anecdotally, the settlement house as a housing strategy in Greensboro can lead refugee residents to feel socially isolated and segregated from mainstream society. Few American citizens reside in the apartment complexes housing community development centers that are part of the settlement house movement. Resultantly, refugee residents may have minimal interaction with non-refugees, potentially creating feelings of isolation in reference to the larger Greensboro community. Isolation is further noted in the form of refugees who arrive on their own in comparison to those who are resettled as a family unit (Ager, Malcolm, Sadollah, & O'May, 2002). Recently arrived refugees are aware of and have access to few resources outside of their localized resettlement site. Language barriers, limited access to transportation, and unemployment status contribute to limited social network size (Rook, 1984; Simich, 2003).

Furthermore, local anecdotes indicate that certain language clusters may also experience disproportionate degrees of social isolation. For instance, one of the Greensboro apartment complexes housing a community development center is comprised of many refugees from the French-speaking Democratic Republic of Congo (DRC). However, at the same apartment complex, there are just two families from Ethiopia and

one family from Iraq, neither of which speaks French. Not only are these non-French speaking families segregated from mainstream society, but they are also segregated amongst the refugees resettled within their own apartment complex as a result of language and cultural barriers.

Because of the segregated way in which refugees are resettled, they have little interaction with members from the greater Greensboro community. Clusters of recently resettled refugees in Greensboro, N.C. have yet to establish "strong ties" as depicted by Granovetter (1973). While family units display strong cohesion, this trait does not necessarily apply to refugee communities as a whole. Whereas resettled refugee communities are mostly void of strong ties, they also lack the invaluable networks of weak ties. The social networks of newly arrived refugees are extremely limited and consist primarily of other refugees. The established networks of refugees align closely with the networks of other refugees. Because of this, they have limited ability to expand their social networks via introductions by those inside their social circle to those outside of their social circle (Granovetter, 1973).

While the settlement house model has been implemented throughout the world and in parts of the U.S., there is little research exploring social engagement and social relationships formed in this context. Yan and Lauer (2008) indicate that the settlement house model should be examined in terms of its facilitation of social engagement consisting of both social integration and social support. It could be conceived that refugees living within this model may not integrate into the host society as well since they have access to onsite services and therefore, do not have to leave their apartment

complex as frequently as refugees resettled under a different model. In terms of social

support it could be presumed that it would increase since refugees would be living in

close proximity to other refugees whom may potentially share a common plight and be in

need of similar services (Yan & Lauer, 2008). However, these concepts need to be

further explored as there is a lack of specific research on the ways in which settlement

houses promote the connection of residents with one another.

Social Engagement and Health

The primary components of social engagement consist of the overall, "degree of

participation in a social setting and the ability to initiate and be receptive to social

interactions," (Dupuis-Blanchard, Neufield, & Strang, 2009; Harwood, Pound, &

Ebrahim, 2000; Kiely, Simon, Jones, & Morris, 2000). As social beings, humans desire a

variety of social relationships. These relationships influence the individual in many ways

and contribute to one's sense of identity, confidence levels, and overall health and well-

being (Dupuis-Blanchard et al., 2009). Furthermore, information and resources are

accessed via social networks, and greatly impact future opportunities of the individual

(Lin, 2001).

The benefits associated with social engagement and social support are not

exclusive to a particular population or disease. Social engagement via social support

specifically benefits refugee populations in a number of ways such as increasing feelings

of empowerment, easing social integration, building networks, sharing problems and

experiences with others, and decreasing stress (Simich et al., 2005). Furthermore, the

establishment of supportive relationships is a component of successful relocations

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(Sugihara & Evans, 2000). However, it is difficult to be socially engaged after having recently relocated to a new setting; thus, not all of the benefits of social support and social networks are available to recently resettled refugee populations. At a time when social support is needed most, few refugees have intact social networks to help mitigate the stress associated with a transnational migration.

Social Bonding, Social Bridging and Social Linkages

Social bonding, social bridging, and social linkages are concepts often cited within the social capital literature (Narayan, 1999; Szreter & Woolcock, 2004), but are commonly discussed in reference to the settlement house model as well (Yan & Lauer, 2008; Schneider, 2009). Szteter and Woolcock (2004) argue that social bonding, social bridging, and social linking are all vital to one's health and well-being, and social bonding specifically has been cited as contributing to an individual's overall health more so than the benefits of social networks and social support (Poortinga, 2006).

Individuals partaking in social bonding have a similar trait or characteristic that unites them in some fashion. In reference to refugee populations social bonding consists of refugees of the same ethnic background, religion, nationality, etc. of which ethnic bonding is most common. Ethnic communities provide practical support and resources valuable to recently arrived refugees and can assist to connect newcomers to the larger community (Haines, 2010). Social bonding tends to strengthen ties within one's social network (Harpham, Grant, & Thomas, 2002). It is important to note that bonding ties have been associated with homogeneity and the reinforcement of group identities (Yan & Lauer, 2008).

Social bridging between newcomers and members of the local community is vital to the successful integration of resettled refugees (Yan & Lauer, 2008). Social bridging consists of forming new ties with others different from oneself. This would include refugees of different ethnicities establishing new connections. Social bridging is thought to create more opportunities for individuals through use of their extended network (Harpham et al., 2002) and specifically is associated with increased access to information and work opportunities (Granovetter 1973, 1983), job mobility (Lin & Dumin, 1986), and job promotions (Burt, 1992). It is important to note the adaptability of refugees. In the absence of ethnic kin, many refugee groups seek out inter-ethnic relationships with other refugee groups thus, enhancing their social networks via social bridging (Haines, 2010).

Social linkages refer to institutions or organizations within one's community. For refugee populations this could mean connecting with an organization that offers employment services or English language classes. In reference to individuals' relationships with one another, Putnam (2000) discusses social capital in terms of bridging and bonding only. This is not to negate the importance of social linkages but one's association with an agency or organization is often linked to staff that work there and is not solely associated with the organization itself. Thus, this study will elect to examine the social bonding and social bridging of refugees only.

Constraints are often associated with social bridging more so than social bonding. Individuals who are different from those around them experience more challenges when initiating social relationships (Rook, 1984). Lack of resources (i.e. time, money) to participate in social activities are very real restraints for many including newly arrived

refugees. Geographic location and physical distance also represent constraints to forming new relationships (Rook, 1984).

The settlement house model is a structural change intervention that has the potential to increase social bonding and social bridging within the refugee community. This model can facilitate both intentional and unintentional network building in addition to restructuring the communities in which they are located. Settlement houses also are likely to serve as bridges connecting diverse communities with those residing within a settlement house (Reinders, 1982). The philosophy of social bridging is an underlying tenet of settlement houses often enacted via the encouragement of social networking, building community, and fostering a sense of belonging for newcomers (Yan & Lauer, 2008).

Granovetter (1973) posits that during transitions networks need to be larger, more diffuse, and consist of less intense connections. Networks of this composition are more apt to facilitate outreach and encourage the sharing of information. Unfortunately, during transitions, the support networks of refugees are at their lowest at a time when they are needed most. Therefore, there is the need to strengthen all levels of social support including both strong and weak ties. Current refugee resettlement practices attempt to relocate immediate family members to the same destination; however, that is not the case for extended families. Extended families are not even guaranteed resettlement in the same country. More concerted efforts toward family reunification would help build informal, emotional support (Gorst-Unsworth & Goldenberg, 1998). In the interim,

however, the settlement house model has the potential to supplement social engagement and social support amongst recently resettled refugees.

Relocating Populations

Disruptions to social networks occur regardless of whether relocation is voluntary or forced. While the precipitators of refugee resettlement are quite different from that of other relocating populations, it is important to note the similarities that exist in reference to the disruptions of social networks. Similarities in research frameworks can be found in the literature with relocating older adults and traditional college students.

Relocating Older Adults

Aspects of the relocation of older adults to senior-designated apartment buildings or assisted living facilities are rather similar to the resettlement experience of refugees. Relocation for older adults is often preceded by stressful or traumatic events such as the decline of one's physical health or the death of one's partner (Armer, 1993; Cotter, Meyer, & Roberts, 1998). While perhaps not as extreme, these precipitators of relocation in the elderly are distressing events nonetheless and have the potential to impede one's social engagement when relocated to a senior living facility.

In a study by Dupuis-Blanchard and colleagues, social engagement by relocated older adults was experienced in the form of connections that provide feelings of security, casual interactions, opportunities to be supportive, and friendship connections (2009). Feelings of security pertained to older adults knowing that they were not alone and that there were others around in the event they needed help or assistance. Casual interactions consisted of greeting one's neighbors but having the conversation stop there.

Opportunities to be supportive of others consisted of little acts of kindness that manifested in the forms of getting the paper for a neighbor experiencing difficulty getting around or making holiday dinners for individuals unable to do so on their own. Friendship connections were also experienced with the elderly in the form of having connections to larger groups and visiting others apartments or having others visit one's own apartment. The manifestations of the types of social engagement depicted above may be applicable to refugees living within a settlement house.

The refugee population residing at Magnolia Manor is likely to experience social engagement in several of the forms depicted with relocating older adults. Social engagement in the form of casual interactions is more likely to be seen as many different languages are spoken and it may be difficult to communicate more than simple greetings with others. Opportunities to be supportive may also exist as refugees who have been in the country longer may be able to assist those who have just recently arrived. It is speculated that connections in the form of friendships are more likely to occur with refugees that share the same ethnicity or speak the same language. While not all forms of social engagement of relocating older adults are directly applicable to refugees within a settlement house model there are similarities that should be further explored.

Traditional College Students

The transition from high school to going away to college is viewed as a voluntary decision for most students. Some students may feel pressure to attend college from their parents or teachers and may outwardly be forced to enroll in a specific university; however, the experience of going away to college is viewed as a rite of passage by many.

Regardless of whether this decision is voluntary or not, there is a great deal of stress experienced by many students relocating to attend college. A decline in social support from family and friends is not uncommon (Lewis, Dickson-Swift, Talbot, & Snow, 2007), nor is a decline in mental health status (Kitzrow, 2003). Increased feelings of loneliness, depression, anxiety, and alienation are commonly reported amongst this population.

Relocating college students maintain one major similarity to recently resettled refugee populations. Often college attendance is perceived as a great opportunity and comes with the assumptions that one will be better off in the long run for having attended college. While relocation and initial adjustment period in particular are wrought with stress and anxiety, this decision is considered to be "worth it". The same is true for resettling refugees. While many refugees never fully adjust to their new society, the chance at resettlement is an opportunity afforded to less than one percent of all refugees (UNHCR, 2007). The opportunity is deemed "too good to pass up" and many parents realize that while they may experience many hardship as a result of relocating, that ultimately, this decision will be better for their children.

Similarities exist amongst the social engagement patterns of older relocating adults, traditional college students, and resettled refugee populations. While the precipitators and extent of relocation may differ greatly, the effects of stress and anxiety over relocating produce similar declines in mental health status regardless of the population. Social engagement has the potential to buffer or alleviate the negative

symptoms associated with relocation. Ways in which to foster social engagement amongst various populations should be considered further in future research.

Implications

It appears as if immigrant and refugee populations will continue to constitute a significant source of population growth in the U.S. in the coming years. Physical and mental health ailments have been documented in both populations and recently resettled refugees in particular. While increased social network size and enhanced social support have the potential to alleviate negative physical and mental health outcomes, resettled refugees often lack such networks and support. They arrive to the U.S. with little, if any, of their social network intact, and how best to facilitate the re-establishment of social networks and relationships remains unclear. A more comprehensive understanding of the social engagement of refugees within a settlement house will assist resettlement agencies to make informed decisions about refugee housing strategies. Furthermore, a better understanding of refugee social engagement patterns may influence programs themselves or the ways in which existing programs are offered to resettled refugees. The settlement house has the potential to enhance the depleted social networks of refugee residents; however, more research is needed that further explores the social engagement patterns of refugees resettled within this context.

Summary

A significant number of refugees continue to be resettled in Greensboro each year. About half of Greensboro's refugee population will be placed within a settlement house. It is thought that this model yields increased social support and enhances social

integration amongst its residents; however, little is known about this phenomenon in terms of intra-ethnic social bonding, inter-ethnic social bridging, and interactions with the larger Greensboro community in general. Consequently, this study seeks to explore 1) the collective experience of social engagement of refugees living within a settlement house; and 2) the perceived opportunities for engagement with the greater Greensboro community.

CHAPTER III

METHODOLOGY

Study Overview

This qualitative study sought to better understand the shared culture of refugees living within the context of a settlement house in Greensboro, N.C. Specifically the topic of social engagement was explored within the parameters of resettled refugees' collective residential experience. A focused ethnography (LeCompte & Schensul, 1999; Knoblauch, 2005) took place at Magnolia Manor, a settlement house located in southeast Greensboro. Data collection consisted of participant observations and interviews with refugees, center staff and volunteers, and apartment management. Multiple data collection methods were utilized in effort to better understand the social interactions refugees experienced within this unique post-resettlement context.

An ethnographic approach allowed me to focus on the shared cultural identity of refugees residing within a settlement house. I described and interpreted behaviors and beliefs of the collective whole via the collection and analyses of multiple forms of data. A focused ethnographic approach allowed for data collection to occur within a shorter period of time (LeCompte & Schensul, 1999). Focused ethnographies are a growing trend in social sciences and health research as they typically explore specific problems or social processes within localized communities or smaller group settings (Boyle, 1994).

The specific topic of social engagement of refugees within a settlement house served as the primary theme of this focused ethnography.

Research Design

An ethnographic approach to qualitative inquiry was appropriate for this study for several reasons. Through this approach I explored the social relationships and interactions of refugees within their natural context. Ethnographies provide a holistic account of the cultural phenomenon under study through the use of multiple forms of data collection (Fetterman, 1989). Both formal interviews and participant observations were used in this study. Interviews alone would not adequately capture how resettled refugees experienced social engagement. Participant observations permitted the inclusion of more reticent individuals, and allowed me to view the process of interactions, while interviews could only provide participants' perceptions of interactions. The interface of observations and participant interviews also permitted me to ask clarifying questions and gain a deeper understanding of what social engagement meant in this setting. Information gleaned from interviews guided when and where observations were conducted and helped facilitate what to look for. Multiple sources of data encouraged a cyclical process of collection and analysis that enabled me to continuously test hypotheses and theories against data gathered in the field (Boyle, 1994).

I conducted a focused ethnography to explore the social engagement and shared cultural identity of multi-ethnic resettled refugees residing within a settlement house. Data collection within a focused ethnography occurs over a shorter period of time and examines a specific angle of a social problem or social processes within a community

(LeCompte & Schensul, 1999; Boyle, 1994). Multiple forms of data were collected

within the natural context of resettled refugees to describe their accounts and generate

explanatory models about how resettled refugees think and act in their new setting

(Watson-Gegeo, 1988).

This focused ethnography utilized an interpretive or constructive paradigm

(LeCompte & Schensul, 1999). Within this paradigm it is believed that notions

individuals believe to be true about the world are socially constructed and can change

over time. Culture is construed by a group's different interpretations of reality within a

specified context (LeCompte & Schensul, 1999); these contexts then shaped how

individuals define the world around them. The setting of the research study was a crucial

element within the constructivist framework. The use of a local settlement house as the

setting of this ethnography enabled me to gain a better understanding of the construction

of the daily life experiences of refugee residents. Additionally, the constructivist

paradigm is participatory in nature as constructs can only be created via continuous

engagement with participants.

Pilot Work

While a preliminary pilot study on this topic was not conducted, I completed a

different study with refugee populations in Spring 2010. Through this study, I learned a

great deal about the process of interviewing refugees. For instance, prior to this study, I

was not cognizant of how many refugees worked the night shift. Members of the

research team knocked on participants' doors in the late morning and unintentionally

woke them up. Additionally, the audio-recording device affected certain participants'

responses. One participant who was known to complain in the community gave only very politically correct responses during the interview. She would even include that she loved the U.S. and was thankful to the government when questions on that topic were not being asked. With knowledge gleaned from the pilot study, I attempted to interview women when their husbands were not at home. Women often requested to be interviewed in their homes and wanted their family present for the interview but their partners often cut off their responses or responded for them. Based on these experiences, cultural, political, environmental, economic, and communication considerations gained from the prior research study were incorporated into the research design of the dissertation study.

Research Setting

The study took place at Magnolia Manor Apartment Complex in Greensboro, N.C. This apartment complex consisted of 178 apartment units; it was estimated that 250 refugees lived at Magnolia Manor. Other residents consisted of immigrant populations and several native-born American families of lower socio-economic status. Magnolia Manor was home to a Community Center, a settlement house established in January 2009 by a local immigrant and refugee bridging agency. While opened, the Community Center provided onsite services to refugee residents within walking distance of their apartments; the Center closed unexpectedly in August 2012.

All refugees living at Magnolia Manor were permitted to utilize the Community Center; however, not all refugee residents were cognizant of the resources it offered. The Community Center provided a variety of services for refugees including daily after-

school tutoring for children, a part-time nurse to answer medical questions and make referrals, free laundry facilities, a community garden, a computer lab, educational programs, a craft group for women, and ESOL classes. The Community Center also hosted several activities throughout the year such as health fairs, educational programs, and cultural events. In addition, staff members were onsite to assist refugees with questions and concerns outside the scope of services offered.

Formal Interview Sample

I conducted formal interviews with 36 individuals associated with the onsite Community Center. Interviewees included current refugee residents (10 Burmese, 9 "African," and 9 Vietnamese), past refugee residents (2 African), Center staff (n=2), Center volunteers (n=2), and apartment managers (n=2). Table 1 contains further details on demographic characteristics of refugee participants.

Interview participants were recruited via a combination of purposive and snowball sampling. Eligible participants spoke English, French, Vietnamese, Burmese, Chin or Karen and were at least eighteen years old. Most interviews were conducted in English (n=14), followed by Burmese, Chin, or Karen (n=10), Vietnamese (n=9), and French (n=3). The mean interview time was just over thirty minutes and ranged from ten to eighty-five minutes. In addition to formal interviews, informal conversations took place with no less than 115 Community Center staff and volunteers, apartment staff, and refugee, immigrant, and non-immigrant residents. Informal conversations were used to follow-up with formal interview participants, corroborate stories between parties, and ask general questions about the research setting.

Data Collection Procedures

All study procedures were approved by the university's Institutional Review

Board. I collected observational data in addition to interview data allowing for the

comparison of participants' behaviors with stated intentions. This resulted in nearly one

hundred hours of observation. Primary observation locations included English language

classes, community gardens, parking lots and outdoor space. Mean observation time was

just short of one and a half hours and ranged from fifteen minutes to almost six hours. I

took brief notes while in the field and expanded them into typed field notes immediately

after observation periods. Because the settlement house model was adapted to fit the

local context, I observed both settlement house and non-settlement house activities during

the same observation periods. Repeated field visits allowed for the testing of formulated

hypotheses and collection of additional data to address missing information (Fetterman,

1989). I collected multiple forms of data to develop a comprehensive understanding of

the various realities occurring within the emic perspective. Triangulation was used to

compare and contrast data obtained from different sources.

Participants selected the interview location; almost all refugees chose to be

interviewed in their own apartment. I interviewed non-refugee participants at their

homes, worksites, volunteer sites, and coffee shops. Non-English interviews were

interpreted in real time, audio-recorded (n=33), and transcribed verbatim. I typed all

notes from non-audio recorded interviews (n=3) immediately afterwards. After

consenting to the interview, I asked refugee participants about their initial impressions of

Magnolia Manor, current residential experiences, opportunities to meet new people, and

interactions with neighbors. Non-refugee participants were asked about their role at

Magnolia Manor, interactions with refugee residents, perceptions of engagement

opportunities for refugees, and observations of refugee residents. I asked all participants

if they could be contacted again with follow-up questions; over 45% of participants were

approached multiple times and amenable to answering additional questions.

Recruitment was affected by my past experience at the site. I served as a part-

time AmeriCorps member teaching cultural orientation classes at the Magnolia Manor

Community Center the year it opened—three years prior to the beginning of this study.

A prolonged absence from direct service involvement with the Center allowed me to re-

enter the scene with a relatively fresh outlook, while pre-established connections

facilitated access to the setting. When teaching orientation classes, I met and maintained

relationships with several refugee families. Families still residing at the complex

introduced me to newer residents. Prior trust established with the refugee community

helped me to build rapport with newer arrivals throughout this study. When talking with

participants from diverse cultures, I reminded myself of Gadamer's assertions that one

"cannot wholly grasp the mind of another," (Holloway & Biley, 2011). The duration of

time spent in the field and repeated conversations with the same individuals helped to

allay concerns related to this notion.

Data Analysis

Data preparation and analysis began with the first data collected. After interviews

were transcribed and observations documented, I uploaded all data to Atlas.ti. Wolcott

(1994) emphasized the three primary steps of ethnographic data analysis—description,

analysis, and interpretation. First I described the setting and interactions within the setting thoroughly via extensive field notes compiled after every interview and participant observation. Wolcott (1990) recommended writing a straightforward description of the scene with "no footnotes, no intrusive analysis—just the facts, carefully presented and interestingly related at an appropriate level of detail," (p. 28). Specific attention was given to documenting acts and actors, activities, and settings in detail (Lofland & Lofland, 1995). The emic perspective was clearly represented in this stage of analysis (Fetterman, 1989).

I sought for emergent themes and patterns within the data in the analysis phase (Wolcott, 1994). In this stage I identified primary actors and the acts in which they engaged in at each observation site such as ESOL classes, the community garden, and so forth. An initial coding schema that included acts and actors, activities, settings, ways of participating, relationships, and meanings was used to facilitate the preliminary phase of analysis. This assessment led to the examination of more macroscopic perspectives such as behaviors and beliefs of the group under study (Lofland & Lofland, 1995). A set of a priori codes was established in addition to the codes above such as intra-ethnic interactions, inter-ethnic interactions, non-refugee community interactions, and so forth. Additional codes emerged from the data and were applied as well. I then compiled a codebook consisting of the codes, definitions of the code, and examples of what the code is and what the code is not. Constant comparison analysis took place within codes and between codes. The development of matrices by ethnic group and interaction type facilitated the comparison process. I then developed typologies from the matrices.

Diagramming and visual representations helped to facilitate analysis (LeCompte & Schensul, 1999a).

In the interpretation phase I applied my own thoughts and speculations to the analysis and drew from additional theories and frameworks incorporating the etic perspective (Fetterman, 1989). Discussions with committee members also contributed to this phase. Results represented a co-construction of emic and etic viewpoints.

Validity

The findings of this study were validated in multiple ways. Triangulation was used to compare data collected from interviews and observations. Fetterman (1989) asserted that, "[triangulation] is at the heart of ethnographic validity, testing one source of information against another to strip away alternative explanations and prove a hypothesis," (p. 89). Participants were also interviewed in their neighborhood and typically their own homes. Thus, I was able to observe activities and interactions that took place within participants' natural environments. I also maintained detailed audit trails via extensive memo writing. Memos documented reflexivity throughout the duration of the study.

Time spent in the field was yet another demarcation of a quality ethnographic study. Boyle indicated that with a focused ethnography, time spent in the field typically ranged from three days to six weeks (1994). I spent eight months in the field from May through December 2012. This time equated to nearly 100 hours of direct observation of refugee residents.

Spindler and Spindler (1987) stated that the most important aspect of an ethnography was that it explained the given phenomenon from the "'natives' point of view," (p. 20). I talked with no less than 115 individuals during this study that contributed to the emic perspective. Spindler and Spindler further proffered additional elements contributing to a rigorous ethnography that included the contextualization of observations, in situ emergence of hypotheses, repeated observations, and the use of non-leading questions (Spindler & Spindler, 1987). All listed elements were incorporated into the research design of this study.

Limitations

As indicated by Matthews (2005), the limitations of a qualitative proposal often focus on the ways in which participants were recruited and the biases that ensue from the selection process. Findings should be viewed in light of study limitations. Refugees representing the largest language groups at Magnolia Manor were interviewed. Smaller clusters of refugees may have had unique experiences and perspectives not represented in this study. During formal interviews participants were asked to identify other refugee residents who may want to be interviewed. Introverted or socially excluded refugees were less likely to be suggested. To account for this I discussed the study with all residents encountered. Additionally, interpreters were familiar with the community and could recommend more reticent refugee residents.

Language abilities presented another limitation. I speak English and some French. Therefore, follow-up was easier with English and French-speaking refugees than it was with those speaking other languages. Cultural differences also existed between

myself and research participants. Participants were asked follow-up questions throughout

the duration of the study in attempt to clarify potential misinterpretations. Findings

represent a co-construction of events informed by both emic and etic perspectives.

Additionally, the use of real time interpretation, while cost-efficient, can be

methodologically limiting. Participants spoke rapidly at times causing interpreters to

paraphrase participants' quotes instead of interpreting them verbatim. At my request,

interpreters listened to audio-recordings of several interviews and transcribed larger

passages that had not been wholly interpreted at the time of the interview. Lastly,

because this study was bound by the apartment complex, resettlement agency staff were

not interviewed, and thus, not represented. One volunteer at the Community Center also

volunteered with a resettlement agency, but her perspectives do not necessarily reflect

those of the agency.

Time Frame of the Study

This study took one and a half years to complete. It began in May 2012 and

ended with a successful dissertation defense in October 2013.

Ethical Concerns

Several ethical issues arose at various stages of the research process. A key

design component of any ethnographic study is participant observation. I did not need

consent from individuals to observe them. To address this concern I explained the study

to all individuals in the research setting and asked for their consent when conducting

observations near their apartment unit—no one refused this request.

Ethical issues also pertained to the use of incentives. Incentives could not be too much that they were deemed coercive. The majority of refugee participants were un- or under-employed; offering too much of an incentive could have been viewed as an opportunity too good to pass up. Ten dollars cash was offered to refugee interview participants to compensate them for their time; not all participants accepted the compensation.

Another ethical arose in reference to communication with participants. I had a long-distance phone number; therefore, it would cost participants with pay-by-the-minute plans more to call my cell phone than it would cost them to call a local telephone number. To address this issue, I gave participants my office phone number (a local number) and checked voicemail messages regularly to offset the fees that participants would incur with pay-by-the-minute plans.

The use of soliciting participants for the contact information of others also had ethical ramifications. This process could have been viewed as an invasion of privacy by those whose contact information was distributed. To address this issue, I contacted the potential participants to inform them about the study. If the contacted party was uninterested, I did not contact them again and disposed of their contact information.

Another ethical issue pertained to identity. Participants had to be refugees to be included in this study. Setting refugee status as part of inclusion criteria is the norm for studies pertaining to refugee health. However, this specific criterion prompts the question, "At what point does a refugee stop being a refugee?" For individuals trying to

rebuild their lives and integrate into U.S. society, this study may have served as a

poignant reminder of a past they are trying to leave behind.

CHAPTER IV

SOCIAL ENGAGEMENT PATTERNS OF REFUGEES RESIDING WITHIN A NORTH CAROLINA SETTLEMENT HOUSE

Abstract

Both intra-ethnic social bonding and inter-ethnic social bridging are needed for refugees to successfully integrate into their host society. Upon resettlement connecting multi-ethnic refugees with local communities continues to prove challenging. In theory the settlement house model as an intervention has the potential to increase social bonding and bridging; however, little is known about the social interactions that occur within this model. This focused ethnography examined the social engagement patterns of refugees residing within a local settlement house. Due to unforeseen circumstances, the settlement house closed ten weeks after the study began. Nearly 100 hours of observation were conducted and 36 refugee residents, settlement house staff and volunteers, and apartment management interviewed. We found three primary types of social engagement that occurred within this context—functional, communal, and exploratory engagement; the combination of all three is necessary for successful integration. The settlement house fostered inter-ethnic social bridging through functional and exploratory engagement and intra-ethnic social bonding through communal engagement. When the settlement house closed, refugee residents lost access to all onsite exploratory engagement opportunities

and many functional engagement services. Communal engagement persisted amongst refugee residents despite the closing. The loss of exploratory and functional engagement opportunities affected refugee residents differently due to contextual and cultural distinctions.

Key Words: refugees, social engagement, social integration, settlement house, focused ethnography

Introduction

In 2012, just over 2,200 refugees resettled in twenty counties throughout North Carolina (N.C.) (NCDSS, 2013). Guilford County typically resettles between one-quarter and one-third of all refugee arrivals for the state (NCDSS, 2013). Increased cognizance of immigration into the U.S. (including refugee resettlement) has intensified interest in integration policies and local community cohesion (Fix, 2007). While integration remains a much contested term, the U.K. Home Office defined it as a "dynamic, multi-faceted two-way process which requires adaptation on the part of the newcomers, but also the society of destination," (2003). This definition requires that inter-ethnic interactions occur between refugee arrivals and native residents; however, connecting refugees with local communities continues to prove challenging.

Theories often emphasize the multi-faceted components of integration including economic, social, and cultural aspects (Zetter et al., 2002; Ager & Strang, 2008). In practice, however, economic integration remains the focal point of many refugee resettlement programs in the U.S. The overarching goal of N.C.'s Refugee Assistance Program cites the attainment of "early economic self-sufficiency" (NCDSS, 2013).

While refugee resettlement programs have always advanced functional components of integration (Korac, 2003), the benefits of social integration have garnered recent attention (Goodson & Phillimore, 2008).

Since Putnam's seminal work on social capital, the concepts of social bonding and social bridging have become common discourse in refugee resettlement practice (Putnam, 2000; Simich et al., 2005; Yan & Lauer, 2008). Szreter and Woolcock (2004) argue that these concepts are vital to the health and well-being of resettled refugees. Refugees without access to an ethnic community were significantly more likely to experience depression than refugees with ties to ethnic communities (Beiser, 1993). While the presence of an ethnic community has benefits, it can also deter integration by slowing language acquisition and decreasing the probability of establishing inter-ethnic friendships (Beiser & Edwards, 1994).

Social bonding occurs when individuals connect as a result of a similar trait or characteristic. Common bonding characteristics include ethnic background, religion, and nationality among other attributes. Social bonding provides resettled refugees with tangible resources, emotional support, capacity building resources, and a sense of safety (Ager & Strang, 2004; Atfield et al., 2007). Intra-ethnic social bonding facilitates integration by enabling newly arrived refugees to feel "settled" in their new environment (Ager & Strang, 2008).

Social bridging occurs when resettled refugees form ties with the local community or refugees from diverse backgrounds (Yan & Lauer, 2008). Social bridging is thought to create new opportunities for refugees through the use of extended networks

(Harpham et al., 2002) and is associated with increased access to information and work opportunities (Granovetter 1983). Small acts of kindness, such as greetings and gestures, by local communities help to solidify refugees' sense of belonging in their new environment (Ager & Strang, 2008).

Refugee integration with local communities is unlikely to occur on its own. Daley suggests that practical community interventions are necessary to foster inter-ethnic cohesion (2007). The settlement house model is a community intervention with potential to increase social bonding and bridging amongst refugee populations. Settlement houses connect refugee communities with local resources (Yan & Lauer, 2008) through use of a community-based service model (Fabricant & Fisher, 2002; Yan, 2004). Programming is offered for multi-generational clients within walking distance of their homes. Services provided are based on client needs and incorporate culturally diverse elements (Fisher, 2005). English language courses, child care, employment assistance, information and referral services, and health education programs are commonly offered through settlement houses (Yan, 2004).

Responses to address integration concerns include the development of broad policies and conceptual frameworks. While these tools are useful, they do not address community cohesion and integration at the local level, nor do they focus on specific interactions of diverse ethnic groups (Daley, 2007). Few studies have examined the social engagement patterns of resettled refugees and local communities (Castles et al., 2002) and those that have often limited reporting to one or two ethnic groups (Yu et al., 2007). Furthermore, integration occurring within the settlement house model has not

been adequately explored. While settlement houses have a long history of connecting immigrant communities with host societies (Addams, 1999), little is known about intra- and inter-ethnic interactions and the degree in which they occur within this model (Yan & Lauer, 2008).

By examining interactions occurring within a settlement house model, practitioners will have a better understanding of aspects likely to increase social bridging and bonding. This knowledge can then advise refugee resettlement practice at state and local levels. Researchers can then advocate for housing strategies likely to increase engagement; thus, contributing to enhanced health and integration outcomes for refugee residents.

The purpose of this ethnographic study was to understand the social engagement patterns (i.e. social bonding and social bridging) of refugees living within a settlement house. A modified version of Dupuis-Blanchard and colleagues definition of social engagement was used for this study. Thus, social engagement represents an individual's "degree of participation in a…setting and the ability to initiate and be receptive of…interactions [occurring within that setting]," (Dupuis-Blanchard, Neufield, & Strang, 2009). The contextual variations in social engagement patterns between multi-ethnic refugees living in this setting were also examined.

Methods

Approach

I conducted a focused ethnography to explore the social engagement and shared cultural identity of multi-ethnic resettled refugees residing within a settlement house.

Data collection within a focused ethnography occurs over a shorter period of time and examines a specific angle of a social problem or social processes within a community (LeCompte & Schensul, 1999; Boyle, 1994). Multiple forms of data were collected within the natural context of resettled refugees to describe their accounts and generate explanatory models about how resettled refugees think and act in their new setting (Watson-Gegeo, 1988).

This focused ethnography utilized a constructive paradigm with the belief that notions individuals deem to be true about the world are socially constructed and can change with time. Culture is construed by a community's different interpretations of reality within a specified context (LeCompte & Schensul, 1999). The settlement house apartment complex as the setting of this study was a vital element within the constructivist framework and allowed for a better understanding of the construction of the daily life experiences of refugee residents.

Setting

This focused ethnography took place at a settlement house (Magnolia Manor) in Guilford County, N.C. Historically Guilford County has been the largest refugee receiving county in the state, making it an ideal setting for the study. The Community Center at Magnolia Manor operated under an adapted version of the settlement house model. The Center was housed in three consecutive units within an apartment complex, and functioned under the auspices of a local bridging agency that provided support services to refugees outside the scope of services received by resettlement agencies. Apartment management donated the units to the bridging agency with the understanding

that two area resettlement agencies would continue to place refugees within the complex, thus, raising occupancy rates. Due to unforeseen circumstances, the settlement house permanently closed ten weeks after the study began. The Center was staffed by AmeriCorps members and relied heavily on volunteers. The Community Center, residents, staff, volunteers, and apartment management are all referred to by pseudonyms.

The apartment complex houses 178 individual units and approximately 250 refugees (80% of the total population). Non-refugee residents living at Magnolia Manor consist of immigrants (primarily from Mexico and Latin America) and native-born American families of lower socio-economic status. Refer to appendices F and G for a map of apartments in the complex by country of origin.

Sample

I (the lead author) conducted formal interviews with 36 individuals associated with the Community Center. Interviewees included current refugee residents (10 Burmese, 9 "African," and 9 Vietnamese), past refugee residents (2 African), Center staff (n=2), Center volunteers (n=2), and apartment managers (n=2). Table 1 contains further details on demographic characteristics of refugee participants.

Interview participants were recruited via a combination of purposive and snowball sampling. Eligible participants spoke English, French, Vietnamese, Burmese, Chin or Karen and were at least eighteen years old. Most interviews were conducted in English (n=14), followed by Burmese, Chin, or Karen (n=10), Vietnamese (n=9), and French (n=3). The mean interview time was just over thirty minutes and ranged from ten to eighty-five minutes. In addition to formal interviews, informal conversations took place

with no less than 115 Community Center staff and volunteers, apartment staff, and

refugee, immigrant, and non-immigrant residents. Informal conversations were used to

follow-up with formal interview participants, corroborate stories between parties, and ask

general questions about the research setting.

Table 1. Refugee Participant Demographic Characteristics

Country of Origin, n (%)	
Burma	10 (33.3)
Central African Republic	1 (3.3)
Chad	1 (3.3)
Democratic Republic of Congo	4 (13.3)
Former residents of Magnolia Manor	2 (6.7)
Ethiopia	1 (3.3)
Liberia	2 (6.7)
Sudan	2 (6.7)
Vietnam	9 (30.0)
Sex, n (%)	
Male	14 (46.7)
Female	16 (53.3)
Age, mean ± SD years	44.3 ± 16.5
Length of time in U.S., mean ± SD months	29 ± 14.9
Employment Status, n (%)	
Employed	13 (43.3)
Unemployed	17 (56.7)
Marital Status, n (%)	
Married	25 (83.4)
Single	1 (3.3)
Engaged	1 (3.3)
Divorced	1 (3.3)
Separated by circumstance	2 (6.7)

Data Collection Procedures

This study's research questions sought to examine the social engagement patterns

of refugees residing within a settlement house. Interviews alone would not adequately

capture how resettled refugees experienced social engagement; thus, participant observations were vital to the study and allowed me to view interaction processes and include less socially engaged individuals. The interface of observations and interviews also permitted me to ask clarifying questions gaining a deeper understanding of what social engagement meant in this setting. Information gleaned from interviews guided when and where observations were conducted and helped facilitate actions to look for. Multiple sources of data encouraged a cyclical process of collection and analysis that enabled me to continuously test hypotheses and theories against data gathered in the field (Boyle, 1994).

All study procedures were approved by the university's Institutional Review Board. Data collection occurred from May through December 2012. I collected observational data in addition to interview data allowing for the comparison of participants' behaviors with stated intentions, resulting in nearly one hundred hours of observation. Primary observation locations included English language classes, community gardens, parking lots and outdoor space. Because the settlement house model was adapted to fit the local context, I observed both settlement and non-settlement house activities during the same observation periods. Mean observation time was just short of one and a half hours and ranged from fifteen minutes to almost six hours. I took brief notes while in the field and expanded them into typed notes immediately after observations. Repeated field visits allowed for the testing of formulated hypotheses and collection of additional data to address missing information (Fetterman, 1989). I collected multiple forms of data to develop a comprehensive understanding of the various

realities occurring within the emic perspective. Triangulation was used to compare and contrast data obtained from different sources.

Participants selected the interview location. Non-English interviews were interpreted in real time, audio-recorded (n=33), and transcribed verbatim. I typed all notes from non-audio recorded interviews (n=3) immediately afterwards. After consenting to the interview, I asked refugee participants about their initial impressions of Magnolia Manor, current experiences, interactions with neighbors, and opportunities to meet new people. Non-refugee participants were asked about their role at Magnolia Manor, interactions with refugee residents, and perceptions of engagement opportunities for refugees. I asked all participants if they could be contacted again with follow-up questions; over 45% of participants were approached multiple times and amenable to answering additional questions.

Recruitment was affected by my past experience at the site. I taught cultural orientation classes at the Magnolia Manor Community Center the year it opened—three years prior to the beginning of this study. A prolonged absence from direct service involvement with the Center allowed me to re-enter the scene with a relatively fresh outlook, while pre-established connections facilitated access to the setting. While teaching, I met and maintained relationships with several refugee families. Families still residing at the complex introduced me to newer residents. Prior trust established with the refugee community helped me to build rapport with newer arrivals throughout this study.

Data Analysis

Wolcott's (1994) three main phases of ethnographic analysis were used in this study including detailed description, thematic analysis, and interpretation. First, I recorded thorough descriptions of the research environment through field notes, audio-recordings, and photographs. Detailed narrative profiles emphasizing emic perspectives (Fetterman, 1989) were created for each group formally interviewed and critically assessed for missing information or unsubstantiated claims. I then returned to the field to collect additional data yielding a more comprehensive understanding of the phenomenon (Addison, 1992). Next themes and patterns were extracted from the data utilizing both a priori and emergent codes. I specifically looked at interaction patterns and activities that refugees engaged in while living within a settlement house. I developed preliminary engagement typologies based on types of interactions (Lofland & Lofland, 1995). For this analysis, interactions were defined as the process by which people act and react in relation to others. Interactions were categorized by examining the purpose of the interaction and then aggregated into engagement type.

Constant comparison analysis was conducted to both develop and refine interaction and engagement types as well as to identify contextual differences between ethnic groups. Specifically behaviors and activities that each ethnic group engaged in were compared and contrasted within and across groups. The use of matrices detailing ethnic groups and specific interactions facilitated the comparison process. Lastly, etic perspectives were applied to the data in the interpretation phase via extensive memo

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writing and feedback provided by co-authors. Results represent a co-construction of events informed by both emic and etic perspectives.
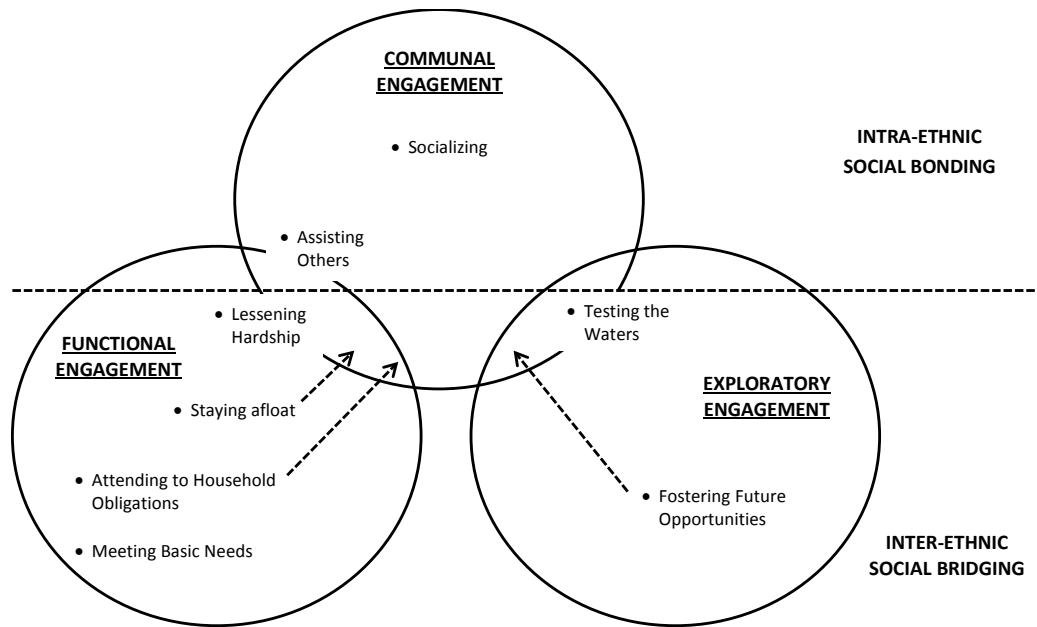
Results

By examining patterns of intra- and inter-ethnic interactions (both reported and observed) within the boundaries of the settlement house three types of social engagement emerged: functional, communal, and exploratory. Figure 1 portrays each engagement type with its corresponding interactions. Several interaction types reside in more than one type of engagement. This is represented by their placement within the overlapping circles. For example, Lessening Hardship and Assisting Others are represented in both Functional and Communal Engagement, while Testing the Waters overlaps with Exploratory and Communal Engagement. In addition, several interaction types may start in Functional or Exploratory Engagement but, over time, can, lead to Communal Engagement. These relationships are depicted by dotted arrows.   Figure 1 highlights how the results are interconnected and often mutually dependent on one another.

Functional Engagement

Functional Engagement is a pragmatic approach to engagement. Refugees that partook in this type of engagement carried out activities essential to their individual well-being or the well-being of their immediate family. Functional Engagement is comprised of interactions necessary to subsist in the U.S. Interactions are demarcated into the following categories: Meeting Basic Needs, Attending to Household Obligations, and Staying Afloat.

Figure 1. Types of Social Engagement at Magnolia Manor

Meeting Basic Needs. Meeting Basic Needs occurred when refugee residents did

not want to initiate contact with other parties, but felt compelled to do so. If not for the

situation in need of resolution, the groups would not interact with one another.

Interactions pertaining to Meeting Basic Needs tended to be sporadic. They occurred

intra- and inter-ethnically, but were more common between inter-ethnic populations. All

three major refugee groups at Magnolia Manor took part in interactions Meeting Basic

Needs; these interactions occurred most frequently with apartment management.

Examples of this type of interaction included communicating maintenance concerns and

explaining late rent payments. Table 2 provides select quotes and field notes representing

each type of interaction.

Table 2. Select Quotes and Field Notes Representing Types of Engagement and Interactions

Type of Engagement	Interaction	Select Quotes and Field Notes
Functional Engagement	Meeting Basic Needs	Water from the neighbor's apartment was leaking into Bernadette's living room. Meseret seemed appalled by this. She asked if the apartment had any other problems. Bernadette mentioned cockroaches and said that the apartment management never seems to finish this job. They start to spray and then they stop. The cockroaches are always there. Meseret was encouraging Bernadette to complain about this to the management. Bernadette shrugged her shoulders and changed the subject (Field Notes, 12/8/2012).
	Attending to Household Obligation	An older Vietnamese man walked by with a bag of trash. He placed it in the dumpster and then walked back. Honorine (from Central African Republic) waved and said, "Hi. How are you?" The man smiled, waved, and walked back into the apartment (Field Notes, 7/4/2012).
	Staying Afloat	The women would sit in groups based on their countries of origin--the Vietnamese with the Vietnamese, the Burmese with the Burmese, and the Africans all together…the groups were very exclusive and talked amongst themselves in the beginning but…this gradually began to change--especially if one woman was viewed as the expert in a particular craft or trade. The other women would begin asking "experts" various questions about that craft (Field Notes, 6/11/2012).
		Lucy Mawi is watering plants in the garden. The woman that followed her there is just outside of the garden. She is pointing to various parts of the garden. The two are conversing back and forth. It looks like the one woman is suggesting where to water next or indicating what else may need to be done (Field Notes, 7/16/2012).
Communal Engagement	Lessening Hardship	From where I am standing, I see Ngon, Long, and Phuong out walking. They turn right out of the driveway. They must be going to Food Lion. The three women usually go together (Field Notes, 9/13/2012).
		Bernadette told me that someone else is now living in this apartment. A man from Sudan, Gabriel, and his two daughters ages three and six…She told me that he moved in recently. She shares the one bedroom with her two boys and the two girls have the other room. Gabriel sleeps on the couch…Bernadette now watches his two girls while he is at work, and he helps with rent and food in return (Field Notes, 9/19/2012).
	Assisting Others	On my way out I ran into Sylviane. She was with Honorine right outside of Honorine's apartment. Both stopped and waved. Sylviane was driving Honorine to work (Field Notes, 8/11/2012).
	Socializing	Three Vietnamese men are now sitting outside of Phuong's apartment facing the children's garden. They are laughing and their voices are echoing throughout the apartment complex. All three lawn chairs are aligned in a row so that none of the men are facing each other and all have the same view (Field Notes, 8/31/2012).
		I see Theresa, a resident that used to live at Magnolia Manor. She

		was visiting Claudia today and was carrying a bag of charcoal. Her kids were with her. [Her kids still used the Community Center even though they moved away at least two years ago]…They are there to celebrate Claudia's birthday (Field Notes, 9/22/2012).
Exploratory Engagement	Testing the Waters	Yes, sometimes Bobbi asks all of us to come to her house and…dinner, lunch… [she] invite all…of the Vietnamese families over there…she come pick us up (Long, Vietnamese Resident).
		Yeah, [Jehovah's Witnesses] used to come to me for Bible study. I meet them in Magnolia Manor Center and they ask me if I believe in God…and then I called them, please…I want to know better, and they used to come to my home and teach me Bible study. I'm not a Jehovah's Witness…but there's something I want to know from them (Fatimah, Sudanese Resident).
	Fostering Future Opportunities	I drive up and see a congregation of Vietnamese residents. There is a larger white van coming the other way…The van is from the Senior Resources Center. It stops to pick up the residents. Seven Vietnamese men and one woman get in the van. They smile and wave to me as they climb in (Field Notes, 8/22/2012).

Attending to Household Obligations. Interactions stemming from Attending to Household Obligations were the byproduct of a primary action. If not for the chore or obligation, interactions would not have occurred. Interactions were not forced like they were with Meeting Basic Needs, but they consisted of superficial gestures and greetings. Interactions of this type required minimal effort. They tended to occur sporadically, but routines could develop from interactions of this type. Interactions while Attending to Household Obligations occurred both intra- and inter-ethnically and at times evolved into prolonged social encounters that lead to Communal Engagement. African, Burmese, and Vietnamese refugees all experienced this type of interaction. Examples within this category included greeting or receiving greetings from other residents while disposing of trash, preparing food, working on a vehicle, or waiting for the bus.

Staying Afloat. Interactions pertaining to Staying Afloat were a byproduct of another action or behavior that contributed to a family's economic well-being.

Interactions required minimal effort and were often superficial; at times, they could potentially transpire into genuine relationships. Staying Afloat interactions occurred repeatedly over an extended period of time with the same individuals. They occurred both intra- and inter-ethnically and were primarily observed amongst Burmese and Vietnamese women. Examples of this type of interaction included conversing with others while knitting, sharing gardening tips, or explaining craft techniques.

Communal Engagement

Communal Engagement consists of interactions that helped refugees prosper individually and collectively. The emphases of interactions were no longer solely related to individual or family needs. While some Communal Engagement interactions described below also constitute Functional Engagement, the foci of the interactions have shifted from individual necessities to the assistance and support of other refugees. Refugees that took part in Communal Engagement advanced beyond basic survival mode and began to settle into their new life in the U.S. Communal Engagement consists of the following interactions: Lessening Hardship, Assisting Others, and Socializing.

Lessening Hardship. Interactions to Lessen Hardship occurred simply to make life easier for oneself, while simultaneously advancing the positions of others. At times refugee residents pooled their collective knowledge to accomplish certain tasks or figure out a problem. These interactions were a byproduct of the primary action and their focus pragmatic. Interactions to Lessen Hardship consisted of individuals joining with others to improve their own well-being; interests of the individual remained primarily self-serving. Resultantly, Lessening Hardship could be categorized as both Functional

Engagement and Communal Engagement. Lessening Hardship interactions were likely

to be surface level, but evolved into deeper interactions at times. They were also usually

sporadic, but could progress into regular occurrences. Interactions of this type occurred

intra-ethnically. African and Vietnamese women in particular were observed

participating in this type of interaction. Examples of interactions to Lessen Hardship

included sharing apartments and women grocery shopping and figuring out how to make

social service appointments together.

  Assisting Others. Assisting Others consisted of sharing both tangible and

intangible resources with others—typically one's neighbors. This type of interactions

entailed refugee residents appropriating resources amongst the larger group. Assisting

Others is the first interaction described that was not the byproduct of a different action;

the primary action included aiding others in need. When Assisting Others, the focus

shifted from interactions that benefitted oneself and one's immediate family to

interactions benefitting others. Interactions that Assist Others could be viewed as a form

of collective survival. This category is distinct from Lessening Hardship, because

refugee residents Assisting Others did not tangibly gain from the interaction; motivations

appeared altruistic and genuine. Assisting Others tended to occur continuously over time.

Interactions under this category were more common amongst one's own ethnic group but

could be displayed inter-ethnically as well. African and Burmese refugees at Magnolia

Manor were more likely to engage in interactions of this type. Examples of interactions

to Assist Others included offering a ride to those lacking transportation, sharing tools and

gardening supplies, babysitting one another's children, and communicating information about crime.

Socializing. Socializing interactions occurred when residents recruited others or were physically recruited to participate in some sort of social activity. Socialization with others was one of the main reasons for partaking in the activity. This interaction is different from Assisting Others, because power differentials between those Socializing were more balanced than those Assisting Others. Refugees Assisting Others had something that other refugees did not; whereas, both parties contributed equally when Socializing. Interactions of this kind tended to be genuine and occurred continuously. Socializing was more likely to take place onsite within refugees' own ethnic communities. At times, former residents of Magnolia Manor came back to partake in these interactions. Refugees residing in the U.S. for longer durations were more likely to display this type of interaction and often solicited new arrivals to participate in social activities. Refuges from all three groups Socialized. Examples of Socializing interactions included participating in walking groups, sharing tea outside, welcoming new arrivals, and participating in soccer games or other sports activities.

Exploratory Engagement

Exploratory Engagement helps refugees prosper at the individual level, but surpasses traditional survival mentalities by emphasizing integration into the U.S. While Communal Engagement fostered prosperity in the sense that refugees were participating in activities that benefitted more than the individual, the focus of Exploratory Engagement is on individual integration and inclusion in one's new society. Refugees

that partook in Exploratory Engagement participated in cultural activities, customs, and norms different from their own. Exploratory Engagement consisted of the following interactions: Testing the Waters and Fostering Future Opportunities.

Testing the Waters. Testing the Waters consisted of attending events outside of one's cultural norms. Interactions under this category at Magnolia Manor were solely initiated by American staff or volunteers at the Community Center. Refugee residents, intrigued by these events, often attended out of curiosity. Testing the Waters overlaps slightly with Communal Engagement; Exploratory Engagement is emphasized, however, as residents were actively going outside of their norms to try something new. Communal Engagement during these events was minimal. Interactions tended to be surface-level and activities under this category occurred only sporadically. Events were exclusively inter-ethnic, although degree of participation varied by ethnicity (e.g. attendance of multiple refugee groups, attendance by native-born Americans and Vietnamese refugees only). Testing the Waters typically took place onsite at Magnolia Manor before the Community Center closed or transportation was provided by those initiating the event. All three major refugee groups partook in these types of interactions. Attending baby showers and dinner parties were examples of Testing the Waters.

Fostering Future Opportunities. This category pertained to interactions designed to Foster Future Opportunities for integration. While the Community Center was open, these interactions consisted of onsite English as a Second or Other Language (ESOL) classes and cultural orientation sessions. After the Community Center closed interactions that Fostered Future Opportunities occurred almost exclusively offsite in the

form of ESOL and citizenship classes. Fostering Future Opportunities could lead to Communal Engagement. In their true form interactions of this type tended to be surface-level but occurred regularly. Interactions that Fostered Future Opportunities occurred most commonly in structured settings, but could occur in non-structured settings as well. Refugees from all groups took part in these types of interactions. Examples of these types of interactions included attending ESOL and citizenship classes, seeking assistance with ESOL homework, and learning how to use public transportation from inter-ethnic others.

Contextual Variances to Engagement

Across the board refugees from Africa, Burma, and Vietnam tended to take part equally in different types of engagement and interactions. There were, however, interactions where participation based on ethnic group and gender differed. This occurred with Staying Afloat, Lessening Hardship and Assisting Others.

Staying Afloat. At Magnolia Manor, interactions classified as Staying Afloat were typically displayed by women. Women were more likely than their male counterparts to stay at home; therefore, it was easier to witness interactions of this type amongst female residents. Men might partake in this type of interaction while at work, however, it was beyond the scope of the study to explore this.

Staying Afloat interactions were not observed amongst African refugee residents either. Many African families at Magnolia Manor were headed by single mothers employed off-site. Thus, they were less likely to be observed partaking in this type of interaction onsite. They also had less time available for gardening and supplemental

income activities (e.g. making crafts to sell). The few African women that gardened typically tended to their plots alone.

The Burmese were more likely to engage in Staying Afloat interactions, although not all occurred onsite. A local church supported the Burmese population at Magnolia Manor. Once a week, the church hosted activities for Burmese women and children; the women attended a sewing group, while the children received homework help. The women in the sewing group learned to use sewing machines and collectively produced items to sell at local craft fairs.

Lessening Hardship. The bridging Communal and Functional Engagement interaction of Lessening Hardship occurred most frequently among women. Women at Magnolia Manor were more inclined to work through problems together, whereas men often resorted to solving problems on their own. Lessening Hardship was not observed amongst Burmese refugees. The Burmese had been resettled at Magnolia Manor for several years, resulting in a large presence of families with significant time spent in the U.S. Multiple families were well versed in U.S. systems and were likely to assist others if needed. Therefore, newly arriving refugees were less likely to have to solve problems from scratch. Ms. Biak expressed, "I like this place because [there are] a lot of Burmese people…so [if] I need help, they come and help me." Because of the large presence, there was higher probability that a Burmese resident in the complex knew the solution to a particular problem, that resident just had to be located and asked for assistance.

Assisting Others. The Vietnamese were regularly observed working through problems together but were never seen Assisting Others. The Vietnamese at Magnolia

Manor were much older than other refugee residents. Only one out of nine Vietnamese refugees interviewed was employed; most lived solely on social security income and the supplemental income earned making crafts. After the Community Center closed, two Vietnamese couples each received a donated washing machine and dryer from members of their church. Due to water and electric costs, however, these couples did not share their machines. Other Vietnamese residents were observed washing clothes by hand. The Vietnamese may not have Assisted Others, because as a group they had fewer tangible assets to physically Assist Others with. They worked to solve problems together, but had few resources to share with one another.

Implications of the Community Center's Closing

Refugee residents of all ethnicities expressed confusion when the Community Center closed. Many assumed that all apartment complexes in the U.S. had Community Centers like the one at Magnolia Manor and never realized the possibility of the Center closing. All refugees residing at Magnolia Manor were affected by the closure; however, residents of different ethnicities experienced disproportionate hardship.

African Refugees. The loss of functional and exploratory opportunities was apparent amongst African families—especially those headed by single mothers. African families relied on case management and tutoring services more than other refugee groups; parents expressed concern about their children's education in the absence of after school tutoring. The Community Center had filled a void for many of the fragmented African families residing at Magnolia Manor.

Burmese Refugees. Burmese refugees were the least affected by the Community Center's closing, in part, because they received supplemental services through a local church. Burmese families practicing Islam, however, were disproportionately affected by the closing. Muslim youth were less likely to attend offsite tutoring services provided by the church, opting for assistance from Community Center staff and volunteers instead. Regardless of religion, many Burmese parents were illiterate. Because of this, the Center played a crucial role assisting youth with homework, when their parents could not.

Vietnamese Refugees. The Vietnamese were significantly affected by the Center's closing as well mostly due to their age. Because the Vietnamese were older and less likely to be employed, they were home during the day and more likely than other groups to use the Community Center. Vietnamese were the primary attendees of the onsite ESOL classes. They were acutely aware of their need to achieve basic English proficiency within seven years in order to take the naturalization test and retain current benefits.

Vietnamese women were affected by the closing more so than men. All but one woman interviewed reported experiencing motion sickness while using public transportation. Because of this, women were less likely to leave the apartment complex than men. Men attended several offsite activities hosted by a local senior center, but women typically did not participate in these events. Vietnamese women, thus, were the hardest hit by the loss of the Community Center in terms of Exploratory Engagement.

The closing of the Community Center mid-study affected engagement patterns of refugees at Magnolia Manor. The loss of cultural interactions associated with

Exploratory Engagement was most apparent. Refugee residents at Magnolia Manor were not likely to engage with non-refugee neighbors due to minimal English language proficiency and fear. Participants frequently expressed that their language skills were not yet at a point where they felt comfortable engaging with native English speakers. Others were fearful to interact with native speakers because they could not easily determine of their neighbors, "to whom was good or to whom was no good." Before closing, the Community Center provided residents with opportunities to ask cultural questions and practice their English skills with native speakers in a non-threatening environment.

Discussion

Findings indicate that resettled refugees engaged in both intra-ethnic social bonding and inter-ethnic social bridging when residing within a settlement house. While instances of both social bonding and bridging occurred, engagement types differed depending on the ethnic composition of those involved in the interaction. The settlement house model promoted three types of social engagement—Functional, Communal, and Exploratory Engagement. This model encouraged social bonding through Communal Engagement facilitated by geographic proximity. It advanced steps at social bridging through Exploratory Engagement (i.e. culturally-oriented service provision) and Functional Engagement (i.e. income-generating activities). A combination of all three types of social engagement is critical for the successful integration of resettled refugees.

Although desired, many resettled refugees had few, if any, opportunities for social engagement with the local community (Goodson & Phillimore, 2008). Of the refugees that actually connected with members of the local community, the majority of

interactions resulted in Functional Engagement only (Goodson & Phillimore, 2008), and did not transcend Exploratory Engagement. Daley found similar results in her 2007 study of community cohesion and refugee integration at the local level. Inter-ethnic interactions remained superficial failing to promote meaningful relationships or influence change in attitude (Daley, 2007).

The void occurring from foregone opportunities for Exploratory Engagement was most apparent when the Community Center closed. The Vietnamese were disproportionately affected by the loss of access to onsite ESOL classes and face time with native English speakers. Because many African and Burmese refugees were employed, they were more likely to receive small doses of exploratory interactions while at work if they were employed with others from different backgrounds.

Prior to its closing, Community Center activities falling under the exploratory domain served as primary bridging mechanisms for refugee residents at Magnolia Manor. Voluntary resettlement agencies assisted refugees to become Functionally Engaged in their new society. Communal Engagement often occurred naturally over time, since refugees were typically resettled within five or six apartment complexes throughout the city. While opportunities for Exploratory Engagement existed outside the settlement house, the ways in which this type of engagement was offered did not meet the needs of all residents—particularly the aging Vietnamese community. Successful integration cannot be completed without Exploratory Engagement.

U.S. integration strategies have long focused on economic self-sufficiency at the expense of social and cultural initiatives. While English language comprehension (a

facet of Exploratory Engagement) is supported, the government encouraged ESOL providers to modify their curriculums to focus on employment-oriented terminology and job readiness, dismissing the importance of social and cultural dialogue. Furthermore, many resettled refugees accept the first job offered in effort to begin repayment of airfare loans to the federal government. Once employment is obtained, many refugees have to forego the opportunity to attend ESOL classes and learn about U.S. culture due to work schedules. As an intervention, settlement houses can provide supplemental engagement opportunities for refugees not able to access offsite services.

Health is a general indicator of successful integration (Ager & Strang, 2008). The engagement types discovered in this study align closely with health promotion tenets. From a health promotion perspective, the combination of economic (i.e. functional), social (i.e. communal), and cultural (i.e. exploratory) capital are essential to one's health and well-being (Abel, 2007); the unequal distribution of any of these types of capital can affect health opportunities at both individual and collective levels further exacerbating health inequities. Thus, the settlement house model through its promotion of functional, communal, and exploratory engagement can be viewed as a health promotion intervention in addition to its longstanding history as a social work intervention.

Experiencing the different types of engagement early in resettlement is imperative for newly arrived refugees. Successful integration is bound by time. There is a finite window of one to two generations for immigrant families to attain middle class status; typically, if it does not occur within this timeframe, it is unlikely to occur at all (Portes & Rumbaut, 2001). Evidence supporting the importance of non-material resources in

integration is well documented (Ager & Strang, 2008; Goodson & Phillimore, 2008) and increasing in health promotion (Abel, 2007).

Limitations

This study contains several limitations. I (the lead author) interviewed refugees from the most prevalent language groups. Those speaking less common languages may have had unique experiences excluded this study. Additionally, follow-up was easier with English and French-speaking refugees since I am fluent in English and speak some French. Asking additional questions of participants speaking these languages was logistically less challenging and occurred more frequently than with participants requiring an interpreter. Thus, the experiences of English and French-speaking refugees maybe more clearly articulated than the experiences of refugees speaking other languages.

Respondent driven sampling required formal interview participants to recommend other residents for participation in the study. Due to intra-ethnic ties, participants were more likely to recommend individuals with similar backgrounds as themselves. Fortunately, interpreters utilized in the study were familiar with the community at Magnolia Manor and suggested interviewing refugees with different religious and social status.

Due to the nature of this ethnography, I interacted with participants from a range of different backgrounds and cultures. Fortunately, two of the three interpreters used were native to the ethnic communities being interviewed. Therefore, they served a dual role as cultural brokers and interpreters for the study. If misunderstandings became

apparent during interviews, the interpreters often interjected to help clarify any

confusion. Additionally, because of the long duration of the study, I was able to ask

participants follow-up questions and clarify questions that arose analyzing data while still

in the field.

Conclusion

Successful integration requires that refugee populations be exposed to a variety of

people of different backgrounds post-resettlement in order to experience the multiple

forms of engagement presented. Each form of engagement contributes to the multi-

faceted process that constitutes integration. Social bonding with intra-ethnic

communities helps to retain a sense of identity at a time when refugees are likely to feel

lost and overwhelmed, while social bridging presents opportunities to promote new

knowledge and foster confidence. Magnolia Manor fostered cultural diversity and inter-

ethnic social bridging. However, when the Community Center closed, residents lost

opportunity for all onsite exploratory engagement. While the apartment complex remains

diverse, it is experienced in the form of small ethnic enclaves dispersed throughout the

complex as opposed to inter-ethnic mingling.

CHAPTER V

"FOR BETTER AND FOR WORSE:" THE RISE AND FALL OF A SOUTHEASTERN SETTLMENT HOUSE

Abstract

The settlement house at Magnolia Manor permanently closed in August 2012. Refugee residents were given one week's notice prior to the closing. In this case study nearly 100 hours of observation and 37 interviews were conducted with refugee residents, settlement house staff and volunteers, and apartment staff. Non-English interviews were translated in real time and audio-recordings were transcribed verbatim. Factors contributing to the decline of the settlement included communications challenges between settlement staff and apartment management, minimal rapport between entities, passive management styles, and ill-defined role delineations. Recommendations and lessons learned from the closure are discussed in detail.

Key Words: refugee, settlement house model, community center, practice-based, case study

> Brendan: "Where's the Center you're always talking about?"
> Felix: "It's not there anymore."
> Brendan: "Well knock on the door."
> Felix: "They won't answer."
>
> – Field Notes, Magnolia Manor, September 10, 2012

Settlement houses, also referred to as community centers or neighborhood houses, have a long history in the U.S. dating back to the late 1800s (Ramey, 1992; Addams, 1999). They utilize geographic proximity to connect immigrant and refugee communities with social ties and resources (Yan & Lauer, 2008). Since inception, a primary goal of the settlement house movement was to reduce racial and ethnic segregation amongst community residents (Abel, 1979) and assist immigrant populations with the establishment of social connections (Yan & Lauer, 2008) and successful integration into the host society (Fisher, 2005). The settlement house movement experienced resurgence in the past two decades, and cities with high concentrations of immigrant and refugee populations have witnessed an influx in the presence of neighborhood houses and community centers (Koerin, 2003).

Settlement houses utilize a community-based service model to enhance social service delivery, encourage community building, and promote social justice (Fabricant & Fisher, 2002; Yan, 2004). The comprehensive model focuses primarily on social, educational, humanitarian, and civic engagement (Lasch, 1965). In theory, settlement house programs are adapted to address the needs of residents of all ages, offered within walking distance of residents' homes, determined by residents' needs, and incorporate cultural diversity (Chesler, 1996; Fisher, 2005). Programs offered often include employment services, childcare, education support, counseling, and public health services (Yan, 2004). Refugee clients residing near a settlement house receive social and ancillary support services in addition to services they would traditionally receive from voluntary resettlement agencies. The majority of neighborhood houses and community

centers now depend on government and private grant funding; thus, programming at many settlement houses has become fragmented and government-directed instead of determined by the needs and desires of community residents (Fabricant & Fisher, 2002; Koerin, 2003).

While there is a significant amount of literature on historical perspectives and theoretical underpinnings of settlement houses, little has been published on contemporary use of this model (Koerin, 2003; Yan & Lauer, 2008). Studies examining modern-day settlements primarily discuss programmatic restrictions due to increases in categorical funding mechanisms (Hirota et al., 1996; Menlo Marks, 1993); research on the practice-based implementation of this model is lacking. This case study details the life course of a Community Center from inception to its eventual closure. Varying perspectives of diverse stakeholders affected by the Community Center are captured. Factors contributing to the Center's closing are described in effort to learn from and prevent the closure of existing and/or future Community Centers.

Methods

Study Design

This case study is derived from an ethnography examining engagement patterns of refugees living within a settlement house. Halfway through the study the Community Center permanently closed. This occurrence provided an opportunity to examine factors that contributed to the closing in real time. While ethnographic methods were used for data collection and analysis, this facet of the research is best conceptualized as a case study bound by location, time, and the specific event of the Community Center closing.

Setting

This case study took place at Magnolia Manor apartment complex from May through December 2012. The Community Center was housed in three consecutive units within the apartment complex and functioned under the auspices of a local bridging agency that provides support services to refugees outside the scope of services received by resettlement agencies. Apartment management donated the units to the bridging agency with the understanding that two area resettlement agencies would continue to place refugees within the complex, thus, raising occupancy rates. The Center was staffed by full- and part-time AmeriCorps members and relied heavily on volunteers. The Community Center, residents, staff, and volunteers are all referred to by pseudonyms.

Magnolia Manor apartment complex is divided by side streets into three geographic sections. The complex houses 178 individual units and approximately 250 refugees (80% of the total population). Non-refugee residents living at Magnolia Manor consist of immigrants (primarily from Mexico and Latin America) and native-born American families of lower socio-economic status. Refer to appendices F and G for a map of apartments in the complex by country of origin.

Sample

I (the lead author) interviewed 36 individuals involved with the Community Center. Interviewees included current refugee residents (10 Burmese, 9 "African," and 9 Vietnamese), past refugee residents (2 African), Center staff (n=2), Center volunteers (n=2), and apartment managers (n=2). Past refugee residents and apartment management

were not initially included in the study; however, after the Center closed, their

perspectives helped to better understand the case.

I recruited interview participants via a combination of purposive and snowball

sampling. Eligible participants spoke English, French, Vietnamese, Burmese, Chin or

Karen and were at least eighteen years old. Most interviews were conducted in English

(n=14), followed by Burmese, Chin, or Karen (n=10), Vietnamese (n=9), and French

(n=3). The mean interview time was just over thirty minutes and ranged from ten to

eighty-five minutes. In addition to formal interviews, informal conversations took place

with no less than 115 Community Center staff and volunteers, apartment staff, and

refugee, immigrant, and non-immigrant residents. I used informal conversations to

follow-up with formal interview participants, corroborate stories between parties, and ask

general questions about the research setting.

Data Collection Procedures

All study procedures were approved by the university's Institutional Review

Board. I collected nearly one hundred hours of observational data in addition to

interview data. Primary observation locations included English language classes,

community gardens, parking lots and outdoor space. The mean observation time was just

under one and a half hours and ranged from fifteen minutes to almost six hours.

Repeated field visits allowed me to test formulated hypotheses and collect additional data

to address missing information (Fetterman, 1989).

Participants selected the interview location; almost all refugees chose to be

interviewed in their own apartment. I interviewed non-refugee participants at their

homes, worksites, volunteer sites, and coffee shops. Non-English interviews were

interpreted in real time, audio-recorded (n=33), and transcribed verbatim. I typed all

notes from non-audio recorded interviews (n=3) immediately following the interview.

After consenting to the interview, I asked participants about their perceptions of and

experiences with the Community Center. I also asked participants if I could contact them

again with follow-up questions. Over 45% of participants were approached multiple

times and amenable to answering additional questions.

Data Analysis

The Community Center closing mid-study propagated a natural experiment within

the research environment best explored using a case study approach. Using a flexible

study design allowed me to modify inclusion criteria (e.g. incorporating apartment

management and past residents) and revise interview guides resulting in a comprehensive

account of the event. After the case was framed, I reanalyzed previously collected data;

subsequent data were analyzed with reference to perceptions of the Center and factors

contributing to its closing. I created detailed episode profiles emphasizing etic

perspectives for each group formally interviewed (Fetterman, 1989). Each profile was

then critically assessed for missing information or unsubstantiated claims. I then went

back to the field to collect additional data yielding a more comprehensive understanding

of the phenomenon (Addison, 1992). I extracted themes from the data utilizing both a

priori and emergent codes. I conducted constant comparative analysis within and

between themes and interview groups and developed matrices to facilitate the comparison

process. I then applied etic perspectives to the data via extensive memo writing and feedback provided by co-authors.

Reflexivity

I was interested in the Magnolia Manor Community Center for several reasons. I was a part-time AmeriCorps member at the Center the year it opened—three years prior to the beginning of this study. While serving there I saw firsthand how few resources were available and accessible to newly arrived refugees and envisioned the potential of Community Centers as a mechanism to provide ancillary support services to this population. I also noted some of its limitations including minimal operating budgets and communication and management challenges. Because of the dissonance between the Community Center's potential and personal experiences, I wanted to study this site in detail.

While serving at the Community Center, I met and maintained relationships with several refugee families. Families still residing there introduced me to newer residents. Prior trust established with the refugee community helped me to build rapport with newer arrivals throughout this study.

Previous background knowledge of the Center and its operations allowed me to expound upon some of the meanings attributed to the Center by participants; however, I displayed caution to not let my, "own non-evidenced assumptions influence the research," (Holloway & Biley, 2011). Attempts to limit personal biases included continuous member-checking with refugee residents, service providers, and experts in the field. Additionally, when talking with participants from diverse cultures, I reminded

herself of Gadamer's assertions that one "cannot wholly grasp the mind of another," (Holloway & Biley, 2011). The duration of time spent in the field and repeated conversations with the same individuals helped to allay concerns related to this notion.

Study findings were validated in several ways. I collected multiple forms of data to develop a comprehensive understanding of the various realities occurring within the emic perspective. Triangulation was then used to compare and contrast data obtained from different sources. Significant time was spent in the field; because of the study's duration I was able to speak with residents on multiple occasions, enhancing confidence in findings. Observations and interviews also occurred within participants' natural environments. Additionally, reflexivity exercises and detailed audit trails via the use of extensive memo writing, occurred throughout the study. The elements above combined to enhance the overall validity of findings.

The Rise and Fall of Magnolia Manor

The Community Center at Magnolia Manor opened in January 2009 and provided a variety of services for refugee residents including daily after-school tutoring for children, a part-time nurse to answer health questions and make referrals, free laundry facilities, community gardens, a computer lab, a craft group, and English language classes. The Community Center also hosted several activities throughout the year such as health fairs, educational programs, and cultural events. On August 1, 2012 the Magnolia Manor Community Center closed permanently at the request of apartment management. Refugee residents were given one week's notice of the closing; virtually all service

provision stopped at that time. Staff and volunteers that remained relocated to a new

Community Center that opened at a different apartment complex the following fall.

The Opening

Upon its opening in 2009, the Magnolia Manor Community Center quickly

became an important staple for refugees living in the apartment complex. Residents

transitioned from no onsite services to numerous cultural orientation activities and classes

offered by paid staff and volunteers. Floribert, a resident from the Democratic Republic

of Congo (DRC), recalled the following sentiments about the Center:

> They had pretty much everything that we needed…If we needed clothes, we got
> them there. If we needed to use the computer, we could use the computers there,
> and with the kids and their homework help…we had almost everything that we
> needed…They said if you ever need the police, here's the number that you call for
> the police…All the letters that we got and that we didn't understand…you go to
> the Center and they explain it to you. If we don't know who to call about
> something then you go to the Center…If you have to go to the hospital and you
> can't find a way to get there, you go to the Center and…they'll help you get there,
> they'll take you there.

The Center offered programs and activities for residents of all ages. Refugee residents

especially expressed gratitude toward staff that helped their children acclimate to the U.S.

school system. One resident recalled that, "We really appreciated the AmeriCorps work,

because…with the kids, some of them didn't speak English very well. Some of them

couldn't even read…so that was really a service that we appreciated."   Word of the

Community Center at Magnolia Manor spread throughout the refugee community. A

Burmese family with five young boys relocated there specifically so their children could

access tutoring services. Center staff and volunteers played a vital role in the integration process for newly arrived refugee families.

Center Use by Group

The three major refugee groups present at Magnolia Manor (i.e. "African," Burmese and Vietnamese) differed on both the type and degree of services utilized at the Center due to contextual and demographic differences between groups (see Table 1). Vietnamese residents were largely unemployed and significantly older (mean age 66) than African (mean age 37.5) or Burmese (mean age 32.2) refugees. The Vietnamese were physically onsite more than the other groups, and thus, more likely to attend Center programming. Single mothers headed most African households; African families primarily utilized children's tutoring and case management services. Burmese refugees did not frequent the Center as often as their refugee counterparts. Many Burmese were employed and had less time available to attend Center activities. Burmese youth attended tutoring sessions regularly. In general, refugees electing not to venture far from the apartment complex benefitted from services most.

Availability and Functionality of Center Programs

As the novelty of the Community Center wore off, refugee residents cast a more critical eye when discussing staff and programs offered. Many residents had lived at Magnolia Manor for a year or more and witnessed the evolution of the Center through several coordinators and different phases of functionality. At times, activities offered were not always effective and programming fluctuated with staff and volunteer availability. Previous Center staff emphasized gardening education initiatives and

community meetings; however, these activities no longer occurred. Apartment

management permitted refugee residents to plant gardens, but no staff or volunteers were

assigned to gardening initiatives at the time of the study. Subsequently, residents

struggled to learn climate appropriate gardening techniques and how to prepare certain

produce. Fatimah, a resident from Sudan, lamented, "I know only tomatoes…but the rest

of the things I don't know. What are they? They just grow nice, green, but I don't know

the use of them."

Table 3. Use of the Magnolia Manor Community Center by Refugee Group

Refugee Group	Primary Users Within Group	Primary Use	Secondary Use
African	Children, Single Mothers	Children's Tutoring, Case Management Services	Laundry Facilities, Women's Craft Group
Burmese	Children, Stay-at-home spouses	Children's Tutoring	Laundry Facilities, Onsite ESOL
Vietnamese	Elderly Men and Women	Onsite ESOL, Congregational Nurse, Women's Craft Group	Laundry Facilities

When the Center first opened, staff organized community meetings complete with

interpreters. Refugee residents attended meetings to ask questions, express concerns and

learn about new programs offered through or in conjunction with the Center. Bernadette,

from DRC, expressed that, "anybody could come to the meetings and if you had a

problem you could come talk about it…After [the past coordinator] left we haven't been

over to the Center much for meetings." Residents found the regularly scheduled

community meetings that had been previously offered useful and requested that they be

reinstated.

In addition to the discontinuation of key programs and activities, faulty equipment signaled the Center's decline. Equipment and appliances were not well maintained during the final year. Multiple washing machines and dryers broke, remaining in a state of disrepair for months. The majority of refugee residents utilized laundry services at the Center appreciating the free service, but expressed frustration when machines were not fixed in a timely manner.

Access Barriers to Center Use

Beyond functionality and availability of programming, some residents experienced difficulty accessing Center services due to geographic barriers and lack of childcare services. Geographic barriers in the form of side streets precluded some residents from attending Center initiatives. Benson, a resident from Sudan, lived in a different geographic section of Magnolia Manor (albeit very near to the Center), but was unaware of the Center's existence. The side street separating his unit from the Center created a geographical divide that he did not span. Residents living in the same quadrant as the Center were more likely to know about its existence and utilize services.

Lack of childcare overtly curtailed the use of the Center for some residents, particularly mothers of small children. Although children were allowed to attend activities with their parents, younger children had difficulty sitting quietly though classes. Additionally, classes were frequently held during children's naptimes when mothers were relegated to their apartments. Meseret, a resident originally from Ethiopia, frequently stopped by the Center but found it difficult to stay. She explained, "it's hard [to attend] because he sleeps then. Sometimes I take him and he starts to cry. Sometimes I go and

pick things I need. I bring then back [home] and sew…then I bring them back to the Center."

Interpersonal Barriers to Center Use

Subtle reasons may exist for why some refugee groups used the Center less than others such as language barriers and the preferential treatment of certain groups. Many Center staff and volunteers spoke French and/or some Vietnamese; thus, it was easier to build rapport with French-speaking African and Vietnamese residents. No one knew or overtly attempted to learn Burmese potentially leading that group to feel ostracized.

Preferential treatment of certain refugee groups was displayed by the provision of childcare and personal favors. Staff were not to babysit residents' children; however, children of African single mothers regularly napped or played in the Center office while their mothers were away. Staff never watched Burmese children potentially causing this group to feel excluded from Center activities. Staff also displayed preferential treatment in terms of personal favors. Occasionally, staff members provided certain residents with keys to the Center so that they could do laundry outside of traditional hours of operation.

Reactions to the Closing

After learning of the Center's closing, many refugee residents were distraught and felt abandoned by the Center and its staff. The vast majority of residents had never experienced life at Magnolia Manor without the Community Center. Cutting ancillary support services with minimal notice was a definitive blow to the fragile psyche of many refugee residents. While all refugee residents were affected, residents from Africa and Vietnam experienced disproportionate hardship. In excerpts from field notes Assefaw,

from Eritrea, expressed how everyone was upset and cried when they heard the news. He

fixated on laundry services reiterating that, "we have no money and are very poor.

Where will we do our laundry?" He pointed to his sister-in-law, Azzeza, and stated, "She

has a small child and no job. How can she pay to do her laundry?"

The Vietnamese were significantly affected when the Center closed as well.

Afternoon ESOL classes offered through the Center were the only English classes that

most Vietnamese women attended. The older women experienced motion sickness in

vans and buses; therefore, they did not attend off-site classes. The Vietnamese reported

feeling upset upon learning that the Center was closing.

Both African and Burmese residents worried about the effects of the Center

closing on their children. Marcel, from DRC, stated that the tutoring service available for

his sons was the one good thing about living there. Other parents expressed similar

thoughts. Many refugee parents were still learning English; therefore, the Center played

a primary role in assisting refugee children with their homework.

Center staff genuinely cared for residents and expressed concern for refugee

families after the Center closed. Several staff encouraged certain residents, particularly

African mothers, to relocate to the apartment complex hosting the new Community

Center. Conversations of this nature did not occur with Burmese or Vietnamese

residents.

The Aftermath

The Community Center enhanced the lives of many refugees living at Magnolia

Manor. Since it closed, many African families moved away—moves not necessarily

reflective of withdrawn support services. Many African refugee families applied for public housing shortly after resettlement in a city where waitlists averaged from eighteen to twenty-four months. Several families were approved for public housing and relocated. The Burmese remained a strong presence at Magnolia Manor. Resettlement agencies continued to place newly arrived Burmese families there, while others relocated to the complex on their own accord in effort to be nearer to friends and family. The Vietnamese community maintained its status quo. The U.S. stopped accepting Vietnamese refugees for resettlement; however, families residing at Magnolia Manor remained close knit. The men in particular continued to access language and citizenship programs through local senior organizations.

The bridging agency's presence at Magnolia Manor did not immediately end when the Center closed. The organization remained active at the site via social work interns and continued bridging initiatives with other refuge service organizations. Several social work interns assisted refugees with case management services as they adjusted to the Center's absence. Additionally, bridging agency staff worked with other refugee service and volunteer groups to expand their programming to cover gaps resulting from the Center closing. One church group conducted programs specifically for the Burmese population. Staff actively petitioned this group to provide tutoring services for remaining African youth needing assistance.

The Community Center at Magnolia Manor provided programming to refugee residents for three and a half years. While programming did not always function at optimal levels, staff and volunteers invested significantly in the refugee community there.

They interacted with hundreds of refugee residents annually and connected with entire families through the multigenerational services and programs offered. Staff established rapport with residents and fostered a sense of belonging amongst the diverse populations residing there.

Factors Contributing to the Center's Closing

Study participants openly discussed issues contributing to the decline and eventual closure of the Community Center. In hindsight many of these challenges could have been averted with increased communication, relationship development amongst differing entities, modified Center management techniques, and clearer role delineations.

Communication and Outreach Challenges

Minimal communication fueled frustration amongst various entities engaged with the Community Center; communication breakdowns occurred between Center staff and apartment management, apartment management and resettlement agency staff, and Center staff and American-born residents. Apartment management was not familiar with Center initiatives indicating that, "I have not a clue…exactly what they offered." Opportunities for increased support on behalf of apartment management existed; however, this possibility never materialized, because information about Center programs was not conveyed effectively.

Communication challenges expanded beyond the parameters of the apartment complex. Apartment staff expressed having few opportunities to speak with resettlement agencies about their concerns with refugee residents. Apartment staff were not perceived as refugee service providers and therefore, were never connected with pre-existing

refugee networking communities. Managers expressed the desire to work closer with resettlement agencies. They wanted them to, "let the managers come to a meeting and speak, to let [newly arrived refugee residents] know…the expectation[s]…of that property." Apartment staff wanted to voice questions and concerns, but could not find an outlet to be heard.

Outreach challenges appeared between Center staff and American-born residents within the apartment complex as well. Field notes from June 16th captured one American resident's sentiments about the Center:

> A neighbor had told him that there was a place up there for the immigrants and refugees to study…He said this neighbor told him that it was only for them though and that Americans weren't allowed to go there. I told him about the tutoring and that any kids could go there. He shook his head dismissively and said that they weren't allowed. If they were allowed to go there the apartment management would have told them about it.

American-born residents felt ostracized from the Community Center believing that it was only for refugee residents; rumors circulated about a Laundromat and library, but American residents remained steadfast that services were not for them. This communication oversight may have unintentionally fostered tension and animosity between American residents and their refugee neighbors. Staff did not consistently communicate with American residents or apartment management resulting in dissonance between perceptions and realities of Center programming.

Building and Maintaining Rapport

Challenges building and maintaining rapport negatively affected relations between Community Center staff and apartment management. High turnover rates of

Center staff posed challenges for apartment management. While AmeriCorps members contributed greatly to the success of the Community Center, innate challenges arose when depending solely on them to staff the Center. AmeriCorps members are eligible to serve two years; however, many fulfill their one year commitment and move on to other endeavors. When a significant proportion of staff turnover each year, it is difficult to maintain rapport with community partners and pass organizational culture onto new staff.

The Center did not have a clear reporting structure when documenting complaints with apartment management. Because of this, multiple staff and volunteers often reported the same issue to the annoyance of apartment management. Furthermore, staff and volunteers did not always act professionally when reporting concerns. Leandra, an apartment manager, recounted never having, "a confrontation until the new people came...I had these two young ladies that…came in here and just lost it…I went…to talk to [the Center Coordinator], and she informed me, 'well they…don't represent us, so I don't even know why they came to the office.'" The previous Coordinator worked to develop relationships with apartment management during her tenure. Leandra remembered her fondly and stated that, "[the previous coordinator] and I…had a good rapport. If I didn't like something I didn't talk to anybody but her." Management appreciated the consistency of relationships established with former AmeriCorps members; unfortunately, this rapport did not continue with the subsequent coordinator.

A lack of professionalism between Community Center staff and apartment management also contributed to the Center's closing. Leandra, expressed that both parties were frustrated with one another and acknowledged that she, "had a few words

with…the [Center Coordinator]." Ultimately, apartment staff admitted that

communication challenges were bi-directional. Leandra disclosed the following

sentiments:

> In the end, it was really bad...everybody was frustrated…The downfall [was]…the
> communication or the lack thereof…It was attitudes...between the staff and my
> staff…and then I couldn't take it anymore. I was tired. I was tired of them
> complaining and I was tired of them in my ear. So I said the best thing to do
> is…talk to my boss and move them to another property.

Minimal communication and unprofessional attitudes negatively affected relationships

between Center staff and apartment staff during the Center's last year of operation.

Center Management

As is the case with many non-profits, agencies serving refugee populations are

typically overworked and understaffed. Because of this staff at the bridging agency only

occasionally visited the Community Center. Residents frequently reported key Center

staff arriving to work late and leaving early. Staff and volunteers alike recalled that,

"there was never a whole lot of oversight at that location. All the staff were kind of left

to their own devices." Center staff could have benefitted from supplemental resources

and training.

Chaotic community center environments emphasize the need for proactive staff

capable of providing structure and discipline. At times, staff did not reprimand

inappropriate language or computer use with children at the Center; subsequently, this

may have deterred some parents from sending their kids there. An ESOL instructor

stated that this, "wasn't the easiest year…a lot of disciplinary problems…maybe it was

personality types not working out as well…but even I got wind of it just being like a

circus some days." Apartment management walking by at ill-timed moments

compounded some of the Center's challenges. The same ESOL instructor recalled

management seeing, "all this craziness, all of this trash on the ground that hadn't been

cleaned up yet, but they weren't just going to leave it…They would come by at like the

wrong moments and pass judgment, like 'Ohh, look at all this mess. They're ruining out

property.'" Passive management styles in a chaotic environment proved to have

deleterious effects for the Community Center.

Unclear Expectations

Apartment staff also cited minimal accountability and ambiguous role

delineations as barriers to working with the Community Center. Apartment management

felt Center staff were not accountable for the daily upkeep of the units and the space

immediately surrounding the units. For instance:

> The [Community Center] offered [children] free lunch and gave
> them…sandwiches, milk cartons, and things of that nature. So immediately after
> they would eat the food, everything would hit the ground…the only problems that
> we really had…was no one was cleaning up behind these children…the run in
> with the volunteers was basically because nobody wanted to accept the
> responsibility…to clean up.

Accountability and ambiguous roles affected Center space during non-Center hours as

well. During Center hours, two picnic tables were used for kids' craft activities and

tutoring; however, those tables posed a significant problem after hours. At night, many

non-refugee residents loitered at the picnic tables. One manager described the scene she

routinely witnessed: "when [the Center] would close, [there] would be a

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congregation…adults would be out there smoking cigarettes, smoking weed…you know, drinking beer, sitting on those tables…that was an eyesore for me." After-hour activities further complicated the issue of accountability and role delineations. Center staff found a continuous stream of broken glass and cigarette butts littering the ground. They quickly grew weary of attempting to clean up the debris and surrendered to the sea of broken glass littering the ground. Staff did not feel it was their responsibility to clean up items left from non-Center activities; that was an issue for apartment maintenance.

Discussion

Modifying the settlement house model to incorporate apartment management worked successfully at Magnolia Manor for two and a half years and continues to work at other sites. The adapted model offered the bridging agency free space to conduct community programs, while ensuring high occupancy rates for apartment management. This cost-efficient arrangement may work well in other smaller tier cities where bridging agencies are pressured to increase service provision but forced to work with fewer resources. While this adapted model has great potential, it can break down due to minimal communication, loss of rapport, misdirected management, and unclear expectations.

A breakdown in communication and rapport between Center staff and apartment management proved detrimental to the Community Center and ultimately resulted in its closing. The once amicable relationship between the two parties eroded over time in part due to high staff turnover and misdirected management techniques of the new

coordinator. Additional difficulties reaching and communicating with refugee and non-refugee residents contributed to the decline of the Center for all stakeholders involved.

Study participants offered practical solutions to some challenges experienced at the Community Center, but did not proffer solutions for all concerns. Based on emic and etic perspectives, recommendations pertaining to communication and outreach, building and maintaining rapport, Center management, and unclear expectations were developed to address challenges associated with the Community Center. A summary of recommendations is provided in Table 2.

Consistent Communication and Outreach

The majority of settlement houses depend on fragmented government funding and private donations to remain open (Fabricant & Fisher, 2002). Many operate on limited budgets and rely heavily on dedicated volunteers to fulfill their missions (Koerin, 2003). With configurations such as these, effective communication and rapport are vital to maintaining optimal functionality. A structured communication plan may help bridging agencies convey more consistent messages to residents, foster inclusivity, recruit volunteers, and increase professionalism of staff and volunteers.

Inconsistent communication diminished the credibility of Magnolia Manor; staff and volunteers alike must convey consistent information about the Center's mission and program details. Developing site specific manuals for staff and volunteers and including volunteers in staff trainings may help minimize communication discrepancies.

A structured plan is also likely to increase inclusivity at Community Centers. Regular meetings between apartment management and Center staff may heighten

community cognizance of the Center. With enhanced knowledge of program initiatives,

apartment management can promote the Center to residents they interface with

cultivating a more inclusive and welcoming environment.

Table 4. Community Center Recommendations

Evidence from the Case	Recommendations for the Future	Implementation Strategies	Recommendations Provided By
Communication and Outreach	Ensure staff and volunteers convey consistent messages to residents	Invite volunteers to attend staff trainings	Center Volunteers
		Develop site specific manuals	First Author
	Increase inclusivity of the Center	Establish regular communication with apartment staff and non-refugee residents	Non-refugee Residents, First Author
	Increase professionalism of Center staff and volunteers	Implement a clear reporting structure for documenting complaints	Apartment Management, First Author
Building and Maintaining Rapport	Increase regular communication between apartment management and Center staff	Designate consistent person(s) to communicate with	Apartment Management
	Maintain communication during staff transitions	Include yearly transitions in communication plan	Apartment Management, First Author
	Facilitate communication between apartment staff and refugee residents	Translate key rent materials for management; provide a list of qualified interpreters	Apartment Management
Center Management	Supplement staff training	Develop an ambassador program	Center Staff, First Author
	Implement formal program evaluation activities	Leverage current community partners	First Author, Center Volunteers
Unclear Expectations	Clarify agency roles	Negotiate responsibilities of onsite entities	First Author, Apartment Management
	Maintain Center and surrounding area	Include residents in clean-up activities	First Author, Apartment Management

Engaging apartment management in regular communication may also help recruit

non-refugee residents as volunteers. Non-refugee residents at other apartment complexes

hosting Community Centers sought information about volunteer opportunities from apartment staff. At one site a former speech pathologist offered to work with special needs children, while another resident wanted to teach ESOL classes. These examples demonstrate residents' desires to engage in their communities, but they need to be aware of existing pathways and opportunities for involvement.

Additionally, a communication plan would enhance the professionalism of Center staff and volunteers by structuring interactions with apartment management. When utilizing volunteers in a professional capacity, it is important that they receive adequate training and are knowledgeable that their actions affect the reputation of the Center. Inadequate and unprofessional communications at Magnolia Manor resulted in unnecessary frustration between apartment management and Community Center staff. Much of this vexation could have been avoided with clearer communication strategies.

Recommendations for Building and Maintaining Rapport

Maintaining rapport is essential for highly collaborative agencies; however preserving relationships during times of transition can be difficult. In previous years, a harmonious relationship existed between apartment management and Center staff; apartment staff cited the importance of having a consistent person to communicate with. Unfortunately, sustaining healthy relationships with apartment management was lost during staff transitions. Outgoing staff should inform partnering agencies about upcoming transitions, and bridging agency staff should follow-up with partners after the transition. Additionally, space in the communication plan should be dedicated to maintaining communication and rapport during staff realignment.

Lastly, while not required, Center staff can do small things to benefit apartment staff hosting Community Centers in similar arrangements. Apartment staff found basic communication with refugee residents challenging. They expressed desire for written materials translated into a few key languages that they could use each month (e.g. rent reminders, late rent notices) and a list of interpreters available in the event of emergencies. Additionally, apartment staff may appreciate invitations to trainings on relevant topics such as cultural diversity and cross-cultural communications.

Improving Center Management

Piecemeal funding contributes to fragmented projects and can exacerbate management difficulties (Fabricant & Fisher, 2002). Recommendations to allay management challenges due to funding shortages include instituting a former staff and volunteer ambassador program and leveraging academic partners for program evaluation. Staff and volunteers expressed inadequate training for the positions they held. Trainings were either short in duration or covered topics that did not address practical onsite concerns. An ambassador program would help supplement current training initiatives by providing staff with additional resources. Programs such as these connect current staff with former members willing to share insights and lessons learned.

Funding agencies are demanding increased accountability from agencies they fund. Organizations must now find ways to serve clients and assess program value (Miller et al., 2006). The bridging agency lacked assessment capabilities; thus, programs at Magnolia Manor were never evaluated. One part-time staff member stated that the Center, "was definitely a success in more ways than you can…measure. You can say,

'there were 50 classroom hours this month,' but there was a lot of little things that people [did] there…[that] made a difference…but no one knows." This statement emphasizes unaccounted positive outcomes and accentuates the need for formal evaluation activities. While the bridging agency houses a research program with academic partners, these partners were not leveraged for evaluation initiatives. Leveraging partners to implement monitoring and evaluation would facilitate program improvement and assist with securing future funding.

De-mystifying Expectations

Without adequate communication, this type of settlement house arrangement can result in unclear role delineations amongst onsite entities. Center staff and apartment management both became frustrated due to neglected tasks that each thought the other was responsible for. When negotiating the start-up of a settlement house utilizing this adapted model, roles and responsibilities for involved parties need to be clearly stated and revisited periodically. Regular dialog between parties may alleviate mounting aggravation.

Apartment residents should be included in accountability plans for Center-specific activities. Residents regularly utilizing the Center are invested in its maintenance and should assist staff and volunteers with cleaning after each activity. Sections on accountability and role delineations should also be included in the communication plan; this plan should be consulted whenever discrepancies arise.

Limitations

Findings should be viewed in light of study limitations. Refugees representing the largest language groups at Magnolia Manor were interviewed. Smaller clusters of refugees may have had unique experiences and perspectives not represented in this study. During formal interviews participants were asked to identify other refugee residents who may want to be interviewed. Introverted or socially excluded refugees were less likely to be suggested. To account for this the first author discussed the study with all residents encountered. Additionally, interpreters were familiar with the community and could recommend more reticent refugee residents.

Language abilities presented another limitation. The first author spoke English and some French. Therefore, follow-up was easier with English and French-speaking refugees than it was with those speaking other languages. Cultural differences also existed between the first author and research participants. Participants were asked follow-up questions throughout the duration of the study in attempt to clarify potential misinterpretations. Findings represent a co-construction of events informed by both emic and etic perspectives. Additionally, the use of real time interpretation, while cost-efficient, can be methodologically limiting. Participants spoke rapidly at times causing interpreters to paraphrase participants' quotes instead of interpreting them verbatim. At the first author's request, interpreters listened to audio-recordings of several interviews and transcribed larger passages that had not been wholly interpreted at the time of the interview. Lastly, because this study was bound by the apartment complex, resettlement agency staff were not interviewed, and thus, not represented. One volunteer at the

Community Center also volunteered with a resettlement agency, but her perspectives do not necessarily reflect those of the agency.

Conclusion

Despite its limitations, this study makes a valuable contribution to the literature. While theoretical and historical perspectives on the settlement house model abound, few studies explore challenges pertaining to the implementation and daily operations of this model. This article provides palpable recommendations for immigrant and refugee service providers.

The Community Center at Magnolia Manor played a vital role in the lives of refugee residents; however, the Center did not always operate at its full potential. Many of the recommendations above are small changes relatively easy to implement. Minor changes such as these could have improved programs, increasing the importance of the Center in the lives of refugee residents. It is with hope that other community centers may benefit from the lessons gleaned from Magnolia Manor's closing.

CHAPTER VI

EPILOGUE

Summary of Study Goals and Findings

The goal of this dissertation was to better understand the intra- and inter-ethnic interactions of resettled refugees residing within a settlement house. The framework for this study was based on Granovetter's (1973, 1983) seminal article on the strength of weak ties and Yan and Lauer's assertion that the settlement house model provided opportunities for increased social support and social integration for refugee residents (2008). I conducted a focused ethnography using observations, formal interviews, and informal conversations to elicit the experiences and perceptions of those involved with the settlement house, also known as the Community Center, at Magnolia Manor. Nearly 100 hours of observation were conducted for the study. I formally interviewed 36 individuals and had informal conversations with no less than 115 individuals.

The association between social engagement and positive health outcomes is well documented. This study examined the social engagement patterns of refugees living within a settlement house model. Three types of social engagement emerged from observations and interviews with refugees residing within this model. They include: functional, communal, and exploratory engagement. Functional and exploratory engagement provided opportunities for inter-ethnic interactions; whereas communal engagement consisted of intra-ethnic interactions. Engagement types were then further

deconstructed into eight different interactions. Prior to this study, the specific ways in which refugee residents interacted with others within this setting was unknown.

The Community Center at Magnolia Manor closed ten weeks into the study. This occurrence provided an opportunity to examine factors that contributed to its closing in real time; the facet of the research study was best explored using a case study approach. Results document the life course of the Center from its initial opening in January 2009 through its closing in August 2012. Past residents reported the positive impact that the Center had for themselves and their families. Over time, the Center deteriorated and its functionality waned leading its eventual closing. Factors contributing to its closure included challenges with communication and outreach, maintenance of rapport, Center management, and expectations and role delineations. It is hoped that the lessons learned from Magnolia Manor may prevent other Community Centers from closing in the future.

Based on these findings, the following conclusions can be made from this study:

1. The settlement house model provides a framework for integration that includes inter-ethnic social bridging and intra-ethnic social bonding.

2. Social engagement is a multi-faceted term consisting of functional, communal, and exploratory types of engagement.

3. The settlement house model can be adapted to fit the local contexts of smaller tier cities by incorporating apartment management into the model.

4. The settlement house model can break down as a result of minimal communication, loss of rapport, misdirected management, and unclear expectations.

Implications for the Field and Future Directions

The results from this study have both practice and research implications. From a practice perspective, Community Centers can be adapted to fit local contexts and still offer comprehensive support services to resettled refugees and their families. Including additional parties, such as apartment management, in the arrangement, however, requires careful attention to the development and maintenance of relationships. Based on these findings, settlement houses examine their programming to assess if opportunities for well-rounded engagement experiences (i.e. functional, communal, and exploratory) with both intra- and inter-ethnic groups are provided.

Methodologically, the inclusion of multi-ethnic refugee groups in one study is feasible with the use of interpreters that also have the ability to serve as cultural brokers. Many refugee participants had not had pervious opportunities to share their experiences with others and "lined up" to tell their stories. I could not interview them all though, but found ways to include them in other areas of the study. I also learned that the best research is often gleaned from the moments before and after the recorder is turned on; as a field researcher, be prepared to capture those moments.

From a research perspective, this study found three types of social engagement and eight different kinds of interactions occurring within this model. The identification of these interactions provide a starting point for exploring interaction opportunities in different environments. Residential interactions within a settlement house examine just one angle of the refugee experience; other environments (e.g. ESOL classes, worksites, healthcare setting) should be studied in order to develop a comprehensive understanding

of the refugee social experience. In addition to exploring other environments, a scale

could be developed based on the interactions discovered in this setting. The scale could

then measure and compare levels of engagement for refugees living within and outside of

the settlement house model.

Personal Reflection

I began this doctoral program with intentions of pursuing my passion in global

health and completing my dissertation abroad. In my first year of coursework, I met

Raleigh Bailey and began volunteering with the Center for New North Carolinians—an

agency dedicated to serving the needs of local immigrant and refugee communities.

While I had a previous interest in refugee populations abroad, it was during this time that

I discovered my passion for working with refugee populations. It was here in Greensboro

that I discovered I could mentor youth from the Democratic Republic of Congo, eat njera

with an Ethiopian family, and visit my favorite coffee shop all in an afternoon without

ever leaving city limits. It was here that I realized I could combine my love of learning

about different cultures with the comfort of sleeping in my own bed each night.

It was in working with refugee women that I became cognizant of the many

challenges housing refugee residents. I became a housing advocate and began

researching various models for housing refugee residents. Through my research on

housing models and my experience volunteering at the Community Center, I realized that

I wanted to understand the nuances of this model in more detail. Narrowing down

specific research questions and design proved challenging for me. My mentor, Dr. Tracy

Nichols was extremely generous with her time by allowing me to pursue my research interests and helping me to focus when the possibilities seemed endless.

The research process was rewarding but came with challenges. I struggled through the first few interviews before becoming more comfortable in my position as a researcher, but even then I still struggled at times. The research environment was chaotic; I had to learn to confront the chaos and focus in the face of constant distractions. Hearing the stories of refugee residents weighed heavy on me as well at times. These stories were ultimately of survival but still wrought with tragedy and despair. I became frustrated with myself and participants throughout my eight months in the field. At times, I was quick to judge a single mother who left her children home alone while she was at work or an African man who regularly drank 24 ounce beers but then complained about his finances. When situations like this occurred I learned to ask questions. I asked questions in attempt to find out the root causes of some of these actions. I then went home and reflected upon my thoughts and feelings, the potential reasons for these feelings, and how these feelings may or may not be woven into my research.

I am forever thankful that I went through this process with my mentor, Dr. Tracy Nichols. There were many times when I had trouble seeing the significance of and value in what I was doing. Tracy encouraged me to stay true to the process and reminded me that while we often describe qualitative themes as "emerging," they don't just magically appear from our coded transcripts. I am also thankful for my friend and colleague, Donna Biederman, who encouraged and commiserated with me throughout this entire process. Their support was and continues to be greatly appreciated.

I have learned a lot over the course of my five and a half years at UNCG, but am ready to move on. I am excited for whatever the future may hold. Where ever I go, I know that I have mentors and colleagues who support me that are just a phone call or text away.

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APPENDIX A

DEFINITION OF A REFUGEE

According to the United Nations High Commissioner for Refugees and the "Convention relating to the Status of Refugees" (Geneva, 28 July 1951) and the subsequent "Protocol relating to the Status of Refugees" (New York, 31 January 1967), the definition of a refugee is as follows:

> Article 1A, paragraph 1, of the 1951 Convention applies the term "refugee", first, to any person considered a refugee under earlier international arrangements. Article 1A, paragraph 2, read now together with the 1967 Protocol and without the time limit, then offers a *general definition of the refugee as including any person who is outside their country of origin and unable or unwilling to return there or to avail themselves of its protection, on account of a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular group, or political opinion.* Stateless persons may also be refugees in this sense, where country of origin (citizenship) is understood as "country of former habitual residence". Those who possess more than one nationality will only be considered as refugees within the Convention if such other nationality or nationalities are ineffective (that is, do not provide protection).

APPENDIX B

LETTER OF SUPPORT FROM THE CNNC

April 1, 2011

UNCG Institutional Review Board
Office of Research Compliance
Moore Humanities & Research Administration
1111 Spring Garden St., Room 2718
PO Box 26170, Greensboro, NC 27402

To Whom It May Concern,

The Center for New North Carolinians (CNNC) supports the research project entitled "Social Engagement Patterns of Refugees within a Settlement House" which will be conducted by Dr. Tracy Nichols and Holly Sienkiewicz (DrPH Student). We understand that the full project is expected to end May, 2013. We agree with all procedures as described by Holly Sienkiewicz and believe that the data obtained will be beneficial.

This research may increase the understanding of the social engagement patterns of refugees resettled at Magnolia Manor apartment complex and that there is the potential that this research may impact local refugee resettlement policy. We appreciate the opportunity to assist in gaining this valuable knowledge by allowing Holly to recruit and interview participants at the community development center located at Magnolia Manor and to also perform informal observations there. Participants will be free to participate or decline participation in this project with no risk of penalty or loss of benefits.

Sincerely,

Raleigh Bailey, Ph.D.
CNNC Director
413 South Edgeworth Street
Greensboro, NC 27401-2707

REFUGEE PARTICIPANT INTERVIEW GUIDE

REFUGEE PARTICIPANT Interview Guide for the Study: "Social Engagement Patterns of Refugees Resettled within a Settlement House"

Purpose: The reason I would like to talk with you today is to better understand the experiences and social interactions of refugees living at Magnolia Manor. As a refugee who is currently living at Magnolia Manor, your insight is valuable to this project.

Confidentiality:
- There are no right or wrong answers.
- I just want to know what you've experienced.
- I will be tape-recording this discussion with your permission and only project staff will hear this recording.
- You will not be identified by name.
- Please answer questions as honestly as you can.
- You can choose not to answer any question and you may leave the study at any time.

Thanks again for agreeing to participate in this discussion today. Do you have any questions before we begin?

Interview Questions

I'd like to start with asking you a few questions about living at Magnolia Manor. At the end of the interview I'll ask some specific demographic questions and for your contact information.

Q1.   What was it like when you first arrived at Magnolia Manor?

        Tell me about your first few days.

Q2.   What is it like living here now?

        Tell me about a typical day.

Q3.   What are the opportunities to meet new people?

        Here at Magnolia Manor?

Outside of Magnolia Manor?

Q4.   What do people do around here (at Magnolia Manor)?

At the garden?

In the parking lot?

Q5.   Where do you see yourself living a year from now?

Q6.   Is there anything else that you'd like to share?

Q7.   How would you like to be referred to? (pseudonym) _____

Demographic Information

Q1.   Sex

Male   Female

Q2.   How old are you? _____

Q3.   What is your country of origin? _____

Q4.   Did you live in a refugee camp?

No   Yes   If so, how long did you live there? _____

Q5.   How long have you lived in the U.S.? _____

Q6.   Are you employed?

No   Yes   If so, where? _____

Q7.   Are you married?

No   Yes   Other _____

Q8.   Do you have any children?

No   Yes   If so, how many? _____

Q9.   How many total people live in your household?   _____

I'd like to thank you for your help today. Would it be ok if I contact you again in case I have additional questions and to make sure that I have understood everything you said today?

If no, "Once again, thank you." Turn off tape recorder.

If yes, "Thank you." Turn off tape recorder. Then ask the following:

What is your first and last name?   _____

What is the best way to contact you?   _____

Phone Number: _____

Email: _____

Address: _____

STAFF / VOLUNTEER PARTICIPANT INTERVIEW GUIDE

STAFF/VOLUNTEER Participant Interview Guide for the Study: "Social Engagement Patterns of Refugees Resettled within a Settlement House"

Purpose: The reason I would like to talk with you today is to better understand the experiences and social interactions of refugees living at Magnolia Manor. As a staff or volunteer who is currently working at Magnolia Manor, your insight is valuable to this project.

Confidentiality:
- There are no right or wrong answers.
- I just want to know what you've experienced.
- I will be tape-recording this discussion with your permission and only project staff will hear this recording.
- You will not be identified by name.
- Please answer questions as honestly as you can.
- You can choose not to answer any question and you may leave the study at any time.

Thanks again for agreeing to participate in this discussion today. Do you have any questions before we begin?

Interview Questions

I'd like to start with asking you a few questions about what you do at Magnolia Manor. Toward the end of the interview, I'll ask you about your perceptions of the social relationships of refugees at Magnolia Manor.

Q1.   What is your role at Magnolia Manor?

Q2.   How do you interact with refugees living at Magnolia Manor?

            How, if at all, do you interact with them outside of [class or group]?

Q3.   What opportunities are there for refugees to meet new people?

            Here at Magnolia Manor?

Outside of Magnolia Manor?

Q4.   How do refugees at Magnolia Manor interact with one another?

What are some examples of refugees of the same ethnicity interacting together?

What are some examples of refugees of different ethnicities interacting together?

What types of interactions occur in shared common spaces, like the garden? The laundry room?

What types of interactions occur in structured activities, like ESL classes?

Q5.   Is there anything else that you'd like to share with me today?

I'd like to thank you for your help today. Would it be ok if I contact you again in case I have additional questions and to make sure that I have understood everything you said today?

MAGNOLIA MANOR OBSERVATION CALENDAR

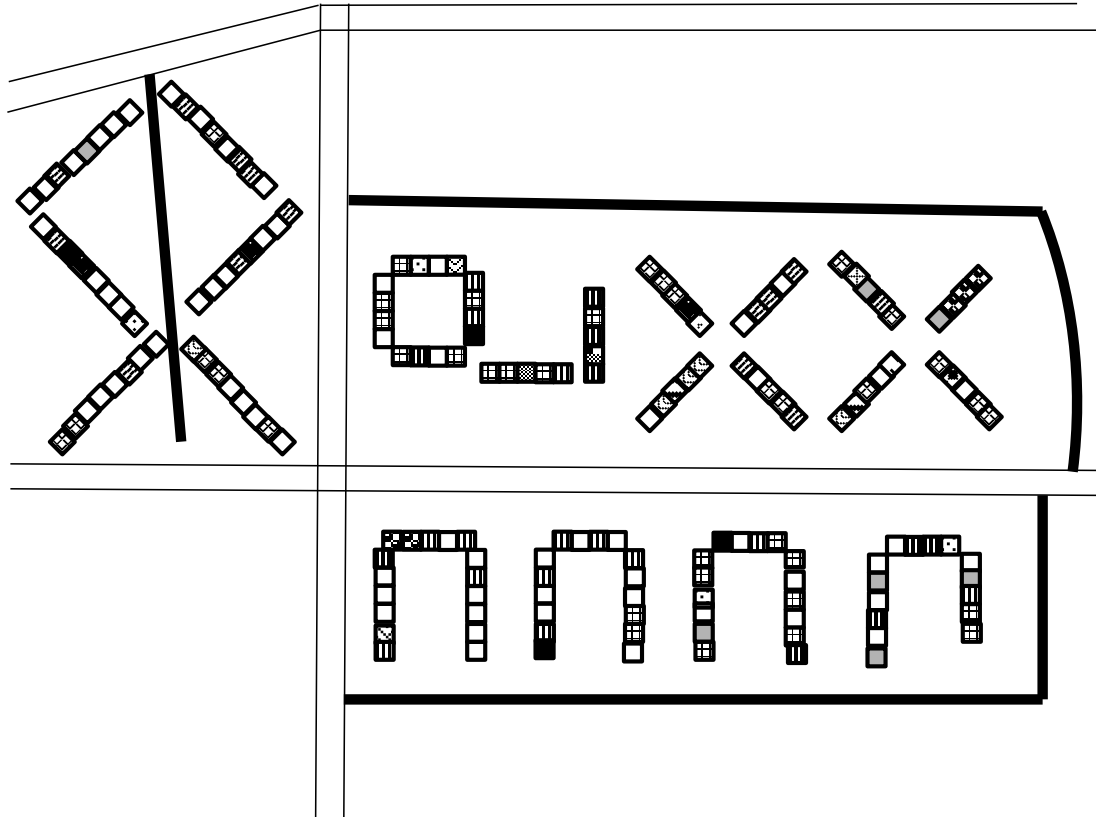| Hour	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00am							
9:00am		New Arrivals School (9-?)	New Arrivals School (9-?)	New Arrivals School (9-?)	New Arrivals School (9-?)	New Arrivals School (9-?)	
10:00am							
11:00am		Laundry (11-7pm)	Laundry (11-7pm)	Laundry (11-7pm)	Laundry (11-7pm)	Laundry (11-7pm)	
12:00pm		Computer Room (adult) (11-4pm)	Computer Room (adult) (11-4pm)	Computer Room (adult) (11-4pm)	Computer Room (adult) (11-4pm)	Computer Room (adult) (11-4pm)	
1:00pm							
2:00pm		Women's Group (2-4pm)					
3:00pm			Basic ESL (3-?)		Basic ESL (3-?)		
4:00pm		Tutoring and Computer Room (kids) (4-7pm)	Tutoring and Computer Room (kids) (4-7pm)	Tutoring and Computer Room (kids) (4-7pm)	Tutoring and Computer Room (kids) (4-7pm)	Fun Friday (4-7pm)	
5:00pm							
6:00pm							
7:00pm							
8:00pm							

Magnolia Manor Observation Sites:
- Basic ESL Class (T/Th @ 3pm)
- Washroom (Weekdays 11-7pm)
- Community Garden
- Tutoring (Weekdays 4-7pm)
- Parking Lot
- Computer Room (Adults: Weekdays 11-4pm); Kids (Weekdays 4-7pm)
- Women's Group (M @ 2pm)
- Bus Stop

APPENDIX F

APARTMENTS BY COUNTRY OF ORIGIN

APPENDIX G

LEGEND FOR APARTMENTS BY COUNTRY OF ORIGIN

- Office / Community Center
- Burma
- Central African Republic
- Chad
- Cote d'Ivoire
- Cuba
- Democratic Republic of Congo
- Ethiopia
- Eritrea
- Honduras
- Jamaica
- Liberia
- Mexico
- Sudan
- United States
- Vietnam