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**A CASE STUDY OF THE UNACCOMPANIED REFUGEE MINOR PROGRAM WITH
COMMONWEALTH CATHOLIC CHARITIES IN RICHMOND VIRGINIA**

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Urban
Regional Planning at Virginia Commonwealth University.

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Richmond, Virginia
December 2010

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ACKNOWLEDGEMENTS

I would like to first honor God for ordering my footsteps through the course of this project. I would like to acknowledge my thesis chair, Dr. Michela Zonta for her contributions and helpful suggestions from start to finish. I would like to also thank my thesis panel members, Dr. Deirdre Condit and Dr. Peter Nguyen for their time, expertise, and willingness to serve on my thesis committee. I am very thankful for the staff and administrators at Commonwealth Catholic Charities in Richmond, Virginia who work directly with the Unaccompanied Refugee Minors Program. The staff and administrators made time to provide thoughtful input on their work with the resettlement program. I would like to give a special thanks to the Virginia Office of Newcomer Services for providing guidance during the early stages of research for this thesis.

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ABSTRACT

A CASE STUDY OF THE UNACCOMPANIED REFUGEE MINOR PROGRAM WITH COMMONWEALTH CATHOLIC CHARITIES IN RICHMOND VIRGINIA

By: Shawn F. Greene

A thesis submitted in partial fulfillment of the requirements for the degree of Master of
Urban Regional Planning

This thesis investigates how administrators and staff at a community service agency in Richmond Virginia perceive the needs of unaccompanied refugee children as they transition into the American way of life and the challenges associated with the relocation of these children into foster care setting, and how service delivery to meet these children's needs might be improved. A common theme that emerged from interviews conducted with these administrators is that successful integration of unaccompanied refugee minors into American society requires from the very start culturally competent approaches to placement, language assistance, and mental health therapy. Options for improving resettlement of these minors within the context of cultural competency include establishing culturally sensitive community drop-in centers, recruiting mentors such as culturally diverse celebrities and athletes to help facilitate the transition of these youth and enrolling these children in culturally diverse Outward Bound programs to encourage physical fitness.

Preface

There are some personal reasons for pursuing this subject matter. I spent the winter intercession in Ghana, West Africa while a second-year graduate student at Virginia Commonwealth University. I participated within a service mission with the School of Social Work at Virginia Commonwealth University. In Ghana, West Africa, I worked with street children and homeless youth who were parentless and basically unaccompanied within the Cocoa Marketing Board “CMB” in Greater Accra. The “CMB” is an area in Greater Accra where street children basically live and are vulnerable to exploitation, prostitution, sexual and drug abuse. While in Ghana, I was approached by a fifteen year old teenage mother who had an infant on her hip who had broken out in a rash. I remember her stating, “Sir, can you take my daughter back to the United States with you so that she can have a better life.” The question left me wondering what programs and/or services are available to unaccompanied refugee minors once they migrate to America? The question imposed by the fifteen year old teenage mother not only touched my soul but it cemented the motivation and the inspiration to study programs like the UMRP at CCC in Richmond, Virginia that offer foster care and cultural transition services to unaccompanied refugee minors on their journey to resettlement. As an American, I recently had the opportunity to live within a Brazilian single dad with a minor in the household while taking part in a cultural study during spring break at Virginia Commonwealth University. The ability to culturally adjust to a Brazilian way of life presented some challenges because I am not able to speak Portuguese. So, it was very important that I had an English translator in the home in order to communicate with other

household members for daily needs and activities. However, during my stay I did experience periods of detachment because I was not able to contribute to conversations in the home. Also, there were times when English translation was not available. For example, during my stay in Brazil, the Brazilian dad had a 16 year old minor in the home who translated Portuguese-to-English as well as English-to-Portuguese in the home. Interestingly, the Brazilian dad did not know how to speak English but paid for his son to take private English lessons in order for him to become his translator if English translation is needed while inside and outside of the home. During my immersion into a Brazilian home, I was able to put myself in the shoes of an unaccompanied refugee minor entering foster care homes across the United States. The cultural adjustment experience in Brazil further supports the importance for this research study as well as the difficulty that unaccompanied refugee minors face while adjusting to an American way of life.

I. Introduction

Virginia is one of the few states in the United States with a program to serve refugee children who are lawfully admitted to this country and unaccompanied by a parent or immediate adult relative or have no known immediate adult relative in the United States. Through the Unaccompanied Refugee Minors Program (URMP), the Virginia Department of Social Services contracts with a non-profit child-placing agency with extensive knowledge and experience in serving this challenged and challenging population.

In 1923, the Richmond Community Fund, precursor of the United Way Services, was established, and the Bureau of Catholic Charities became a charter member. During these early years, the agency focused on providing pregnancy counseling, adoption services and mental health counseling services for families and children. In 1962, the Board of Directors voted to change the name of the agency to Catholic Family and Children's Services of Richmond. In 1985, Catholic Family and Children's Services of Richmond changed its name to Catholic Charities of Richmond, Inc. Today, the non-profit child-placing agency is known as Commonwealth Catholic Charities (CCC).

Since 1982, CCC has provided foster care services to unaccompanied refugee minors. This group has now emerged as the largest client population served by CCC. Refugee minors are children who have been forced to flee their home countries because of war or persecution due to their race, religion, or the political affiliation of their

families. They are referred to as unaccompanied because of their parents or adult relatives have died or disappeared in the civil chaos that forces the minors to flee.

In the late 1990s, CCC experienced a large influx of children driven from their native lands by wars in Sudan and Ethiopia. Later arrivals included Liberians, Afghanis, Somalis, Haitians, and minor children from other parts of the world. Most recently, an increasing number of children from Myanmar have been arriving. CCC expects the influx of unaccompanied minors from Myanmar to continue due to repression and violence in this Southeast Asian nation. Many of the expected new arrivals are currently living in refugee camps in Thailand and Malaysia. In essence, the population of unaccompanied refugee minors in the United States continues to increase each year. CCC is the only child-placing agency in the State of Virginia that handles unaccompanied refugee minors. Unaccompanied refugee minors have undergone considerable loss in terms of the detachment from their families, their culture, and the physical environment of their home countries upon arrival to the United States. Therefore, it is important to not only understand the service needs of unaccompanied refugee youth in foster care but also determine if those needs are being met.

Research Questions

This thesis constitutes a case study in order to gain a better understanding of how programs such as the Unaccompanied Refugee Minor Program work, what are their challenges, and what are their implications for planning and community development. The case study is important given the increasing numbers of refugee children that have entered the U.S. in recent years and are expected to continue to arrive. The findings of

this case study can be useful not only for Virginia's CCC, but for URM programs in other states that seek to better understand how they can best serve their clients.

Specifically, the study investigates how CCC addresses the needs of unaccompanied refugee children and the challenges associated with their relocation in foster care throughout the region and how service delivery might be improved. Furthermore, the study attempts to gain some insights on what role planning and community development may play in order to facilitate the adjustment of these children to American life and society and, most importantly, create sound opportunities for their long term development and self-empowerment in their new American homeland. The questions addressed in the study are the following:

(1) What are the services provided by CCC and how do CCC administrators perceive the challenges the organization faces in placing URMs within the foster care system?

(2) What do program administrators perceive the needs of unaccompanied refugee to be as these children transition into an American way of life and what challenges do these youth face in seeking to make a successful transition into the American way of life?

(3) What role does the concept of cultural competency play in terms of efforts to create an effective program for accepting URMs in the future?

Significance of the Thesis

Within the discipline of Urban Planning, the roots of this thesis lie in the tradition of social planning and community development. The American Planning Association (APA) is the nation's preeminent professional organization that brings together planning

professionals, academics, policy makers and others interested in the intellectual foundations and practice of city and regional planning. The APA was established in 1978 through the merger of the American Institute of Planners and the American Society of Planning Officials. According to the APA,

Planning...is a dynamic profession that works to improve the welfare of people and their communities by creating more convenient, equitable, healthful, efficient, and attractive places for present and future generations. Good planning helps create communities that offer better choices for where and how people live. Planning helps communities to envision their future. It helps them find the right balance of new development and essential services, environmental protection, and innovative change (APA, 2010, para. 1 - 3).

The APA identifies among the profession's various traditions community development and it is broadly within the community development tradition that this thesis falls. Community Development is a broad term that refers to planning theories, policies and programs that facilitate and support positive social change in communities and among the people that inhabit them by building assets that increase the capacity of residents to improve their quality of life. These assets may include interventions across a range of applications, including the human and intellectual capital as well as shared social, financial, cultural, political and environmental assets and the built environment (Green & Haines, 2002). Community development has a rich tradition, traceable at least to social reformer Robert Owen's work to create a model utopian workers community in New Lanark in the early 19th century. Among the subjects Owen addressed in his essays

first published in 1813 in *A New View of Society* was children. Owen wrote, “Children are, without exception, passive and wonderfully contrived compounds; which, by an accurate previous and subsequent attention, founded on a correct knowledge of the subject, may be formed collectively to have any human character. And although these compounds, like all the other works of nature, possess endless varieties, yet they partake of that plastic quality, which, by perseverance under judicious management, may be ultimately molded into the very image of rational wishes and desires” (Kreis, 2004). Fishman (2003, p. 27) points to the community development dimension of Owen’s work, in that he had “a desire to overcome the physical isolation of individuals and families by grouping the community into one large ‘family’ structure.” It can be concluded that from its earliest days, concern with how community life impacted children has been implicit to the social planning tradition.

The 1960s were a time of social upheaval in the United States during which interest in community development blossomed. Jane Jacobs (1961) book *The Death and Life of Great American Cities* heightened attention upon the effects physical planning had upon the social environment in which people lived. At the federal levels, President Lyndon Johnson’s “Great Society” initiatives further increased the attention of planners not just upon the built environment but also upon the quality of the lives people lived. One result was an emerging distinction between physical and community development planning as somewhat distinct traditions. One example of this distinction can be seen at Cornell University, which during the 1970s created two separate planning departments, a Department of Urban Planning and Development and a Department of Policy Planning and Regional Analysis (Goldsmith, 1984), concerned more with the social development

aspects of planning. These two separate departments would in fact be merged not long after they were first separated but the Cornell experience points quite succinctly to the emergence of community development as a distinct tradition within the greater planning milieu. Today, community development is a mainstream component of city and regional planning, focused upon devising, evaluating and implementing policy solutions to pressing social problems in community development and sustainability, economic development, gender and racial equity and human rights as well as in terms of the built environment. Community development is a rich and complex field because it deals with almost every aspect of community life, physical, economic, and social in terms of a three-pronged mission:

1. To change the economy of a community for the better, increasing the income and wealth of the residents and stimulating investment in the community, while placing the assets and economic fate of the community within the control of the residents as much as possible
2. To improve the physical nature of the neighborhood, from its housing to its shopping areas, transportation, public spaces, and environment.
3. To strengthen the social bonds among the people in the neighborhood; their neighborliness, their readiness to talk to, help, work with, and socialize with one another.

Interventions aimed at acclimating unaccompanied youthful refugees is about nothing so much as building their social, intellectual, economic and cultural assets and strengthening bonds among people so that these new Americans may be function in their

new American homeland, and it is within this planning tradition that this thesis is founded.

A History of Unaccompanied Minor Programs in the U.S.

As depicted in Table 1, since World War II, the United States has admitted approximately 33,000 unaccompanied minors from abroad through 13 different major programs (Steinbock 1989). With the exception of statutory provisions that evolved to permit the adoption of overseas children, the United States response to the plight of unaccompanied minors was ad hoc and situation-specific until the enactment of the Refugee Act of 1980 (Forbes & Fagen, 1985). There was no general policy regarding the purposes that might be served by resettlement. Nor were there permanent mechanisms for the unaccompanied minors custody, placement, or support in the United States.

The earliest attempt to breach the national quotas on behalf of refugees, the Wagner-Rogers Children's Bill, would have permitted 20,000 German children aged 14 or younger to enter the United States as immigrants outside of the annual German quota each year during the two year period 1939-1940 (H.R.J. Res. 165, 76th Congress, 1st Session, 1939). The Bill required that these children be supported and cared for by private agencies and individuals, and a Non-Sectarian Committee for German Refugee Children began for the children's placement and support. Based on the provisions within the Wagner-Roger Children's Bill in 1939, it could be argued that such bill served as the framework for the Refugee Act of 1980, which also required that unaccompanied refugee children be supported and cared for by private agencies and individuals in the United States. In fact, the largest evacuation of children to the United States was that of Cuban

Table 1

Unaccompanied Refugee Minor Admittance Programs: 1939 - Present

Program	Date	Number of Children	Origin	Age Limits
Wagner-Roger Children's Bill	1939	20,000	Germany	0-14
Evacuation of British Children	1940	1,311	UK	5-14
Child refugees on the Continent	1942	110	Europe (Most from Poland)	5-14
Truman Doctrine of 1945	1945-1948	1,275	Europe (Poland, Hungary, Czechoslovakia)	5-14
Displaced Persons Act of 1948	1948-1952	3,037	Europe (Germany, Greece, Poland, Italy, Yugoslavia, and Austria)	16
Refugee Relief Act of 1953	1953-1956	4,000	Asia & Europe	10
Refugee-Escapee Act of 1957	1957-1959	2,500	Asia & Europe	14
Hungarian Refugee Program	1956-1957	1,000	Hungary	18
Cuban Refugee Program	1960-1967	8,000	Cuba	6-18
Operation Babylift	1975	2,547	Vietnam	0-12
Indochinese Refugee Program	1975	800	Vietnam	18
Indochinese Program	1979-Present	8,000	Indochina (Vietnam, Cambodia, Laos)	18
Amerasians	1982-Present	300	Indochina (Most from Vietnam)	18

children in 1961-1962 following Fidel Castro's assumption of power. Parents who were unwilling or unable to leave Cuba themselves sent their children to Florida in a program that came to be called "Operation Pedro Plan" (Forbes & Fagan, 1965). Some Cuban children arrived with student visas and the U.S. State Department agreed to waive visa requirements for those aged six to eighteen who did not have visas. The residency of the Cuban children was originally planned to be temporary but the worsening of relations between the United States and Cuba due to the missile crisis in October 1962 prevented repatriation and family reunion in the United States (Steinbock, 1989). The next United States evacuation of children abroad did not occur until 1975 when Operation Babylift brought 2,547 Vietnamese children to the United States in the days immediately before the fall of South Vietnam (Mermelstein, 1983). Recent Amerasian legislation fits within the evacuation pattern, since one of its purposes is the removal of Amerasian children from persecution on the basis of race and origin. Signing the 1982 legislation authorizing immigration of Amerasian children from five Asian countries (Korea, Vietnam, Laos, Cambodia, and Thailand), President Reagan stressed this point: "Through no fault of their own, these children have frequently lived in the most wretched of circumstances and have been ostracized in the lands of their birth (Steinbock, 1989).

The Refugee Act of 1980 and the regulations and policies developed for its administration resolved problems in supporting, placing, and supervising unaccompanied refugee minors admitted to the United States. Until 1980, the absence of a permanent, in-place funding source for resettling refugee youth led to uncertainty over efforts to both admit and to integrate unaccompanied refugee minors into the United States. The passage of the Refugee Act of 1980 addressed this uncertainty by establishing legislative

authority for resettlement programs. The Act affected all aspects of the acceptance and treatment of unaccompanied refugee minors into the United States. First, the Act established permanent procedures for overseas refugee selection towards unaccompanied refugee minor as well as their admission into the United States. Second, the Act authorized federal funding for services to unaccompanied refugee minors including foster care and health care. Third, the Act clarified legal responsibility for these children. And, lastly the Act created an Office of Refugee Resettlement (ORR) in the U.S. Department of Health and Human Services with authority over the unaccompanied refugee minor's placement, financial support, and the obligation to collect and maintain data on their location and status.

The federal URM program emanated from the Refugee Act of 1980. The first aim of the URM program has been to rescue the refugee children from harm within their home countries by relocating them to the United States. The second aim of the program has been the resettlement of already unaccompanied children from countries, other than their own, to which they have fled (Steinbock, 1989). Therefore, unaccompanied refugee minors who enter the United States arrive on American soil already displaced from their parents or legal responsible adults such as extended family members and are classified "unaccompanied" at the point of arrival to refugee camps, which essentially become processing centers in order for unaccompanied refugee minors to reach the United States. However, children's need for foster care and the desire to free the children from the confines of the refugee camps have motivated unaccompanied refugee minor programs in America (Breitman & Kraut 1987).

The Director of Office Refugee Resettlement (ORR) is obligated to “attempt to arrange for the placement under the law of the States” for these children before or as soon as possible after their arrival; in the interim, including the period of transit, the Director has legal responsibility for their welfare and custodianship or guardianship must be initiated within 30 days after the child arrives at the location of resettlement (CFR 45, 1987). ORR Regulations encompass only those who entered the United States “unaccompanied” and are identified by INS at the time of entry as “unaccompanied,” thus excluding from the protection of the Act children who separate from accompanying family members or other adults after their arrival to the United States (Forbes & Fagan, 1985).

The ORR provides total support for children who meet the unaccompanied minor definition, including foster care maintenance, medical care, and other support services (Steinbock, 1989). Pursuant to federal law, the definition of “unaccompanied minor” is as follows:

Unaccompanied Minor means a person who has not yet attained 18 years of age; who entered the United States unaccompanied by and not destined to (a) a parent or (b) a close non-parental adult relative who is willing and able to care for the child or (c) an adult with a clear and court-verifiable claim to custody of the minor; and who has no parent(s) in the United States. **Limitation:** No child may be considered by a State to be “unaccompanied” for the purpose of this part unless INS identified such child at the time of entry as “unaccompanied” (USC, 1982).

Therefore, states receiving funds under the 1980 Act “must provide unaccompanied minors with the same range of child welfare benefits and service available in foster care cases to other children in the State (CFR 45, 1987). For instance, unaccompanied refugee minors in the Unaccompanied Refugee Minor Program with Commonwealth Catholic Charities are entitled to the same services and benefits as domestic minors in the Virginia Department of Social Services. The services and benefits for unaccompanied refugee minors continue until the child is reunited with parent, is “united” with another adult to whom custody or guardianship has formally been give, or reaches age 18, unless the state uses a higher age for child welfare services in general. In Virginia, unaccompanied refugee minors are entitled to services such as foster care and medical care until age 18. However, if the unaccompanied refugee minor remains within an bona-fide educational setting, can provide means of self-sufficiency, and abide by the independent living agreement within a foster care setting or group home then services and benefits are available for those unaccompanied refugee minors apart of the Unaccompanied Refugee Minor Program until age 21. In addition, resettled unaccompanied refugee children benefit from special education services such as ESL “English as a Second Language” training provided to all refugee school children. This total package of support for unaccompanied refugee minor far exceeds the financial and other assistance made available to resettled adult refugees and to refugee children who are not unaccompanied (INA, 1982).

Most of the children are sponsored through either the United State Catholic Conference of Bishops or the Lutheran Immigration and Refugee Service and are placed in programs operated by local affiliates of these agencies. In a few states, the children are

placed through the public child welfare system (U.S Department of Human Services, Refugee Resettlement Program, 1988). Placements include foster care, group care, and independent living. The choice among these options aims at meeting each child's individual needs (Steinbock, 1989). The Office of Refugee Resettlement works closely with the agencies, but allows local agencies discretion with regard to selection of individual placements for the unaccompanied refugee minors. Therefore, Commonwealth Catholic Charities selects where unaccompanied refugee minors are placed in terms of foster care home settings. However, the Office of Refugee Resettlement issues standards regarding placement that include a preference for "ethnically matched foster homes" for children under 12 years old (Office of Refugee Resettlement Federal Reg. 38, 147 1987). But, interestingly, such standard for "ethnically matched foster homes" age 12 years and over are just as important for cultural adjustment once arrival on American soil. The selection of appropriate placements for resettled unaccompanied children has been the subject of study and debate in the United States and abroad for as long as unaccompanied children have been resettled, intensifying in the last 10 years in response to the influx of Indochinese (Steinbock, 1989). Cooperative agreements between ORR and the responsible local agencies such as Commonwealth Catholic Charities provide that the local agencies must adequately respond to evolving concerns and requirements that impact the unaccompanied refugee minors.

Trends in Unaccompanied Refugee Minors Entering the United States

Most unaccompanied refugee minors accepted in the United States since 1980 have come through the refugee admissions provisions of the Refugee Act of 1980. For each fiscal year, the President of the United States, after statutorily mandated

consultations with Congress, determined number of refugees to be admitted into the U.S. which is subject to upward revision for unforeseen emergencies around the world (USC, 1982a; INA § 207 8 United States Code § 1157 1982). Despite representing only a fraction of the immigrant and refugee populations in the United States, the vulnerability of unaccompanied refugee children makes their few numbers nonetheless notable. From FY 1999 through FY 2005, there were a cumulative total of 782 new URM's admitted to the United States. With an annual average of approximately 112 children, the annual rate has fluctuated between a low of 35 children in FY 1999 to a high 212 in FY 2001 (Haddal, 2008). In terms of gender distribution of new URM's from FY 1999 to FY 2005, research indicates that the URM population is disproportionately male. The lowest annual percentage of males in the URM population during the time period was in FY 2005, when they represented 66 percent. In FY 1999 and FY 2001, males constituted 83 percent and 82 percent of the URM population in the United States.

Between FY 1999 and FY 2005, 52 percent of unaccompanied refugee minors within the Unaccompanied Refugee Minor Program have come from Sudan. In terms of new URM's representing 36 countries entering the U.S. from FY 1999 to FY 2005, there were 407 URM's from Sudan out of 782 URM's in total. The Sudanese have been resettled under the aegis of Lost Boys of Sudan. During such process more than 27,000 boys of the Dinka ethnic group were displaced and/or orphaned as a result of the Second Sudanese Civil War from 1983 to 2005, about 2 million killed (Shelby, 2006). In 2001, about 3800 Lost Boys arrived in the United States, where they are now settled in about 38 cities. Halted after 9/11 for security reasons, the program restarted in 2004. As of 2006, the largest population of Sudanese refugees in the United States is in Omaha, Nebraska,

which hosts about 7,000 people (Burbach 2006). The Episcopal Church, Catholic Charities, and a variety of other charitable organizations helped bring Sudanese refugees to the United States. Most of the boys were orphaned or separated from their families when government troops systematically attacked villages in southern Sudan killing many of the inhabitants, most of whom were civilians (Shelby, 2006). The younger boys survived in large numbers because they were away tending herds or were able to escape into the nearby jungles. Orphaned and with no support, they would make epic journeys lasting years across the borders to international relief camps in Ethiopia and Kenya evading thirst, starvation, wild animals, insects, disease, and one of the most bloody wars of the 20th century. Experts say they are the most badly war-traumatized children ever examined. When villages were attacked, girls were raped, killed, taken as slaves to the north, or became servants or adopted children for other Sudanese families (Shelby, 2006). As a result, relatively few girls made it to the refugee camps.

The country sources for URM's from FY 1999 to FY 2005, mostly fell geographically within one of three regions: Sub-Saharan Africa, Central American and the Caribbean, and the Middle East (Haddal 2008). Historically, Unaccompanied Refugee Minors accepted into the U.S. since 1980 have come from Southeast Asia (Steinbock 1989). Research further indicates that adolescent males constitute a disproportionate number of children fleeing from crisis areas (Paske & Jayne 1983). Many have departed, with or without parental consent, for a variety of reasons. For example, among the Vietnamese "boat people," a number of children were found unaccompanied because in many cases a family could only afford to send one person. Often they would choose the favorite son, or the eldest son, with the idea of giving that child a better life and with the

hope that when the boy was resettled and economically secure he could sponsor the rest of the family. In other cases, the child was sent on a different boat than the parents as a means of increasing the likelihood that at least one family member would reach foreign soil (Paske & Jayne, 1983).

In terms of housing placement for URMS, research indicates that the most frequent option for FY 1999 to FY 2005 was foster homes. As with cases involving other unaccompanied refugee children, placing URMs in foster care is often seen as the most desirable outcome because doing so offers children a structured environment that replicates a family setting (Haddal, 2008). In FY 2005, 50.9 percent of URMs were placed in foster homes, falling between the seven-year high of 55.1 percent in FY 2000 and seven-year low of 40.1 percent in FY 2004.

The Immigration and Naturalization Service and the State Department currently use a joint policy and procedure for selecting unaccompanied refugee minors from a region to be admitted as refugees (Policy and Procedures for Adjudicating Unaccompanied Refugee Minors Seeking Admission to the U.S., 1987). The United States looks to the United Nations High Commissioner for Refugees (UNHCR), as the responsible international organization, to determine in the first instance what is in the unaccompanied minor's best interest: return to his or her parents or other relatives in the country of origin, local integration, or third country resettlement (UNHCR Program 1987). Those whom UNHCR recommends for resettlement are "adjudicated" on an individual basis to determine if they come within the refugee definition stated earlier. Finally, the priority system for overseas refugees is then applied to those who are found to be verifiable refugees (Steinbock, 1989). Unaccompanied refugee minor applications

for resettlement are considered on a priority basis. The policy for determining whether or not an unaccompanied refugee minor meets the refugee definition relies on three considerations: (1) the minor's own articulation of persecution for unauthorized departure; (2) objective evidence known to the United States government that there is a reasonable possibility that the minor would be persecuted in his country of origin, including evidence that other family members were persecuted; or (2) evidence that, although the minor personally may not have been aware of a threat of persecution, the minor's parents or nearest guardians sent the minor out of his country to protect the minor from persecution (INS 128 § 6(B) 1979).

Why Richmond

The Unaccompanied Refugee Minor Program operated by CCC in Richmond, Virginia was chosen as the subject of this case study for several reasons. First, the CCC's URMP is the only UMRP operated in the State of Virginia. By the same measure, Virginia is one of only a few states in which a URMP is operated. The history of the URMP program in Richmond and involvement by the Virginia Department of Social Services in contracting for URM resettlement through CCC has been noted above. As depicted in Table 2, between 2002 and 2006, URMPs operated in only seventeen states. Furthermore, several states have only intermittent participation in settling URMs. However through CCC, Virginia has participated in resettling URMPs throughout this period.

CCC is a nonprofit organization whose URM program receives funding from the

Table 2

URMP Participation by State: 2003 - 2006

Year/State	2003	2004	2005	2006	Total
Arizona	22	31	24	24	101
California			5	7	12
D.C.	19	14	11	8	52
Florida			9	8	17
Massachusetts	64	69	50	53	236
Michigan	247	265	186	188	886
Minnesota		2	2	2	6
Mississippi	87	26	55	19	187
New Jersey	6				6
New York	76	50	56	50	232
North Dakota	32	38	36	29	135
Pennsylvania	86	86	62	60	294
South Dakota	8	6	6	3	23
Texas	4	12	17	26	59
Utah	7	1	3	2	13
Virginia	95	61	60	52	268
Washington	58	40	45	49	192
Total	811	675	627	580	2,693
VA % Total	11.7	9.0	9.6	9.0	10

Source: U.S. Department of Health and Human Services. (2003-2007) Annual ORR Reports to Congress. Washington, D.C., U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Settlement. Retrieved at <http://www.acf.hhs.gov/programs/orr/data/arc.htm>. Note that data for 2001, 2002, 2007 does not break URMP participation down on a state by state basis.

federal government. The State of Virginia does not provide funding. The Office of Refugee Settlement of the U.S. Department of Health and Human Services compiles reporting on the performance of state URMPs. Adding to the decision to make Richmond's program the focus of this study is that, according to the U.S. Department of Health and Human Services (HHS), Richmond's CCC program alone accounts for a significant share of all of the URM's granted entry to the U.S. in the past decade. Data for 2001, 2002 and 2007 is not broken out by state and HHS has yet to release a report on URMP enrollment for 2008 and 2009. However as seen in Table 2, Richmond's CCC program alone accounts for a significant share of all of the URM's granted entry to the U.S. in the past decade. Data for 2001, 2002 and 2007 is not broken out by state and HHS has yet to release a report on URMP enrollment for 2008 and 2009. However for each year between 2003 and 2007, Richmond's CCC ranked either second, third or fourth in terms of the number of URM's accepted among the state's involved in accepting URM's. In terms of the number of URM's accepted across all state's during this period, Richmond's CCC ranks behind only Michigan and Pennsylvania. At a minimum, this points to Richmond's CCC as having made a serious commitment to the URMP and in consequence, fertile ground for conducting a case study of the program.

URM Program Population

Additional support for the selection of the CCC program as the case for this study arises from the composition of the URM population served by CCC. There were 53 refugee minors in the URM program at CCC as of March 31, 2010. During January 2010, 5 URM's emancipated from the program and only 1 URM entered the program in March 2010. Emancipation normally occurs once the URM reach his or her 18th birthday and

chooses to opt out of the program. However, most URM's remain within the resettlement program until their 21st birthday. During January 2009, there were a total of 50 URM's in the resettlement program. In FY 2009, growth in the total number of URM's in the resettlement program increased the URM population in care from 50 to 57 minors. Although one URM emancipated at the end of the year, 4 new cases entered the program during December 2009. In comparison, national data indicate from FY 1999 to FY 2005 there was a total of 782 URM's throughout the 16 refugee minor resettlement programs in the country. The URM program at CCC placed second out of the nation's refugee minor resettlement programs for new enrollment between FY 1999 to FY 2005. However, the data suggest that new enrollment for the URM program in terms of the population in care is on the decline between the FY 1999 to FY 2005 and FY 2008 to present (ONS, 2009).

In addition to tracking the total URM population, the Unaccompanied Refugee Minors Program Report also tracks URM housing placement activity every month throughout the calendar year to determine data trends. Based on the administrative data prepared monthly for the Virginia Office of Newcomer Services, Table 3 depicts the number of CCC URM's in foster care on a monthly basis since January 2008 until March 2010. Thirty-six URM's out of the 53 URM's are currently in CCC's URM program were placed in foster care through March 2010. Therefore, for the first quarter of FY 2010, more than half of the population in CCC's URM program is in foster care. The data in Table 3 further indicate that URM's in foster care doubled in the last two years which suggest an increasing need for additional foster care homes since to support the

Table 3

CCC Unaccompanied Refugee Minors in Foster Care

Month	2008	2009	2010	Month	2008	2009	2010
January	15	28	36	July	26	31	
February	17	28	36	August	26	27	
March	18	32	36	September	24	26	
April	19	33		October	24	30	
May	20	31		November	25	34	
June	27	32		December	27	37	

Source: Virginia Department of Newcomer Services

increasing number of URM's entering CCC resettlement program since FY 2008.

Table 4 depicts the regions of the world from which the URM's originated. As depicted in Table 3, the CCC URM program provides relocation for children from across the globe. URM's from Central and South Africa entered CCC's program at the greatest rate over the two-year period, January 2008 to January 2010. The increasing rate of URM's from Central and South Africa suggest that resettlement services are needed to support these children needs as they resettle within the Richmond area. Other significant regions of country that also had a significant number of URM's entering CCC's resettlement program were Southeast Asia and Mexico & Central America. The data in

Table 4 also indicates the resettlement program at CCC is beginning to see URM's from South America in FY 2010. The dynamic nature of the changing country or origin of the URM's also make the CCC program fertile ground for the case analysis presented here.

Table 4

CCC Unaccompanied Refugee Minor Country of Origin

Region	January 2008	Pct.	January 2010	Pct.
Africa East	7	18%	7	18%
Africa Central/South	1	3%	8	15%
Africa West	8	21%	5	9%
Asia North	1	3%	3	6%
Asia Southeast	7	18%	13	25%
Caribbean	2	5%	0	0%
Middle East	3	8%	2	4%
Mexico & C. America	9	24%	14	26%
South America	0	0%	1	2%
Total	38	100%	52	100%

Source: Virginia Office of Newcomer Services

Over the two-year period, March 2008 to March 2010, the age distribution of URM currently in the program has shifted. As depicted in Table 5, URM between age 18 and 20 increased by 40% since March 2008. On the other hand, URM between age 15 and 17 declined by 44% in March 2010. The high percentage of minors in the program over the age of 18 indicates that few of them emancipate and decide to stay in the URM program until they reach the age of 21.

Table 5

CCC Unaccompanied Refugee Minors by Age

Age	March 2008	Pct.	March 2010	Pct.
0-4 years	0	0%	0	0%
5-9 years	1	2%	1	2%
10-14 years	5	12%	4	8%
15-17 years	31	76%	17	32%
18-20 years	4	10%	31	58%
Total	41	100%	53	100%

Source: Virginia Office of Newcomer Services

URM Program Gender Distribution

As depicted in Table 6, in terms of gender distribution for those minors in the URM program to date, there is almost a parity between females and males (Senior Staff

Member at Virginia Office of Newcomer Services, 2010). In March 2010, URM males in the resettlement program represented 51 percent and females represented 49 percent of the URM program population. The gender distribution in March 2010 illustrated nearly an even divide between male and female URMs.

Table 6 also illustrates that in March 2008 over half of the URMs in the resettlement program were males but started to slightly decline in March 2010. On the other hand, the percentage of females increased from March 2008 to March 2010. The slight decrease in the male URM population in March 2010 could have occurred because the Lost Boys of Sudan are aging out of the URM program at CCC.

Table 6

CCC Unaccompanied Refugee Minor Gender Distribution

Gender	March 2008	Pct.	March 2010	Pct.
Male	25	61%	27	51%
Female	16	39%	26	49%
Total	411	100%	53	100%

Source: Virginia Office of Newcomer Services

With regard to selection of CCC's URM program as the basis for this study, as demonstrated above, this program serves unaccompanied refugee children from across the globe of both genders. Last with regard to the choice of focusing this case study upon Richmond's CCC, the author resides and works in Richmond. This provides the author

firsthand access to the interviews who have provided the data for this thesis, much more so that would be the case if the study had focused upon a URMP in another state.

Limitations

This thesis consists of a case study of the URMP operated by CCC in Richmond, Virginia. This thesis does not constitute a comparative analysis of the Richmond CCC example with examples of URM programs in other states. The thesis draws upon a variety of sources culled from a review of the literature. However the conclusions presented are drawn primarily from interviews with individuals involved in operating the CCC's URM program. This said the conclusions presented herein do pose questions that may be addressed at some future point in a similar study targeting URM programs in other states.

In addition to the above limitation, it is important to note that much of the information on URMs at the individual level is protected by confidentiality provisions and not publicly accessible. Therefore whereas public records do contain aggregate information on the number of URMs who have entered the U.S. and are enrolled in individual programs and the nations or regions of the globe in which these URMs originated, information that pertains the names of these URMs, their place of residence, work or study, their individual health status, who their foster parents are, and other similar information of an individual nature is protected and was not made available during preparation of this thesis. Furthermore it was not possible to interview the URMs themselves in the completion of this thesis. These are very important limitations in terms of their implications. It limits the research to collection of third party data that is based

largely on the perceptions of program administrators. Nothing in this thesis suggests that the findings and conclusions that are offered reflect the perceptions of the actual URM as to their circumstances, how they see their needs and how they view the effectiveness of the CCC program upon the challenges they face in resettling in a new country. The implications of this limitation are discussed in the final section of this thesis with particular regard to topics for additional research in the future.

Organization of the Thesis

Section II of this thesis describes the research methodology employed, which is focused upon case study methodology, the use of literature review and the administration of structured surveys to highlight particular features of the CCC URM program and identify indicators of success and unmet needs. Section III of this thesis comprises a review of the literature focused upon how thought regarding how best to integrate immigrants into the United States has progressed over the years from a focus upon assimilation into American culture to one where the ability of immigrants to retain meaningful social and cultural attributes from their native lands is now seen as a critical factor in the successful integration. In Section IV, research findings are presented, gathered from administrative records and interviews with CCC administrators that among other things, points to a CCC that appears highly and professional in its work, expects the number of URM as it serves to increase in the future but also, faces a number of challenges in terms of funding and its ability to find suitable foster parents with whom to lodge the URM. In Section V, an overview of what has been learned in the completion of this thesis is provided along with some recommendations on how

programs to acclimate URM's in the United States might be made more effective in the future.

II. Methodology

This thesis employs a case study approach to describing and assessing circumstances and practices characterizing the Richmond CCC URM program, identifying outstanding needs and making recommendations on how best to meet these needs. As a research methodology, case studies are very common in the social sciences. Case studies develop and analyze information within the context of an in-depth examination of a single individual, group or organization. Case studies may be descriptive in terms of shedding light on practices and circumstances that delineate and define an event or series of events involving a subject person, group or organization or identify issues of importance to these individuals or entities. Case studies may also be explanatory in terms of positing and testing a theory or hypothesis to explain why individuals, groups, or organizations behave in a certain way. Case studies provide a basis for systematically collecting data and critically analyzing information in the realm of examining public policy, sociological, economic, psychological, business, and other academic disciplines (Baxter & Jack, 2008; Babbie, 2008; Flvbjerg, 2006). Case studies usually provide rich detail through intense involvement and interpretation of available information (O'Sullivan, Rassel and Berner, 2008). Given this, the case study approach appears well suited to addressing the research questions posed earlier in this thesis.

Data Collection

The research methodology is qualitative and includes a literature review to set the stage for placing into context what the CCC URMP does and who it serves. In addition to interviews, data collection includes compilation of demographic statistics from secondary

sources to further demonstrate the nature of the challenge posed to CCC URMP work. According to O'Sullivan, Rassel and Berner (2008), the ability of qualitative methodologies to incorporate and interface a variety of data collected from different sources represents a major strength of the case study approach. O'Sullivan, Rassel and Berner point to several important features intrinsic to qualitative methodologies, including that qualitative methodologies:

- Produce information or data, difficult or impossible to convert to numbers.
- Describe specific features of each individual, organization, jurisdiction, or program.
- May involve extensive fieldwork; the researcher goes to where the cases are located and obtains information on them in their natural setting. In this way the researcher does not attempt to manipulate any aspect of the situation being studied but take it as is.
- Qualitative studies may have a flexible design. Although the study may have a clearly defined methodology and plan of action, the researcher usually has great flexibility. The researcher may alter the design as the research progresses. The researcher uses several sources of information. In fact, multiple sources give a fuller picture of a case and its setting and help to verify information.

A literature review draws from previously published work to identify the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular body of knowledge (Galvan, 1999; Hart,

2001). The research methodology underlying this thesis involved interviews with seven of ten staff members of CCC who work directly with the URM program. The interviewees played several roles at CCC in relation to the URM program. The interviewees consisted of the URM Program Manager, Clinical Social Work Supervisor for the URM program; Refugee Therapeutic Foster Care Workers as well as Refugee Foster Care Workers who have active URM foster home caseloads. The interviewees also have daily interactions with the URM in the program as well as the foster care parents.

Structured in-person interviews were chosen for the study in order to identify differences and similarities among subjects relation to the main research questions. With structured in-person interviews, the interviewer may elicit the participant's trust, thus setting the stage for asking sensitive questions (Lindlof & Taylor, 2002). Structured interviewing usually yields a high response rate and allows the researcher to reach hard-to-access populations (O'Sullivan, Rassel, and Berner 2008). Interviews are a particularly useful approach to obtaining information in a domain like social services, where much information may be subject to privacy protections. For the purposes of this thesis, structured interviews were conducted with URMP staff using the protocol reported in Appendix I.

Questionnaire design began during review of the relevant published literature on the Unaccompanied Refugee Minor Program. This process was important in helping to identify topics to investigate for the structured in-person interviews with the administrators and staff at CCC and for the telephone surveys with adult foster care parents. The survey questionnaire used for interviews included open-ended questions to allow the administrators and staff at CCC as well as adult foster care parents to expound

on topics not specifically asked about in the questionnaire. Open-ended questions also provide respondents with the opportunity to elaborate on their answers just as a “picture is worth a thousand words,” a comment can add immeasurably to an investigator’s information (O’Sullivan, Rassel, and Berner 2008). The goal was to use the responses from the open-ended questions effectively in order to answer the thesis research questions.

All interview sessions were tape-recorded and all responses transcribed to aid in data analysis. Notes from each interview were reviewed to highlight salient points with direct quotes being underlined. Interview responses were coded based on topics, at which point tentative ideas emerged with regard to categories for subsequent analysis. An iterative categorizing approach similar to that described by Maxwell (1996) was employed, putting the interviewee’s responses into groups. The more interviews that were reviewed, the more potential categories for investigation became evident. Importantly for the purposes of reporting in this thesis information derived from the interviews, all of the respondents were assured that their identities would be kept confidential in order to encourage them to participate in the interviews. It is therefore not possible in reporting the information gathered as a result of these interviews to attribute specific findings from the interviews to any identifiable individual respondent.

Data Analysis

Tables and lists were created to analyze the most relevant responses. This was helpful in tracking the frequency of certain comments, such as the three qualities that staff and administrators at CCC feel are most important for adult foster care parents to possess when working with unaccompanied refugee minors or based on your caseload

observation what are the challenges and needs of these unaccompanied refugee minors in foster care as they adjust to a new society. Unique identifiers were assigned to each respondent in order to link their comments to the tables developed. Data analysis permitted conclusions to be drawn about the perceived needs of and challenges facing unaccompanied refugee minors in foster care as they culturally adjust to America and whether providers perceive resettlement programs like the one presented in this case study to address such needs and challenges. Based on the respondents' answers, connections regarding the implications for planning and public policy began to unfold.

Validity

While the structured interview was an appropriate method for this study, some of the risks associated with interviews are interviewer bias, poor recall, and inaccurate or poor articulation of the interviewees (Yin, 1994). Several techniques were employed to minimize error that might arise from these risks

First, the interviews were designed to eliminate leading questions. For example, instead of asking "Are there any challenges associated with the Unaccompanied Refugee Minor Program?" staff and administrators at CCC questions were asked "In your particular caseload, what are the challenges associated with the Unaccompanied Refugee Minor Program?" This meant adding more effort during data analysis, but it helped to reduce the impact of my own biases or ideas. A broad approach was also taken in the interviews, touching on many different topics, and interviews were concluded with an open invitation for the interviewees to comment on areas not previously mentioned. Respondents were also provided with contact information so that they could follow up if

they wanted to add anything to their comments or if they wanted to share additional thoughts that would benefit the study. The goal was to allow staff and administrators at CCC to express, in their own words, the needs and the challenges for unaccompanied refugee minors in foster care as well as whether their resettlement program addressed perceived needs.

Interviewing can be a valuable way to get descriptions of actions and events, especially those in the past. One concern with this approach might be the limitations of the interviewee's memory and the historical accuracy of the interviewee's accounts (Maxwell 1996). Asking specific questions about past events or conditions, rather than asking questions that only produce abstract generalizations, is the preferred approach (Maxwell 1996). Based on the above, corroboration is helpful. Additional sources were consulted where available for corroboration.

In terms of external validity, it is important to note that the data findings and responses from the interviewees further examined in the next section of the study cannot be generalized to other case studies involving resettlement programs in other regions of the country. The study is meant to benefit the URMP through providing a case study that could offer insight, detailed information, and research observations for future research.

III. Literature Review

Historically the process of integrating foreign immigrants into American society has been guided by the concept of cultural assimilation. Cultural assimilation involves absorption of ethnic immigrants into the dominant culture of the society into which they enter. In its essence, assimilation involves the broad displacement of an immigrant's native, individual cultural and social characteristics by those of a dominant host culture (Alba & Nee, 2005). For many years, this type of cultural displacement was considered vital if refugees of any age were going to be successful within American society. Only by immersing ones self into conventional culture could an immigrant from a foreign land truly position him- or herself to be successful in America. Clark (2003) describes immigrant assimilation as a process that occurs spontaneously. However Glazer (1993) notes that if assimilation started out as an ideal, during the 1920s, assimilation moved from an ideal to a forceful policy, under the name "Americanization."

The history of immigration to the United States can largely be divided into four periods. First was the immigration of mainly English people but also other western Europeans to North American during the colonial period. Next, the mid nineteenth century saw large-scale immigration to the U.S. from Northern Europe, including Ireland, Germany, Poland and the Nordic countries. The first decade of the 20th century saw large-scale immigration from eastern and southern Europe (Daniels, 1991). During these epochs, it was assimilation that primarily dominated how immigrants were received once they arrived upon American shores.

The Rise of Multiculturalism

The post 1960 period in the U.S. has been characterized by waves of immigration from Latin America and Asia. This period has also seen a change in terms of how to incorporate immigrants into American society with a focus upon multiculturalism. Within the context of multiculturalism, it is important for refugees to be integrated into the communities in which they find themselves but not at the expense of maintaining some connection to their own indigenous cultural attributes, uniqueness and identity, traditions and mores. Under the rubric of collective identity, refugee children from virtually any culture are able to acculturate effectively without sacrificing the continuity that their primary culture provides in terms of identity. A multicultural, collective identity approach to placing refugee children encourages the development of associations between cultural groups. This is a healthy environment in which each member of each individual cultural group is empowered to self-direct to some degree as the individual becomes more culturally fluent in the host culture. The optimal outcome for refugee children is that by being encouraged to be generally well-adjusted members of their own cultural group, they are best able to adapt in a more positive manner to other cultural groups and the host culture. This is because “At the most fundamental level all human beings respond to their environment in similar fashion” (Thomas & Au, 2002, para.9).

In reality, acculturation for refugee children, even in multicultural communities, is far from being a foregone conclusion. There are a variety of structural barriers to acculturation within American society that make true acculturation a difficult proposition. Alba and Nee (2005, p. 144) state that, “This interpretation is bolstered by ethnographic studies of the interaction between contemporary immigrant groups and the mainstreams

society, which indicate that expectations of assimilation...have not been surrendered by most other Americans.” Essentially, while multiculturalism is a concept that has been embraced by many, it is often viewed as being a metaphorical bridge leading to full assimilation at some point in the future for refugees and immigrants alike.

Despite these structural issues regarding assimilation, acculturation as a process favorably viewed today. For example, Bloemraad (2005) argues that multicultural settlement policies provide material and symbolic resources through which host societies facilitate participatory citizenship by newcomers. In their book *Counseling Refugees: A Psychosocial Approach to Innovative Multicultural Interventions*, Bemak, Chung and Pederson (2003) argue that settling refugees within a multicultural environment helps reduce psychological stress and mental health problems resulting from adjustment. It is important to recognize, however that multiculturalism is more than rhetoric. As Cadge, Curran, Hejmanek, Jaworsky and Levitt (2009) show in a comparative study of Portland, Maine and Danbury, Connecticut, whereas Portland offers new immigrant arrival welcoming spaces, in Danbury, newly arriving immigrants encounter a “hotbed of ‘anti-immigrant hostility and activity’” not at all conducive to acculturation (p. 3). This is despite the fact that both communities outwardly profess to be welcoming to immigrants. Multiculturalism must involve more than words and involve the institutions that acknowledges newcomers as different and seek to create an environment in which immigrants can both learn express their cultural values and practices and learn about the values, culture and practices of their new homes.

Refugee Children and Diversity

The movement of people and cultures across geo-political boundaries has increased dramatically over the previous and current centuries. Diversity in these instances has often become the norm rather than the exception. For some countries and communities developing diversity is purely an economic function as a means to attract foreign investment perhaps or as a means to expand the local or national labor pool (Mitchell, 2003, p.390). However in the United States, increased diversity, for whatever reason or cause, does not come without its critics. Among criticisms are that a greater refugee presence in a community can lead to increased crime, a greater load on social welfare resources, and increased demand on the local education system and public services such as healthcare (Vargas, 1999). Thus, many see diversity not necessarily as a positive but rather as a quality that must be assiduously developed into multiculturalism. That is, diverse communities must be developed in a way in which the community is going to not only be a healthy environment for refugee children but also a positive contributing element within the greater society. This type of approach has been examined in the past and was referred to as “community theory” in which community develops a shared,

...desirability of a goal by which each ethnic group which desires to do so should be permitted to create its own communal life, preserving and developing its cultural heritage while at the same time participating effectively in the broader life of the nation as a whole (Gordon, 1964, p .154).

This paradigm can be the basis for not just a community characterized by its diversity but also one that could be considered inherently multicultural in its constitution.

As discussed earlier, in the contemporary context, diversity as a setting in which to place refugee children appears preferable to a community setting that completely lacks any form of diversity. Communities that could be considered multicultural in which the cultural characteristics and social behaviors of all groups are supported might be considered the most preferable location in which to place refugee children. This highly nuanced view of what constitutes diversity and multiculturalism must also be one that incorporates the perspective of the refugee children not as refugees but as children as well. As children, they also have a unique set of perspectives on their environment, their living arrangements and their neighborhoods that must also be considered (Bartlett, 2002). Treating refugee children as just refugees and failing to take into account the entirely different set of needs and priorities of this group as children can have detrimental long-term effects on their development in their new communities and culture.

A community that demonstrates a distinct lack of multiculturalism is likely not to be the best environment for refugee children. This is because the rejection of the host culture is almost certain to exacerbate the psychological and social stressors they are already experiencing due to being uprooted and displaced. However, rejection by the dominant or host culture may actually relate to a particular cultural characteristic of the refugee's culture such as overt gender inequality (Weber, 1995). It is certain that such types of cultural characteristics will not ever be fully accepted within US culture, for instance but at least initially, such characteristics form part of the refugee child's worldview and immediately changing this worldview can be harmful. Thus, friction and rejection by members of the host community and culture is always a possibility: "For those who cannot easily separate themselves from strangers (crushed against them in the

metro, feeling one's neighbourhood is being 'invaded'), the response may be to 'defend the territory under siege" (Mitchell, 2003, p. 415). In such instances, refugee children may find it devastating in terms of acculturating in any meaningful fashion. For example, one potential negative outcome of placing refugee children in a more homogenous cultural setting is that they will become the equivalent of institutionalized foreigners to some extent (Alexander, 2003, p. 425). That is, such refugees and certainly the refugee children might come to be viewed as the community's token effort at diversity rather than any real attempt at establishing and growing multiculturalism as a structural part of the local society.

Structural forces within the dominant culture and therefore within most US communities create substantial impediments for acculturation to occur among refugees despite any form of diversity. The over-riding objective within U.S. culture is to improve one's social status in the pursuit of the American dream. This quest to improve one's status within the community and broader society undermines the forces of acculturation and therefore multiculturalism and diversity. Gordon (1964) made this point during the 1960s, a period of extensive social change in America when he wrote, "the American class system tends to loosen the ties of the ethnic person to his ethnic collectivity, so that as he rises in class status...he is drawn into association with the general American community of similar class background" (p. 207). Despite America having become more diverse in the past forty years, there is no evidence that this is any less true today. The result is that, historically, it has been the rule that integration into American society inherently meant that while cultural diversity might exist, social diversity was eroded in the quest to maintain a uniform American identity. While the constant influx of

immigrants, migrant workers and refugees have always assured the U.S. of being a nation built on diversity and to some extent, multiculturalism, diversity and multiculturalism has never been the country's national identity.

The Role of Cultural Competency

Implicit to any discussion of resettling unaccompanied refugee minors is the concept of cultural competency. To understand cultural competence, it is important to grasp the full meaning of the word culture first. According to Chamberlain (2005), culture represents “the values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their world” (p. 197). Cultural competence refers to an ability to interact effectively with people of different cultures. According to Cartwright and Shingles (2010), the term cultural competency first surfaced in 1988 in a mental health publication by psychologist Paul Pedersen (1988) and most of the definitions of cultural competence shared among diversity professionals come from the healthcare industry.

Although no universally accepted definition exists, many of the definitions of cultural competency address common themes. These themes revolve around recognizing one's own cultural attitudes, beliefs, and biases in order to better understand the cultural practices of others. This means examining individual biases and prejudices, developing cross-cultural skills, searching for role models, and spending as much time as possible with other people who share a passion for cultural competence. Within this context, cultural competency would appear to involve a set of congruent behaviors, attitudes and policies that come together to allow a professional to work effectively in cross-cultural situations (Diller & Moule, 204). Martin and Vaughn (2007) point to cultural competency

as requiring an individual to embrace the two primary attributes. These are, first, recognizing one's own cultural attitudes, beliefs, and biases in order to better understand the attitudes, beliefs and biases of others and second, acquiring culturally based knowledge and skills in order to provide care in a culturally congruent manner. As will become clear in the research findings section of this thesis, recognition of the need for cultural competence is a central facet of the CCC URM program.

Community Services for Refugee Children

It has been demonstrated that the movements of people from region to another such as migratory cultures like Latinos in the U.S. often result in the development of new racial orders and status levels (Marx, 1999, p.11). The effect within communities in which refugees are placed is such that the community services and access to them can potentially be co-opted by various sub-groups within these refugee groups. Hence, communities must not only develop a range of critical services for refugee groups but must also ensure proper oversight and management of them as well. True diversity and multiculturalism in the community is not only a philosophical approach to minority groups but is also a concrete administrative issue within the city government and administration.

Regulation within this type of social services, social welfare and ethnic interaction must be addressed just as equally within the regulatory structures of the community. This lends the development of multiculturalism within the community to a kind of officially sanctioned support that is not as easily ignored by certain entities that might not view multiculturalism, diversity and refugees as being a positive feature. For example, many refugee children who arrive unaccompanied are placed in foster homes that may or may

not be families belonging to their home cultures. Not only must the local government develop a foster care program that monitors the care that these children receive but the local government must also be able to ensure that other services such as educational tutoring, vocational training, if appropriate, and subsistence payments are being adequately utilized (Becerra & Moore, 2009). Hence, diverse communities and multiculturalism cannot be the only criteria used in placing refugee children in one community as opposed to another one. The communities in which refugee children are placed must embrace a healthy perspective towards diversity that reflects tolerance towards both cultural and social differences.

IV. Results

This thesis set out to address three research questions. These are as follows:

- (1) What are the services provided by CCC and how do CCC administrators perceive the challenges the organization faces in placing URMs within the foster care system?
- (2) What do program administrators perceive the needs of unaccompanied refugee to be as these children transition into an American way of life and what challenges do these youth face in seeking to make a successful transition into the American way of life?
- (3) What role does the concept of cultural competency play in terms of efforts to create an effective program for accepting URMs in the future?

Based upon the interviews and the respondents' comments, each of these research questions is addressed below.

Question 1: What are the services provided by CCC and how do CCC administrators perceive the challenges the organization faces in placing URMs within the foster care system?

Managers at CCC see the mission of the URM Program at CCC as aligning with CCC's larger mission of providing social services to under-privileged and socially and economically challenged persons and households. One interview respondent described the CCC mission "as providing quality, compassionate human services to all people, especially the most vulnerable." Within 24 hours of arriving to the Richmond area,

unaccompanied refugee youth are brought into the physical and legal custody of CCC through which the following services are provided:

- Foster care home placement
- Acculturation assistance
- Independent living skills training
- Placement in English as a Second Language program
- Translation services
- Enrollment in school or vocational training programs
- Health care

Within this context, CCC focuses upon helping its URM clients to develop skills that will enable them to live independently. For URM, this means placing these minors in foster care homes as transitional living arrangements so that these unaccompanied minors can acclimate to life in the U.S., become educated, develop healthful lifestyles, learn English, come to grips with past trauma, and acquaint themselves with American culture and develop a sense of personal responsibility within a supportive environment so that they are prepared to live and work successfully once they enter adulthood and depart the foster home environment. Efforts to help acclimate URM commence immediately upon their arrival, with either a CCC manager or a contracted interpreter being present when a URM steps off the plane upon arrival in Richmond to greet the newly arriving youth. Above all, the key to the success of CCC's program is its ability to place youth in foster homes. From January 2010 to the end of March 2010, nearly 70 percent of Virginia's URM were placed within a foster care home in the Richmond metropolitan area.

A major challenge confronting CCC is the need for more foster homes, especially foster homes that are bilingual and bicultural. Several interview respondents agreed that increasing costs of services with decreasing fund availability is a major challenge. The lack of culturally sensitive and/or bilingual mental health services in Richmond presents another challenge. Language is an additional challenge as noted above because there are several families that do not speak another language. In the words of one CCC administrator, "Being that we have children from many countries and beliefs the biggest issue is with foster families because the cultural piece is very hard from them to understand that these kids have a different upbringing."

A goal of CCC is to serve more refugee children and to serve them better. In order to serve more refugee children in the future, CCC administrators perceive the need to actively recruit more refugee foster care parents who take pride in integrating the URM's into "good families." Because all of the children leave their families, staff at CCC try to place the refugee children in foster care homes that will embrace them as their American family. Also, in order to serve more refugee children, the URM Program is attempting to provide services at multiple sites. Foster care parent recruitment is regarded as one of the things that staff members at CCC work hard to increase. Overall, the URM Program's future will involve children with more serious abuse and abandonment as well as trauma issues being referred. Also, one of those interviewed at CCC reported that, "We at CCC predict that more URM's will be referred from Central and South America than from overseas particularly Africa and Asia due to change in regulations at the federal level." In particular, the CCC expects to begin receiving URM's from Haiti as a result of the devastating earthquake on that island. However the degree to which there is indeed a rise

in the number of URM's admitted to the U.S. may also be affected by national security concerns and any tightening in admittance requirements that may come out of Congress.

URM administrators also ensure that the foster care homes in which they place their URM clients are in compliance with state licensing requirements. All refugee foster care parents must complete a mandatory pre-service training to include 11 sessions over a two-month period. For example, training sessions would cover child placement in the foster home and working with children from diverse cultures. All refugee foster care parents have to undergo criminal background checks, 24 hours of annual training, and successfully pass Child Protective Services checks. Moreover, refugee foster care workers must interview any child that lives in the foster care parent family before a URM is placed. Refugee foster care parents have to go through a home study evaluation with social worker in order to evaluate if the URM is within a housing environment that is properly maintained, clean, and have adequate space. Overall, the same licensing regulations that are set by the Department of Social Services for foster care providers across the state are required by URMP foster care parents as well.

Question 2: What do program administrators perceive the needs of unaccompanied refugee to be as these children transition into an American way of life and what challenges do these youth face in seeking to make a successful transition into the American way of life?

Interviews pointed to several needs and challenges that CCC administrators view as facing the URM's. One pertains to living conditions at foster homes and privacy concerns. Each URM within a foster care home must have adequate space for privacy such as their own dresser and closet as well as a storage space, separate bed if they are

sharing a room with another child of the same sex no matter if they are biological or foster children to the adult foster care parent, and own study space. In terms of the physical requirement for each foster care home, the social workers at CCC conduct home visits monthly to ensure every foster care home meets state standards mandated by the Department of Social Services. Physical requirements of the foster care home include adequate lighting, a foster home that is in good structural condition, screens on windows that can be used in case of an emergency, an evacuation plan that is posted on the refrigerator, smoke alarms installed on each floor, working kitchen, an exit door within each bedroom. Firearms should be locked with ammunition separate, and the housing exterior and interior must be clean.

Another need perceived by CCC administrators is for the URM's to develop social and mutually supportive networks to facilitate their transition into American life. CCC seeks to establish these networks among the URM's that they can carry forward after they depart the URMP. These networks can provide a base of support for these unaccompanied youth once they become adults and a venue within which to share and encourage each other and help each other during times of hardship. According to those interviewed, many of the URM's do in fact stay connected after emancipation from the program, either by way of formal associations, informal networks or simply personal contacts born out of friendship's developed during the time they spent in the program.

CCC administrators also see a very real need for the URM's to become educated. According to CCC administrators, a high percentage of URM's graduate from high school and go on to college. This appears impressive being that URM's come to the U.S. with very little formal education but manage to graduate from high school and go on to

college. Approximately 80-85 percent of URMs graduated from high school or with an alternate diploma. CCC administrators also see access to adequate health care as being a major priority in meeting the needs of the URMs. With regard to health care, 99 percent of the URMs had all of their medical and dental needs met while in URM Program care.

The challenges that URMs face are related to the transition to a different culture. For example, adapting to requirements of school based on ESL levels may be troublesome because children may be enrolled in Grade 9 when they arrive. This poses a challenge for older kids as they find themselves in Grade 10 or 11 at age 20 even if they have graduated from high school in their home countries. One problem is that URMs come to the United States with no documentation. In general, adaptation challenges for URMs are related to the English language and differences in food, customs, and religious beliefs. In other words, the acculturation to a new society presents challenges in terms of language barriers. Another challenge that URMs face is the common misconception of what it will be like to live not only in Richmond, Virginia but also the United States. Therefore, URMs must adapt to a different situation than what they perceived as an American lifestyle. Among URMs over 18, one of the major challenges consists of the lack of independence since they are in foster care when they are used to being “adults” in their home country and meeting their own needs.

Grief is another issue that URMs face once they resettle in America. URMs experience normal grief given the experiences they have been through. In fact, according to CCC administrators, a majority of the URM youth show significant improvements as assessed through their behaviors by the time they emancipate from the program. Most youth are able to address their grief in therapy or by the virtue of living in a safe

environment that allows them to build positive connections. Grief is difficult to generalize as each child has his/her own way to express grief. On the other hand, not every country views mental health the way it is done in the U.S. It would appear that the URM is depressed in the United States but in their country depression may be a healing mechanism. In terms of services available to URMs in the program, there are counseling services available to assist the children with their grief. According to one interview respondent, "if we have done our job the URM will have the tools they need to deal with their grief once they emancipate from the program." But, it is important to note that URMs may never completely get over grief and loss.

Based on the interviewees, the URM Program's ability to meet the needs for URMs can be difficult to quantify due to the changing population and each child has different needs. Therefore, the URM Program is in a constant state of transformation as service delivery is modified to meet those changing needs. In sum, interview respondents found it difficult to quantify how well they thought the program was succeeding in meeting URM needs.

Question 3: What role does the concept of cultural competency play in terms of efforts to create an effective program for accepting URMs in the future?

Of the three research questions the question pertaining to cultural competence provides perhaps the most difficult for the CCC administrators to respond to. CCC clearly perceives the need for a culturally competent staff and a key component of CCC's URMP is imbuing CCC managers with cultural competency. This means that program managers are encouraged to learn about the native cultures from which the URMs are drawn and develop language skills that will allow the managers to communicate with the youth in

their charge, fostering a more accommodating environment for these minors who have been removed, often abruptly, from their native homelands and families. CCC has staff that speaks multiple languages as well as language interpreters on call to assist when needed.

During interview, CCC administrators were asked to identify three qualities they feel are the most important for foster care parents to possess when providing home care and parental responsibilities for URM. Again, cultural competence stood out. According to CCC administrators, effective refugee foster care parents should have an ability to truly accept children of different cultures. This means that they should be able to adapt to diverse cultural practices as routine for the child and family. In other words, refugee foster care parents should possess a level of cultural sensitivity and a desire to learn more about the child's culture. If a refugee foster care parent is not culturally competent, they should be open to learning about new cultures and food, among other elements, and be flexible to meet the needs of URM in their care. CCC administrators also stressed that refugee foster care parents have realistic expectations that the URM will not attach easily. Further, building connections needs to take place at the child's most comfortable pace. In other words, refugee foster care parent should have an unconditional positive regard. Refugee foster care parents must also be able to openly communicate with the URM as well as the social workers in order to effectively meet the URM needs.

Assessment of the Research Methodology

The point at which the research findings of a thesis are presented is also a good time to reflect upon the methodology employed. Within the context of this thesis, two issues stand out. First is the question of whether enough interviews were conducted to

develop a sufficient amount of information needed to address the research questions?

Only seven interviews were conducted in collecting the data upon which the research findings are drawn. There are however only eleven administrators and managers involved with CCC's URM program so the number of interviews involved enabled the research to benefit from the majority of those most closely engaged in the URM program at CCC.

While additional interviews might have revealed other information useful for addressing the research questions, its not clear what this additional information may have consisted of and how it would have altered the essence of the research findings that are presented.

Second is the question of whether the interviews were informative? To this the answer is a qualified yes. Those interviewed appear highly cooperative and open and willing to discuss the program to the extent permissible. However permissible may be the operative word here. If there is one shortcoming in this thesis, it is that the findings are drawn from the perspectives of the CCC's URM administrators and managers. As mentioned at the outset of this thesis, privacy concerns prevented interviews with the URM children themselves. It is possible that different findings may have followed had information be drawn directly from interviews with the URM population. In fact, one suggestion arising out of this thesis is that future research should seek to acquire such information directly from the URM clients enrolled in CCC's program.

V. Discussion and Conclusion

Unaccompanied refugee minors are individuals who have been displaced from their native homelands due to violence, repression, or other forms of social, political and economic turbulence and turmoil. Unaccompanied refugee minor programs allow these minors to enter the United States, where non-profit organizations accept custody and seek to settle these URM in foster homes and provide counseling, health care, education and other services to facilitate their transition.

Within this context, this thesis has sought to address three primary questions regarding unaccompanied refugee minor programs employing a case study of the URM operated by CCC in Richmond, Virginia. Virginia is one of the most active states in accepting URM and CCC is the sole provider of URM transition programs in the state. The major purpose of this inquiry has been to address the following questions:

- (1) What are the services provided by CCC and how do CCC administrators perceive the challenges the organization faces in placing URM within the foster care system?
- (2) What do program administrators perceive the needs of unaccompanied refugee to be as these children transition into an American way of life and what challenges do these youth face in seeking to make a successful transition into the American way of life?
- (3) What role does the concept of cultural competency play in terms of efforts to create an effective program for accepting URM in the future?

To address these questions, this thesis analyzed socio-demographic data on CCC's URM program and also administered interviews of CCC URM program administrators, who are the front line providers in meeting the needs of these youthful immigrants seeking a new life in the United States.

Services Provided and Challenges

Upon their arrival in Richmond, CCC assumes custodial responsibility for URMs and initiates the delivery of a range of services including placement in foster homes and acculturation assistance, the provision of health care, enrollment in school or vocational training programs, translation services and English language learning assistance and learning in developing independent living skills. Administrators at CCC perceive that they are meeting expectations in delivering these services. This said, the main basis of analysis draws upon the perspectives of these administrators as expressed in interviews. It is possible that as employees, CCC administrators may be biased in how they perceive the program's effectiveness.

As far as challenges to the CCC program, several have been highlighted. Among these are the need for expanded access to people willing to serve as foster parents to the URMs, particularly foster parents who possess an affinity for serving as foster parents within the context of the multi-cultural diversity that characterizes the URM population. There is also a need for foster parents who speak the native languages of the URMs. At the current time, URMs, who do not typically speak English when they arrive in the U.S., usually enter foster care homes that do not seem to be culturally sensitive and in which English is the only language spoken by foster parent household members. Also, the URM population is constantly changing in terms of age, ethnicity and other demographic

characteristics and URMs enter the program with different needs. As a result, administrations at CCC have to modify service delivery to meet the changing needs of URMs coming from different parts of the world and with different cultural backgrounds. The constantly changing makeup of the URM population is a challenge that requires CCC to continually adjust its approach and the resources at its disposal, a significant challenge for any organization.

Perceived Needs of Refugee Children by Service Provider

The needs of URMs as perceived by CCC service providers arise from both their status as refugees from troubled foreign lands and as children. Whereas once, the concept of assimilation dominated the transition of foreign natives being resettled in the U.S., in recent years, focus has come to be placed upon programs that focus upon multiculturalism in absorbing these new entrants into U.S. society. The multicultural approach seeks to allow URMs to retain connection with their native cultural norms, values and traditions while at the same time, become exposed to the American cultural norms, values and traditions that will be essential if the transition of these URMs into American society is to be successful. As minor children of course, the URMs have special needs for education, a nurturing home and learning how to transition into adulthood in which they will need to live independently, make a living and raise families. CCC's service delivery platform is aimed at meeting these needs. However as noted above, there are gaps in the degree to which CCC's program can accommodate URM needs in terms of the diversity in their cultural, social and linguistic backgrounds. Furthermore, what has been presented herein is drawn from the literature, review of government and CCC documents and interviews with CCC administrators. If there is one

regret that arises out of this thesis, it is that completion of this work did not provide the opportunity to interact with the URM's alone or in groups so as to obtain the highly individualized perceptions of the URM's as to what they perceive as their needs and how well these are being met through the CCC program. This may suggest the most revealing conclusion to arise as a result of this thesis. It would be useful for future researchers to interview the URM's themselves to gain their perspectives on needs and if these are being met and how these needs might be better met through interventions under unaccompanied refugee minor and other programs aimed at acclimating the young refugees to American life.

Implications for Improving Program Effectiveness

The URM program operated by CCC in Richmond, Virginia has served as a case study for examining the goals and efficacy of these programs to integrate unaccompanied refugee youth into the United States. An important aim of this thesis is to identify steps that can be taken to improve the ability of CCC and other operators of URM resettlement programs to most effectively meet the needs of their young refugee clients. Based upon the study's findings, the recommendations that follow are suggested.

- Cultural Competency

The findings from this study suggest that CCC administrators in general perceive the URM program to be meeting expectations, although there are some important challenges. URM's are in need of foster home placement, English language assistance, and mental health therapy as they seek successful transition in an American way of life. Cultural competency is a critical element in assisting the URM's during the resettlement and adjustment process.

One way to address the need to improve cultural competency might be by establishing culturally sensitive community and drop-in centers that target the URM specific needs as they strive for cultural adjustment, as well as international playground equipment and cultural festivals. Culturally sensitive drop-in and community centers could assist URMs between the ages of 15 to 21 in learning the English language socializing with other children from the very start. Culturally sensitive drop-in and community centers established through local planning and community development agencies in partnership with CCC's would represent places of encounter for URMs and native children within the same age groups. Local planning and community development agencies within the Richmond area should partner with the URM program staff and administrators at CCC to better understand the needs and challenges of URMs as they move forward with establishing a new life here in the U.S. Creating safe public spaces, for example playgrounds where URMs might play on recreational equipment that is similar to that found in their native homelands should also be explored within the context of urban and regional planning.

Another approach worthy of consideration might be for CCC to recruit mentors to help facilitate the transition. For example, prominent celebrities from diverse backgrounds including some with similar ethnic backgrounds to the URMs drawn from business, cultural organizations, government, the arts and entertainment could be recruited to come and spend a day with an assemblage of URMs. An example might be the late National Basketball Association player Manute Bol, who dedicated much of his post basketball career to helping refugees from war torn Sudan. Involvement by other similar figures from global regions in turmoil and from which URMs are drawn could

become similarly involved, helping to facilitate the cultural transition process and providing role models for the URM in America. This might be particularly valuable in light of the fact that recently arrived URM seem to be older than earlier generations of URM, with many in their late teens. Interaction with a role model might be particularly valuable for URM in this age cohort.

Based upon the interviews with the CCC administrators, efforts should be directed toward improving the cultural competency of foster home parents as well. One approach may be to integrate foster care parents into a program involving mentors drawn from business, cultural organizations, government, the arts and entertainment. It seems like celebrities have great appeal in American today. Creating inviting environments in which current or potential foster parents could interact with successful role models with origins similar to those of the URM could help enlighten foster parents on how best to become more acclimated to the cultural, behavioral and social norms of the URM youth.

- Health, Fitness and Nutrition

The CCC seeks to meet the health care needs of those for whom CCC has custodial responsibility. While CCC administrators indicated that the program is meeting the health care needs of the URM, it is not clear within the context of this study what exactly the health status of these URM actually is. This thesis did not attempt to collect such data and such data is anyway confidential and would not have been made available for the purposes of this thesis. This said, one of the major health care threats in American today is obesity. During the early 1970s, an estimated 13 percent of U.S. youth aged 12 through 19 were diagnosed as clinically obese. Today the figure is 18 percent and the slope of the

trend indicates that obesity among young American will only become a more pressing problem (CDC, 2010). Obesity is a major risk factor for cardiovascular disease, diabetes, hypertension and other morbidities (Kubik, Davey, Fulkerson, Sirard, Story, & Arcan, 2009). Obese children perform poorer academically than non obese counterparts not only because of self esteem related issues but also because they missed school due to health conditions related to obesity (Schwimmer, Burwinkle & Varni, 2003).

While this thesis has not presented any data on the health status of the URM's in CCC's custody it may be reasonable to expect that as these youth transition into American society, they may also be joining the obesity cohort and it may make sense for CCC to monitor URM health status for this condition. There is a close link between dietary habits, nutrition and physical education as predictors of obesity among young people (Donnelly, et al., 1996). The availability of physical fitness opportunities in American schools has been declining significantly in recent years. Currently, nearly half of all students and 75 percent of high school students do not attend any physical education classes at all (Villaire, 2010).

Wechsler, McKenna, Lee Dietz (2004) have laid out a comprehensive approach to improving student health through a combination of physical fitness and healthy eating. The program they propose is focused upon the adoption by schools of a Coordinated School Health Program (CSHP). A CSHP is a systematic approach to promoting student health that emphasizes needs assessment; planning based on data, sound science, and analysis of gaps and redundancies in school health programming; and evaluation. According to the CDC (2010), there are eight components to an effective CSHP. One is student involvement in physical fitness activities. Another is the provision of nutritional

education and services for students. It is not known to what degree the foster parents with whom the URM's reside make sure that the URMs eat healthy and get adequate exercise. CCC should act to ensure that URMs are exposed to both information on healthy eating and incorporate physical activities into their daily routines along the lines of what has been proposed for developing CHSPs.

One approach to addressing both the need for URMs to be exposed to social activity in a diverse setting and to engage in physical activity may be to enroll URMs in Outward Bound programs. Outward Bound is a non-profit that organizes and conducts expeditionary programs for students. According to Outward Bound (2010, para. 1), these programs "serve youth, young adults, families, schools and communities. This certainly appears an idea worthy of exploration by CCC and other operators of URM resettlement programs.

- Preparing for Independent Living

Another recommendation is for CCC to explore involving URMs in summer work programs. This may be particularly pertinent as the age cohort of CCC's URM has changed and the majority of URMs are now in their late teens. As these URMs depart from CCC's program, they will need to enter the world of work. First hand experience in a summer work program can help acclimate them to the working world. One model that CCC might look into is Youth Links, being operated in Boston, Massachusetts. Youth Links places recent Asian immigrants in the 16 to 23 years old age group in summer jobs with local businesses (Cantinella, 2009). Many of those placed have little command of English and the work environment helps them improve their English language skills

while learning vocational skills. In addition to being taught interviews skills, participants in Youth Link also learn how to build resumes and open bank accounts, skills that would be very useful for the URM's in CCC's care.

As the last words of this thesis were being written, the National League of Cities released a list of twenty U.S. cities being recognized for having the best immigrant integration programs (ICMA, 2010). Among these cities is Richmond, Virginia. Richmond was recognized primarily for work by the city's Hispanic Liaison Office in helping newly arrived Latinos acclimate. Latino's are not a major element the URM population served by CCC. Furthermore although information on the exact location of the foster homes in which CCC's URM's are placed is not available, CCC administrators inferred that most URM's were placed in foster homes in suburban Richmond and not within the city itself due to better schools in the suburban jurisdictions. Still, at a time of heightened xenophobia in America, the URM's in CCC's program may be fortunate in finding themselves in an area that appears at least to be attempting to mobilize its resources to accommodate and acclimate those from foreign lands seeking a new home in the United States.

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Appendix A

Interview Questions Commonwealth Catholic Charities For Unaccompanied Refugee Minors Program Staff and Administrators

I am a graduate student at Virginia Commonwealth University. I am completing a Master's Thesis to satisfy the Master of Urban and Regional Planning degree. The purpose of the interview is to gain a greater understanding of the Unaccompanied Refugee Minors Program at Commonwealth Charities in Richmond, Virginia. The purpose of the interview is to not only identify but also to evaluate URMP services offered to unaccompanied refugee minors. The study is meant to benefit the Unaccompanied Refugee Minor Program through providing a program evaluation that could offer insight, detailed information, and research observations relevant to the URMP client, unaccompanied refugee minors. The interview is completely voluntary and confidential. The survey will take about 1 hour. If I come to any question that you prefer not to answer, just let me know and I will skip over it. You may stop the interview at any time if you wish. I am asking for permission to record response for transcription purposes only. All record responses will be destroyed at the closure of the study. The results of this interview will be combined into an overall report. For the purposes of confidentiality and protection of you, the participant, can you provide your birthdate which will be later assigned an ID Number for reporting purposes as no names will be given in the study? Do you have any questions for me before I start the interview?

Position: _____

Birthdate: _____

Respondent#: _____

-
1. What is the mission for the Unaccompanied Refugee Minor Program "URMP" at Commonwealth Catholic Charities "CCC?"
 2. What goals has the URMP met in the last 7 years?
 3. Can you explain the vision for the URMP?
 4. Where do you see the URMP headed in the future?
 5. Are there any short term goals established for the URMP?

6. Are there any long-term goals established for the URMP?
7. Being that City of Richmond is the only metropolitan area for the URMP in the State of Virginia, does the Richmond metropolitan area have the most unaccompanied minors or are they spread out across the state?
8. What criteria are utilized to determine the geographical area in Virginia the unaccompanied refugee minor will be housed?
9. What region of the country would you say has the most unaccompanied refugee minors entering the URMP?
10. What are the strengths associated with the URMP?
11. What are the challenges associated with the URMP?
12. In terms of the unaccompanied refugee minors, what are the main issues that unaccompanied refugee minors face?
13. What are the services provided to unaccompanied refugee minors associated with the URMP?
14. Based on the list of services provided by URMP, what are the 3 services most utilized by unaccompanied refugee minors?
15. I read that the URMP offer Acculturation assistance. Can you explain the acculturation assistance provided to the unaccompanied refugee minors?
16. On a scale of 1 to 5, ("5" rated as exceeding expectations, "3" rated as meeting expectations, and "1" rated as needs improvement) how would you rate the Acculturation assistance services offered to URM's here at CCC?
17. Based on the URMP literature and published articles surrounding the issue of refugee resettlement, grief is common. Would you say that the unaccompanied refugee minors entering the URMP at CCC experience normal grief and/or pathological grief?
18. To the best of your knowledge, how would you explain the grief process faced from unaccompanied refugee minors from "program entry" until "aging out?"
19. On a scale of 1 to 5, ("5" rated as exceeding expectations, "3" rated as meeting expectations, and "1" rated as needs improvement) how would you rate service delivery within the URMP?

20. On a scale of 1 to 5, ("5" rated as exceeding expectations, "3" rated as meeting expectations, and "1" rated as needs improvement) how would you rate the URMP ability to meet the needs of "URMs?"
21. How does the URMP receive funding?
22. What are the licensing requirements for refugee foster care parents?
23. What are the physical requirements of the foster care home?
24. What are 3 qualities that you feel are the most important for foster parents to possess when working with unaccompanied refugee minors?
25. Does the URMP track the level of English proficiency for unaccompanied refugee minors?
26. What type of services does the program offer for those unaccompanied refugee minors who need to learn English upon arrival to the US?
27. On a scale of 1 to 5, ("5" rated as exceeding expectations, "3" rated as meeting expectations, and "1" rated as needs improvement), how would you rate the language assistance services offered to URM's here at CCC? Provide rating scale

Vita

Shawn Franterio Greene was born on January 1, 1979, in Richmond, Virginia. He graduated in June of 1997 from Huguenot High School in the Richmond Public School System. After, he received his Bachelor of Arts in Religious Studies and Urban Environmental Planning in May of 2001 from the University of Virginia in Charlottesville, Virginia. Aside of being a full-time graduate student in the L. Douglas Wilder School of Government and Public Affairs at Virginia Commonwealth University, he also holds a full-time job in the legal department at SunTrust Banks, Inc. serving as a Legal Research Analyst since November of 2006.

VCU Memo

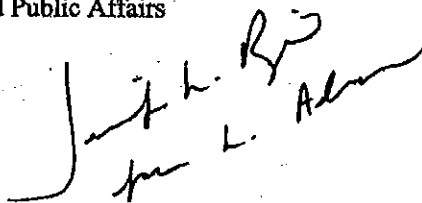
V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

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DATE: April 23, 2010

TO: Michela M. Zonta, PhD
Wilder School of Government and Public Affairs
Box 842028

FROM: Lisa M. Abrams, PhD
Chairperson, VCU IRB Panel B
Box 980568



RE: VCU IRB #: HM12847
Title: A Case Study of the Unaccompanied Refugee Minor Program with
Commonwealth Catholic Charities in Richmond, Virginia

On April 23, 2010, the following research study was approved by expedited review according to 45 CFR 46.110 Categories 5, 6, and 7. The approval reflects the revisions received in the Office of Research Subjects Protection on April 21, 2010. This approval includes the following items reviewed by this Panel:

RESEARCH APPLICATION/PROPOSAL: None

PROTOCOL (Research Plan): A Case Study of the Unaccompanied Refugee Minor Program with Commonwealth Catholic Charities in Richmond, Virginia, received 4/21/10, version 3, dated 4/14/10

- Interview Questions for Commonwealth Catholic Charities Administrators and Staff (Appendix A), received 4/21/10, version 3, dated 4/15/10
- Interview Questions for Unaccompanied Refugee Minors Program Foster Care Parents (Appendix B), received 4/21/10, version 3, dated 4/15/10

CONSENT/ASSENT (attached):

- Telephone Consent Form: Authorization to Participate in Research Project, received 4/21/10, 1 page
- Waiver of Documentation of Consent for Telephone Surveys: One of the conditions set forth in 45 CFR 46.117(c) (1), (2) for waiver of documentation of consent has been met and the IRB Panel has waived documentation of consent.
- Research Subject Information and Consent Form, received 4/21/10, version date 4/5/10, 4 pages

ADDITIONAL DOCUMENTS: None

This approval expires on March 31, 2011. Federal Regulations/VCU Policy and Procedures require continuing review prior to continuation of approval past that date. Continuing Review report forms will be mailed to you prior to the scheduled review.

The Primary Reviewer assigned to your research study is Melissa Abell, PhD. If you have any questions, please contact Dr. Abell at mlabell@vcu.edu and 828-2007; or you may contact Jennifer Rice, IRB Coordinator, VCU Office of Research Subjects Protection, at jlrice@vcu.edu and 828-3992.

Conditions of Approval:

In order to comply with federal regulations, industry standards, and the terms of this approval, the investigator must *(as applicable)*:

1. Conduct the research as described in and required by the Protocol.
2. Obtain informed consent from all subjects without coercion or undue influence, and provide the potential subject sufficient opportunity to consider whether or not to participate (unless Waiver of Consent is specifically approved or research is exempt).
3. Document informed consent using only the most recently dated consent form bearing the VCU IRB "APPROVED" stamp (unless Waiver of Consent is specifically approved).
4. Provide non-English speaking patients with a translation of the approved Consent Form in the research participant's first language. The Panel must approve the translated version.
5. Obtain prior approval from VCU IRB before implementing any changes whatsoever in the approved protocol or consent form, unless such changes are necessary to protect the safety of human research participants (e.g., permanent/temporary change of PI, addition of performance/collaborative sites, request to include newly incarcerated participants or participants that are wards of the state, addition/deletion of participant groups, etc.). Any departure from these approved documents must be reported to the VCU IRB immediately as an Unanticipated Problem (see #7).
6. Monitor all problems (anticipated and unanticipated) associated with risk to research participants or others.
7. Report Unanticipated Problems (UPs), including protocol deviations, following the VCU IRB requirements and timelines detailed in VCU IRB WPP VIII-7:
8. Obtain prior approval from the VCU IRB before use of any advertisement or other material for recruitment of research participants.
9. Promptly report and/or respond to all inquiries by the VCU IRB concerning the conduct of the approved research when so requested.
10. All protocols that administer acute medical treatment to human research participants must have an emergency preparedness plan. Please refer to VCU guidance on <http://www.research.vcu.edu/irb/guidance.htm>.
11. The VCU IRBs operate under the regulatory authorities as described within:
 - a) U.S. Department of Health and Human Services Title 45 CFR 46, Subparts A, B, C, and D (for all research, regardless of source of funding) and related guidance documents.
 - b) U.S. Food and Drug Administration Chapter I of Title 21 CFR 50 and 56 (for FDA regulated research only) and related guidance documents.
 - c) Commonwealth of Virginia Code of Virginia 32.1 Chapter 5.1 Human Research (for all research).

[010507]