

Community Sponsorship of Refugees and Asylum Seekers: Why Social Work Should Care

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Abstract: *Social work education for practice with refugees remains underdeveloped, and refugee resettlement organizations in the United States are understaffed. A promising new approach engages community sponsors to resettle refugees, providing opportunities for civic engagement and wider understanding of refugee policy. We provide a research-based assessment of the community sponsorship model based on semi-structured interviews with 56 community sponsor volunteers, resettlement organization staff, and health providers in several states in the United States. Participants were recruited using key informants, direct outreach, and snowball sampling. We used a modified Sort and Sift, Think and Shift methodology. The paper underscores how community sponsors are “doing social work” through their voluntarism and the challenges they have faced. These include struggles in accessing transportation and affordable housing, obtaining employment, and navigating educational, social service, and health care systems. We argue that social workers and social work educators are well-positioned to build skills and preparedness among community sponsor groups and train professional staff to better meet the needs and challenges facing newcomers. They are also equipped to help volunteers confront culturally insensitive tropes and stereotypes, provide trauma-informed training, and foster volunteers’ advocacy for social welfare policy reform that is inclusive of newcomer populations. These benefits of the program are even more evident in a context of anti-immigrant and refugee policy-making during the second Trump administration and may provide important bridging for refugees and other newcomers when resettlement organizations are forced to limit operations or shut down.*

Keywords: *Refugee; community sponsorship; private sponsorship; resettlement; capacity building*

In recent decades, the diversity of those forcibly displaced seeking refuge and asylum in the United States has grown, even as policies to address their rights and particular vulnerabilities are inadequate to meet the challenges of racism, xenophobia, and anti-immigrant sentiment. Social workers have long provided services to refugees and asylum seekers, facilitating access to vital services and advocacy, and helping them adjust to life in local communities (Balgopal, 2000; Higgins, 2020; Potocky & Naseh, 2019).¹ Social workers are likely to encounter newcomer refugees, asylum seekers, and other immigrants in their practice, even in settings that do not specialize in working with these populations.

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Official figures document more than 3 million refugees who have entered the United States through the U.S. refugee resettlement program since the passage of the 1980 Refugee Act (Office of Homeland Security Statistics [OHSS], 2025). Nearly 620,000 cases of asylum have been granted between 2003-2023 (see reports at the OHSS, n.d.b) and today there are more than two million asylum cases pending at either U.S. Citizenship and Immigration Services or in U.S. immigration courts (Bush-Joseph, 2024; Transactional Records Access Clearinghouse [TRAC], 2025).

A promising approach to expanding capacity for refugee resettlement emerged beginning in 2015 predicated on engaging community and private sponsors, such as the Welcome Corps program introduced by the Biden Administration (Cureton et al., 2024; Prantl, 2023; U.S. Department of State [US DOS], 2023).² Community sponsorship began in 2016 at local and state levels in response to the first Trump administration; this approach became a formal U.S. policy during the Biden administration under programs to support Afghan and Ukrainian humanitarian parolees, and eventually refugees through a federal program called Welcome Corps. The research focuses on one of the most important innovations of civil society and the non-governmental organizational sector related to refugee policy since the Refugee Act was passed in 1980. As it moved from informal local and state-level initiatives to being adopted and expanded by the Biden administration, the program grew from its relatively modest setting in Connecticut and western New York to pockets of community action across the country. Community sponsorship, even if carried out without federal support, may be critical during the second Trump administration's official suspension of resettlement of most groups with the exception of Afrikaners (Exec. Order No. 14163, 2025; Exec. Order No. 14204, 2025) and thus the research findings offer important insights into both challenges and prospects of this innovation in resettlement processes (Fee et al., 2025; Rfat et al., 2025).

Between 2016 and January 2025, these civil society-driven initiatives engaged community members to welcome and support the integration of refugee and other newcomers to the United States through the provision of financial and in-kind contributions and a host of volunteer supports (Palmgren et al., 2025; Prantl, 2023).³ Such efforts, distinct from the "traditional" refugee resettlement program which centered on the casework of non-profit voluntary agencies (Fee, 2025), increased the ability to resettle more refugees and provide opportunities for civic engagement rooted in an ethos of community-building and self-help (Bier & La Corte, 2016; La Corte, 2016). The program had another explicit goal, to strengthen communities, as this State Department official highlighted at the launch of Welcome Corps:

The Welcome Corps will harness the enthusiasm, energy, and generosity of Americans from all walks of life who will step forward as private sponsors, including members of faith and civic groups, veterans, diaspora communities, businesses, colleges and universities, and other community groups and institutions. As Americans come together to provide a warm welcome to refugees, they will not only make a difference in the lives of the refugees they support; they will also help enrich and strengthen their own communities in the process. (US DOS, 2023)

Finally, enhancing voluntary approaches to resettlement (Gonzalez Benson, 2016) also held the promise of building greater public awareness of refugee resettlement and immigration reform (Bier & La Corte, 2016; Bond & Kwadrans, 2019). While not a direct goal of community and private sponsorship, the potential for increased public support of displaced persons in a time of backlash toward immigration was noteworthy.

Most refugee resettlement organizations are understaffed, and many resettlement offices were forced to close during the first Trump administration, due to substantial reductions in the numbers of refugees being resettled through the U.S. Refugee Admissions Program (USRAP) (Beers, 2020; Darrow & Howsam Scholl, 2020; Fee & Arar, 2019; Howsam Scholl & Darrow, 2025). In the wake of these cuts, many of the officially recognized resettlement organizations at the national level welcomed the opportunity to expand resettlement through voluntarism. In recent years, across the United States these groups have assisted in building volunteer capacity to accomplish tasks that caseworkers have previously done (Cureton et al., 2024). These organizations also regard the practice of community sponsorship as a means to strengthen the existing refugee and asylum-seeker resettlement system and build public and political support for refugee policy (Libal & Harding, 2020; Libal et al., 2022a, 2022b).

Given the radical changes to USRAP enacted by the second Trump administration following January 20, 2025, the ecosystem of traditional resettlement actors is struggling to recalibrate and sustain even modest efforts without federal funding (Armus, 2025; Yurkanin, 2025). In this context, we argue, community sponsorship may play an even more pivotal role in fostering inclusion, a sense of community membership, and well-being for newcomer refugees and asylum seekers. With fewer refugees resettling in the United States for at least the next few years, strengthening such community ties will be even more important to foster a sense of solidarity and common purpose, as well as commitment to support newcomers in the face of xenophobic, anti-immigrant values espoused by the current presidential administration.

This article provides a research-based assessment of the community sponsorship model that evolved between 2015-2024 and is now undergoing transformation following the second Trump administration changes. The research offers insights into how the social work profession could work alongside community sponsorship groups to increase capacity to support refugees and support asylum seekers. Based on qualitative interviews with 56 community sponsor volunteers, resettlement organization staff, and health providers in several states in the United States, we highlight the ways in which community sponsors are “doing social work” in everyday practice. Some sponsorship groups have members who are highly experienced active professionals or retirees with social work, health and mental health, or educational backgrounds. But even when these individuals comprise key parts of community groups, significant challenges persist in their ability to effectively support newcomers.

Despite growing numbers of asylum seekers and refugees to the United States, social work education for practice with refugees and asylum seekers remains underdeveloped (Dubus, 2022). An unmet need exists to prepare more social workers with trauma-informed practice skills at the micro level to work with this population (Levenson, 2020; Sanders,

2019) and policy advocacy expertise at the macro level (Berthold & Libal, 2019). In addition, social work education can better prepare practitioners to be responsive to values of anti-racism, equity, and inclusion with asylum seekers and refugees (Murakami & Akilova, 2023), particularly in an era of substantial anti-immigrant mobilizations and policy changes.

Our research shows that social workers and social work educators have the potential to build skills and preparedness among community sponsor groups. They can do so by providing training and support for community sponsorship teams and by being better prepared to support refugees and asylum seekers in the varied agencies and programs they administer where newcomers access services. Social work education must meet the challenge of training professional staff to serve throughout the social welfare system with an understanding of the specific needs and challenges facing refugees and asylum seekers (Fee, 2025). Challenging powerful racist tropes and stereotypes of immigrants and refugees, as well as highlighting the need for social welfare policy reform that is inclusive of newcomer populations, should also be central to this work. The under-resourced refugee resettlement ecosystem makes it incumbent that social workers are prepared to work with and support community and private sponsorship groups.

Community and Private Sponsorship in Context

Community and private sponsorship models of refugee resettlement have gained traction in the United States as a strategy to increase support for newcomers (Cureton et al., 2024; Libal et al., 2022a, 2022b; Palmgren et al., 2025), which in turn warrants shifts in how we think about refugee resettlement and the role of social work practitioners. Social workers encounter newcomers in many practice areas and are positioned to engage community sponsorship groups, refugees, and resettlement organizations. Some social workers work as part of resettlement organizations that foster community reception, oversee the coordination of care, provide case management and sometimes mental health services for refugees as they navigate the complexities of resettlement (Fike & Androff, 2016). Because of their proficiency in cultural competency and ability to address individual, community, and societal challenges, social workers at times take on the responsibility of actively managing intergroup dynamics and conflicts between host communities and refugees (Cureton et al., 2024; Dubus, 2022; Gonzalez Benson & Burnett, 2021).

Our research shows that social workers in resettlement organizations often collaborate with community sponsorship groups to provide resources for establishing a welcoming and inclusive environment for refugees, foster cultural exchange and integration, all while navigating state and federal systems. Additionally, they may play a crucial role in recognizing and resolving possible barriers to refugee integration, such as language barriers, trauma, and cultural adjustment issues, facilitating a more seamless transition for refugees and community sponsorship groups. Social workers use their expertise in community organizing, clinical social work, and resource coordination to support resiliency and empowerment, enabling refugees to reconstruct their lives and ultimately thrive in the United States.

While our findings suggest that social workers are a promising source of education and technical support for community sponsorship groups, there are often not enough available social workers for this work, and those available are often overstretched. This underscores the need for enhanced training and mentorship of micro and macro practitioners to contribute to refugee resettlement practice and social support for refugees, asylum seekers, and other migrant groups.

Methods

This qualitative study is part of a larger project aimed at understanding community-based mobilization to support refugees and asylum seekers in the United States. The project includes data from interviews with 56 participants (all names are pseudonyms) with community sponsor volunteers ($n=34$) and service providers ($n=22$) in Connecticut, Illinois, Kentucky, Massachusetts, Michigan, Minnesota, New York, Utah, and Virginia. Interviews were semi-structured and conducted between 2017 and 2023. We conducted 2nd interviews with 4 participants. The capacity of the research team as well as health and service providers to carry out interviews during the height of the COVID-19 pandemic resulted in a smaller number of interviews being conducted during that time. Volunteers who were interviewed were predominantly older adult women who did not work fulltime or were retired; service providers were mostly women who were mid or late-career.

Most interviews were conducted by a single member of the research team with individual participants and lasted between 45 and 90 minutes. Depending on the location of the interviewee, and later the status of the COVID-19 pandemic, interviews were conducted in-person, by phone, and via videoconferencing platforms. Volunteers were asked about their background; experience volunteering and working with refugees, asylum seekers, and resettlement agencies; how voluntarism has shaped their thoughts about community and refugees; as well as the extent of the training they received to prepare them to volunteer. Service providers were asked about their work with volunteers and the local community, specifically regarding training and preparation. They were also asked about supports they provided to refugees and asylum seekers; their approach to working with volunteers; policy changes that would benefit their work; and any advocacy work the organization has taken on. Most respondents were interviewed once, but some were interviewed twice to provide additional depth. All interviews were recorded and transcribed for analysis.

Participants were recruited using key informants, direct outreach, and snowball sampling. The principal investigator and other research team members contacted key informants directly via email for participation and connections to other potential participants. Community sponsor volunteers connected the researchers to additional members of their groups to be interviewed. Volunteer interviewees were generally older, white women who had retired and had sufficient time to be volunteers, though a subset also worked full-time.

The *Sort and Sift, Think, and Shift* approach for qualitative data analysis (Maietta et al., 2021) was used to conduct a thematic analysis of the interviews for this paper. Interviews were read between one and five times by the research team. During and after

conducting, auditing, and reading interviews, team members used analytic memoing and quotation identification to “dive in” to the data (Maietta et al., 2021). Key topics were identified and monitored (similar to a “coding” approach) throughout the transcripts. The research team met several times to “step back” from the data and reflect on the findings and incorporate researcher knowledge into the context of the data. These meetings allowed the team to thread key topics together and build an understanding of the challenges faced by community sponsor volunteers and the refugee families they served. Team members’ professional backgrounds as service providers and social workers serving refugees provided context for “bridging” and “threading” of the topics (Maietta et al., 2021, p. 2047). The research team alternated between “diving in” and “stepping back” from the data to allow for new insights and interpretations as interviews continued through the two waves of data collection (Maietta et al., 2021, p. 2046). The challenges discussed below emerged as key themes that social workers are well-positioned to support.

Results

Interviews with community sponsor volunteers as well as health and social service providers about community sponsorship of refugees and asylum seekers centered on the challenges of navigating complex social service systems, including accessing health and mental health care, food assistance, and benefits through Temporary Assistance to Needy Families programs at the state level; educational programs; language and occupational training and support; employment; interpretation and translation services; and legal assistance. In the conventional U.S. refugee resettlement program, staff of local resettlement organizations are responsible for intensive case management during the first 90 days of reception and placement of refugees, and many continue their supports throughout the first six to twelve months of the resettlement period (Fee, 2025, 2026). Some community sponsors had specialized training in health, mental health, social work, law, education or other fields, but our research shows that even volunteers with considerable experience in navigating the U.S. social safety net, educational, and occupational arenas face significant challenges in assisting newcomer refugees and asylum seekers. Housing, employment, health care, access to social services, and transportation issues were identified as the most significant challenges for community sponsor groups working with refugees. For the few groups working with asylum seekers, sustaining support for housing and basic needs was daunting, due to asylum seekers’ very limited access to public assistance, housing, and health care. Securing housing affordable to families after formal community sponsorship ended was a nearly universal difficulty.

Housing

Interviewees named affordable, quality housing for resettled families as a top challenge, especially in the Northeastern United States. They noted that several factors must be considered when finding suitable housing for families. Beyond being affordable to the sponsorship group, who often paid rent during the first few months of support, housing needed to be affordable to the family in the longer term after the sponsors stopped providing material assistance. Further, considering transportation challenges facing

resettled families, housing needed to be close to grocery stores, schools, and work, which we address in more depth below.

Providers and volunteers were sensitive to the families' community needs when choosing locations for housing. Some sponsors were motivated to participate in resettlement because they sought to resettle families in their communities. This was not always the most practical option, however, if housing was not affordable in the sponsor group community. Greg, a volunteer leader of a Northeast sponsorship group underscored the need to be near community-based resources, explaining that "the potential isolation of a single family if you place them in certain communities around the state can be a real challenge." Volunteers balanced these factors with the acknowledgement that communities must also be supportive of refugee families. States in the Northeast are often considered more welcoming to refugees than more conservative states, but Rick, a Northeast volunteer sponsor, noted that communities vary within states as well: "And you've got all this animosity, racism going on over here in [one state town], and [different state town] is much more open to it (resettlement), generally."

Transportation

Alongside housing, transportation was one of the most cited issues facing resettled refugees. Community sponsorship initiatives often took place in local areas – both suburban and rural – where public transportation was not well established. While volunteers frequently provided rides to medical appointments, ultimately refugees needed to be responsible for their own transportation to and from work. This made locating affordable housing near work and reliable transportation key tasks for sponsorship groups. Charles, a provider from the Northeast, summarized this tension, stating,

Those who were resettled in more isolated places may be doing really well with their jobs and may be speaking English well, but if they're living in this bucolic area in [Unnamed] County and they don't have a car and they can't get around, technically they're not independent. So, we then decided to...encourage our co-sponsors to resettle people in certain places that we have found to be "sustainable" and that was, at the very least, driven by this issue of transportation, employment and ESOL [English for Speakers of Other Languages].

Charles underscored that volunteers had to seek "sustainable" opportunities for housing and employment, especially when the families did not have their own vehicles for getting to work, medical appointments, or shopping. At a minimum, employment had to be near a bus route or within walking distance from their home before families could consider a workplace as an option. This was complicated, however, because of the work schedules many newcomers had to accept and the routes they needed to take to get to work. Bus routes could sometimes take longer than walking, or buses may not be available late at night. Joan, another sponsorship group member in a semi-rural Northeastern community said that their group had to prioritize "someplace we could work with the bus schedule that wasn't later hours; and making sure the job was on a bus route." Public transportation use became increasingly difficult when families had to access social services or grocery stores with children. Rick explained the calculations a mother had to make when taking the bus:

“She’s now able to use the bus system almost, pretty independently. She still understandably [does not want] to use the bus system with a one-year-old and a three-year-old Taking them on the bus is a challenge just to go to the market.”

Employment

Community sponsor groups assisted newly resettled refugees with many aspects of securing employment, including resume development, practicing interviewing, basic computer skills, and, importantly, access to a network of employers who were open to hiring refugees with limited English. Many families were connected to jobs through connections made by community sponsors. Rachel, a provider for a large resettlement organization in the Northeast explained that a significant strength of their model is this employment network, and offered an example:

We have volunteers who have been able to link our clients in [X town] with job opportunities that our staff would never have had access to. We have an Afghan SIV [Special Immigrant Visa] client who was a [professional] in Afghanistan, and like many SIVs he came over with very high expectations of what his job would look like in the United States. And thanks to the connections with a volunteer committee and their accompanying him on every step of the way ... he’s working [in that field] now, which is unheard of in the resettlement world.

This was not the norm for most volunteers and families that they resettled, however. Most available employment paid minimum wage and involved manual labor that was below the skill level of many of the refugees who came to the United States with professional backgrounds. The certificates and licenses held by refugees and immigrants most frequently did not transfer to available jobs, forcing families to start over professionally.

With a focus on economic self-sufficiency, a measure that federal funders have long used to evaluate how successful refugee resettlement programs are in supporting integration in the new country (Halpern, 2008), the U.S. resettlement system encourages resettlement providers and community sponsors to have refugees quickly accept jobs they can find that can accommodate their English language skills and physical abilities. Betsy, a volunteer sponsor from the Northeast, asserted, “You have to take whatever job is offered.” Another explained, when speaking about a mother accepting a job, “The hours are not good. But...they were basically told, you know, ‘We’ll allow you to turn down one job but after that you have to take whatever comes along’” (Joan). This focus on self-sufficiency persisted through the COVID-19 pandemic, with a volunteer coordinator explaining that refugees were being hired as essential workers and continued working through pandemic closures. Our interviewees did not discuss whether or not refugee families they served were able to decide not to work out of a sense that it was unsafe.

Some volunteers also described helping refugee families navigate the difficult landscape of the sudden loss of public benefits due to a small wage increase, leading to an overall loss of earnings in the family budget (Altig et al., 2021). When families did achieve self-sufficiency through employment, it often led to a loss or reduction of benefits like the

Supplemental Nutrition Assistance Program (SNAP), or a shift from Medicaid to more expensive employer sponsored health insurance. Families – and the community sponsors assisting them navigate the social welfare system – were often ill-prepared for these additional healthcare costs. This challenge is notable when considering the mental and physical healthcare needs of newcomer families, as we describe below.

Health and Mental Health

Refugees and asylum seekers have experienced significant persecution, war and other life experiences, including post-resettlement, that exposed them to stressful situations and oftentimes led to the development or exacerbation of pre-existing health and/or mental health conditions (Berthold & Libal, 2019). Health provider interviewees in our study shared that many of the family members they were working with had serious health and/or mental health concerns. These included a range of conditions such as nightmares, problems of sleeping, posttraumatic stress disorder, depression, chronic pain, headaches, physical injuries, psychosomatic symptoms, diabetes, epilepsy, heart conditions, or gynecological issues. Volunteers often had little or no advance warning about the specialized health needs of the refugees they were sponsoring, challenging them to identify and secure appropriate services. A volunteer with a Midwest resettlement organization noted that they resettled a family with a child in a wheelchair with little to no warning. “He had been paralyzed, and when he arrived, he had no proper medical support until we got him into a hospital for treatment” (Crystal).

Accessing and ensuring timely health care assessments has proven to be especially difficult for those admitted to the United States under other programs, such as humanitarian parole, when health providers that may see refugees are not prepared or authorized to serve that population. Moreover, some health providers who were approached were already at capacity with refugees and could not serve additional categories of immigrants. Among the key tasks community sponsors facilitate is the refugee family’s completion of an initial health assessment upon arrival. This was experienced as particularly difficult with large families and those requiring multiple school health forms to be filled out. “Try to get doctors’ appointments for health assessments for six people!” (laughs) (Micheline, a volunteer with a sponsorship group in the Northeast).

While many refugees arrive in the United States with significant health issues, navigating daily life remains a paramount concern for refugees and community sponsors assisting them. As one provider participant stated,

[F]or our survivors of torture, probably the number one is just surviving day-to-day and in the new country They are trying to understand - navigate life from starting from zero And then after that, PTSD is by far our biggest diagnosis and major depressive disorder by far our second biggest diagnosis and often, you know, they overlap. (Kristin, a mental health provider from the Southeast and Mid-Atlantic regions)

Many participants in our study expressed frustration with navigating the health care system on behalf of refugees and asylum seekers, citing a lack of experience advocating

with health providers, that providers in their areas could not serve the numbers of refugees requesting care, and/or that language barriers prevented access to quality care. When a family from the Democratic Republic of Congo was slated to be placed with one community sponsorship group, they decided to turn down the placement due to language barriers.

And then we got a family. We had to turn the first one down. Because they were from Congo as well, but they were from rural Congo and had been in Kenya, but a shorter period of time, and no one who spoke English. And we had 1 Swahili translator. And, in the very beginning, you need a lot of interpreters, a lot of translators, to be able to communicate with them – to let them know what things are important. (Michelene)

Some community sponsor groups connected newcomer refugees with English classes or started their own English classes to help reduce the language barrier to services. Others stressed that there were standards in place for professional interpreters. Yet some volunteers found that in practice, trained and certified interpreters were not always available for healthcare appointments, thus compromising access to and quality of care. Or, if they were available, it might be by telephone, and the quality of the interpretation was often inconsistent. “We brought an interpreter with us. Not a medical interpreter, but an interpreter that she knew. Turns out that interpreter was better than the medical interpreter by phone that the health center used” (Rick).

Language barriers can lead to incomplete or inaccurate health diagnoses and endanger the safety and well-being of refugee patients. Some volunteers were in locations where specialized interpreter services were provided by medical clinics. A Midwest sponsor member commented, “This clinic is awesome with immigrants. They have a lot of interpreters, and it is really quite amazing. If they knew that here was a Somali person coming, they had somebody there that could speak the language” (Melanie). This example illustrates disparities in relevant linguistic services across communities resettling refugees in the United States. Particularly troubling is that some health facilities that receive federal funding and thus, are legally mandated to provide interpreter services for Limited English Proficient patients (U.S. Department of Health & Human Services, 2024), reportedly do not always provide an interpreter.

One Midwestern coordinator of a sponsorship group reported that it was particularly challenging to find accessible care for refugees when their health issues are chronic or ongoing.

Almost without exception they all had medical issues...Serious ones. And in the case of our family, their oldest son is developmentally disabled...[W]e saw many families where the fathers had serious heart conditions...It made it more complex in terms of dealing with these families. (Alicia, volunteer sponsor from the Midwest)

Another volunteer from a Midwest group highlighted the issue of a lack of or losing health insurance. “He had a chronic condition that I was taking him to an infectious disease doctor for... and then all of a sudden, he didn’t have Medicaid” (Catherine). This led to an

increased financial burden for the newcomer refugee. Catherine noted, “He went one time for an appointment he didn’t need and ended up with like a \$600 bill.” At the time of this writing, those who came to the United States in the following categories or groups do not face a five-year bar to accessing Medicaid: Refugees, asylees, Iraqi or Afghan Special Immigrant Visa (SIV) holders, withholding of removal grantees, Cuban and Haitian entrants, survivors of trafficking, and Afghan and Ukrainian parolees (Lacarte et al., 2024). The respondent was likely not aware of these guidelines, which underscores how confusing and inconsistent the application of this policy is to those who qualify for assistance. In the context of the COVID pandemic, accessing healthcare was noted as one of the top challenges by volunteers, along with a host of social service issues. As one volunteer coordinator from a Southern state expressed, “I identified five [sic] major vulnerabilities during COVID-19: food insecurity, rent and utility assistance, job loss, need of childcare, difficulty accessing medical providers, and housing needs” (Emily).

Access to Social Services

Community sponsors acknowledged significant challenges in accessing much needed social services for refugees and their families. This included working within convoluted bureaucratic frameworks, a lack of interpreters within service agencies, limited staff to support the vast needs of newcomer families, eligibility requirements that consistently changed, transportation limitations, and in some instances, a dearth of services.

A major impediment identified repeatedly by volunteers was working with confusing bureaucratic systems. Social work volunteers in particular expressed concerns about their own ability to assist refugee families when dealing with such formidable institutions. In some cases, disbelief and empathy were displayed for anyone attempting similar engagement but lacking the capacity, expertise, and knowledge of service coordination. “I have a master’s degree [in social work] and navigating the bureaucracy has been very challenging. I cannot imagine how people who don’t have good health, education, can navigate this. It’s crazy, absolutely crazy” (Alicia). Another volunteer, Teresa, who had a social work background echoed this observation: “So it’s been very chaotic to navigate those systems and it’s definitely a social work skill. And, I don’t know, if there wasn’t a social worker on the team, I don’t know that this would get done because it’s just constantly every day” (sponsor group member from Northeastern state).

Regardless of training or areas of expertise, barriers to accessing care transcended volunteers’ positionality. Volunteers consistently expressed concerns in securing social services for refugees and asylum seekers. Another community sponsor shared that they had gone to every social service agency and program in their community, and they could not identify assistance. Cynthia, a Northeastern state sponsor volunteer recalled, “And I remember saying to my husband, like, I’m not a social worker I do not work for an agency. I am just someone in the community who cares and just really wants to see refugees integrate and be welcomed into our community.”

The lack of collaboration between agencies typically resulted in delayed services to those in need, often creating a state of liminality that had emotional impacts.

Trying to figure out what to do within the legal system, which is complicated, like how to apply for asylum, what that means, and how long you have to wait for your work authorization, is a strain. [...] it's hard because it's all connected, right? Like when you don't have a doctor, and you don't feel good, like, how does that make you feel motivated to go out and, you know, figure out how to get your work authorization or if you have kids who are with you and you're struggling to find how housing like, well, how then can you find ways for your kids to engage in this new community and, and you don't know English. You have trouble figuring out where to go to learn English, but then you have to navigate that system without knowing that. It's everything. I'm sure it's a struggle. (Chelsea, provider at a treatment and social service center in the Midwest)

Of significance, despite these myriad challenges, several volunteers described the persistence of refugees and asylum seekers. Many noted that these newcomers to the United States possessed a dogged determination to create a life of stability and dignity.

I think my clients are a lot stronger than I am. They're a lot smarter than I am; they all speak three different languages. They've been through this grueling journey to get here[...]someone I work with hasn't been able to get the social security card for his family for months, almost a year now. He keeps coming back and saying, "Let's call again." Sometimes he goes to the office, it's just like that, that "I'm not gonna give up like I want to have a stable life." They have a fire within them. (Chelsea)

Community sponsor volunteers also expressed a need for better training and support networks, not only within their groups, but with other sponsorship groups as well as a range of potential community partners. Even for seasoned sponsorship groups that had leadership who had resettled refugee families for years, the desire for ongoing training and mentorship was a common theme. This is one arena in which university-based social work programs could contribute expertise and resources to amplify the work of community sponsorship groups, ideally in collaboration with resettlement and community partners in the local ecosystem.

Training

Our research with community sponsors and service providers reveals a pressing need for comprehensive and ongoing training to equip volunteers with the necessary skills and knowledge to navigate the challenges associated with their role. Many volunteers emphasized the importance of training, mentoring, and sustained support to enhance the effectiveness of volunteer teams and prevent burnout. One community sponsor highlighted the importance of specialized orientation to social services. "In hindsight, I don't know that the training itself is that helpful.... I'm a social worker... maybe getting oriented to more...service standards: maybe it would be more helpful" (Teresa). For many, training proved insufficient in preparing for the complexities of navigating welfare systems, addressing complex trauma, and handling the medical and special education needs of refugee families. The challenges of online training during the pandemic compounded these inadequacies, prompting some participants to question the efficacy of this support.

Several community sponsors identified shortcomings in the onboarding process by resettlement organizations. They highlighted the need for ongoing training beyond the initial orientation, recognizing that the information provided when groups are beginning to support refugees or asylum seekers will not cover all issues they may encounter with families over time. As a result, some suggested implementing structured training sessions over time and establishing procedures that promote communities of practice. This sentiment was summed up by Teresa: “I think an ongoing training would be more helpful to me at this point...cause [you’re] given all this information up front but then you’re kind of on your own at this point.” Another provider from the Northeast highlighted the importance of experiential learning and adapting training based on lessons learned. This adaptive approach involves modifying initial training to incorporate experiential learning and insights gained from practical experiences supporting refugees. “We have changed the trainings as a result of our experiences working with host organizations to emphasize lessons learned about boundaries, so people can get a real sense of what that means” (Shelley, provider from a resettlement organization in the Northeast).

Volunteers also emphasized the need for a more extensive support system, indicating that establishing connections with other sponsorship groups could facilitate the exchange of different experiences and perspectives. Our study also identified horizontal coordination across local community sponsorship groups, often sponsored by resettlement organizations, to ensure efficient information exchange. These virtual and in-person environments emphasized the shifting dynamics of volunteer participation, underscoring the significance of comprehensive on-going support. As a community sponsor shared, “It was not much [formal training] at all ... [W]e would get together as a group of mentors ... where you sort of brainstorm and meet other mentors that’s how I met staff or ... other people that have insight into the school programming for the kids” (Liza, volunteer sponsor from the Northeast).

Responding to the need for ongoing support, some organizations in the Northeast have initiated volunteer support groups, thus offering a platform for volunteers to connect organically and address their specific needs. The support groups cover diverse topics, from enhancing ESOL tutoring techniques to providing mental health resources for addressing burnout and exhaustion among volunteers. “We have a mental health professional ... as a resource, for folks to talk about any [thing such] as burnout, exhaustion, [and] any questions that people may have about [their] experiences” (Shelley, provider with a large resettlement organization in the Northeast). A volunteer with a social work background also noted the value of having a support system; “I think having a broader group to connect with other volunteers [would be more helpful]” (Teresa, volunteer sponsor from the Northeast).

In an evolving landscape of volunteerism, it is imperative to develop training that incorporates an anti-racist lens and promotes cultural responsiveness, ensuring that volunteers engage with diverse communities sensitively and equitably. Several providers identified the need for more robust, culturally responsive training, with a focus on their own practice. One provider noted that, “We’re always looking for someone when training other staff to be prepared to have a multicultural lens... this is someone who is going to be able to work with anyone in a culturally sensitive and trauma-informed way” (Kristin,

provider from Southeast and Mid-Atlantic region). Conversely, based on our interviews, volunteer training has not addressed systemic oppression and power dynamics between volunteers and refugees or among volunteers.

Throughout our interviews, the lack of culturally responsive training emerged as a key challenge, since there was little emphasis on preparing volunteers to work with diverse populations. Our research affirms the need for much more extensive efforts to prepare and support community sponsors, equipping them with multicultural lenses, trauma-informed approaches, and a commitment to working in a culturally sensitive and anti-racist manner to ensure a more inclusive and effective community sponsorship model.

Switchboard, a project of the International Rescue Committee (n.d.) funded by grants from the U.S. Department of Health and Human Services, Administration for Children and Families, has developed a robust array of webinars. Yet a need persists for additional state-level, and ideally some in-person training of social workers who are already practicing in the field as well as community sponsor volunteers. Interviewees stressed the value of coming together in person not only to gain new insights, but also to develop stronger networks between individuals and groups.

Discussion

Our findings highlight broader concerns with the U.S. safety net's ability to protect families from hardship, especially those who face multiple marginalized identities, like refugees and asylum seekers. The challenges described by community sponsors echo calls for an economic and social welfare system responsive to the needs of immigrants and their families (Cureton et al., 2024; Hamad, 2024; Shaw & Wachter, 2024). Our interviews underscore the need for affordable housing and accessible transportation. Like all individuals and families, newcomers benefit from livable wages, work hours that are responsive to family needs, transportation that is accessible and reliable, and quality, affordable housing. The administrative burden of accessing health and social services is a substantial challenge for both community sponsors and newcomer families. These families face added language and acculturation barriers, which often limit their ability to flourish in their new communities. Our findings also support policy recommendations to simplify the social safety net to promote human rights (Acevedo-Garcia et al., 2021; Tarhish, 2023). Social workers should continue to advocate for structural changes to address these challenges.

Our research also illustrates the centrality of employment in resettlement, both in terms of achieving self-sufficiency and the impact of finding work on eligibility for social welfare benefits like health insurance and food assistance. Many volunteers explained that refugees were expected to take any job offered to them, often at the expense of the newcomer's physical and mental health, cultural norms, and preference for job type. This echoes analysis by others who note that work, specifically exploitative labor, is a central part of the immigrant experience in the United States (Linn, 2022).

Community sponsors often play important roles in their local communities already, and have vibrant social networks, which they then can leverage into opportunities for

newcomer families. As importantly, this creates new bonds in the community and strengthens the fabric of the local community, as well as may lead to more willingness of community members to speak out when the program is at risk of ending.

The evolving landscape of refugee resettlement necessitates a re-evaluation of social workers' roles and a transformation of social work education (Boryczko et al., 2023; Cureton et al., 2024; Witkin, 2014). Doing so can help equip social workers with skills to better support community sponsorship groups and advocate for newcomers amid growing anti-refugee sentiments, right-wing nationalism, and shifting immigration legislative priorities. Other opportunities exist for social workers to support refugee resettlement through participatory social work practices within organizations and grassroots community groups. These include strengthening community sponsorship group capacity through advocacy and training, thus providing a foundation to build the knowledge, skills, and values to help sponsors understand and embrace cultural differences, foster inter-cultural exchange, and promote social inclusion (Gonzalez Benson & Burnett, 2021).

Our findings underscore the critical need for social workers to collaborate directly with community sponsorship groups (Opačić, 2021). This mirrors the insights of Cureton and colleagues (2024) who analyzed the Welcome Corps program in its infancy under the Biden administration. Despite volunteers' varied backgrounds and experience, they frequently encounter significant challenges navigating the complex landscape of U.S. social services and legal assistance. Our research indicates that even volunteers with backgrounds in health, social work, or education struggle with the intricacies of these systems, emphasizing the gap between existing training programs and the practical needs encountered on the ground. Gaps in training highlight the need for more comprehensive programs to help sponsorship groups better navigate social service and healthcare systems and address burnout (Shaw & Wachter, 2024). Preparation should also cover strategic planning, navigating cultural differences with cultural humility, preventing and addressing vicarious trauma (Cureton et al., 2024), fostering social empathy, and attention to the legacy of colonial relationships (Smith, 2012; Tamburro, 2013). Addressing paternalism through ongoing self and group reflection is crucial (Cureton et al., 2024).

Conclusion

Community and private sponsorship of refugees and, to a lesser extent, asylum seekers, has emerged as perhaps the most important innovation in U.S. refugee resettlement practice since the creation of the 1980 Refugee Act. Launched during a time of increased global politicization about immigration, refugee, and asylum policies, community and private sponsorship offer the potential for more engagement by community members in the lives of newcomer refugees and asylum seekers than in the past four decades. Yet unlike Canada, where community and private sponsorship programs have been a significant part of the resettlement landscape for nearly 50 years, we are only beginning to understand the dynamics of such practice in the United States (Cureton et al., 2024; Libal et al., 2022a, 2022b; Palmgren et al., 2025). And, given the relatively limited social safety net, barriers to accessing education for newcomers, as well as poor transportation systems, low wages,

and high housing costs, sponsorship groups are committing to assist newcomers who often struggle to meet basic needs, let alone to thrive.

It is in this context that we call for social work educators and social workers to find ways to support community and private sponsorship, particularly when the refugee admissions program has largely been halted. Cureton and colleagues (2024) underscore that social workers must be trained to understand this re-emerging approach to resettlement. They highlight the need for social workers to foster “sustainable and long-term partnerships” that will enhance “positive integration” after the first 90 days of reception and placement (Cureton et al., p. 62). In the wake of the second Trump administration’s actions to close refugee admissions (Exec. Order No. 14163, 2025) except for Afrikaners from South Africa to date (Exec. Order No. 14204), community sponsorship initiatives are adapting to address refugees and asylum seekers already within the United States. Reception and placement programs administered by traditional providers have ended, but longer-term support for refugees and asylum seekers through grassroots community sponsorship continues. As with our findings, additional training for sponsors, including training to grapple with bias regarding race, ethnicity, nationality, religion, and gender, will be critical to positive approaches to fostering inclusion and well-being of sponsored refugees. Cureton and colleagues (2024) assert that community sponsors should be “required to attend ongoing training to consider how implicit bias and equity impacts refugees’ resettlement and integration experiences, asking sponsors to critically examine how their own identities, values and beliefs show up in their frequent interactions with refugees” (p. 63).

Finally, social workers are well-positioned to collaborate and strengthen local networks for community and private sponsorship, as parts of community or resettlement organizations, as members of local or state agencies, or as members of sponsor teams themselves. Their roles and voices are critical at this moment in the United States, when increasingly harsh policies are being implemented for refugees, asylum seekers, and undocumented migrants, particularly in circumstances where those who have resettled in the United States in recent years may be increasingly reluctant to raise their own political voices. With the Trump administration’s decision to almost completely close this historic program, now more than ever is a time for social work to step up in alliance with resettlement organizations that are shifting their mandates to serve those currently in the United States, as well as grassroots community organizations, sponsorship groups, specialized health providers, and legal advocacy groups.

References

- Acevedo-Garcia, D., Joshi, P. K., Ruskin, E., Walters, A. N., & Sofer, N. (2021). [Restoring an inclusionary safety net for children in immigrant families: A review of three social policies.](#) *Health Affairs*, 40(7), 1099-1107.
- Altig, D., Ilin, E., Ruder, A., & Terry, E. (2021). [Benefits cliffs and the financial incentives for career advancement: A case study of a health care career pathway.](#) The Federal Reserve Bank of Atlanta.

- Armus, T. (2025, February 21). [Refugee aid groups struggling amid halt in federal payments under Trump](#). *Washington Post*.
- Balgopal, P. R. (2000). [Social work practice with immigrants and refugees](#). Columbia University Press.
- Beers, D. J. (2020). [The end of resettlement? U.S. refugee policy in the age of Trump](#). *Social Sciences*, 9(8), 1-44.
- Berthold, S. M., & Libal, K. (2019). Future directions to support the rights of refugees and asylum seekers. In S. M. Berthold and K. Libal (Eds.), *Refugees and asylum seekers: Comparative and interdisciplinary perspectives* (pp. 137-146). Praeger.
- Bier, D., & La Corte, M. (2016). [Private refugee resettlement in US history](#). Niskanen Center.
- Bond, J., & Kwadrans, A. (2019). [Resettling refugees through community sponsorship: A revolutionary operational approach built on a traditional legal infrastructure](#). *Refuge*, 35(2), 87-109.
- Boryczko, M., Madew, M., & Gaba, D. (2023). [Transcending humanitarian crises a call for transformative social work education](#). *Social Work Education*, 43(5), 1208-1223.
- Bush-Joseph, K. (2024). [Outmatched: The U.S. asylum system faces record demands in search of control, United States of America country report](#). Migration Policy Institute.
- Cureton, A., Tonoï, B. C., Lima Cross, F., & Gonzalez Benson, O. (2024). [“What’s at stake?”: An exploration on the merits and drawbacks of the Welcome Corps Program, a private sponsorship of refugees](#). *International Social Work*, 68(1), 56-71.
- Darrow, J. H., & Howsam Scholl, J. (2020). [Chaos and confusion: Impacts of the Trump Administration Executive Orders on the US Refugee Resettlement System](#). *Human Service Organizations: Management, Leadership & Governance*, 44(4), 362-380.
- Dubus, N. (2022). [Social workers’ views of ways to engage communities in refugee resettlement](#). *Social Work*, 67(4), 362-370. <https://doi.org/10.1093/sw/swac038>
- [Exec. Order No. 14163, 3 C.F.R. 8459](#) (2025). Realigning the United States refugee admissions program.
- [Exec. Order No. 14204, 3 C.F.R. 9497](#) (2025). Addressing egregious actions of the Republic of South Africa
- Fee, M. (2026). *Believing in light after darkness: Displacement and refugee resettlement*. University of California Press.
- Fee, M. (2025). [Resettlement knowledge: The expertise of service providers](#). *Refugee Survey Quarterly*, 44(1), 126-142.
- Fee, M., & Arar, R. (2019). [What happens when the United States stops taking refugees?](#) *Contexts*, 18(2), 18-23.







- Fee, M., Darrow, J., Howsam Scholl, J., Cureton, A., & Gonzalez Benson, O. (2025). [Refugee resettlement: A durable solution at a crossroads](#). *Refugee Survey Quarterly*, 44(1), 1-11.
- Fike, D. C., & Androff, D. K. (2016). [“The pain of exile”: What social workers need to know about Burmese refugees](#). *Social Work*, 61(2), 127-135.
- Gonzalez Benson, O. (2016). [Refugee resettlement policy in an era of neoliberalization: A policy discourse analysis of the Refugee Act of 1980](#). *Social Service Review*, 90(3), 515-549.
- Gonzalez Benson, O., & Burnett, C. (2021). Accompaniment and emergence: Social work community practice with resettled refugees. In A. Opačić (Ed.), *Practicing social work in deprived communities: Competencies, methods, and techniques* (pp. 139-154). Springer.
- Halpern, P. (2008). [Refugee economic self-sufficiency: An exploratory study of approaches used in Office of Refugee Resettlement programs](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- Hamad, R. (2024). [Immigrants to the United States contribute to society: Here are 3 ways to support them](#). *Health Affairs Scholar*, 2(3), 1-3.
- Higgins, M. (2020). [Social work with refugees and migrants](#). In R. Ow & A. Poon (Eds.), *Mental health and social work* (pp. 355-374). Springer.
- Howsam Scholl, J., & Darrow, J. H. (2025). [Surviving and resisting retrenchment: US resettlement organizations’ responses to Trump-era anti-refugee policy](#). *Refugee Survey Quarterly*, 44(1), 162-187.
- International Rescue Committee. (n.d.). [Home](#). Author.
- La Corte, M. (2016). [Private sponsorship of refugee resettlement in the United States: Guiding principles and recommendations](#). Niskanen Center.
- Lacarte, V., Gelatt, J., & Podplesky, A. (2024). [Immigrants’ eligibility for U.S. public benefits: A primer](#). Migration Policy Institute.
- Levenson, J. (2020). [Translating trauma-informed principles into social work practice](#). *Social Work*, 65(3), 288-298.
- Libal, K., & Harding, S. (2020). [“Doing something to fight injustice”: Voluntarism, private and community co-sponsorship, and refugee resettlement as political engagement in the United States](#). In S. Labman & G. Cameron (Eds.), *Private refugee sponsorship: Concepts, cases and consequences* (pp. 247-263). McGill-Queen’s University Press.
- Libal, K., Harding, S., & Champagne, L. (2022a). [Solidarity work as political action: Advocating for refugees and asylum seekers](#). *Journal of Refugee Studies*, 35(4), 1550-1567.

- Libal, K., Harding, S., & Hall-Faul, M. (2022b). [Community and private sponsorship of refugees in the USA: Rebirth of a model](#). *Journal of Policy Practice and Research (Online)*, 3(3), 259-276.
- Linn, E. (2022). [Examining the impact of community sponsorship on early refugee labor market outcomes in the United States](#). *Journal on Migration and Human Security*, 10(2), 113-133.
- Maietta, R., Mihas, P., Swartout, K., Petruzzelli, J., & Hamilton, A. (2021). [Sort and sift, think and shift: Let the data be your guide an applied approach to working with, learning from, and privileging qualitative data](#). *The Qualitative Report*, 26(6), 2045-2060.
- Murakami, N. J., & Akilova, M. (2023). [Integrative social work practices with refugees, asylum seekers, and other forcibly displaced persons](#). Springer.
- National Public Radio. (2025, May 8). [First Afrikaners granted refugee status to arrive in the U.S.](#) Author.
- Office of Homeland Security Statistics [OHSS]. (n.d.a). [Glossary](#). U.S. Department of Homeland Security [US DHS].
- OHSS. (n.d.b). [Refugees annual flow reports](#). US DHS.
- OHSS. (2025). [Refugees: 2024](#). US DHS.
- Opačić, A. (Ed.). (2021). [Practicing social work in deprived communities: Competencies, methods, and techniques](#). Springer.
- Palmgren, P., Jiménez, T., Breach, I. A., & Cascardi, E. (2025). [Brokering refugee integration: Promises and pitfalls of refugee co-sponsorship in the United States](#). *Ethnic and Racial Studies*, 48(12), 2457-2475.
- Potocky, M., & Naseh, M. (2019). [Best practices for social work with refugees and immigrants](#) (2nd ed.). Columbia University Press.
- Prantl, J. (2023). [Community sponsorship for refugees and other forced migrants](#). *Georgetown Immigration Law Journal*, 47, 401-472.
- Rfat, M., Cureton, A., Parvan Mirza, M., & Trani, J. (2025). [Abandoning the vulnerable: The devastating impact of abrupt U.S. refugee policy shifts](#) (Correspondence). *The Lancet*, 405(10486), 1225.
- Sanders, J. E. (2019). [Teaching note—Trauma-informed teaching in social work education](#). *Journal of Social Work Education*, 57(1), 197-204.
- Shaw, S. A., & Wachter, K. (2024). [“Through social contact we’ll integrate”: Refugee perspectives on integration post-resettlement](#). *Journal of Immigrant and Refugee Studies*, 22(2), 264-277.
- Smith, L. T. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed.). Zed Books.
- Tamburro, A. (2013). [Including decolonization in social work education and practice](#). *Journal of Indigenous Social Development*, 2(1), 1-16.

- Tarhish, N. (2023). [The administrative burden framework: A new horizon for research and practice in social work](#). *Social Work*, 69(1), 86-94.
- Transactional Records Access Clearinghouse [TRAC]. (2025, September). [TRAC immigration tool: Quick facts](#). TRAC Reports, Inc.
- U.S. Department of Health & Human Services (2024). [Civil rights. Limited English proficiency](#). Author.
- U.S. Department of State [US DOS]. (2021). [FY 2022 notice of funding opportunity for reception and placement program](#) [Archival version]. Author.
- US DOS. (2022). [FY 2023 request for concept notes for operational partners on the private sponsorship of refugees pilot program](#) [Archival version]. Author.
- US DOS. (2023). [Senior State Department officials on the launch of the Welcome Corps, a private sponsorship program to welcome refugees to the United States](#) [Archival version]. Author.
- Witkin, S. L. (2014). [Change and deeper change: Transforming social work education](#). *Journal of Social Work Education*, 50(4), 587-598.
- Yurkanin, A. (2025, April 15). [Two months after Trump's funding cuts, a nonprofit struggles to support refugees and itself](#). *ProPublica*.

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¹ A number of different legal statuses are encompassed by U.S. refugee policy and immigration law. The main ones that are relevant for this study are defined as follows: A refugee in the U.S. context is someone whose immigration status has been granted before arrival in the United States, generally recognized by the United Nations High Commissioner for Refugees as meeting standards related to fleeing persecution on protected grounds (see below) or mass conflict or war. An asylum seeker is someone who has sought refuge outside their country due to persecution or having a well-founded fear of persecution in their own country because of one or more of five protected grounds (i.e., race, religion, nationality, membership in a particular social group, or political opinion). An asylee is someone who has been granted asylum on these protected grounds. An individual with humanitarian parole status is an alien “allowed into the United States for urgent humanitarian reasons” (sect. P, para. 3) or when that alien’s entry is determined to be for

significant public benefit, “as specified by law, regulation, or declaration by the U.S. government” (sect. P, para. 4) They are granted temporary status only and must leave the U.S. when the conditions on which their parole was based end or apply for another form of immigration relief such as asylum. A Special Immigrant Visa (SIV) holder has a visa issued outside of the United States due to their recognized service in the Iraq or Afghanistan wars. Temporary Protected Status (TPS) is granted “for temporary refuge in the United States” (sect. T, para. 1) when it is determined that conditions in the person’s country “pose a danger to personal safety due to ongoing armed conflict or an environmental disaster” (sect. T, para. 1) on a temporary basis (OHSS, n.d.a).

² U.S. Presidential Executive Order 14163 on *Realigning the United States Refugee Admissions Program* was suspended by President Trump on the first day of his second term in office (Exec. Order No. 14163, 2025). The Welcome Corps Program was closed by executive action on February 26, 2025. Most other supports for refugees by the federal government have been limited and until recently no refugees were resettled under the Trump Administration. In May 2025 the first Afrikaner refugees from South Africa have been resettled to the United States, arriving in Alabama as part of a program designed to protect Afrikaner refugees ostensibly harmed by a new South African policy on land reform (Exec. Order No. 14204, 2025; National Public Radio, 2025).

³ The Bureau of Population, Refugees, and Migration (PRM) under the Biden administration defined community sponsorship as “an umbrella term that describes different models of resettlement where refugees are paired with community groups who commit to provide clearly defined financial and/or in-kind contributions as well as volunteer services to support their welcome and integration in a local community” (US DOS, 2022, para. 15). Community sponsorship entailed pairing “refugees with groups of individuals (such as local clubs, businesses, university communities, faith groups, sports teams, book clubs, etc.) who commit to providing clearly defined financial and/or in-kind contributions and volunteer services to support their welcome and integration” (US DOS, 2021, para. 39). The Biden administration PRM defined co-sponsorship as the process by which community groups partner with a resettlement agency “to provide, or ensure the provision of, reception and placement services to certain refugees sponsored by the agency” (U.S. Department of State, 2021, para. 39). Private sponsorship was defined as “a specific form of community sponsorship whereby private sponsors work independently to welcome refugee newcomers, accepting primary responsibility to provide core services and other core supports to newly arrived refugees to support their resettlement” (US DOS, 2022, para. 15).