

# Key Findings from the Annual Survey of Refugee Service Providers (ASRSP) Pilot

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## Executive Summary

The people who power refugee resettlement in the United States are deeply committed to their work. In January 2025, 346 providers who serve Office of Refugee Resettlement (ORR)-eligible populations across the U.S. responded to Switchboard's **Annual Survey of Refugee Service Providers (ASRSP) Pilot**, sharing insights into their professional experiences, well-being, and working conditions.

While the pilot's primary purpose was to develop and test a survey instrument for annual use, the findings offer an early look at the conditions shaping the refugee service workforce. The data points to a workforce navigating significant demands alongside a strong sense of purpose, highlighting both the pressures providers face and the organizational conditions that support them. The patterns revealed in the analyses also point to a set of actionable areas for organizations looking to support provider well-being, including through strengthening supervision structures, career pathways, and workplace safety.

***This report highlights key findings from the ASRSP pilot, offering actionable insights, practical guidance, and relevant Switchboard resources to help organizations strengthen support for refugee service providers in ways informed by the data.***

Respondents to the ASRSP pilot represent a broad cross-section of providers across the sector. They span resettlement agencies, community-based organizations, and government offices; work across all regions in the U.S.; and bring a rich mix of lived experiences and professional backgrounds to their work. Over half had entered the sector within the last four years, reflecting a dynamic and ever-shifting workforce.

Burnout, particularly emotional exhaustion, is elevated across the workforce, with stressors like overwork, job insecurity, and workplace violence compounding one another in ways that meaningfully increase risk of burnout. Yet, the pilot data findings are equally clear about what can potentially mitigate these risks: regular supervisor contact, career advancement opportunities, institutional trust, and strong social support are all significantly associated with better well-being.

The ASRSP is designed to capture the full complexity of refugee service providers' professional lives. Beyond burnout and mental health, the survey covered topics including direct service delivery and caseload demands, workplace conditions and safety, compassion, social support, lived experience with resettlement, self-efficacy, institutional trust, and more. This report offers a snapshot of pilot findings and is intended to inform a wide range of stakeholders. For example, organizational leadership may use the data to better understand challenges their teams are facing, while frontline supervisors may draw on the findings to inform structures and feedback mechanisms they can establish to better support their team.

The pilot also validated the ASRSP as a survey tool that resonates with the people it aims to serve. Providers engaged with the ASRSP with striking enthusiasm, describing it as a space that made them feel "seen and heard." Building on the pilot, Switchboard fielded the first full wave of the ASRSP in March 2026, with an expanded instrument and broader distribution. Over 500 providers participated in the first wave, with over 51% coming from beyond Switchboard's listserv.

*An important note: The landscape facing refugee service providers has shifted considerably since this data was collected in January 2025. Policy changes, funding uncertainty, and evolving resettlement dynamics mean that the experiences captured in the pilot reflect a particular moment in time, one that may look meaningfully different from conditions providers are navigating today. These findings are best understood as a baseline snapshot of the workforce at the start of 2025, offering a foundation for comparison rather than a definitive portrait of current conditions. The first full wave of the ASRSP, fielded from March 3 to April 3, 2026, will be instrumental in tracking how the field has changed, providing the year-over-year perspective needed to understand not just where the workforce stands, but where it is heading.*

## About the ASRSP

The ASRSP is a multi-year research initiative developed by Switchboard to systematically gather insights from individuals working in the U.S. refugee service sector. The ASRSP was launched in response to growing recognition that the well-being, capacity, and stability of service providers directly affect the outcomes of the refugees and other populations they serve.

The ASRSP is the first nationwide survey of the refugee service workforce. Designed to complement the Office of Refugee Resettlement's (ORR's) *Annual Survey of Refugees (ASR)*, it captures the provider perspective, examining the varied personal, professional, and service delivery experiences across the sector. By fielding the survey annually, the ASRSP will track how evolving conditions and emerging practices shape providers' experiences and, in turn, refugee outcomes over time.

To learn more about the ASRSP and view other reports from the project, please visit [www.SwitchboardTA.org/ASRSP](http://www.SwitchboardTA.org/ASRSP).

## Key Findings from the ASRSP Pilot

The ASRSP pilot survey was distributed January 2 to 24, 2025, through Switchboard's email listserv to approximately 11,000 U.S.-based refugee service providers. The survey was self-administered via Qualtrics, a survey platform. In total, 452 individuals responded.

After excluding ineligible respondents (those not affiliated with a refugee-serving organization, federal employees, those who completed the survey in under five minutes, and those who completed less than 20% of the survey), **the final sample comprised 346 eligible participants**, of which 302 were full-time employees, 26 were part-time employees, and 18 were interns or volunteers.

Respondents took on average 29 minutes to complete the survey, and 77% of respondents completed the survey in its entirety. Notably, 14% of respondents who completed the full survey expressed interest in participating in a subsequent follow-up conversation, which represents a strong signal of engagement.

*Note: As a pilot study, these findings are descriptive and should be interpreted with appropriate caution. The sample was drawn from Switchboard's listserv and is not representative of the full U.S. refugee service workforce. Nonetheless, the data reveals striking patterns in the sample.*

## Who Are Refugee Service Providers in the U.S.?

The pilot captured a varied cross-section of the refugee service workforce. Respondents were 82.6% female and ranged from 21 to 84 years old (average age = 43). Respondents were spread across all U.S. regions surveyed, with the highest concentrations in the Great Lakes (11.3%), Upper South Atlantic (9.3%), New England (9.0%), and Pacific Northwest and Hawaii (8.7%).<sup>1</sup>

Other key demographic and background information included:

- **Race/ethnicity:** 69.1% white, 30.9% persons of color (including 9.0% Hispanic/Latino, 7.8% Asian/Asian American, 6.6% Black/African American)
- **Education:** 50.1% held graduate degrees; 41.2% held bachelor's degrees
- **Citizenship:** 85.1% U.S.-born citizens; 7.3% naturalized citizens; 4.4% permanent residents
- **Lived experience:** 22.9% reported that they or their relatives had fled violence or persecution

## Organizational and Work Profiles

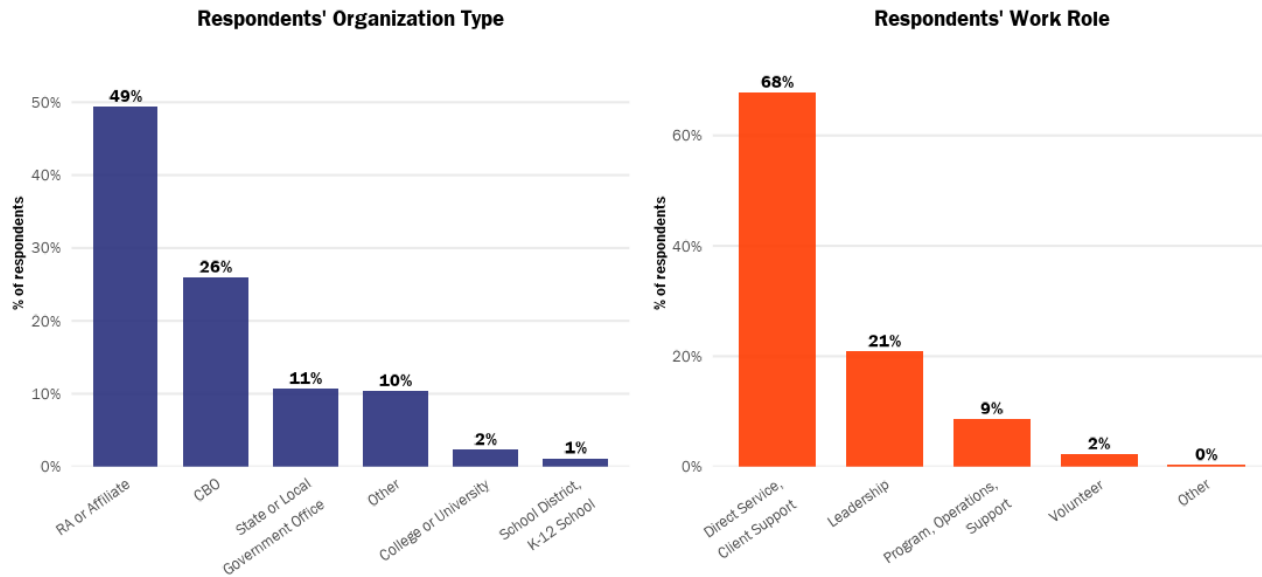
The majority of respondents worked at national Resettlement Agencies (RAs) or their affiliates (49.4%),<sup>2</sup> community-based organizations (CBOs) (26.0%), or state or local government offices (10.7%). Most were full-time employees (87.3%), and nearly half (47.6%) had been at their current organization for three years or less. **Over half (55.9%) started working in the refugee service sector within the last four years.**

In terms of their roles, 42.9% provided direct services to refugees, 28.7% supported programs or organizational activities, and 25.5% held organizational leadership positions. Roughly half (51.5%) reported using languages other than English in their work—with the rate significantly higher among foreign-born respondents (82.9%) compared to U.S.-born respondents (46.4%).

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<sup>1</sup> Regions were defined as follows for the survey: New England (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut); New York; Lower Mid-Atlantic (Pennsylvania, New Jersey, Delaware); Capital Region (District of Columbia, Delaware, Maryland, Northern Virginia); Upper South Atlantic (Central or Southern Virginia, West Virginia, North Carolina, South Carolina); Lower South Atlantic (Georgia, Florida); Great Lakes (Ohio, Michigan, Indiana, Illinois, Wisconsin); Northern Plains (Minnesota, North Dakota, South Dakota); Central Plains (Iowa, Missouri, Nebraska, Kansas); East South Central (Kentucky, Tennessee, Alabama, Mississippi); Texas; West South Central (Arkansas, Louisiana, Oklahoma); California; Pacific Northwest and Hawaii (Washington, Oregon, Alaska, Hawaii); Northern Mountain (Montana, Idaho, Wyoming); Central Mountain (Colorado, Utah, Nevada); Southern Mountain (New Mexico, Arizona).

<sup>2</sup> The pilot survey, fielded in January 2025, used the then-current classification “national Resettlement Agency (RA) or affiliate” rather than the “Initial Resettlement Providers (IRPs)” or “Local Resettlement Providers (LRPs)” terminology now used under the Program of Initial Resettlement (PIR).



**Actionable Insight:** These data point to a relatively new and rapidly evolving workforce, underscoring the importance of onboarding, training, and early-career support systems.

**Insight in Practice:**

1. Create a 30-, 60-, and 90-day onboarding checklist for each role. Include shadowing, role-specific task training, documentation practice, language access procedures, safety protocols, and referral pathways.
2. Assign each new staff member a peer mentor who is not their supervisor.
3. Reduce caseload expectations during the first weeks where possible.
4. Ask new staff at 30, 60, and 90 days: "What still feels unclear?"

**Relevant Resources from Switchboard:**

- **Onboarding Guide:** [Refugee and Newcomer Services 101: A Sample Onboarding Guide for New Service Providers](#)
- **Resource Collection:** [A Collection of Resources for Onboarding New Refugee Service Providers](#)
- **Resource Collection:** [Initial Resettlement Training and Resource Collection](#)

## Working Conditions on the Ground

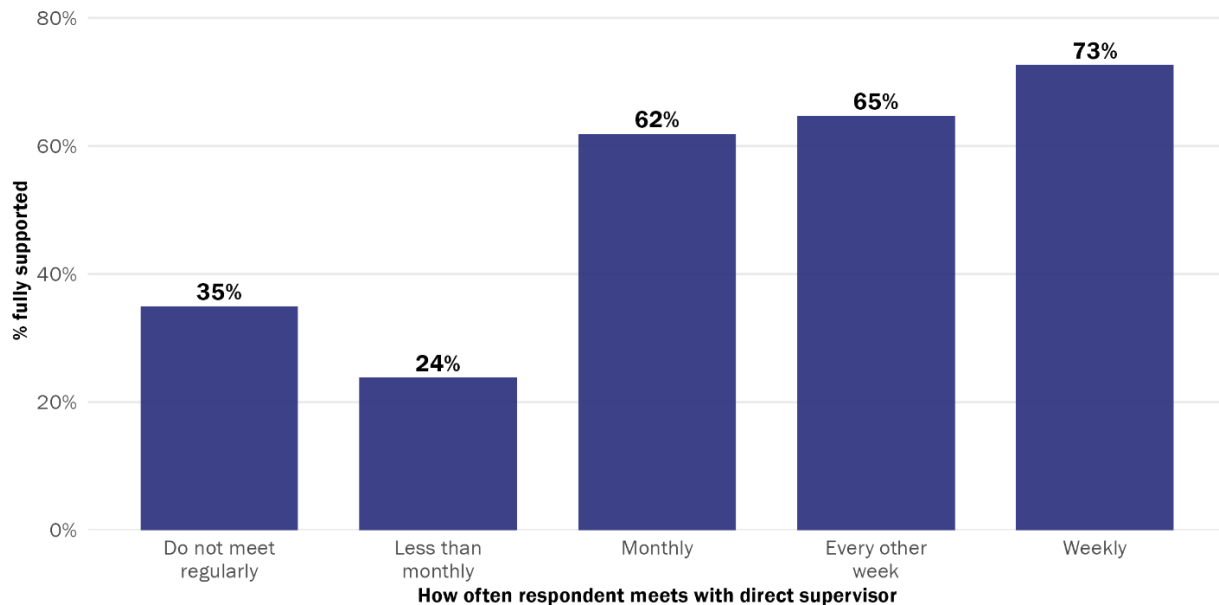
Findings related to workplace conditions revealed a number of key challenges faced by service providers:

- **Working over hours:** 31.1% reported often or very often working more than their hired hours in the past three months.
- **Compensation:** 60.4% felt underpaid (39.3% somewhat, 21.1% significantly). Nearly 29% worked at least one additional job to cover living expenses. **These findings indicate that financial strain is a central feature of many providers' work experiences.**
- **Flexibility:** Employers generally offered high flexibility to accommodate personal or family needs; only 5.4% reported no flexibility.
- **Job security and turnover intentions:** 54.1% reported concerns about job security, either occasionally (38.1%) or frequently (16.0%), and 29.2% were considering leaving their jobs.

Approximately 50% of respondents met weekly with their supervisor. Providers who met weekly with their supervisors were significantly more likely to feel fully supported than those who met with theirs less than monthly: 73% vs. 24%, a difference of 49 percentage points. **This suggests that supervision frequency may be a key area for improving feelings of support among staff.**

### More Frequent Supervisor Meetings Are Associated With Greater Perceived Support

Percent who report feeling fully supported by their direct supervisor



Excludes respondents who reported that they do not work closely with a direct supervisor. Source: Annual Survey of Refugee Service Providers Pilot, 2025.

**Actionable Insight:** Frequent supervision may be a meaningful lever for improving provider support and retention. Organizations may benefit from creating structured, regular supervision spaces that address workload, emotional strain, and operational barriers.

**Insight in Practice:**

1. Move direct service staff and new staff to weekly supervision, even if meetings are brief.
2. Use a simple supervision agenda: urgent client needs, caseload priorities, documentation barriers, safety concerns, emotional strain, and next steps.
3. Ask two standing questions: “What is making the work harder this week?” and “What can I remove, clarify, or escalate?”
4. Use supervision to review workload, not only task completion.

**Relevant Switchboard Resources:**

- **Podcast:** [How Can Supervisors and Organizations Support Staff Care?](#)
- **Archived Webinar:** [Organizational Approaches to Staff Care & Retention in Resettlement](#)
- **Blog:** [Meeting the Moment: Sustaining Your Team Through Staff Transitions](#)

## Direct Service

Among respondents, 45.5% (N=157) indicated that they primarily did direct service work. When asked about their day-to-day tasks, respondents in direct service most commonly said that they “spend the right amount of time” on administrative duties, client appointments, client meetings, and client tasks, but “too much time” on case-related paperwork.

**Actionable Insight:** Direct service staff reported spending too much time on case-related paperwork, suggesting opportunities to streamline documentation processes, reduce duplication, and support more sustainable workloads.

**Insight in Practice:**

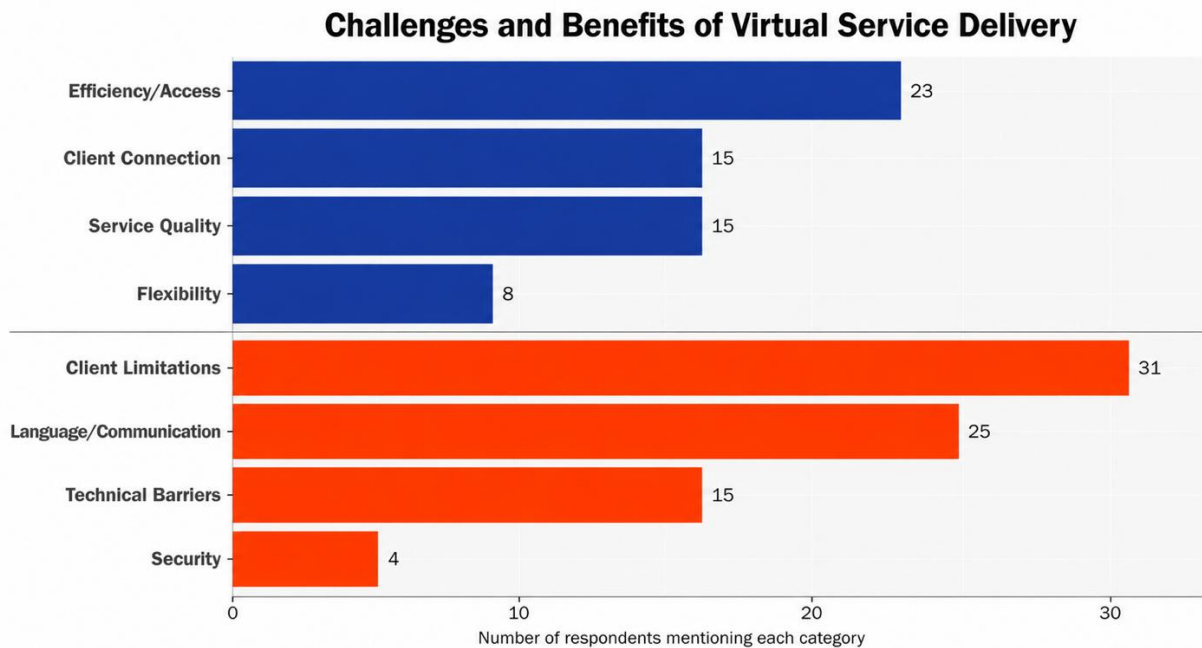
1. Conduct a quick paperwork audit: list every form, note, spreadsheet, and database staff use each week.
2. Remove duplicate data entry where possible.
3. Create templates for common case notes, referrals, and client follow-up messages.
4. Encourage staff to set aside calendar time for documentation.
5. Review caseload complexity, not only caseload size.

**Relevant Switchboard Resources:**

- **eLearning Course:** [Writing Effective and Efficient Case Notes](#)
- **Template:** [Case Note Template](#)
- **Blog:** [Case Management Documentation: Making the Paperwork Work for You](#)

Those working in direct service indicated that the top three client populations served were Afghans, Congolese, and Cuban and Haitian Entrants. The majority of those working in direct service (66.9%) reported feeling that their work influences client outcomes “a great deal,” with 29.8% saying their work influences client outcomes “somewhat,” and only 3.2% saying that their work influences client outcomes “not at all.”

Of those working in direct service, 51.4% reported doing no virtual service delivery, 43.8% reported doing some, and 4.8% reported providing all direct services virtually. When asked to reflect on the challenges and benefits of virtual service delivery in an open response question, the most common challenges that emerged as themes across answers were client limitations, language or communication barriers, technical barriers, service quality, client connection, and security, while the most common benefits were efficiency, access, and flexibility. **These findings suggest that while virtual service delivery expands access and flexibility, it also introduces new barriers that may affect service quality and connection.**



**Actionable Insight: Virtual service delivery can improve access and flexibility, but providers also reported barriers related to technology, language, privacy, service quality, and client connection. Provide support to help make virtual services more intentional.**

**Insight in Practice:**

6. Decide which services work well virtually and which need in-person support.
7. Ask clients about phone, Internet, privacy, language, and technology access before scheduling virtual appointments.
8. Provide reminders with the appointment time, platform, interpreter information, and documents needed.
9. Use approved platforms and avoid staff using personal phone numbers when possible.
10. Build extra time into virtual appointments that require interpretation.

**Relevant Switchboard Resources:**

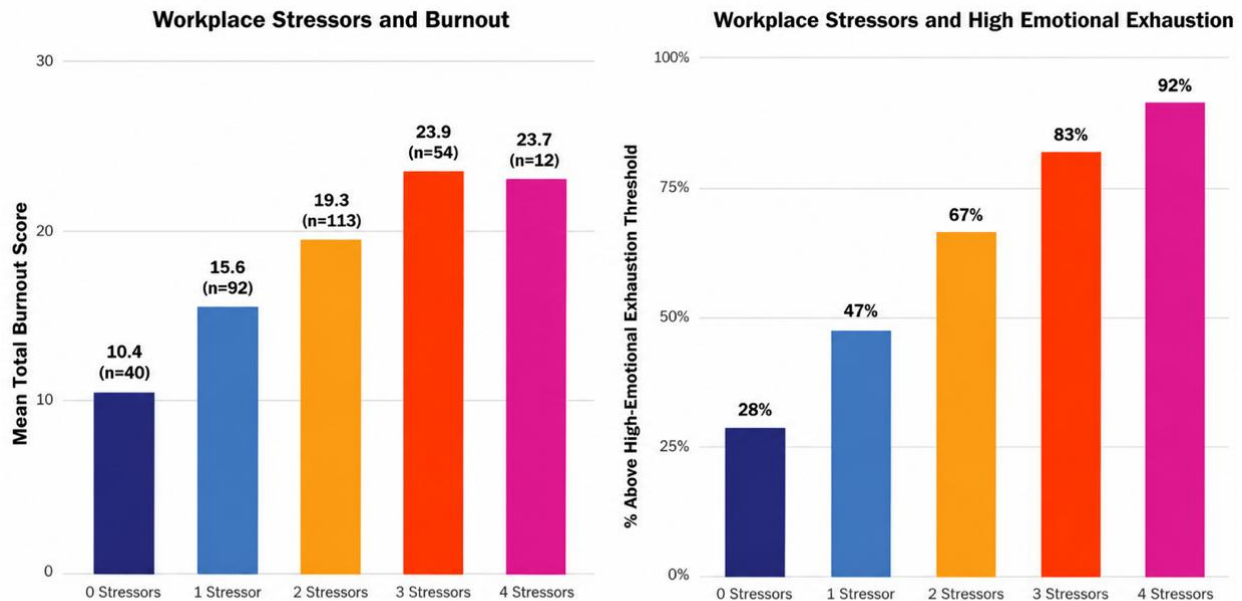
- **Archived Webinar:** [Delivering Virtual Services with Limited Resources](#)
- **Blog:** [Language Access in Times of Crisis: Getting Started With Video Remote Interpreting](#)
- **Archived Webinar:** [Reaching Hard-to-Reach Clients Through Information Services Best Practices](#)

## Burnout

The survey used an adapted version of the Maslach Burnout Inventory (MBI) short form to measure burnout across three subscales: emotional exhaustion, cynicism, and lack of personal accomplishment. Unlike earlier sections of this report, burnout findings are presented using scale-based scores rather than percentages. Each subscale ranges from 0 to 18, totaling 54 across all three subscales, with higher scores indicating higher levels of burnout.

Emotional exhaustion was the highest-scoring subscale on average (9.71), exceeding the established high burnout subscale threshold (8.4). The average level of cynicism (5.31) and lack of personal accomplishment (2.99) were below their respective subscale thresholds. **This indicates that emotional exhaustion, in particular, is a defining feature of many providers' work experiences.**

Burnout increases steadily as workplace stressors accumulate. The four workplace stressors measured in this study were overwork, low pay, job insecurity, and workplace threats. **Respondents who reported more stressors had substantially higher burnout levels.** For example, average burnout scores more than doubled between those reporting no stressors (total burnout = 10.4 out of 54) and those reporting three or more stressors (total burnout = 23.9 out of 54). Only 28% of workers who indicated that they do not experience any of the four measured workplace stressors exceeded the high emotional exhaustion threshold, compared to 92% of those reporting experiencing all four stressors. **This pattern suggests that burnout is not driven by a single factor, but by the accumulation of multiple workplace pressures.**



Stressors include: overwork, low pay, job insecurity, and workplace threats or violence. Source: Annual Survey of Refugee Service Providers Pilot, 2025.

Interestingly, **role type was significantly associated with emotional exhaustion**: program support staff reported significantly **lower** emotional exhaustion than both direct service providers and organizational leaders, while direct service providers and organizational leaders did not differ significantly from one another. **This suggests that organizational leaders carry a comparable level of emotional exhaustion to those doing direct client work.** Of those working in direct service, providers with higher levels of client-related boundary challenges reported higher levels of overall burnout.

**Several factors were shown to be protective against burnout:**

- **Higher trust in local institutions** (local schools, government, and police) was significantly associated with lower burnout, a relationship that held across all three burnout subscales.
- **Promotion opportunity** was significantly associated with reduced burnout, with respondents with no promotion opportunities reporting significantly higher burnout scores when compared to those with promotion opportunities; this association held across all three burnout subscales. **This suggests that clear career pathways may play a meaningful role in protecting workforce well-being.**
- **Self-efficacy** and **older age** were also significantly associated with lower reported total burnout.
- Foreign-born respondents reported significantly lower overall burnout than U.S.-born respondents, with burnout scores approximately 32% lower on average (12.8 vs. 18.8). This pattern should be interpreted with caution and may reflect differences in expectations, coping strategies, prior experiences, or selection into roles. Further research is needed to better understand this association.

**Actionable Insight:** Burnout appears closely tied to workplace conditions, suggesting that organizational responses—such as strengthening peer support, improving workload management, limiting after-hours communication, and creating space for recovery after difficult interactions—may support provider well-being. Further, clear advancement pathways and transparent promotion practices may help strengthen workforce well-being and retention.

**Insight in Practice:**

1. Write down what skills and experience are needed for advancement.
2. Discuss career goals during supervision, not only during annual reviews.
3. Create growth opportunities that do not depend only on becoming a supervisor.
4. Recognize language skills, community knowledge, technical expertise, and lived experience in promotion criteria.
5. Be transparent about internal hiring, raises, and promotion timelines.

**Relevant Switchboard Resources:**

- **Evidence Summary:** [What Works to Reduce Burnout and Vicarious Trauma Among Refugee Service Providers?](#)
- **Archived Webinar:** [“I Was Already Burned Out, and Now This...” Strategies for Staff and Supervisors to Mitigate Burnout, Vicarious Trauma, and Other Occupational Hazards](#)
- **Podcast:** [Leading During Times of Transition](#)

## Mental Health

Anxiety and depression were measured using the **Patient Health Questionnaire (PHQ-4)**, a validated screening tool. Among respondents, the combined mean score was 3.66 (on a 0–12 scale), which falls within the “mild” range. However, a substantial minority of respondents scored above clinical thresholds, with **29.8% meeting the threshold for moderate or severe anxiety and 16.8% meeting the threshold for moderate or severe depression.**

Among factors that were associated with better reported mental health, institutional trust showed the strongest association with lower mental health distress. Social support and self-efficacy were also associated with better mental health outcomes, though less strongly. **These findings suggest that workers who feel supported—by their organizations, their networks, and their own sense of capability—are meaningfully more likely to report better mental health.**

On the risk side, **burnout was the most strongly associated with worse mental health.** Job security concerns, workplace discrimination, and pay dissatisfaction were also significantly associated with worse mental health outcomes, though less strongly.

**Actionable Insight:** Nearly 30% of respondents met the threshold for moderate or severe anxiety, and 16.8% met the threshold for moderate or severe depression. Burnout, job security concerns, workplace discrimination, and pay dissatisfaction were associated with worse mental health.

**Insight in Practice:**

1. Build peer support or case consultation into paid work time.
2. Train supervisors to recognize signs of distress and connect staff to support.
3. Normalize breaks after difficult client interactions or crisis response.
4. Limit non-urgent after-hours communication.
5. Share mental health resources clearly during onboarding and after difficult incidents.

**Relevant Switchboard Resources:**

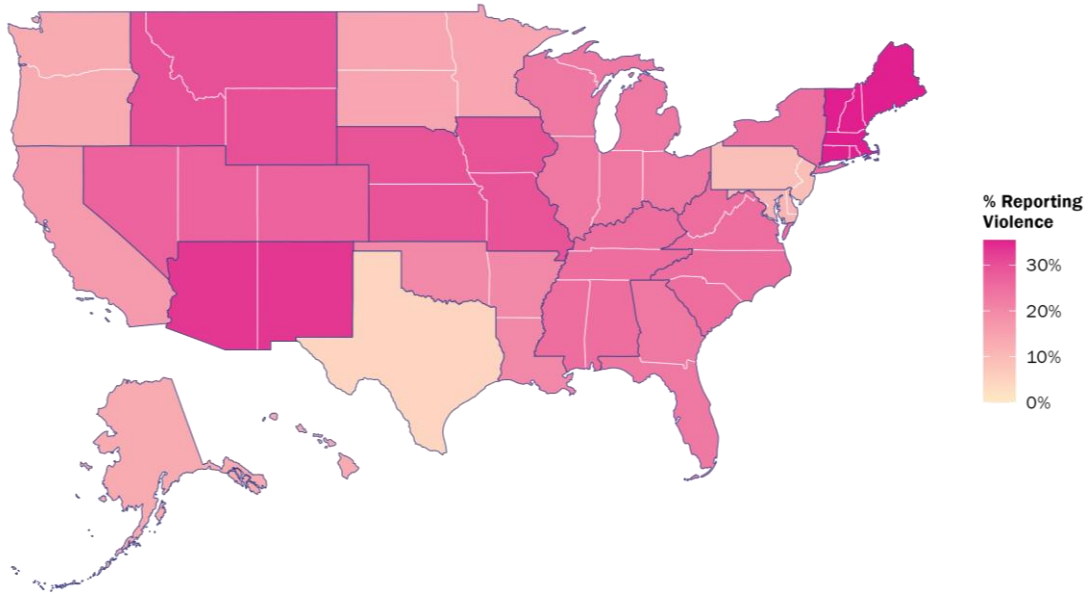
- **Resource Collection:** [A Collection of Resources for Supporting the Mental Health of Newcomers and Direct Service Providers](#)
- **Archived Webinar:** [Enhancing Refugee Care: The Link Between Provider Well-Being and Service Quality](#)
- **Blog:** [Supporting Newcomer Clients and Staff Through Service Disruptions](#)

## Workplace Threats and Violence

Nearly one in four respondents (24.7%) reported experiencing threats or incidents of violence at their workplace in the past 12 months. Of these, 65 reported threats and 6 reported actual incidents of violence. Of note, perpetrators of threats were most commonly persons unrelated to the organization (N=36) or clients (N=33), while incidents of violence were more likely to involve clients (4 of 6 incidents). There was significant regional variation in the prevalence of threats and violence, with New England having the highest proportion (35.5%). There was also variation in the rate of reported violence across organization type, with respondents at state or local government offices being the most likely to have experienced a threat or incident of violence (32.3%), followed by resettlement agencies and affiliates (26.4%), and community-based organizations (18.2%). **This indicates that workplace safety concerns are a meaningful part of many providers' day-to-day experiences.**

Of note, **experiencing workplace violence was strongly associated with respondents' intent to leave:** respondents who experienced threats or incidents of violence were **significantly (2.44 times) more likely** to express thinking about leaving their current job, even after controlling for age, sex, organizational tenure, and education. **This strong association highlights the importance of both preventing workplace threats and violence and strengthening organizational support for affected staff to protect well-being and retention.**

### Proportion of Respondents Reporting Workplace Violence, by Region



**Note:** Regions were defined as follows for the survey: New England (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut); New York; Lower Mid-Atlantic (Pennsylvania, New Jersey, Delaware); Capital Region (District of Columbia, Delaware, Maryland, Northern Virginia); Upper South Atlantic (Central or Southern Virginia, West Virginia, North Carolina, South Carolina); Lower South Atlantic (Georgia, Florida); Great Lakes (Ohio, Michigan, Indiana, Illinois, Wisconsin); Northern Plains (Minnesota, North Dakota, South Dakota); Central Plains (Iowa, Missouri, Nebraska, Kansas); East South Central (Kentucky, Tennessee, Alabama, Mississippi); Texas; West South Central (Arkansas, Louisiana, Oklahoma); California; Pacific Northwest and Hawaii (Washington, Oregon, Alaska, Hawaii); Northern Mountain (Montana, Idaho, Wyoming); Central Mountain (Colorado, Utah, Nevada); Southern Mountain (New Mexico, Arizona).

**Actionable Insight:** Nearly one in four respondents reported threats or incidents of violence at work in the previous 12 months. Those who experienced threats or violence were more likely to think about leaving their jobs. Organizations may benefit from reviewing safety protocols, clarifying reporting procedures, and supporting staff after threats or incidents occur.

#### Insight in Practice:

1. Review safety protocols for office, field, virtual, and after-hours work.
2. Make it easy for staff to report threats, harassment, or violence.
3. Define what counts as a reportable safety concern.
4. Give staff scripts for ending unsafe interactions.
5. Debrief with staff after safety incidents and adjust assignments when needed.

#### Relevant Switchboard Resources:

- **Toolkit:** [Critical Incident Response: Toolkit for Developing Organizational Policies and Procedures](#)
- **Blog:** [What Can We Do to Protect Clients and Staff? Tips for Getting Started with Safeguarding and Protection](#)
- **Guide:** [Preventing Crises and De-escalating Difficult Situations with Newcomer Clients](#)

## Conclusion

Refugee service providers in the United States bring remarkable dedication to some of the most meaningful and challenging work in the social sector. The ASRSP pilot captures both the weight of that work and the genuine strengths that sustain it: a workforce that is deeply committed, highly educated, steeped in lived experience, and driven by a sense of purpose that persists even in the face of real pressures. That foundation matters. **It means that targeted, practical investments in supportive and responsive working conditions have a workforce ready to respond to them. The action steps and resources highlighted throughout this report are designed to help organizations respond to the needs and challenges reflected in the ASRSP pilot findings.**

What the data makes clear is that the conditions shaping worker well-being are largely structural. These findings point to several promising areas for action, including increasing the frequency and quality of supervision, strengthening career advancement pathways, improving job stability and compensation structures, and addressing workplace safety concerns. The striking difference in well-being between workers with strong institutional support and those without it illustrates precisely where investment is most likely to make a difference.

The enthusiasm with which providers engaged with this survey, describing it as a space that made them feel “seen and heard,” reflects both the hunger for this kind of research and the deep investment service providers have in improving client outcomes. As Switchboard builds on this pilot, having completed the first full wave of the ASRSP in 2026, the aim is to continue translating provider experiences into actionable evidence so that the organizations and systems supporting this workforce can grow stronger, more sustainable, and better equipped to deliver on the promise of refugee resettlement for years to come.

## About the Pilot Study

### Survey Design

The ASRSP survey instrument was developed through extensive review of research literature, needs assessment data, and close engagement with practitioners, academic researchers, and ORR officials. The pilot survey comprised 15 modules covering organizational affiliation, demographics, work information, direct service delivery, workplace conditions, burnout, compassion, mental health, social support, civic engagement, and more. It incorporated several well-validated measures, including the Maslach Burnout Inventory (MBI), the Patient Health Questionnaire (PHQ-4), the General Self-Efficacy Scale (GSE), and an adapted version of the Duke-UNC Functional Social Support Questionnaire (FSSQ).

### Cognitive Testing

Following the conclusion of the ASRSP pilot survey, the research team conducted 13 semi-structured cognitive testing interviews with survey participants to assess how questions were understood and to

gather feedback on the survey experience. These interviews informed improvements to question design and instrument refinement for future waves, providing critical insights into the ASRSP instrument, including:

- **Clarity:** All participants reported that survey questions were clear and easily understood. The survey length was considered appropriate.
- **Relevance:** All participants confirmed the survey aligned well with their professional experiences. The most valued topics were hours and pay, burnout, compassion, mental health, and social support.
- **Engagement:** 69% of interviewees reported highly positive feelings, describing the survey as a space for reflection that made them feel “seen and heard.”
- **Desired improvements:** Participants recommended adding role-specific questions (e.g., for leaders, supervisors, advocates), translating the survey into additional languages, and expanding distribution beyond the Switchboard listserv. These additional modules were added to Wave 1 of the ASRSP, and Wave 1 was distributed beyond the Switchboard listserv to all eligible service providers across the U.S.
- **Interest in findings:** Participants expressed strong interest in inter-organizational comparative data and analyses related to workforce wellness, burnout prevention, and support systems.

Key takeaways from cognitive testing included overwhelmingly positive reception, with participants emphasizing the value in having the opportunity to share their experiences.

## Looking Ahead: ASRSP Wave 1

Building on the pilot, Switchboard refined the ASRSP instrument and fielded the first full-scale survey wave from March 3 to April 3, 2026. Key changes included new role-specific task modules (covering direct service, management, leadership, and development), new modules on intra-organizational dynamics and inter-organizational collaboration, and questions on providers’ motivations for working in refugee services. Survey distribution was expanded beyond Switchboard’s listserv to incorporate other reputable networks, with the aim of reaching a broader and more representative sample of the refugee service workforce.

The ASRSP is designed to generate repeated cross-sectional insights that can track changes in the sector over time. By capturing both the challenges and strengths of those who make refugee resettlement possible, this survey supports grounding future programming, training, and technical assistance in the realities of the frontline workforce.

## Acknowledgement

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