Virtual Services and Artificial Intelligence (AI) in U.S. Refugee Service Delivery

Insights from the 2026 Annual Survey of Refugee Service Providers (ASRSP)

May 2026

switchboard
connecting resettlement experts

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Executive Summary

53%	of providers work in hybrid arrangements — the dominant model across the sector
57%	of direct service providers deliver at least some services virtually
1 in 5	providers report meaningful AI use, mirroring national workforce trends
38%	feel worried about AI, more than those who feel hopeful (28%) or excited (8%)
500+	providers surveyed across the U.S. refugee service sector

Digital technologies are reshaping how refugee services are organized and delivered across the United States. Service providers are increasingly working in hybrid arrangements, engaging clients through virtual platforms, and beginning to explore artificial intelligence (AI) tools in their daily practice. These shifts offer new opportunities to extend reach and improve efficiency, while raising critical questions about whether it will apply across roles or staff fairly, service quality, and the human dimensions of refugee support.

Drawing on responses from more than 500 providers across government agencies, resettlement organizations, community-based groups, and legal service providers, the 2026 Annual Survey of Refugee Service Providers (ASRSP) offers the first network-wide assessment of how virtual and AI technologies are being used across the U.S. refugee service sector. Using data collected in March and April of 2026, including thematic analysis of open-ended responses and complemented by a brief literature review, the findings reveal a sector undergoing significant but uneven transformation, in which expanding digital capabilities coexist with a strong and enduring reliance on in-person, relational practice.

In the US refugee services context, "virtual services" are services delivered with limited or no in-person contact between provider and client, relying primarily on digital and telecommunication platforms such as video calls, email, and text. This contrasts with in-person services, which are built mainly around face-to-face interactions but may also incorporate phone and text communication to set up in-person meetings or provide follow-up communication.

Hybrid work has become structurally embedded

Just over half of providers (53%) now work in hybrid arrangements, suggesting that the pandemic-era shift toward flexible working has become a durable feature of the sector rather than a temporary accommodation. Access to these arrangements is unevenly distributed, however, with providers who are themselves refugees or Special Immigrant Visa holders more concentrated in fully in-person roles, raising workforce fairness considerations.

Hybrid service delivery is now the dominant model with a reported mix of benefits and limitations

More than half of direct service providers (57%) now deliver at least some services virtually, with fully virtual delivery remaining rare. Providers identify substantial benefits for the client, including improved accessibility, reduced transportation barriers, and expanded reach. They also consistently identify the limits of virtual delivery for legal, mental health, trauma-informed, and

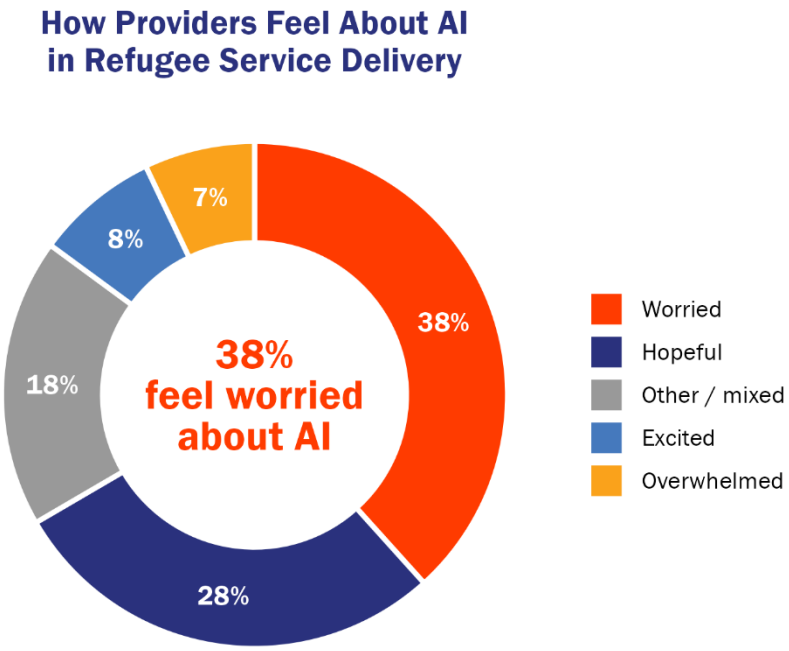
complex case management services, where sustained relational engagement and nuanced assessment cannot be adequately replicated digitally. Digital literacy gaps, connectivity constraints, and language barriers are structural features of the context that affect the most vulnerable clients most acutely.

AI adoption is at an early stage and concentrated in lower-risk applications

Approximately one in five refugee service providers reports meaningful AI use, mirroring national workforce trends. Use is concentrated in translation, research, drafting, and other administrative tasks rather than direct client-facing services. Leadership and administrative staff report substantially higher use than frontline workers, raising questions about whether efficiency gains are translating into reduced frontline workload.

Provider attitudes are characterized more by concern than enthusiasm

Thirty-eight percent of providers report feeling worried about the role of AI in refugee service delivery, compared with 28% who feel hopeful and only 8% who feel excited. Qualitative responses reveal concerns about client privacy, the erosion of human connection, accuracy and bias, and the absence of adequate organizational governance and training.



The path forward depends on organizational decisions

Whether technological change strengthens or undermines service quality depends primarily on the decisions organizations make. Investment in digital infrastructure and staff capacity, hybrid service models that prioritize client needs over operational convenience, protected in-person capacity for relational services, AI governance frameworks appropriate to refugee-serving contexts, clear boundaries on AI use, and robust monitoring to ensure impartiality will together determine whether the benefits of digital transformation are realized equitably across the sector.

Six priorities for action, based on findings from the literature and survey analysis:

○ **Invest in digital Infrastructure**	○ **Design effective hybrid service models**
○ **Protect in-person service capacity**	○ **Develop AI governance frameworks**
○ **Set clear boundaries on AI use**	○ **Monitor workforce and client impacts**

Introduction

Digital technologies are reshaping how refugee services are organized and delivered across the United States. Increasingly, service providers are working from home or hybrid settings, and engaging clients through virtual platforms, artificial intelligence (AI)-assisted tools, and digital communication systems. These shifts offer new opportunities to extend reach, improve efficiency, and deliver services at greater scale. They also raise new and critical questions about staff fairness, service quality, and the human dimensions of refugee support that policymakers and organizational leadership must weigh.

This report draws from Switchboard's 2026 Annual Survey of Refugee Service Providers (ASRSP)[1] to offer the first network-wide, empirical assessment of how virtual and AI technologies are being used across the United States (U.S.) refugee service sector. Drawing on survey responses from over 500 providers spanning government agencies, resettlement organizations, community groups, legal service providers, and other organizations working in the refugee service space, the report combines descriptive analysis of quantitative data with thematic analysis of open-ended responses, to offer a baseline picture of patterns of remote work, virtual service delivery, and the emerging role of AI in refugee service practice.

Survey findings summarized here do not point toward a simple or linear digital transition. They suggest instead that the sector is navigating a more complex process of technological change, where expanding digital capabilities coexist with persistent reliance on in-person, relational, and human-centered forms of practice. The report examines these dynamics in detail, situating the ASRSP findings within the broader research literature and drawing out their implications for policy, organizational decision-making, and future research.

What the Research Literature Tells Us

The literature informing this study is limited, reflecting how recently AI and virtual service delivery have entered social service practice at scale. Yet even within this nascent evidence base, several relevant areas of inquiry have emerged. These include research on virtual service delivery in social service settings; national and sector-specific findings on AI adoption in the workforce; an emerging body of work on AI and virtual service delivery in refugee resettlement specifically; and a growing scholarly conversation about the ethical responsibilities that accompany AI integration in human services. Each of these areas is reviewed in turn, followed by an identification of the gaps this study is designed to address.

Virtual Service Delivery

Virtual service delivery has become a core component of social services since the COVID-19 pandemic, and the evidence base on its effectiveness is growing. A scoping review of 38 studies with refugee populations found that clients perceived virtual care as compassionate and effective when providers fostered trust, emotional support, and dignity, and when services were culturally and linguistically responsive (Ha et al., 2026). These findings underscore that service quality in virtual

[1] This first wave of the ASRSP was administered from March 3 to April 3, 2026, collecting data on a wide range of indicators related to work experience and professional well-being among refugee service providers in the United States.

environments is shaped primarily by provider practice rather than by technology alone, a finding with direct implications for how organizations train and support staff.

Structural barriers continue to affect client engagement with virtual services, including limited digital literacy, lack of devices, and inconsistent internet connectivity. As a result, providers increasingly act as digital facilitators, helping clients navigate platforms and adapt communication strategies. This represents a meaningful expansion of the provider role that has received limited systematic attention in the literature (Ha et al., 2026).

AI in the Workforce and Social Services

National data from 2025 indicate that 21% of U.S. workers use AI in their jobs, an increase from 16% the prior year. Usage is concentrated among younger and more highly educated individuals. While adoption is growing, most workers still report little or no use, highlighting disparities in access, skills, and professional context that are relevant to workforce planning and policy (Pew Research Center, 2025). Another recent national study found that AI use at work continues to deepen among employees already using it. While overall adoption of AI stabilized in late 2025, daily and frequent AI use in knowledge-based industries such as technology, finance, and higher education increased especially (Kemp, 2026).

Within social work and social service contexts, AI tools are applied to documentation, communication, risk assessment, client triage, and case management, with evidence suggesting that automation can enhance efficiency and reduce administrative burden (Li et al., 2026; Reamer, 2023). The University of Texas (2026) reports preliminary findings of a national survey showing that 63% of social workers report using AI in their practice, primarily for administrative tasks. However, widespread individual adoption is not matched by organizational infrastructure. Many providers report a lack of formal AI strategies or leadership guidance. When asked what support they need, practitioners prioritized guidelines on best practices, improved privacy protections, stronger confidentiality safeguards, adaptable tools, and affordable options for small agencies and solo practitioners. Thus, to date, adoption is largely individually driven, placing disproportionate responsibility on practitioners to navigate appropriate and ethical use without adequate support.

AI and Virtual Service Delivery in Refugee Resettlement

Within refugee resettlement practice specifically, telehealth, video consultations, and digital communication platforms have expanded access and improved flexibility, offering mechanisms for maintaining continuity of care across geographic and logistical barriers. The integration of AI further reshapes provider roles. Integrated systems combining conversational AI, virtual reality, and information delivery via FAQs and links have been developed to support refugee reception, integration, and social inclusion. The latter includes, for example, presentation of public facilities such as libraries and gyms, introduction to regional geography and historical or cultural monuments, and information about host country norms regarding gender-based violence, racism, gender discrimination, and education. In this service delivery model, AI manages routine information exchange while providers focus on relational and case-specific tasks (Wanner et al., 2024).

AI-enabled platforms using tools such as ChatGPT have demonstrated capacity for multilingual communication, mental health resource provision, legal information, and service navigation support, extending provider reach through scalable, on-demand assistance. At the same time, there are persistent concerns about privacy, misinformation, bias, lack of empathy, and inaccurate guidance, Thus, AI systems should include safeguards such as human oversight, refugee-specific training data,

real-time error correction, and transparent communication about limitations to ensure safe and trustworthy use (Jahani et al., 2024).

Emerging evidence also suggests that digital and AI-enabled tools can improve refugee client outcomes more broadly. Greater use of mobile applications designed to support immigrant integration was associated with higher levels of social integration, better physical health, and improved mental health among immigrants from Europe, Asia, and Africa living in Greece. These findings suggest that AI-enhanced mobile tools, such as translation services, public service apps, navigation tools, health resources, and virtual communication platforms, can help immigrants access customized information and services that support integration, well-being, and more effective adaptation to their new societies (Drydakis, 2021).

Ethical Considerations and Evolving Provider Responsibilities

The growing use of AI is accompanied by an expansion of provider roles to include the critical interpretation, verification, and contextual integration of technology-generated outputs within broader human-centered practice. Ethical concerns are prominent in the literature and include risks related to bias, lack of transparency, data privacy, and potential impacts on the service user-practitioner relationship. The literature consistently emphasizes that AI should augment rather than replace provider decision-making, and that accountability, professional codes of ethics and guidelines, and client advocacy must remain central provider responsibilities (Boetto, 2025; Matlin et al., 2025; Reamer, 2023). Responsible integration is characterized by clear policy development, interdisciplinary collaboration, staff training, and active community engagement.

Gaps in the Literature

Despite growing interest, important empirical gaps remain. There is limited systematic research on the extent and patterns of AI and virtual service delivery adoption across the refugee service provider workforce. Provider attitudes toward AI, including the range of optimism, concern, and uncertainty across roles and organizational contexts, are underexamined. And while individual studies document benefits and challenges, there is a need for network-level synthesis of emerging practices. The ASRSP addresses these gaps, as an important element of provider experience, offering the first baseline, network-wide assessment of technology use across the U.S. refugee service sector.

What the ASRSP Data Show

Patterns of Remote Work

The COVID-19 pandemic fundamentally changed how refugee service organizations work in the U.S. As providers rapidly shifted to virtual meetings, remote coordination, and digital case management to maintain service continuity during lockdowns, hybrid and flexible work arrangements became normalized across the sector. That shift has proven durable, with the 2026 ASRSP Wave 1 data suggesting that changes in work modality, initially driven by necessity, have become embedded features of organizational practice across much of the provider network.

Respondents report that hybrid work is now the dominant model across the provider network, with just over half of respondents (53.0%; n=274) reporting hybrid arrangements. Fully in-person work remains significant, with 39.7% of respondents (n=205) working exclusively on-site. Fully remote work is relatively uncommon, reported by just 7.4% of respondents (n=38).

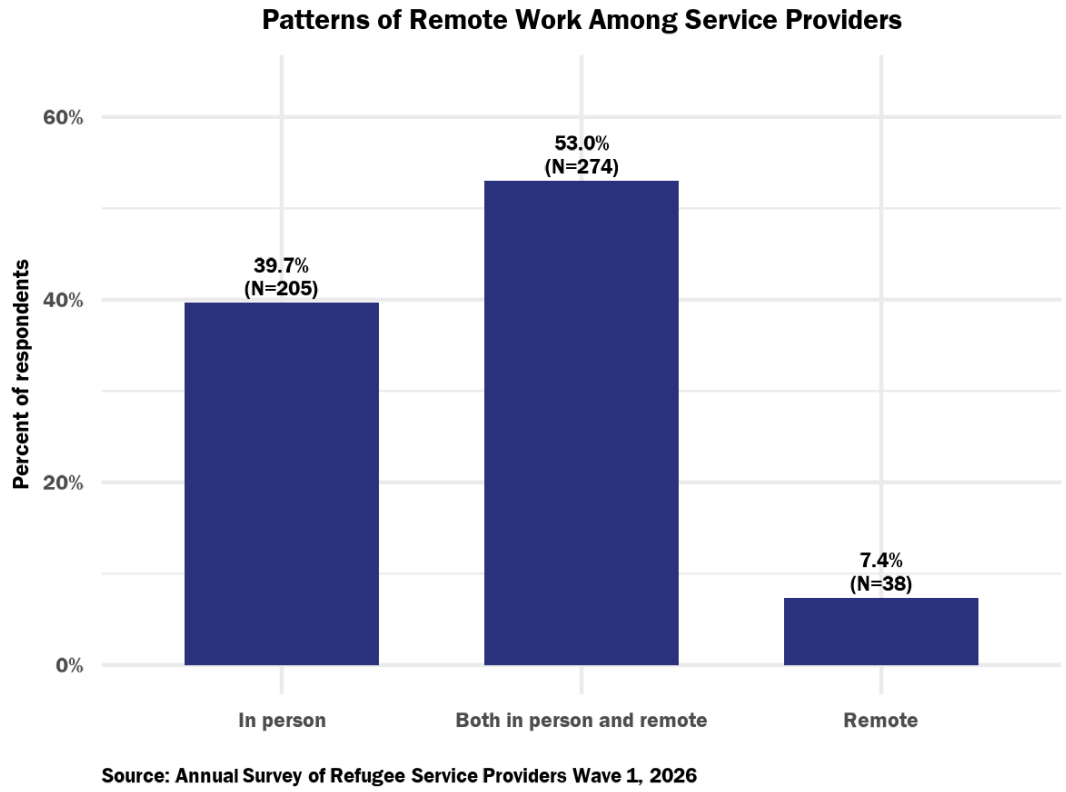


Figure 1: Patterns of Remote Work Among Service Providers

This overall pattern holds broadly across organization types, with hybrid arrangements predominating among government agencies, resettlement agencies, community organizations, and legal service providers alike. Legal service providers are notable for having no fully remote staff, likely reflecting the client-facing, documentation-intensive, and confidentiality-sensitive nature of that work.

Table 1: Remote Work by Organization Type

Organization Type	Total N	In person	Hybrid	Remote
State or local government agency	48	29.2% (N=14)	60.4% (N=29)	10.4% (N=5)
Resettlement agency or affiliate	320	40.0% (N=128)	50.6% (N=162)	9.4% (N=30)
Community-based organization	108	36.1% (N=39)	62.0% (N=67)	1.9% (N=2)
Legal services organization	14	35.7% (N=5)	64.3% (N=9)	0.0% (N=0)
Other	26	69.2% (N=18)	26.9% (N=7)	3.8% (N=1)

Work modality varies by professional role in ways that reflect differences in role function and organizational position. Frontline and direct service staff are most likely to work in person or in hybrid arrangements, with very few working fully remotely (4%). Managing staff show a similar distribution, split broadly between in-person and hybrid arrangements. Leadership roles show a notably different pattern: while most leaders work in hybrid arrangements, 14% report working fully remotely, considerably higher than among direct service or management staff. This likely reflects the greater proportion of administrative, strategic, and coordination tasks in leadership roles that can be more readily conducted remotely. Volunteer and intern respondents are the most concentrated in fully in-person roles, with no fully remote work reported.

Table 2: Remote Work by Primary Work Role

Primary Work Role	Total N	In person	Hybrid	Remote
Direct client services	212	42.0% (N=89)	53.8% (N=114)	4.2% (N=9)
Managing or supervising staff or volunteers	134	47.0% (N=63)	47.8% (N=64)	5.2% (N=7)
Organizational leadership	92	28.3% (N=26)	57.6% (N=53)	14.1% (N=13)
Fundraising or development	9	33.3% (N=3)	55.6% (N=5)	11.1% (N=1)
Volunteer or intern	11	63.6% (N=7)	36.4% (N=4)	0.0% (N=0)
Other	58	29.3% (N=17)	56.9% (N=33)	13.8% (N=8)

Work modality varies across demographic and professional characteristics, as shown in Table 3 below. Male and older providers are more likely to report working fully in person. Providers with lower levels of formal education are more concentrated in fully in-person roles, while those with bachelor's and particularly graduate degrees are more likely to work in hybrid or remote arrangements. Notably, providers who are themselves refugees or SIV holders are more likely to work fully in person compared to U.S.-born respondents. These patterns are summarized in the table below.

Table 3: Remote Work by Personal and Professional Characteristics

Characteristic	Category	Total N	In person	Hybrid	Remote
Age	18-29	74	32.4% (N=24)	67.6% (N=50)	0.0% (N=0)
	30-49	277	39.4% (N=109)	50.2% (N=139)	10.5% (N=29)
	50-64	124	41.1% (N=51)	54.0% (N=67)	4.8% (N=6)
	65+	30	53.3% (N=16)	40.0% (N=12)	6.7% (N=2)
Gender	Male	98	50.0% (N=49)	44.9% (N=44)	5.1% (N=5)
	Female	405	36.8% (N=149)	55.1% (N=223)	8.1% (N=33)
Education	Associate's degree or less	48	62.5% (N=30)	37.5% (N=18)	0.0% (N=0)
	Bachelor's degree	207	41.1% (N=85)	52.2% (N=108)	6.8% (N=14)
	Graduate degree	261	34.1% (N=89)	56.7% (N=148)	9.2% (N=24)
Arrived as Refugee, SIV, Asylee	No	433	36.3% (N=157)	55.7% (N=241)	8.1% (N=35)
	Yes	81	56.8% (N=46)	39.5% (N=32)	3.7% (N=3)
Organizational Tenure	0-2 years	163	43.6% (N=71)	50.9% (N=83)	5.5% (N=9)
	3-5 years	192	34.4% (N=66)	56.8% (N=109)	8.9% (N=17)
	6-10 years	80	37.5% (N=30)	51.2% (N=41)	11.2% (N=9)
	11+ years	77	45.5% (N=35)	50.6% (N=39)	3.9% (N=3)
Years in Sector	0-2 years	104	47.1% (N=49)	50.0% (N=52)	2.9% (N=3)
	3-5 years	189	42.3% (N=80)	52.9% (N=100)	4.8% (N=9)
	6-10 years	89	32.6% (N=29)	61.8% (N=55)	5.6% (N=5)
	11-19 years	84	26.2% (N=22)	56.0% (N=47)	17.9% (N=15)
	20+ years	45	51.1% (N=23)	37.8% (N=17)	11.1% (N=5)

Remote and hybrid arrangements are not strongly associated with length of work at a given organization, suggesting these patterns reflect role characteristics rather than organizational seniority or tenure. Years working in the sector, however, is significantly associated with being more likely to report fully remote working arrangements.

Virtual Service Delivery

Alongside shifts in how staff work, technology is also changing how services are delivered to clients. Of note, the term "virtual services" was not defined in the ASRSP survey instrument. Respondents understood this concept based on their own understanding and organizational context. Analysis of open-ended responses suggests that interpretations were broadly consistent across providers, with virtual service delivery generally understood to encompass remote client interactions conducted through digital platforms such as video calls, phone-based services, and online communication tools. However, some responses may reflect differences in interpretation rather than differences in practice.

Of the 202 respondents who primarily do direct client services for their work, more than half (57%; n=115) report delivering at least some services virtually, indicating that hybrid service models combining in-person and remote client interactions have become the predominant approach. Fully virtual delivery remains rare, reported by less than 5% of this subsample (n=10). A substantial proportion of direct service providers (43%; n=87) report no virtual service delivery, underscoring that in-person engagement remains central to much of the sector's work.

Table 4 shows how patterns in virtual service delivery suggest some variation across organization type, although several sub-samples are too small to draw strong conclusion. Resettlement agencies and community-based organizations deliver most services either in-person or including some virtual services. Services delivered exclusively through virtual models are rare.

Table 4: Virtual Service Provision by Organization Type

Organization Description	Total N	All virtual services	Some virtual services	No virtual services
State or local government agency	8	25.0% (N=2)	25.0% (N=2)	50.0% (N=4)
Resettlement agency or affiliate	129	6.2% (N=8)	46.5% (N=60)	47.3% (N=61)
Community-based organization	42	0.0% (N=0)	69.0% (N=29)	31.0% (N=13)
Legal services organization	10	0.0% (N=0)	80.0% (N=8)	20.0% (N=2)
Other	13	0.0% (N=0)	46.2% (N=6)	53.8% (N=7)

With regard to background and demographic characteristics, Table 5, below, suggests that education attainment shows a relationship with virtual service delivery patterns. Staff with bachelor's and graduate degrees are more likely to work in organizations incorporating virtual delivery, while those with lower levels of formal education are more concentrated in exclusively in-person settings. These patterns likely reflect differences in role function and digital capacity. Patterns of virtual service delivery show relatively limited variation by age and organizational tenure. Several subgroup categories contain small numbers of respondents, which limits the robustness of subgroup comparisons.

Table 5: Virtual Service Provision by Demographic and Professional Characteristics

Characteristic	Category	Total N	No virtual services	Some virtual services	All virtual services
Age	18-29	42	47.6% (N=20)	52.4% (N=22)	0.0% (N=0)
	30-49	100	40.0% (N=40)	53.0% (N=53)	7.0% (N=7)
	50-64	50	44.0% (N=22)	50.0% (N=25)	6.0% (N=3)
	65+	5	60.0% (N=3)	40.0% (N=2)	0.0% (N=0)
Gender	Male	39	28.2% (N=11)	64.1% (N=25)	7.7% (N=3)
	Female	159	45.9% (N=73)	49.7% (N=79)	4.4% (N=7)
Education	Associate's degree or less	25	48.0% (N=12)	48.0% (N=12)	4.0% (N=1)
	Bachelor's degree	95	46.3% (N=44)	49.5% (N=47)	4.2% (N=4)
	Graduate degree	82	37.8% (N=31)	56.1% (N=46)	6.1% (N=5)
Arrived as Refugee, SIV, Asylee	No	166	42.8% (N=71)	51.8% (N=86)	5.4% (N=9)
	Yes	35	42.9% (N=15)	54.3% (N=19)	2.9% (N=1)
Organizational Tenure	0-2 years	85	43.5% (N=37)	50.6% (N=43)	5.9% (N=5)
	3-5 years	75	45.3% (N=34)	50.7% (N=38)	4.0% (N=3)
	6-10 years	21	28.6% (N=6)	66.7% (N=14)	4.8% (N=1)
	11+ years	21	47.6% (N=10)	47.6% (N=10)	4.8% (N=1)
Years in Sector	0-2 years	58	50.0% (N=29)	46.6% (N=27)	3.4% (N=2)
	3-5 years	81	44.4% (N=36)	49.4% (N=40)	6.2% (N=5)
	6-10 years	26	30.8% (N=8)	61.5% (N=16)	7.7% (N=2)
	11-19 years	23	39.1% (N=9)	56.5% (N=13)	4.3% (N=1)
	20+ years	11	45.5% (N=5)	54.5% (N=6)	0.0% (N=0)

Qualitative insights: Benefits and challenges of virtual service delivery

Two open-ended survey questions explored providers' perceptions of the key benefits and challenges of virtual service delivery. Responses were analyzed using inductive thematic analysis, with recurring patterns grouped into broader thematic categories. While this analysis is exploratory rather than exhaustive, the themes identified are consistent with patterns reported in the broader literature on virtual service delivery in social and refugee services.

The most frequently cited benefits included:

- Increased accessibility for clients facing transportation, mobility, childcare, geographic, or scheduling barriers.
- Reduced travel time and costs for both clients and providers.
- Greater flexibility in scheduling, communication, and service delivery.
- Improved efficiency, timeliness, and responsiveness.
- Expanded reach to rural and geographically dispersed populations.
- Increased organizational capacity to support larger caseloads.
- Improved coordination, documentation, and follow-up through digital platforms.

Taken together, these responses suggest that providers view virtual delivery as a meaningful mechanism for expanding service access and operational flexibility, particularly for clients who face practical barriers to in-person engagement. These perceived benefits align with findings from the broader literature, including evidence that virtual modalities can improve continuity of care and extend provider reach to underserved populations (Ha et al., 2026).

The most frequently cited challenges included:

- Limited digital literacy, device access, internet connectivity, and recurring technical barriers among clients.
- Language barriers and limitations on interpretation in virtual contexts.
- Difficulties assisting clients with forms, applications, and documentation remotely.
- Challenges building trust, rapport, and meaningful connection in virtual environments.
- Reduced client engagement, attendance, and follow-through related to services.
- Increased staff workload related to troubleshooting technology and coordinating remotely.
- Reduced effectiveness for specialized, relational, or assessment-intensive services.

These challenges are consistent with structural barriers identified in the literature, including the role of digital literacy and connectivity constraints in limiting equitable access to virtual services (Ha et al., 2026). They also point to a tension that is central to this report: virtual modalities can improve access and operational efficiency while simultaneously introducing new barriers and risks that fall unevenly across the client population.

Additional considerations

Several lower-frequency themes highlight important considerations for future research and practice. Some providers noted that virtual platforms may increase safety and privacy for clients with concerns about immigration enforcement or public visibility, while others suggested that virtual engagement can strengthen client autonomy and digital literacy over time. At the same time,

respondents warned that virtual environments can reduce opportunities for deeper relationship-building, limit understanding of client circumstances, and create more transactional forms of interaction. Concerns were also raised about confidentiality within home environments and the suitability of virtual delivery for legal, medical, and other specialized services. These themes, while not dominant in the data, merit further investigation as the sector's use of virtual platforms continues to develop.

Overall, providers view virtual service delivery as a valuable but bounded tool. Its effectiveness depends not only on technological infrastructure but on how organizations address digital inequities, maintain service quality, and preserve the relational, trust-based, and human-centered dimensions of refugee support that providers value and clients depend upon.

AI Use in Service Delivery

The broader ASRSP survey findings indicate that the use of AI within refugee service provision remains at an early stage of adoption. As shown in Figure 2 below, most respondents reported either no use of AI in their work (34.8%; n=179) or "not much" use (42.3%; n=218), indicating that AI technologies have not yet been widely integrated into routine operational practice across the sector. Approximately one-fifth of respondents (21.0%; n=108) reported using AI to "some" extent, while only a very small minority indicated extensive use: 1.4% (n=7) reported that AI is used for most of their work and 0.6% (n=3) reported use across all work activities.[2]

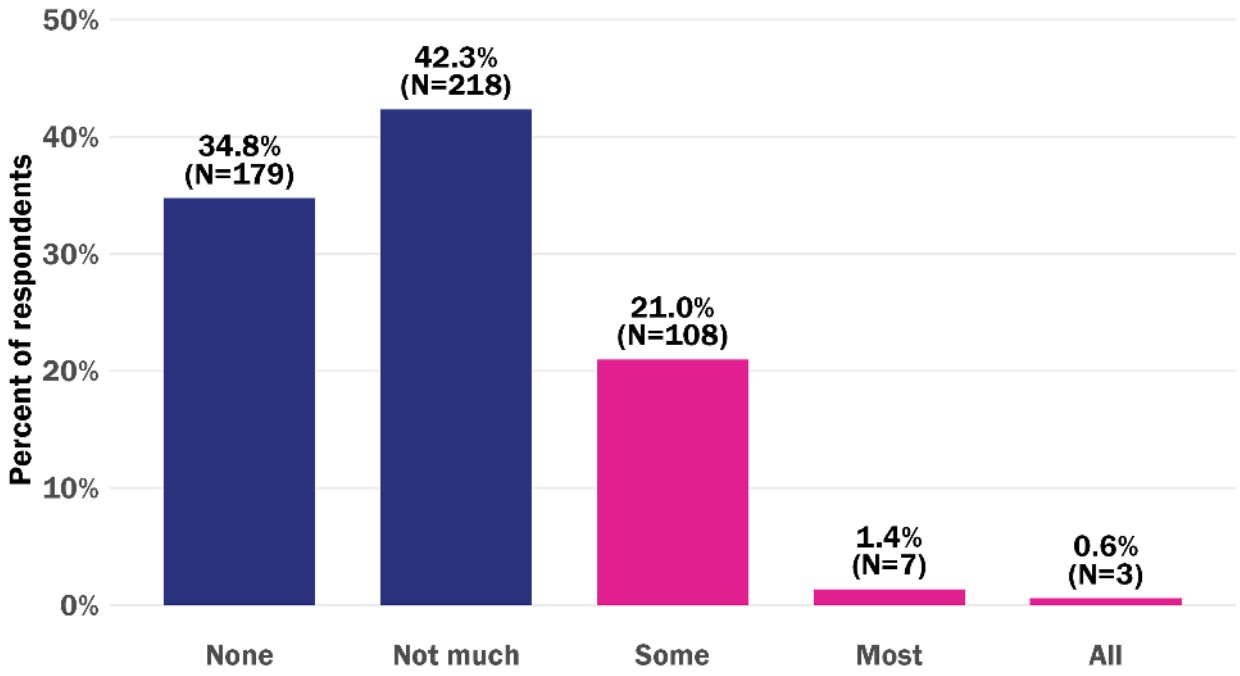


Figure 2: Work Tasks Done Using AI, all ASRSP Respondents

Figure 3, below, looks at variation in AI use by organization type and reveals notable variation in uptake, with community-based organizations reporting the highest use, followed by legal service

[2] The question asked "Thinking of the tasks you do in your job, how much of your work is done with AI?" Answer options were: all, most, some, not much, or none.

organizations, resettlement agencies or affiliates, and state and local government agencies (include SRCs and replacement designees) reporting the lowest uptake.

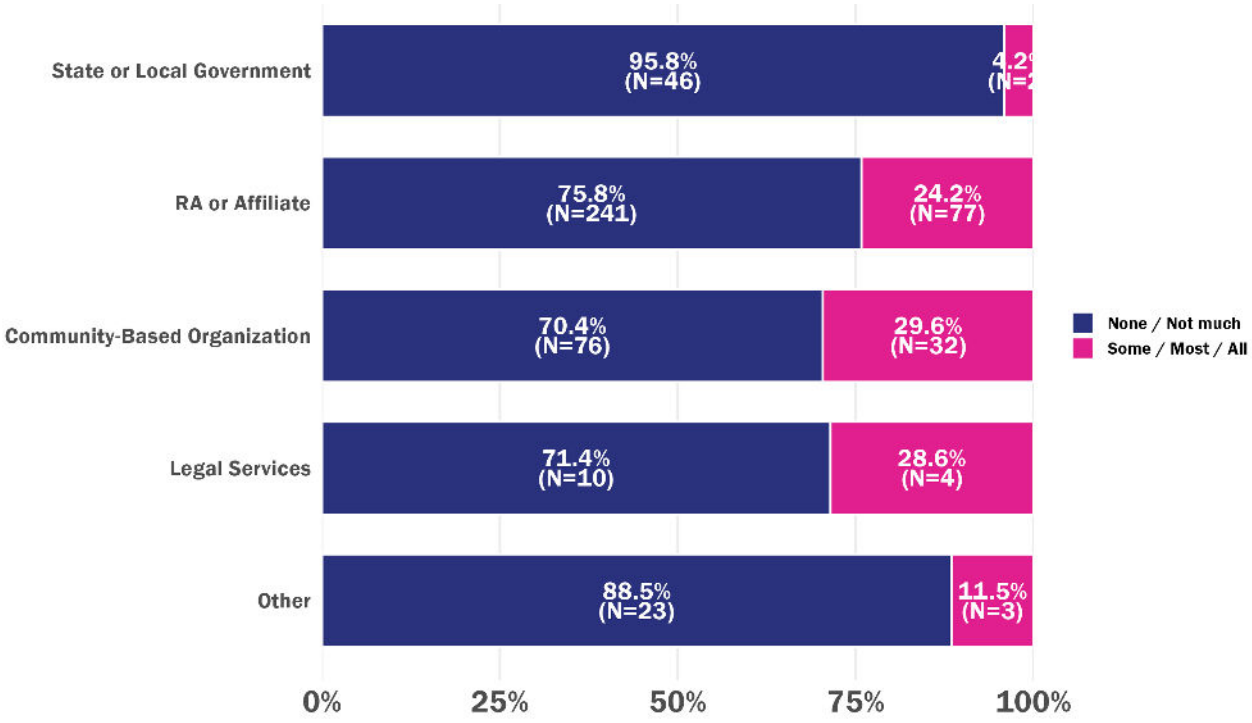


Figure 3: AI Use by Organization Type

AI use varies meaningfully across professional roles within the refugee service sector, as summarized in

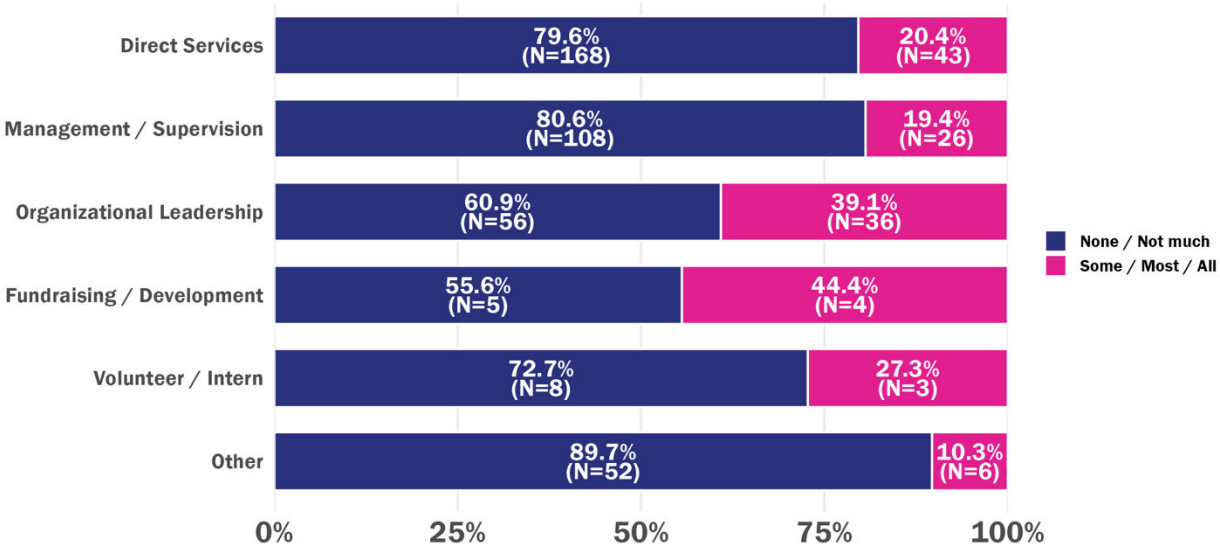


Figure 4, below. Organizational leadership respondents report substantially higher levels of meaningful AI use compared to most other groups, with 39.1% indicating at least some use. Fundraising and development staff also show relatively high use overall (44.4%), though this finding is based on a very small number of respondents (n=9) and should be interpreted with caution. In

contrast, respondents in direct service roles and staff management positions report considerably lower levels of adoption, with approximately one in five respondents in each of these categories reporting meaningful AI use (20.4% and 19.4% respectively). Overall, these findings suggest that AI adoption is currently more concentrated in leadership, strategic, and administrative functions than in frontline service delivery roles.

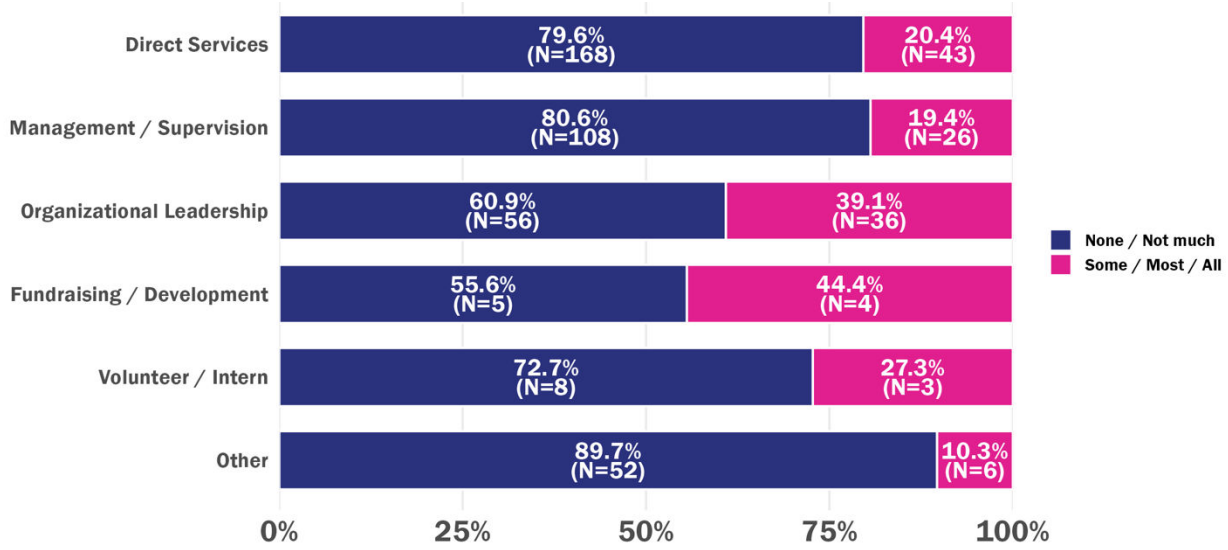
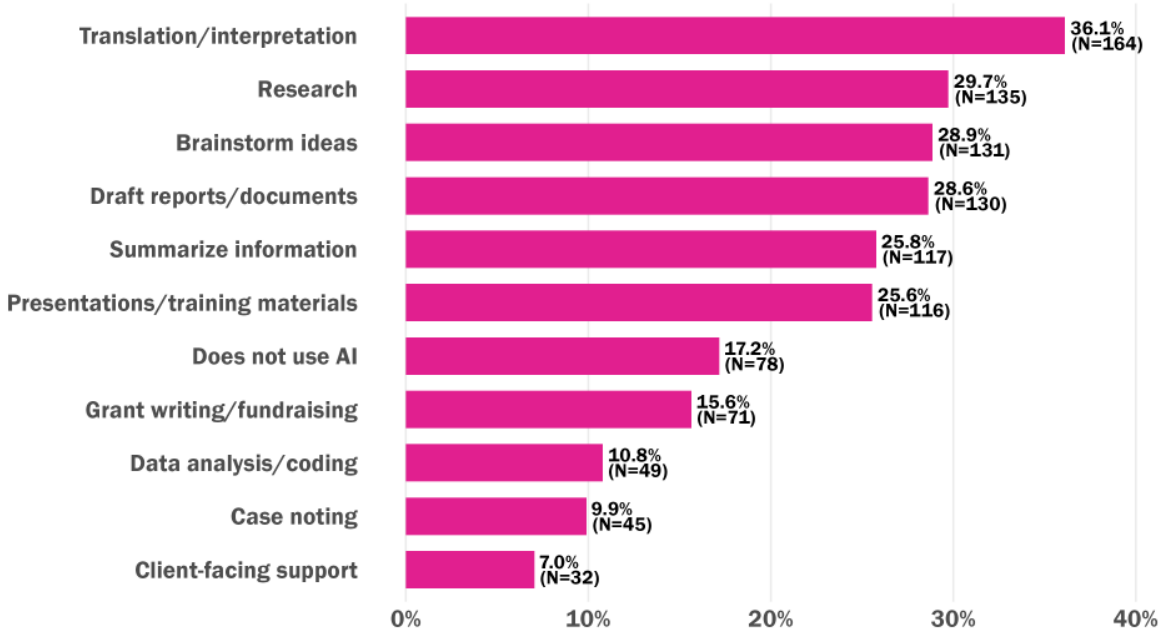


Figure 4: AI Use by Primary Work Role

Respondents who reported using AI were asked to identify the specific tasks to which they applied it. Results are represented in Figure 5, below. AI is most commonly used for translation and interpretation (36.1%), followed by research (29.7%), brainstorming and idea generation (28.9%), drafting documents and reports (28.6), summarizing information (25.8%), preparing presentations and training materials (25.6%), and grant writing/fundraising (15.6%). Less common applications include data cleaning and related tasks (10.8%), and case noting (9.9%). Direct client-facing support is the least common application, reported by only 7.0% of respondents. 17.2% of respondents indicated that they do not use AI for any tasks. These findings indicate that current AI use is concentrated primarily in information processing, writing support, translation, and administrative tasks, with very limited penetration into direct client service functions.



Note: Calculations show the percent of respondents selecting each task. Percentages are calculated among respondents who answered the AI tasks question (N = 454).

Figure 5: How Refugee Service Providers Use AI

It is notable that AI use varies with age, being less commonly reported among younger respondents, with the 18-29 age group reporting the lowest use (8.1%) across all age brackets. Men were significantly more likely to report using AI (36.7%) as compared to women (19.6%). AI adoption is not strongly associated with career stage or length of service. Respondents with lived experience as refugees, SIVs, or asylees are more likely to report some AI use, but the difference is not statistically significant when controlling for other factors.

When asked “When you think about how AI may be used in the context of refugee service provision, do you generally feel…,” responses were mixed, with concern more prevalent than enthusiasm. The largest share of respondents reported feeling worried about AI (38.3%; n=195), suggesting substantial uncertainty regarding its implications for refugee service delivery and workplace practice. A significant proportion expressed more positive views, with 28.3% (n=144) reporting feeling hopeful and 7.9% (n=40) describing themselves as excited. A smaller group reported feeling overwhelmed (7.1%; n=36), while 18.5% (n=94) selected "other," indicating that many respondents hold more nuanced or mixed perspectives not easily captured by the predefined response categories. The prevalence of "other" responses is itself a finding of note, suggesting that the attitudinal landscape may be more complex and context-dependent than a simple optimism-concern spectrum can capture, and warrants more granular investigation in future survey iterations. Provider feeling about AI are summarized in Table 6, below.

Table 6: Provider Feelings About AI

Response	N selected	% of respondents
Worried	195	38.3%
Hopeful	144	28.3%
Other	94	18.5%
Excited	40	7.9%
Overwhelmed	36	7.1%

Qualitative insights: Provider perspectives on AI

The sense of ambivalence reflected above is further reinforced by responses to an open-ended survey question inviting further reflections on the growing use of AI within refugee service delivery. A total of 181 participants provided responses to this question, representing 35.6% of respondents. Responses were analyzed using preliminary inductive thematic coding, with recurring ideas, concerns, and perceived opportunities consolidated into broader thematic groupings. Like the virtual service delivery qualitative findings, this analysis is exploratory and intended to identify emerging patterns rather than provide exhaustive coverage of all perspectives represented.

The most frequently identified themes reflected a complex and often ambivalent attitudes toward AI. While some providers identified meaningful opportunities for improving efficiency, translation, communication, and administrative support in AI use, many expressed significant ethical, relational, and operational concerns regarding the role of AI in human services.

Opportunities most frequently identified:

- AI can support administrative efficiency through document drafting, summarization, translation, note organization, and reduction of repetitive tasks.
- AI may improve communication, language access, and navigation of complex systems for refugee clients.
- When implemented carefully, AI could support language learning, cultural orientation, and digital inclusion for refugee populations.

Concerns most frequently raised:

- Client privacy, confidentiality, and data security, particularly regarding immigration status and sensitive personal histories.
- Risk that AI reduces or replaces human connection, empathy, and trust in service relationships.
- Accuracy, bias, and lack of nuance in AI-generated content and recommendations.
- Broader ethical concerns including environmental impacts, resource consumption, and corporate practices.
- Overreliance on AI and erosion of professional judgment, critical thinking, and independent reflection among practitioners.
- Need for clearer organizational policies, staff training, and practical guidance on responsible AI use.

Additional considerations

Several lower-frequency themes nevertheless raise important considerations for future research and policy. Some respondents expressed concern that AI systems could contribute to increased surveillance or misuse of refugee data by governments or private corporations, particularly in politically sensitive contexts. Others raised concerns about unequal digital literacy and access, creating new forms of exclusion for refugee populations with limited technology familiarity. A smaller number of responses highlighted concerns about workforce displacement, both within the service sector and more broadly for refugee communities. These themes, while not dominant in the present data, warrant systematic investigation as AI adoption within the sector develops.

Overall, refugee service providers approach AI with substantial caution. While they recognize its potential to improve efficiency and extend reach in bounded areas such as translation, administration, and information access, many emphasize that refugee service delivery depends fundamentally on human judgment, trust, cultural understanding, and relational engagement. Taken together, the qualitative findings suggest that future adoption of AI within refugee services will depend heavily on the development of strong ethical safeguards, clear organizational guidance, robust privacy protections, and approaches that preserve the human-centered nature of refugee support work.

Discussion & Recommendations

The 2026 ASRSP findings offer a distinctive picture of how digital technologies are being adopted and experienced across the U.S. refugee service sector. The sector is undergoing significant but uneven transformation. Expanding digital capabilities coexist with strong and enduring reliance on in-person, relational practice. Technology is reshaping how refugee services are organized and delivered across all three areas examined. Yet its impacts are neither uniform nor straightforwardly positive. Whether technological change strengthens or undermines service quality depends primarily on organizational decisions rather than on the technologies themselves.

The normalization of hybrid work arrangements is among the more striking findings. More than half of providers now work in hybrid arrangements, across organization types and professional roles. This suggests that the pandemic-era shift toward flexible working has become structurally embedded, rather than remaining as a temporary accommodation. It represents an important baseline for longitudinal tracking as the sector continues to evolve.

A parallel shift is also evident in service delivery. More than half of direct service providers now deliver at least some services virtually, with hybrid models prevailing across nearly all organization types. Provider-reported benefits including improved accessibility, reduced transportation barriers, expanded reach, and greater scheduling flexibility are consistent with the broader literature (Ha et al., 2026). These gains should inform investment decisions pertaining to virtual service infrastructure.

At the same time, the challenges providers identify are substantial. Digital literacy gaps, connectivity constraints, language barriers, and the erosion of relational trust in virtual environments are significant. These structural features of the virtual service context arguably affect the most vulnerable clients most acutely. Providers consistently identify the limits of virtual delivery for relational and specialized services, including legal consultations, mental health support, and trauma-informed care. Effectiveness depends not simply on technological capacity but on the nature of the service, the characteristics of the client population, and the relational demands of the provider-client relationship. These distinctions have direct implications for how programs are designed and funded.

Approximately one in five refugee service providers reports meaningful AI use, closely mirroring national workforce trends. This situates the sector within a broader pattern of early-stage, unevenly distributed adoption. AI use is concentrated in administrative, research, translation, and writing tasks rather than direct client-facing services. This suggests that providers are applying AI in relatively bounded, lower-risk ways, consistent with guidance recommending strategic adoption with strong human oversight (Boetto, 2025; Reamer, 2023). Role-based variation in adoption raises a practical question for organizational leaders. Where AI is adopted primarily at leadership and administrative levels, what mechanisms exist to ensure that efficiency gains translate into reduced workload for frontline staff rather than being absorbed into organizational overhead? This question warrants attention in future research.

Provider attitudes toward AI are substantively rich and merit close examination. Concern predominates over enthusiasm. This reflects a complex and often well-founded set of concerns related to privacy, bias, the erosion of relational practice, and the absence of adequate governance and organizational support. These concerns are consistent with ethical themes raised in the literature (Boetto, 2025; Matlin et al., 2025; Reamer, 2023). The "other" response category was selected by more than 18% of respondents, suggesting that provider attitudes are more nuanced than simply either optimism or concern. Future survey iterations should consider more granular attitudinal measures. Lower-frequency themes, including concerns about surveillance, data misuse, digital exclusion, and workforce displacement, highlight emerging risks that are particularly salient

given the vulnerability of the client population. These warrant systematic monitoring as AI adoption within the sector develops. The findings from the first wave of the ASRSP, considered alongside the broader literature, point to the following broad recommendations for refugee service organizations:

1. Invest in devices, connectivity, digital literacy training, and staff development to ensure that both clients and providers can engage effectively with virtual and AI-enabled service delivery environments.
2. Design and resource hybrid service models that combine virtual and in-person delivery, prioritizing client needs, digital capacity, and service complexity over operational convenience.
3. Protect in-person service capacity for legal, mental health, trauma-informed, and complex case management services, where relational engagement is essential and virtual delivery is demonstrably less effective.
4. Develop organizational AI governance frameworks that explicitly address client data privacy, informed consent, confidentiality, and human oversight, with standards that reflect the particular vulnerability of refugee populations and the sensitivity of immigration-related data.
5. Restrict AI use to bounded administrative tasks and establish clear organizational boundaries that keep direct client counseling, complex case assessment, and decision-making under human professional judgment.
6. Build monitoring and evaluation frameworks that assess not only whether technology is being used, but how its use—and unequal access to it—affects services and outcomes for refugee clients.

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