

Annual Survey of Refugee Service Providers (ASRSP): Wave 1 Final Report

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Suggested Citation: Herman, Biz, Graeme Rodgers, & Katie Zanoni. (2026). Key Findings from the Annual Survey of Refugee Service Providers (ASRSP) Wave 1. Switchboard, International Rescue Committee.

Executive Summary

The people who serve within the United States refugee resettlement system are its core infrastructure. The quality, consistency, and reach of services for arriving refugees depend directly on the capacity and well-being of the workforce that delivers them. The Annual Survey of Refugee Service Providers (ASRSP) is the first nationwide effort to understand this workforce systematically and to track how it changes over time.

This report presents Wave 1, the first full wave, based on responses from 517 providers serving ORR-eligible populations across all 10 ORR regions, fielded in early 2026. It establishes a baseline against which future years can be measured. The data and findings are organized to support that year-over-year comparison. The picture that emerges from the ASRSP is of a committed, capable workforce operating under real and growing strain.

Key Findings

- **A mission-driven workforce, confident in its impact.** Providers overwhelmingly enter and stay in the field to help others (75%), and many bring their own experience of migration or displacement. Despite significant pressures, 72% believe their work influences client outcomes "a great deal," and most view their organizations as supportive places to work. This sense of purpose and efficacy is a defining asset of the sector.
- **Widespread burnout and mental health strain.** Nearly six in ten providers (57%) score high on emotional exhaustion, and a third (34%) screen at or above the threshold for moderate or severe anxiety or depression. These levels represent a baseline for a workforce whose effectiveness depends on its ability to sustain demanding, emotionally intensive work.
- **Sharply rising job insecurity.** Worry about job security has risen steeply, with 83% of providers now concerned about losing their job, up from 54% in the pilot, constituting the single largest movement between waves. Notably, turnover intention has remained essentially unchanged from the pilot (27% considering leaving), a datapoint that must be interpreted in the broader context of the shifts that have occurred in the sector since 2025.
- **Persistent pressure on pay and advancement.** Six in ten providers (61%) feel underpaid, and three in four (75%) see limited or no room for advancement, the latter of which is essentially unchanged from the pilot and consistent across roles and organization types. This suggests that perceived limited advancement may be a sector-wide issue, rather than a localized problem.
- **Support at work as a key lever.** Feeling supported at work is one of the strongest correlates of lower burnout: providers who feel fully supported are roughly half as likely to report high emotional exhaustion as those who feel unsupported. This association holds even after accounting for pay, job security, workplace safety, and other factors.

- **Lived experience associated with resilience.** Providers who are foreign-born, and those who arrived as refugees, asylees, or SIV holders, consistently report lower burnout and better mental health than their U.S.-born colleagues, even as they remain concentrated in the most demanding frontline, in-person roles.
- **Emerging technological change.** Virtual and hybrid work is now the majority work modality, and AI has entered the sector, with about one in five providers reporting meaningful use. Provider sentiment toward AI leans cautious, and training and policy has not kept pace with adoption.
- **A declining but still costly safety risk.** Exposure to workplace violence and threats has fallen since the pilot (18%, down from 25%), and most affected providers rate their organization's response positively. But exposure remains strongly linked to burnout and affected providers are notably more likely to report high emotional exhaustion than those unaffected.

Implications for practice, organizational decision-making, and future inquiry

Wave 1 reflects a workforce that is mission-driven and confident in its impact, yet operating under considerable strain. A workforce this committed is a significant asset, and the elevated burnout and mental health strain indicate where that asset is most at risk. Findings point to several implications for practitioners and organizational leaders, as well as to areas for future inquiry as the ASRSP continues year over year:

- **Feeling supported at work is strongly associated with lower burnout.** This suggests that organizational support is not a soft benefit but a central element of provider well-being, effectiveness, and retention, independent of compensation and external conditions.
- **How providers' time is allocated matters independently of workload itself.** Too much time on paperwork, administrative tasks, and urgent issues is consistently associated with higher burnout, while too little time for partner collaboration shows the same pattern in reverse. Relationship-building work may therefore be protective, making the reduction of administrative and reactive burden a concrete, actionable step organizations can take—one that does not necessarily require new resources so much as a redistribution of existing time.
- **Findings based on service provider experience suggest that virtual service delivery may not adversely impact service effectiveness.** Organizations can pursue the flexibility and reach it offers without assuming an inevitable tradeoff in service quality. This remains an early finding in a rapidly evolving area and deserves continued attention as adoption grows.

These findings establish the baseline against which future years will be measured and will directly inform revisions to the survey instrument ahead of Wave 2. Several findings also point beyond the survey itself: to why lived experience of migration appears protective against burnout despite its added demands, to the counterintuitive relationship between compassion and mental health, and to the trajectories of job insecurity and AI adoption as the fastest-moving areas captured here.

About the ASRSP

The Annual Survey of Refugee Service Providers (ASRSP) is the first nationwide survey of the United States (U.S.) refugee service workforce. Developed by Switchboard, it was launched in recognition that the well-being, capacity, and experiences of service providers directly shape the outcomes of the refugees and other newcomers they serve. Designed to complement the Office of Refugee Resettlement's (ORR's) Annual Survey of Refugees (ASR), the ASRSP captures the provider perspective, including the personal, professional, and service-delivery experiences of the people who power U.S. refugee resettlement. By fielding the survey each year, the ASRSP tracks how providers' experiences evolve over time, with potentially significant implications for refugee outcomes.

This report presents findings from Wave 1, the first official wave. It builds on the 2025 ASRSP pilot (N = 346), which validated the survey instrument and established that the survey resonated strongly with providers, who engaged with noticeable enthusiasm. Where the pilot's primary purpose was to establish the instrument, Wave 1 develops the baseline to compare future years.

Wave 1 was fielded from March 3 to April 3, 2026. Building on the pilot instrument, questions were added to reflect evolving conditions and interests, including a new module on virtual service delivery and artificial intelligence (AI), as well as items on organizational funding. Unlike the pilot, which was sent out solely via Switchboard's listserv, Wave 1 was distributed through a broader set of channels—including organizational networks, RCUSA, State Refugee Coordinators, and affiliate directories—in addition to Switchboard's communication networks. The survey was self-administered via Qualtrics, with approval from the IRC's Institutional Review Board (IRB).

In total, 517 eligible providers who serve ORR-eligible populations responded, ranging in age from 18 to 85 and representing all 10 ORR geographic regions across the United States.¹ Over half were reached through distribution beyond Switchboard's listserv, capturing a more varied sample of providers as compared to the pilot.

Following the survey closing, the research team conducted 25 semi-structured follow-up interviews between April and May 2026, drawn from 65 respondents who indicated they would be interested in having an additional conversation about the survey. These interviews were used to gain insights on how to revise survey items for Wave 2, surface new themes, and gather deeper insights, quotes from which have been woven throughout this report. Interviews lasted 45–60 minutes, were conducted via Zoom, and used IRB-approved consent, with all personally identifiable information redacted before analysis.

The follow-up conversations made clear that the ASRSP has demonstrated value in three ways: it provides sector-wide insights on work experiences and wellbeing that providers are eager to use in their own work; it offers a rare opportunity for providers to reflect on and share their experiences;

¹ Of 692 respondents who started the survey, 517 met the study's eligibility criteria for the final sample, after excluding federal employees, those who completed the survey in under five minutes, and those who completed less than 30% of it.

and it has produced a survey instrument that providers themselves recognize as relevant to their day-to-day realities.

With regard to the first, follow-up interviewees noted that they were most interested in comparing results across organization types, understanding how staffing, pay, and funding differs across the network, and tracking practitioner wellness over time, including burnout and compassion fatigue.

Interviewees also noted that they valued the act of taking the survey itself: 64% described feeling seen, heard, or emotionally validated afterward, and all 25 said they were able to answer honestly. As one participant put it, reflecting on why participating mattered to them: *"I really want to amplify the voices of both our clients and my staff who work for me, and my colleagues who are working here as well."*

About this Report

This report offers a descriptive overview of the Wave 1 data, disaggregated by background and organizational characteristics (such as role, organization type, and work modality) where relevant. It examines how key outcomes may vary across the workforce to identify patterns and potential drivers of well-being, effectiveness, and retention.

The report is organized into nine sections, moving from provider context, to experience, to outcomes. Sections 1 and 2 cover who responded and where they work; Sections 3 and 4 cover the work itself: tenure, motivation, compensation, and job stability, followed by roles, tasks, and effectiveness; Sections 5 and 6 cover the environments providers work within, from organizational dynamics to virtual delivery and AI; Sections 7 and 8 examine provider safety and well-being, from workplace threats and violence to burnout and mental health; Section 9 situates providers' experiences in their broader social and civic lives (Section 9). Throughout, results are compared to the pilot where the two waves are directly comparable, and qualitative insights from open-response questions and interviews are highlighted.

An important caveat applies throughout: the landscape facing refugee service providers has continued to shift, and these findings are best understood as a baseline snapshot of the workforce in spring 2026, providing a foundation for comparison rather than a fixed portrait of current conditions. As with the pilot, the sample is not a probability sample of the full U.S. refugee service workforce; nonetheless, the data reveal striking and consistent patterns across the sector.

A full description of the methodology, including the pilot and instrument validation, the survey instrument, distribution and data-collection detail, data cleaning and analysis, the follow-up interview protocol, and a note on how AI was used is provided as supplementary materials upon request.

Section 1: Demographic Profile

A highly educated, majority-women workforce.

79%

are women

39%

are people of color

91%

hold a college degree

41

median age (years)

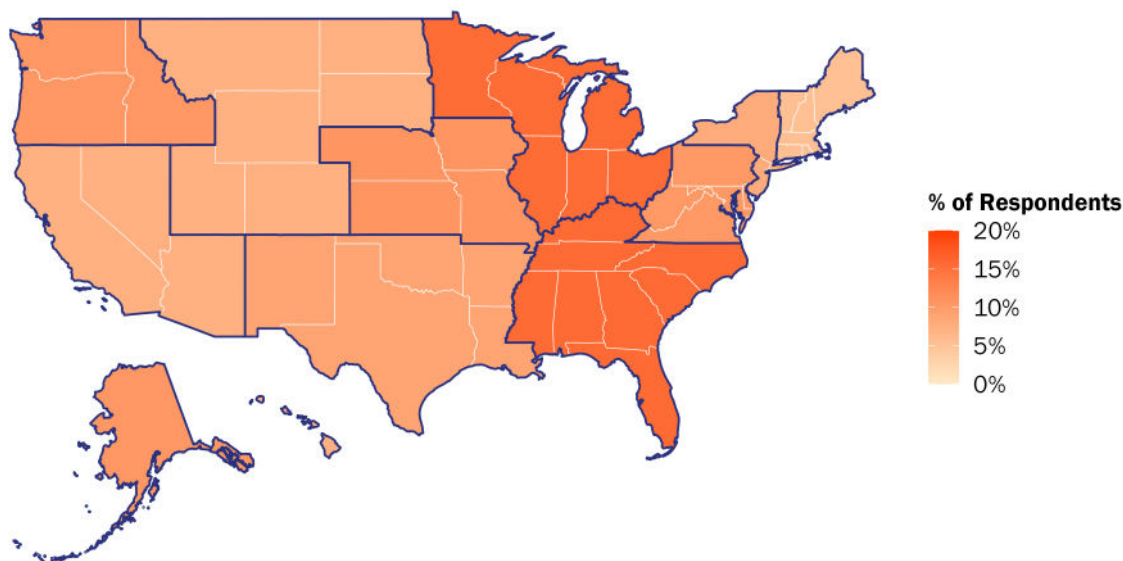
Key Takeaways

Wave 1 respondents (N=517) suggest a highly educated, majority-women workforce, spanning all U.S. ORR regions and a wide age range. A substantial share has lived experience of migration, with a third foreign-born and one in six arriving as a refugee, asylee, or SIV holder. The Wave 1 sample is notably more varied in demographic composition as compared to the pilot, which was only distributed via Switchboard's listserv. This shift should be kept in mind when reading year-over-year comparisons.

Demographics of ASRSP Wave 1 Sample

Wave 1 captured a broad cross-section of the refugee service workforce. Respondents were 80.5% female, ranging in age from 18 to 85 (average age = 42.9). They spanned all U.S. ORR regions (Figure 1.1), though were concentrated in the Southeast (15.7%) and Midwest/Great Lakes (15.5%) regions, with the smallest share from New England (5.4%); the remaining seven regions each accounted for roughly 7–11% of the sample (Table 1.1).

Figure 1.1: Location distribution of ASRSP Wave 1 respondents



Source: ASRSP Wave 1 (2026), N = 517.

Table 1.1: Wave 1 Sample Characteristics

Characteristic	Category	%	N
Gender N=503	Male	19.5	98
	Female	80.5	405
Age N=505	18-29	14.7	74
	30-49	54.9	277
	50-64	24.6	124
	65+	5.9	30
Race N=514	White	58.6	301
	Hispanic or Latino/a	13.0	67
	Asian or Asian American	8.0	41
	Black or African American	7.8	40
	Multiracial or multiethnic	6.2	32
	Prefer not to say	3.3	17
	Middle Eastern/Arab	2.3	12
	Other race/ethnicity	0.4	2
	Native American, American Indian, Alaskan Native	0.2	1
	Native Hawaiian, Other Pacific Islander	0.2	1
Education N=516	Associate's degree or less	9.3	48
	Bachelor's degree	40.1	207
	Graduate degree	50.6	261
Relationship Status N=447	Married	58.8	263
	Single or not currently in a relationship	17.9	80
	Living with a partner	8.5	38
	In a committed relationship, not living together	7.4	33
	Divorced	4.3	19
	Widowed	1.8	8
	Separated	1.1	5
Has Kids N=444	Other (please specify)	0.2	1
	No	41.9	186
Yearly Household Income N=257	Yes	58.1	258
	<\$50k	12.8	33
	\$50-99k	41.2	106
	\$100-149k	23.0	59
Born in the U.S. N=516	\$150k+	23.0	59
	Yes	65.9	340
Refugee, Asylum Seeker, SIV holder N=514	No	34.1	176
	Yes	84.2	433
Self or Relatives Fled Violence or Persecution N=517	No	15.8	81
	Yes	71.0	367
	Yes	29.0	150

Source: ASRSP Wave 1 (2026). N varies by item due to missing/skipped responses; household income reflects a 50% response rate, as some respondents chose not to share their income.

Respondents are generally highly educated, with 90.4% holding a bachelor's degree or higher (40.1% bachelor's, 50.6% graduate degree). Most respondents were partnered in some form: 74.7% reported being married, living with a partner, or in a committed relationship, and 58.1% reported having children. Household income drew a notably lower response rate than other demographic items (N=257, 49.7%); among those who did respond, 87.2% reported a household income of \$50,000 or more and 46.0% reporting \$100,000 or more. Table 1.1 provides a full overview of respondent demographic characteristics.

There were some notable differences between the pilot and Wave 1 samples, as the distribution of the ASRSP broadened beyond Switchboard's listserv. The share of foreign-born respondents rose from 15.4% in the pilot to 34.1% in Wave 1, and respondents of color constitute 39.4% of the sample, up from 29.5% in the pilot. Those who reported arriving in the U.S. as a refugee, asylum seeker, or SIV holder rose from 7.8% to 15.8%, and a meaningful minority (29.0%, up from 22.9%) reported that they or their relatives had fled violence or persecution. These shifts likely reflect who was reached by the broader distribution strategy rather than a change in the underlying workforce.

“Being a refugee myself, I wanted to give back to the community what I received when I came to the USA.”

— **Intensive Case Manager**, Resettlement Agency or Affiliate, age 52

Section 2: Organizational Characteristics & Funding

Respondents predominantly work at resettlement agencies or affiliates (RAs), and government funding serves as the most common source of funding.

62%

work at RAs or affiliates

84%

receive government funding

69%

receive federal funding

3

median number of funding sources

Key Takeaways

Wave 1 respondents work predominantly at resettlement agencies (RAs) and their affiliates,² and the sector's financial foundations rest heavily on public money. More than eight in ten respondents work at organizations that receive government funding of some kind, and nearly seven in ten work at organizations that receive federal funding. Reliance on government funding is highest at government agencies and resettlement agencies, and lowest at legal services organizations and community-based organizations (CBOs).

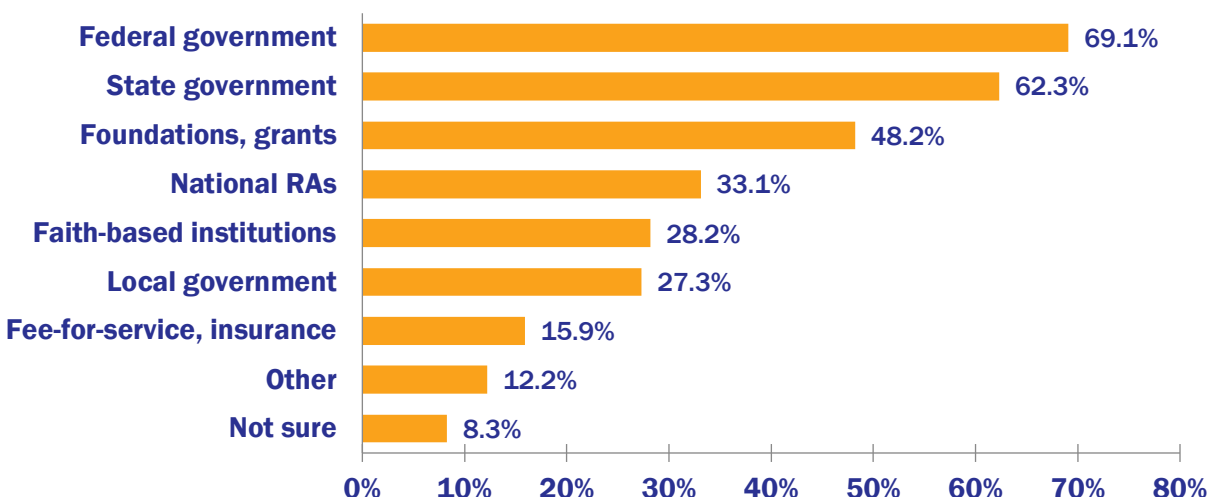
Organization Type & Funding

Wave 1 respondents were concentrated in RAs and affiliates (62.0%), followed by CBOs (20.9%) and government agencies (9.3%); legal services organizations (2.7%) and other organization types (5.0%) made up the remainder. Among the 48 government-agency respondents, most worked at the state (77.1%) rather than local (22.9%) level. Federal employees were excluded from the ASRSP.

Wave 1 introduced new items on funding, offering a baseline on the financial foundations of the sector. 84.1% of respondents work at organizations that receive government funding (federal, state, or local); 69.1% of respondents work at organizations that receive federal funding. The wider funding mix includes private, philanthropic, and faith-based sources (Figure 2.1). Government funding reliance varies by organization type (Table 2.1). Unsurprisingly, all government agencies (100.0%) report relying on government funding of some kind, with 87.5% federally funded. RAs and affiliates are nearly as likely to receive government funding as government agencies themselves, with 86.6% reporting receiving any government funding and 74.7% funded federally. Government funding is somewhat lower, though still substantial, among organizations categorized as “other” (84.6% government-funded, 61.5% federal) and CBOs (73.1% government-funded, 49.1% federal). Legal services organizations report the lowest government funding in the sample (64.3%), though they are, notably, equally likely as CBOs to be funded federally (50.0%).

² The pilot survey, fielded in March 2026, 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).

Figure 2.1: Organizational funding sources



Source: ASRSP Wave 1 (2026), N = 517. Multi-select variable, new in Wave 1.

Table 2.1: Organizational funding sources, by organization type

Organization Type	N	Any government funding	Federal funding
Government Agency	48	100.0%	87.5%
Resettlement Agency or Affiliate	320	86.6%	74.7%
Other	26	84.6%	61.5%
CBO	108	73.1%	49.1%
Legal Services Organization	14	64.3%	50.0%

Source: ASRSP Wave 1 (2026), N=516.

Among the 435 respondents whose organizations receive government funding, 60.5% (263) also draw on at least one private funding source (foundations, fee-for-service, faith-based, or other). Among the 357 respondents whose organizations receive federal funding, 60.8% (217) report having at least one private funding source. Government agencies remain dramatically less likely to have private funding diversification (4.8%) than every other organization type (roughly 37.8–71.4%).

Respondents' comments elsewhere in the survey suggest that funding stress bleeds into other areas of work. When asked about organizational climate and support, one respondent (Director, RA or affiliate, age 50) noted: *"I would have marked 'Very supportive,' however there's only so much the organization can do with the resources allocated. If there simply isn't enough funding to hire additional people to carry the work, there isn't."* Another respondent (Executive Director, CBO, age 53) answered in response to why they were considering leaving their job: *"Funding shortage and overall overwhelm and stress."*

Section 3: Tenure, Motivation, Compensation & Job Stability

A mission-driven workforce constrained by limited advancement and growing job insecurity.

75%

are motivated by a desire to help others

75%

see limited or no advancement

83%

worry about job security

5

median years working in sector

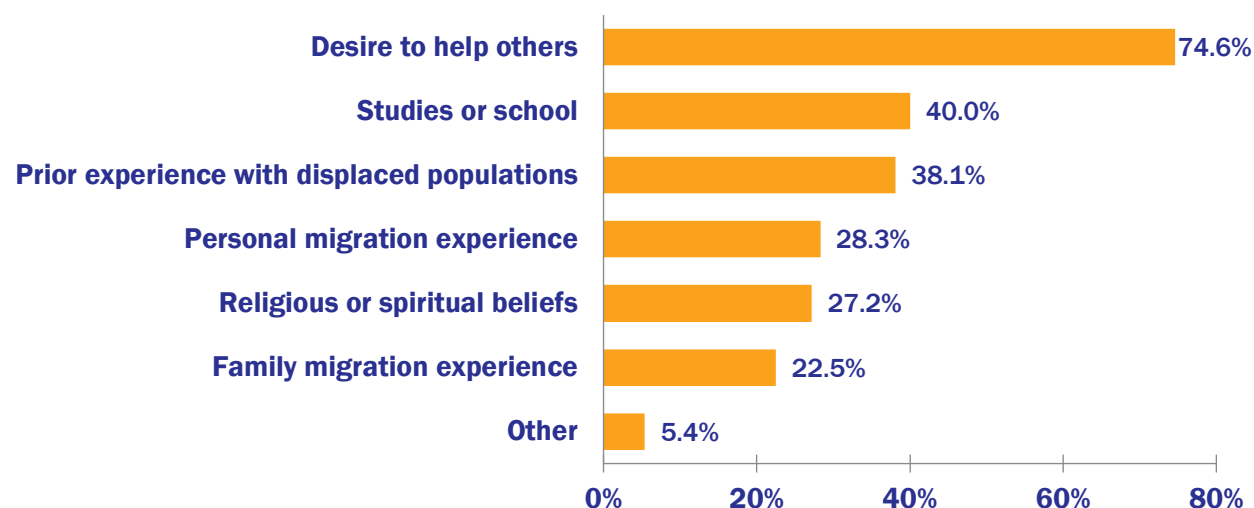
Key Takeaways

Refugee service providers mission-driven yet report limited advancement and rising insecurity. Providers overwhelmingly enter the field to help others; many bring their own experience of migration or displacement. Yet, three in four see little or no room to advance, and six in ten feel underpaid. Concern over job security has surged since the pilot, from 54% to 83%. Notably, turnover intention among those surveyed in Wave 1 has remained essentially unchanged from the pilot, despite the recent important policy and funding shifts that have disrupted and reduced the resettlement sector.

Motivation for Entering Sector

Providers describe mission-driven motivations for entering the work (Figure 3.1). The most common was a desire to help others (74.6%), followed by studies or school (40.0%) and prior experience with displaced populations (38.1%). Migration-related motivation is substantial: 41.2% cited their own or their family's experience of migration or displacement (N = 515).

Figure 3.1: Motivation for work in refugee service sector



Source: ASRSP Wave 1 (2026), N = 515. Multi-select variable, new in Wave 1; no pilot comparison.

An open-response question on motivation drew 115 substantive answers. The dominant theme among respondents was personal or family history with displacement. This included respondents who were themselves former refugees, or the children or grandchildren of refugees and immigrants, commonly framing their motivation as *"I/my family received help, so I want to pay it forward."* The second most common theme was adjacent professional or educational exposure, as former teachers, social workers, therapists, and ESL instructors, or people with academic backgrounds in international relations or global development who arrived at refugee service work through those paths. Values-driven language (*"human dignity," "social justice"*) appeared throughout but was rarely the sole stated reason, and faith was a strong motivator for a smaller group. A notable minority described their entry as circumstantial or pragmatic (e.g. needing a job, falling into the field through an internship) and a smaller group cited the current political moment directly, entering or staying specifically to *"fill the gap"* after funding cuts.

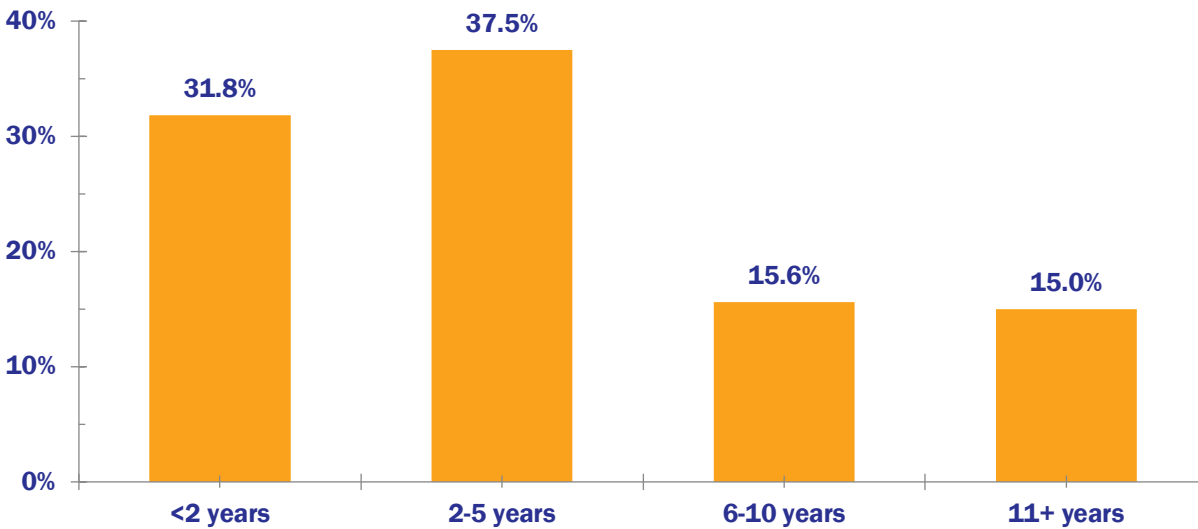
"Because I knew there was a local solution to the refugee crisis in the hands of community partners, volunteers with time, resources and power to make a difference in ways that had not been explored."

— **Founder & President**, Community-Based Organization, age 69

Experience in Sector & Tenure at Current Organization

Providers have spent a median of 5 years working in the refugee services sector. As the average sector tenure is 7.9 years, this means that the sample includes a smaller group of long-tenured veterans. Just over half (57.4%) have 5 years or less of sector experience, while smaller shares have spent 6–10 years (17.4%), 11–19 years (16.4%), or 20 or more years (8.8%) in the field.

Figure 3.2: Tenure at current organization



Source: ASRSP Wave 1 (2026), N = 512. Median tenure = 3 years.

Comparing tenure at respondents' current organization to total time in the sector reveals meaningful career mobility: while 40.9% have spent their entire sector career at their current organization, a substantial minority have moved between organizations before landing in their current role.

Hours & Flexibility

Working beyond hired hours is common but varies in frequency. Roughly one in four providers (25.7%) reported working beyond their scheduled hours often or very often over the past three months, while 21.6% never did. Organizational leadership reported the highest rate of frequently working beyond hired hours (40.7%), which is more than double the rate among direct-service staff (19.8%). At the same time, those in leadership are also least likely to feel that they are underpaid.

Schedule flexibility remains a relative strength within this sector. About two-thirds (65.8%) report consistently flexible hours, 31.4% report sometimes having flexibility, and only 2.9% report no flexibility. Flexibility appears to be shaped primarily by *how* someone works rather than role or organization type: fully remote providers are most likely to report consistently flexible hours (75.8%), followed by hybrid workers, followed by in-person providers (61.6%).

Pay & Supplemental Jobs

Feelings about pay skew negative: 61.1% of providers feel underpaid (43.1% somewhat, 18.0% significantly), while 37.4% feel fairly paid and just 1.4% feel somewhat overpaid. No respondents selected "significantly overpaid."

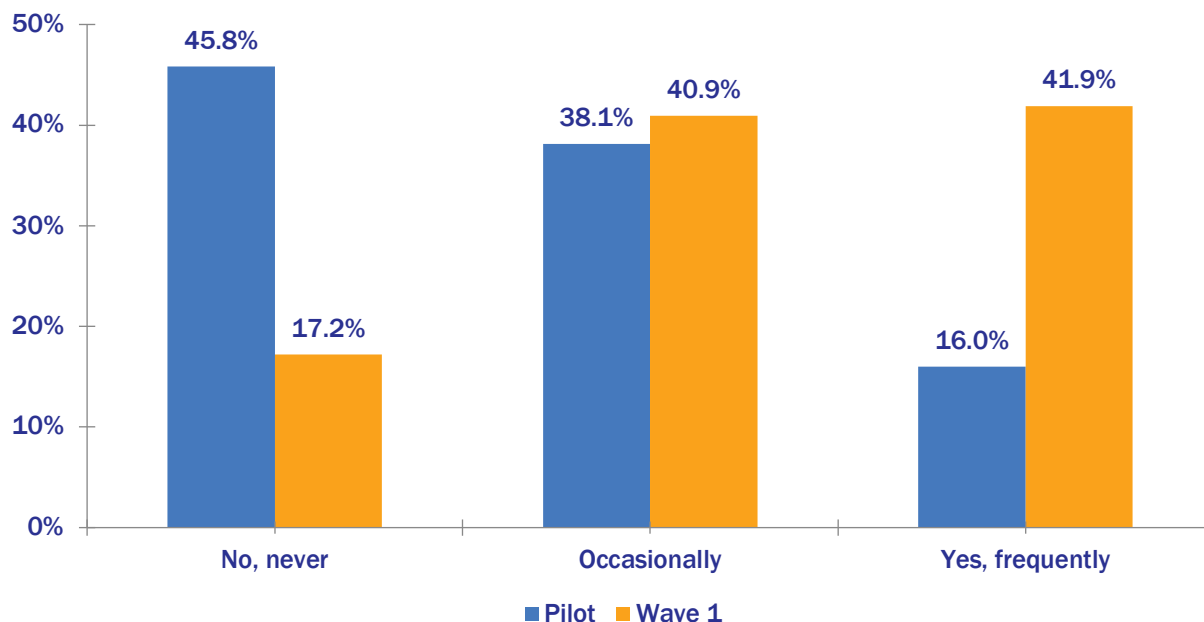
Nearly a third of respondents (32.5%) hold at least one supplemental job. This is clearly concentrated among newer entrants: 41.1% of those with two years or less in the sector hold a second job, compared with 26.8% of those with 20 or more years. Supplemental work is also more common among direct-service staff and among providers at CBOs, which also constitute the roles and organization types facing the greatest compensation strain.

Job Security

The starkest movement between the ASRSP pilot and Wave 1 is in job security: 82.8% of providers now frequently (41.9%) or occasionally (40.9%) worry about losing their job, up sharply from 54.1% in the pilot (Figure 3.3). Perhaps most strikingly, only 17.2% now report never having had job security concerns in the past year, compared to 45.8% in the pilot. This shift is in line with the significant changes in the policy and funding environment for refugee service work since early 2025.

Worry about job security varies by work modality and organization type. Fully remote and hybrid providers report higher concern than in-person staff, suggesting that remote and hybrid arrangements, while offering more schedule control, may also carry greater perceived precarity. By organization type, providers at RAs report the highest job security concern (87.2%), while providers at legal services organizations report the lowest (64.3%).

Figure 3.3: Concern about losing job in past year, Pilot v. Wave 1



Source: ASRSP Pilot (2025, N = 344) and Wave 1 (2026, N = 489).

“I worry about being laid off. Many funding cuts already and colleagues have been laid off. Our fiscal year ends Sept. 30 and I think our [name of program] will be complete after that. I don’t know if I’ll still have a job. I’d like to stay in this field but many job losses right now. No growth.”

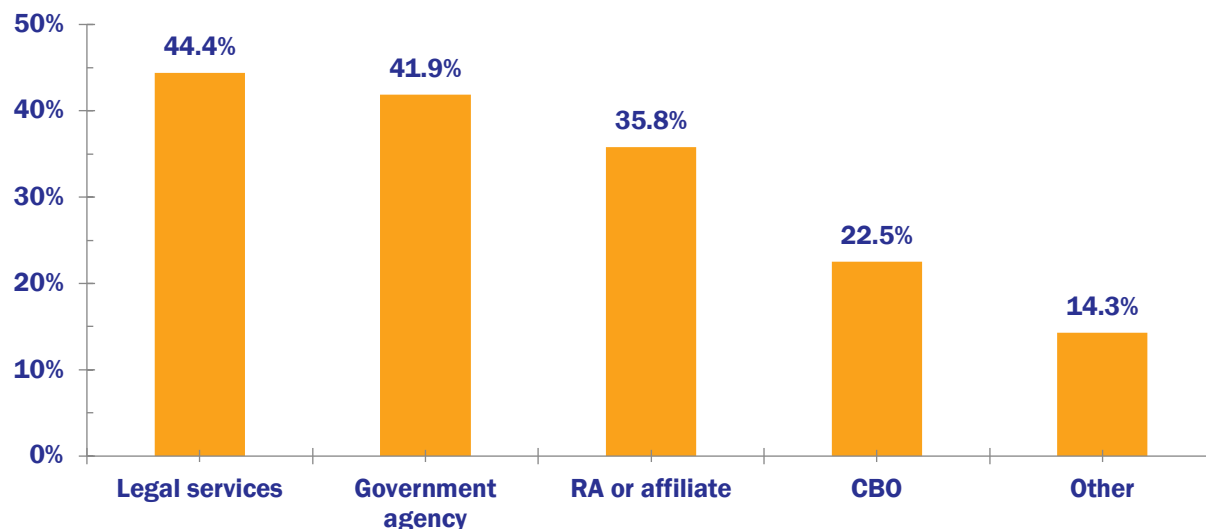
— **Preferred Communities Caseworker**, Resettlement Agency or Affiliate, age 47

Turnover Intention

In light of rising worry about job security, over half of respondents (55.3%) report that they are not considering leaving their job. 27.0% are considering leaving. Turnover intention is essentially unchanged from the pilot (55.1% not considering leaving in pilot, 55.3% in Wave 1; 29.2% considering leaving in pilot, 27.0% in Wave 1).

Turnover intention varies by organization type: providers at legal services organizations and government agencies report the highest rates of considering leaving, while those at CBOs and “other” organizations report the lowest, with RAs in between. A marginal pattern by tenure suggests a “mid-tenure” risk period—turnover intention is highest among providers with 2–10 years at their current organization and lower among both the newest and most senior—rather than a simple linear relationship with seniority (Figure 3.4).

Figure 3.4: Considering leaving job, by organization type



Source: ASRSP Wave 1 (2026), N = 399. Chi-square $p = .04$. “Prefer not to say” excluded.

Advancement

Advancement remains limited: 53.4% see limited opportunities for growth and 21.3% see none at all (totaling 74.7%), leaving just 25.3% who feel genuine advancement opportunity exists — numbers essentially unchanged from the pilot. Unlike pay and overwork, perceived lack of advancement is remarkably consistent across work role and organization type, suggesting this is a structural feature of the sector rather than one concentrated in particular jobs or workplaces.

“I want to stay in the refugee services field. I would not leave to work in another field or without another job lined up. However, I am keeping an eye out for other positions with more opportunity to grow or more stability. In the future I want a role that provides more opportunity to shape policy.”

— **Program Manager, Training and Technical Assistance**, Resettlement Agency or Affiliate, age 30

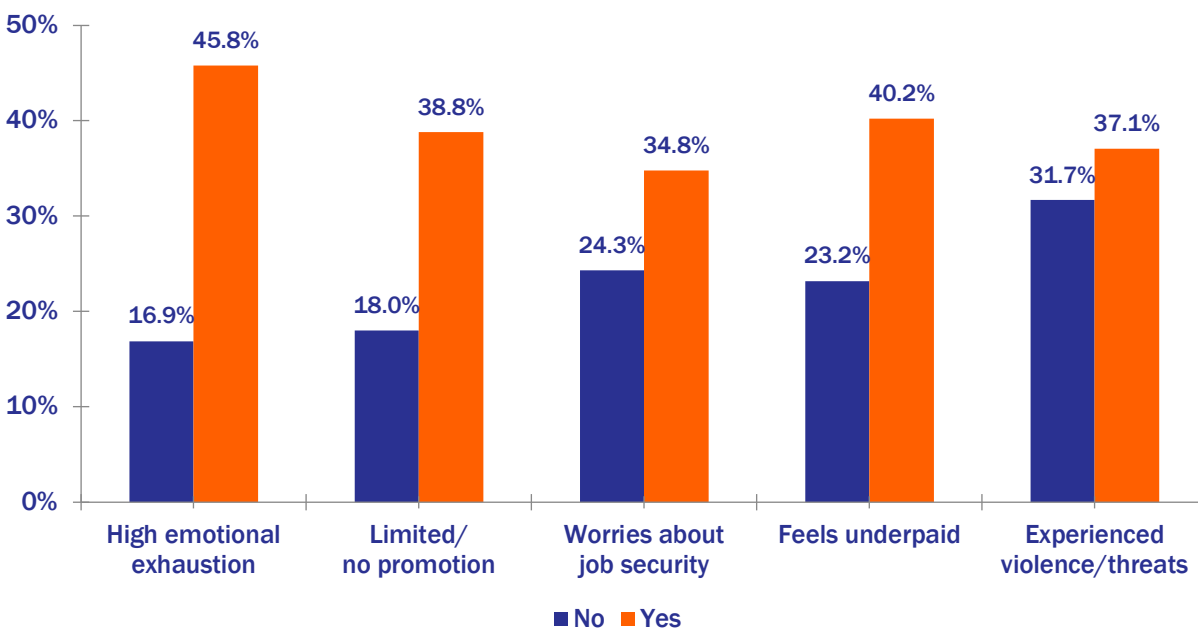
Factors Associated with Turnover Intention

In examining which factors are associated with turnover intention among refugee service providers, we find that burnout and limited advancement are the strongest signals of intent to leave, which is consistent with findings from the pilot.

We used bivariate tests to examine the effects of several factors on turnover intention, including pay, job security, burnout, workplace violence, advancement, funding source, age, and whether a provider was born in the U.S. Three factors stood out as statistically significant, including high emotional

exhaustion, limited or no promotion opportunities, and feeling underpaid. Providers experiencing high emotional exhaustion were about three times as likely to be considering leaving, and those who saw little or no room for advancement were about twice as likely. Providers born outside the U.S., by contrast, were less likely to be considering leaving than their U.S.-born colleagues, with roughly half the odds.

Figure 3.5: Share considering leaving job, by risk factor



Source: ASRSP Wave 1 (2026). Base varies by item (n ≈ 399).

Section 4: Work Roles, Duties, and Effectiveness

Confident in their impact, stretched by urgent demands, and in need of more support.

41%

primary role is direct client services

72%

feel work affects client outcomes "a great deal"

39%

spend too much time on urgent issues

#1

requested support: more staffing

Key Takeaways

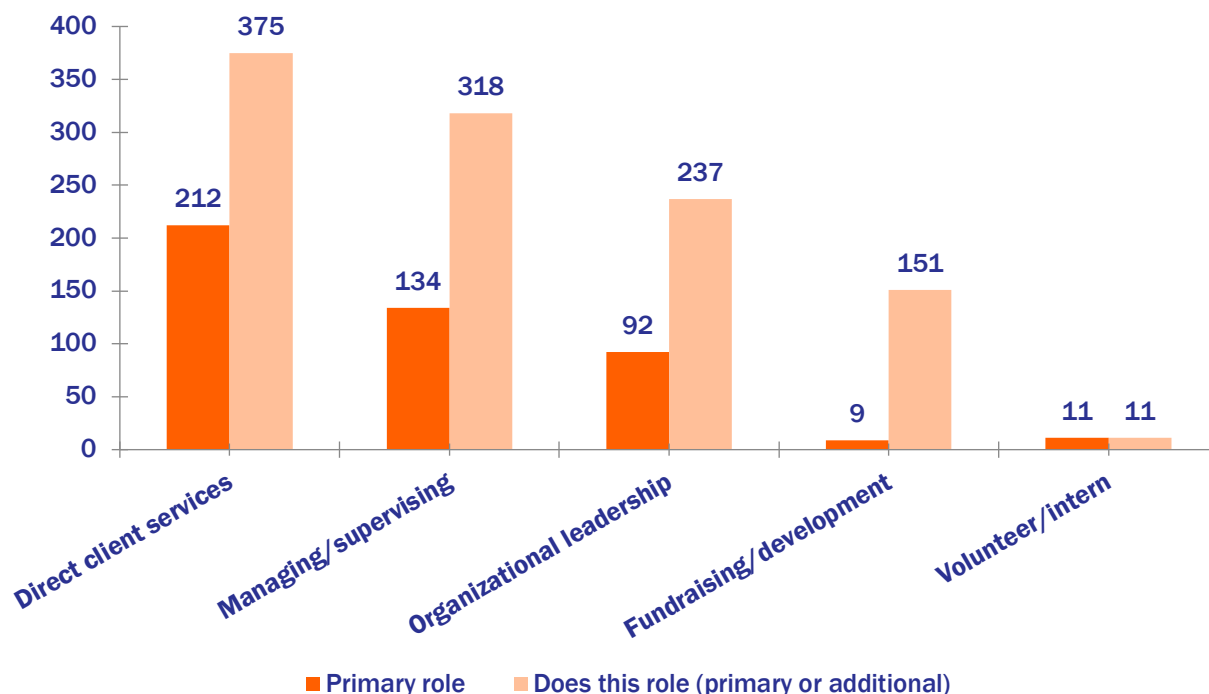
Providers are confident in their impact even as they feel stretched by urgent demands, which include responding to client crises and emergencies. Just over four in ten work primarily in direct client services, but work is often shared across job types. Most providers take on responsibilities beyond their primary role; leadership and management functions are especially intertwined. Client-facing providers report a mismatch between where their time goes (paperwork and urgent issues) and where they want it to go (serving clients). Asked what would most improve their work, providers point first to more staffing. Despite these pressures, the overwhelming majority feel their work makes a real difference for client outcomes.

Role & Responsibilities

For primary work role, 41.1% of respondents do direct client services, followed by managing or supervising staff or volunteers (26.0%), organizational leadership (17.8%), and smaller shares in volunteer/intern (2.1%) and fundraising/development (1.7%) positions. A meaningful share (11.2%) selected "other," most often describing roles in grants, contracts, and compliance management, or blended roles spanning two or more of the survey's existing categories.

Beyond their primary role, most providers take on additional responsibilities, and the way roles combine is telling (Figure 4.1). Leadership and management functions are almost universally intertwined with each other and with fundraising, while direct service work is often something added onto a management or leadership role. The gap between primary role and actual scope of work is widest for fundraising and development staff; just 9 providers name it as their primary role, yet 151 report doing this work in some capacity. This suggests fundraising responsibilities are broadly distributed across the workforce rather than concentrated in dedicated positions. Direct client services show a similar pattern, with 212 name it as their primary role, but 375 providers report doing direct services in some capacity in their job.

Figure 4.1: Primary work role compared to “does this role (primary or additional)”



Source: ASRSP Wave 1 (2026), N = 517. “Any role reflects primary + additional role selections combined.

Tasks & Time Allocations

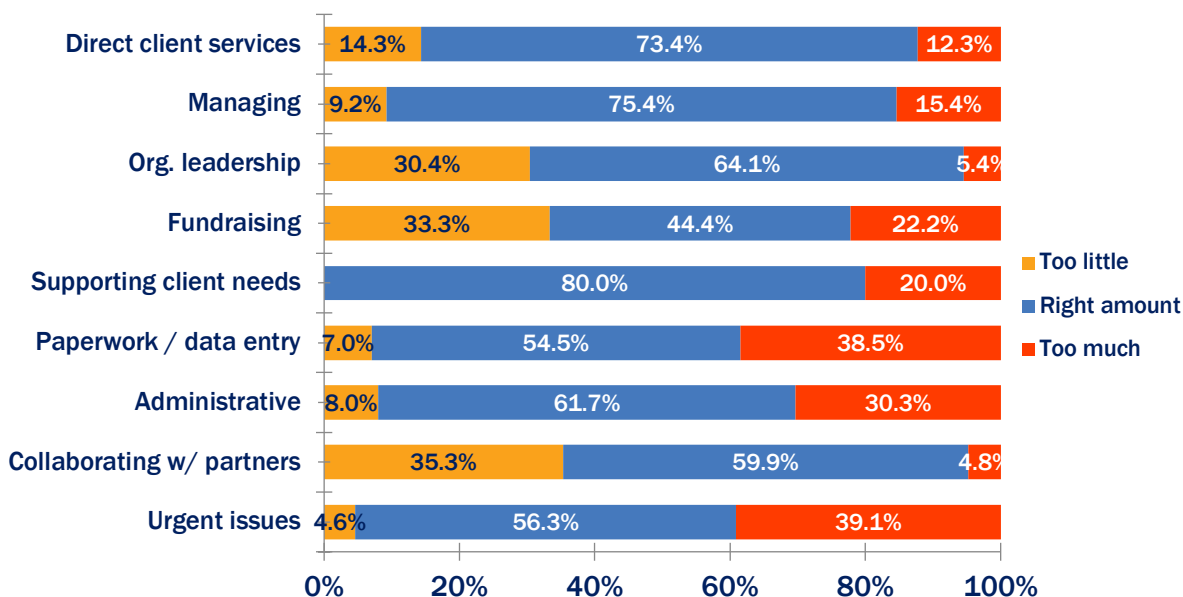
Providers report a mismatch between where their time goes and where they want it to go (Figure 4.2). 38.5% say they spend too much time on paperwork and data entry, and 39.1% too much on urgent or unexpected issues, while 35.3% say they spend too little time collaborating with partners.

How providers spend their time is closely tied to burnout. Spending too much time on paperwork, administrative tasks, or urgent issues is all associated with higher emotional exhaustion. This association is strongest for administrative tasks, where more than three-quarters of those who feel overloaded report high burnout. Partner collaboration runs the opposite way, where too little time on partnerships is associated with the highest burnout, while those who spend more time on partnerships report the lowest burnout of any group.

Top Client Populations

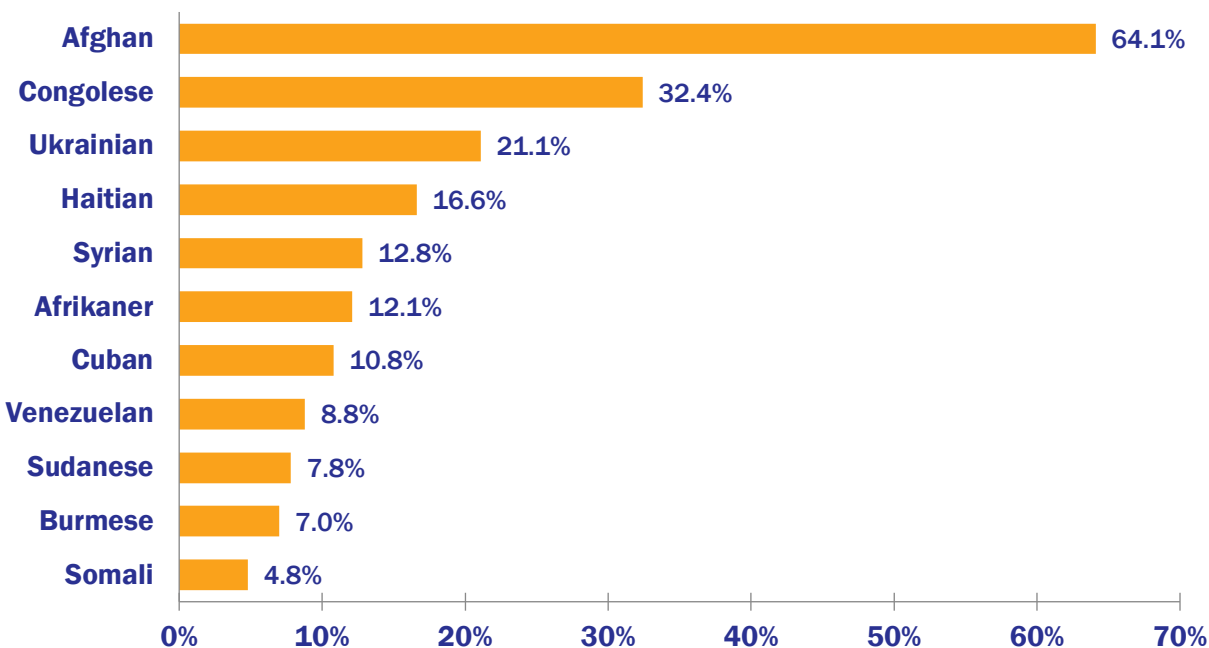
Providers most often serve Afghan clients (64.1% named them among their top populations served), followed by Congolese (32.4%) and Ukrainian (21.1%) clients, reflecting recent resettlement and humanitarian-parole flows. Haitian (16.6%), Syrian (12.8%), and Afrikaner/South African (12.1%) clients constitute the most commonly served groups, with 12.3% of providers naming clients using broader Hispanic/Latino terminology too general to code to a specific country (Figure 4.3).

Figure 4.2: Perceived time allocation by task type



Source: ASRSP Wave 1 (2026). Base varies by task (n ≈ 429). “Not applicable” responses excluded. The first five tasks were only shown to respondents who selected the following as their primary work role: direct client services (direct client services), managing (managing), organizational leadership (organizational leadership), fundraising (fundraising/development), supporting client needs (volunteers)

Figure 4.3: Most-served client populations (mentions across top 3 client populations)



Source: ASRSP Wave 1 (2026), N = 398. Open-text responses coded to nationality.

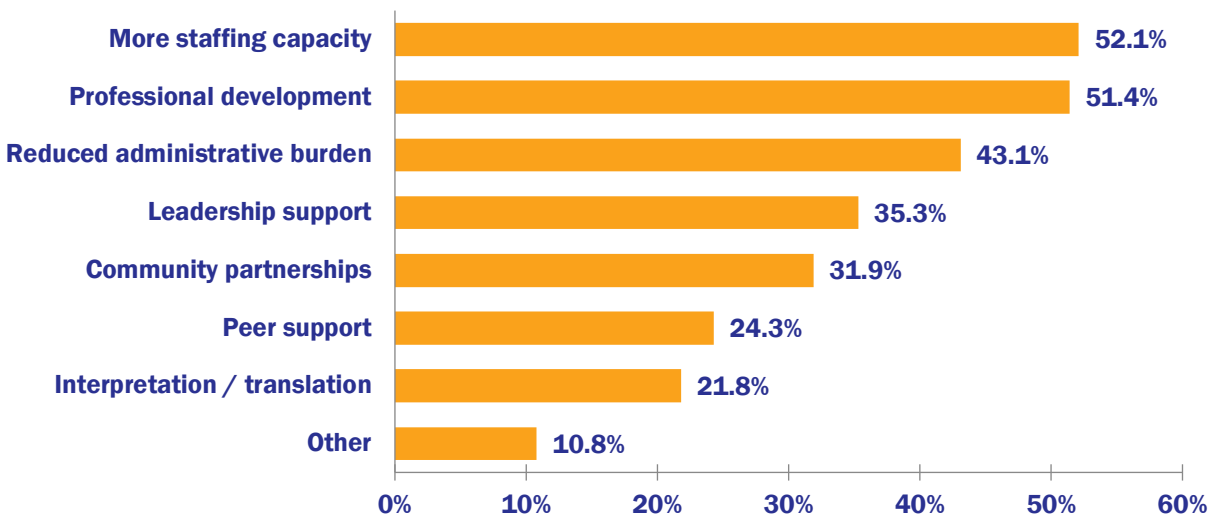
Caseload Overwhelm & Boundaries

Among direct-service staff (N = 199), 71.9% feel overextended by their caseload at least sometimes (consistent with the pilot, 72.1%). However, fewer now report feeling overwhelmed "always" (16.1%, down from 25.6%) and more feel overwhelmed "sometimes" (55.8%, up from 46.5%). 37.2% report responding to client calls or texts outside working hours at least weekly.

Support Needed

Just over half of providers feel fully supported to do their work (50.7%), leaving 49.3% who feel only somewhat supported (40.5%) or unsupported (8.8%). Asked what would most improve their ability to do their work (Figure 4.4), providers pointed first to more staffing capacity (52.1%) and professional development (51.4%), followed by reduced administrative burden (43.1%).

Figure 4.4: Support that would most improve providers' work



Source: ASRSP Wave 1 (2026), N = 436. Multi-select.

Perceived Effectiveness

Despite the various pressures providers cite by, they still report feeling that their work matters: 72.2% say they influence client outcomes "a great deal," and say 26.8% "somewhat". Only 5 respondents total (1.0%) feel their work does not influence client outcomes at all.

Section 5: Intra- and Inter-Organizational Dynamics

Workplace climate skews positive, regardless of role, tenure, and organization type.

75%

say raising concerns
is accessible

81%

highlight effective
staff communication

54%

partner with other
orgs. at least weekly

77%

partner via shared
clients or referrals

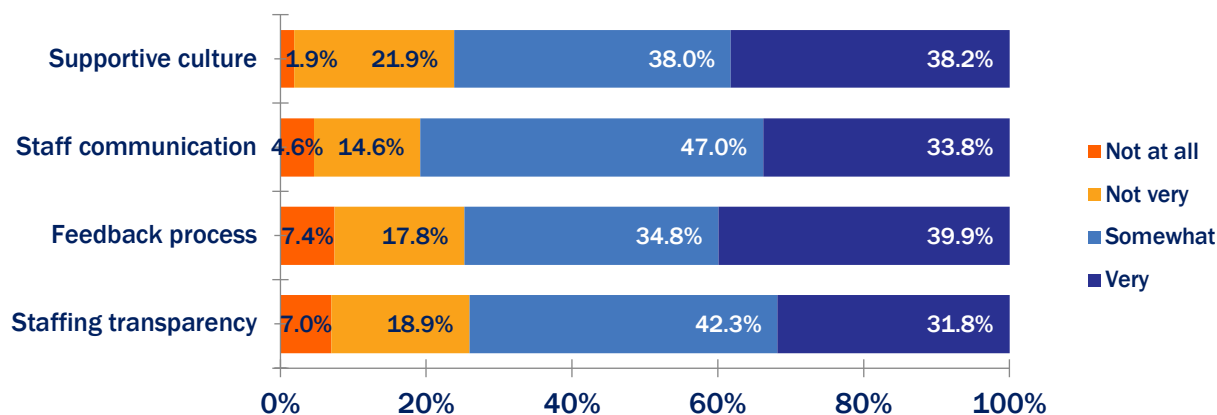
Key Takeaways

Workplace climate skews positive across the sector, remaining notably consistent, regardless of role, tenure, or organization type. Providers are most positive about how their organizations communicate with staff and least positive about the transparency of staffing decisions. Collaboration with other organizations is common, with more than half of respondents working with partners weekly or more, most often through shared clients and referrals. How organizations sustain partnerships differ by type: government agencies lean on formal channels, while CBOs rely more on informal relationships.

Intra-organizational Dynamics

Across four dimensions of organizational climate (Figure 5.1), providers are most positive about how their organization communicates with staff (80.8% effective), its overall culture (76.2% supportive), and the process for providing feedback (74.7% open and accessible), and least positive about the transparency of staffing decisions (74.1% transparent, meaning about a quarter see it as not very transparent). The combined workplace climate index averages 2.1 on a 0–3 scale. Unlike several other measures in the ASRSP, such as job security, turnover intention, or feeling underpaid, perceived organizational climate is remarkably consistent across the sector, with little variation by work modality, work role, organization type, or tenure.

Figure 5.1: Organizational climate

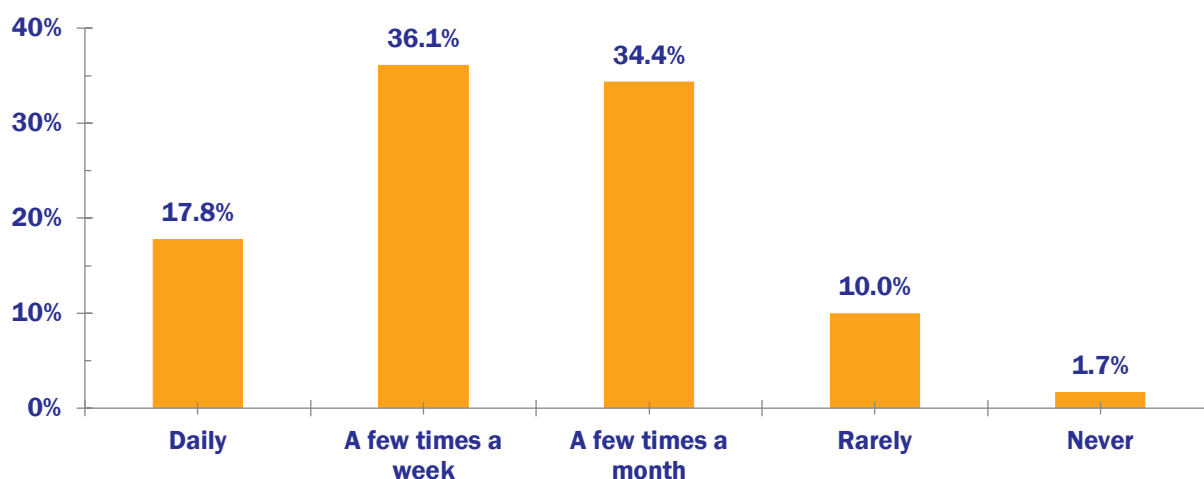


Source: ASRSP Wave 1 (2026). Sample size varies by item.

Inter-organizational Dynamics

Inter-organizational collaboration is common: 53.9% of providers work with partner organizations weekly (36.1%) or more frequently (17.8%) (Figure 5.2). The frequency of collaboration varies significantly by organization type: collaboration is most frequent at government agencies (85.7% weekly or more) and least frequent at legal services organizations (28.6%). Collaboration frequency also rises somewhat with provider experience in the sector.

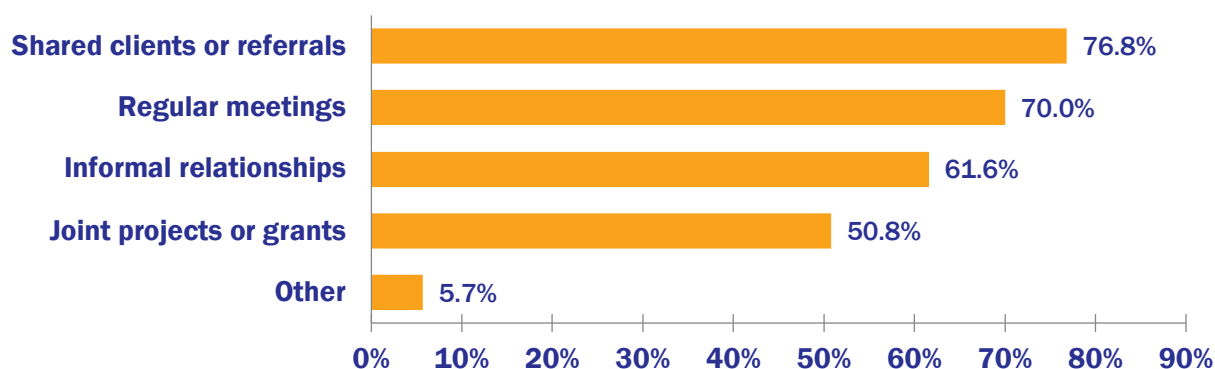
Figure 5.2: Frequency of collaboration with partner organizations



Source: ASRSP Wave 1 (2026), N = 471.

Partnerships are most often sustained through shared clients or referrals (76.8%) and regular meetings (70.0%), with informal relationships (61.6%) and joint projects or grants (50.8%) also common (Figure 5.3). How partnerships are maintained varies significantly by organization type. Government agencies rely on regular meetings more than any other organization type (92.7%), while legal services organizations rely on them least (50.0%). Informal relationships are used most commonly by CBOs (75.5%), while government agencies use them least (48.8%).

Figure 5.3: How partnerships are maintained



Source: ASRSP Wave 1 (2026), N = 453. Respondents could select multiple options.

Section 6: Virtual Service Delivery and AI

Hybrid work is now the most common. AI adoption is here; feelings are mixed.

53%

work in hybrid
arrangements

52%

deliver at least some
services virtually

1 in 5

report meaningful AI
use

38%

feel worried about AI

Key Takeaways

Hybrid work is now the most common modality of working for providers across the sector, and AI adoption appears to be increasing, though feelings about it are decidedly mixed. Most providers now work in hybrid arrangements, and just over half of direct-service staff deliver at least some services virtually. Notably, providers doing some virtual work report the highest sense of effectiveness, higher than fully in-person providers. AI use is still early but present. About one in five report meaningful use, concentrated in translation and administrative tasks rather than client-facing work. Sentiment leans negative, with worry, distrust, and concern about accuracy and environmental impact weighed against real efficiency gains. Training has not kept pace with adoption.

Note: These themes are explored in depth in Switchboard's Wave 1 report [Virtual Services and Artificial Intelligence \(AI\) in U.S. Refugee Service Delivery](#).

Work Modality

Hybrid work is now the dominant working modality: 53.0% of respondents have hybrid work arrangements, 39.7% work exclusively in person, and 7.4% work fully remotely. This pattern holds broadly across organization types (Table 6.1) and roles, though variation stands out in remote work among leadership staff (13.8% working fully remotely), as compared to all respondents (7.4%) and direct service staff (4.0%). Providers who are themselves refugees or SIV holders are more concentrated in fully in-person roles (56.8% in-person, versus 36.3% of non-refugee/SIV staff).

Work modality is associated with job security. Providers working fully remotely report the highest levels of concern, with 97.0% worried about job security, compared to 86.1% of hybrid workers and 76.1% of in-person staff.

Table 6.1: Work modality, by organization type

Organization Type	Total N	In person	Hybrid	Remote
Government Agency	48	29.2% (N=14)	60.4% (N=29)	10.4% (N=5)
RA or Affiliate	320	40.0% (N=128)	50.6% (N=162)	9.4% (N=30)
CBO	108	36.1% (N=39)	62.0% (N=67)	1.9% (N=2)
Legal Services	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)

Source: ASRSP Wave 1 (2026), N = 516.

Virtual Service Delivery

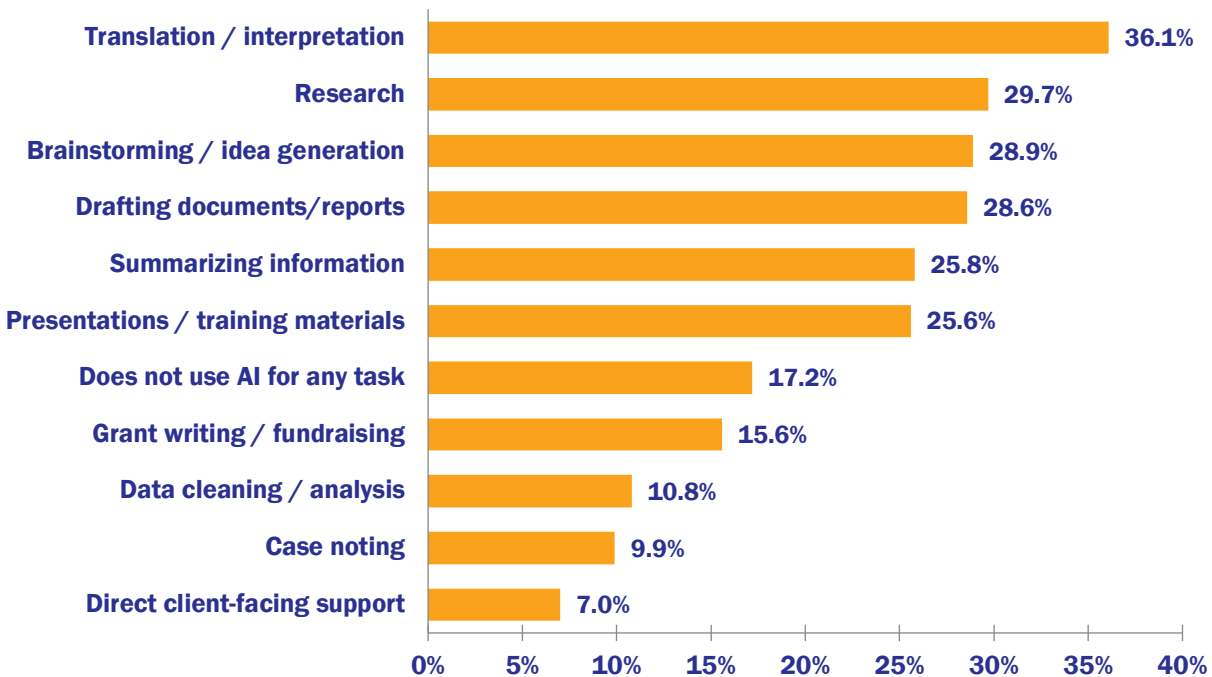
Even as virtual service delivery increases, in-person engagement remains central to the sector's work. Among providers whose primary role is direct service delivery, 56.9% incorporate at least some virtual delivery (up from 48.6% in the pilot), while 43.1% deliver no virtual services at all. Providers describe virtual delivery as expanding access, by reducing transportation barriers, adding scheduling flexibility, and reaching rural clients. It also highlights new limitations and challenges related to digital-literacy and connectivity gaps, language barriers, and difficulty building trust and rapport remotely, particularly for legal, mental health, and trauma-informed services, where sustained relational engagement does not translate well to a screen.

Contrary to a common assumption that virtual delivery might reduce effectiveness, providers doing some virtual work actually report the highest rate of feeling “a great deal” effective (80.0%), substantially higher than fully in-person providers (65.5%). In a model accounting for other factors, doing some virtual work is associated with significantly higher odds of reporting high effectiveness. This should be read as suggestive rather than causal: a hybrid approach to client-facing virtual delivery is associated with, not necessarily driving, higher perceived effectiveness.

Artificial Intelligence

AI adoption is still early in the sector but present: 21.0% of providers report using AI to “some” extent, and a combined 22.9% report meaningful use (some, most, or all of their work). 34.8% of providers report no AI use at all, and a further 42.3% use it “not much.” Use is concentrated in translation and interpretation (36.1%) and research (29.7%), along with other administrative and writing-support tasks, rather than direct client-facing work (7.0%) (Figure 6.1).

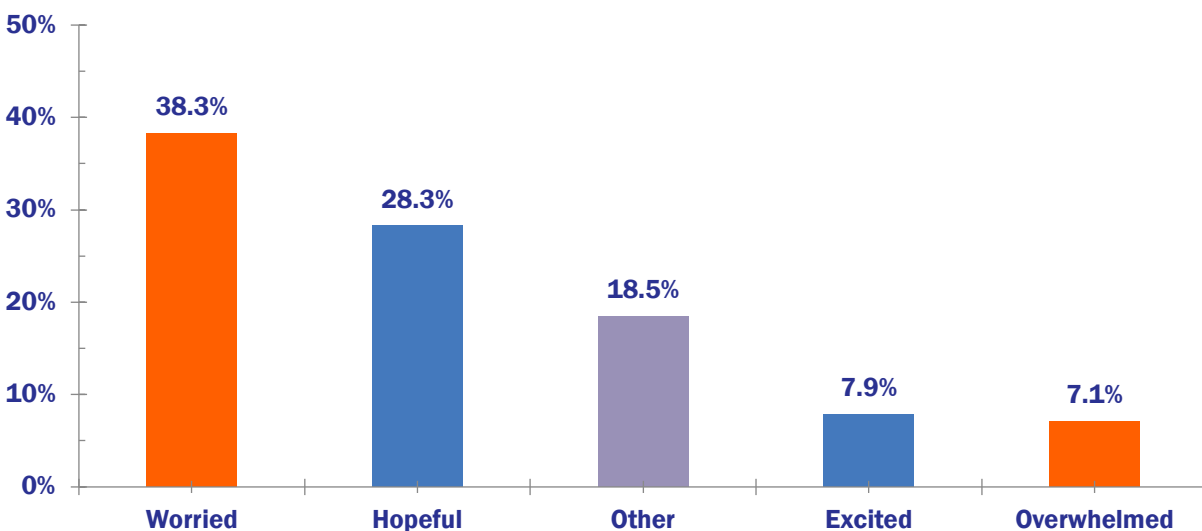
Figure 6.1: Tasks AI is used for (among users, multi-select)



Source: ASRSP Wave 1 (2026), N = 454. Respondents could select multiple responses.

Sentiment about AI (Figure 6.2) leans negative skeptical (45.4%), rather than positive or enthusiastic (36.2%): 38.3% feel worried and 7.1% overwhelmed, against 28.3% hopeful and 7.9% excited. A substantial share of open-ended responses reflect ambivalence alongside strong negative reactions, indifference, and a sense that the question was too complex to answer simply.

Figure 6.2: How providers feel about AI in refugee service delivery



Source: ASRSP Wave 1 (2026), N = 509.

The ASRSP follow-up interviews provide greater insight into these sentiments. Interviewees were slightly more likely to report using AI in any capacity than survey respondents overall (80% of ASRSP interviewees, compared to 58% of ASRSP respondents) and interviewees' attitudes mirrored the genuine split between pragmatic application and serious concern seen in the survey results. Interviewees commonly said AI can improve work efficiency, with several anticipating it becoming more widespread in the field. One participant spoke to the efficiency gain:

"I am new to this role, so AI has existed the whole time I've been in this role, so I haven't really had to do [my role] without [AI]...I remember sitting down with my supervisor, and it was the two of us, and we were learning how to do [a task] for the first time, but it took us...almost 3 hours to do one of the 3-step process, and I can do the whole 3-step process [with AI] in an hour."

— **Training and Compliance**, Resettlement Agency or Affiliate, age 32

At the same time, worry around AI was extremely prominent, spanning risks to clients, staff, accuracy, bias, and the pace of adoption. Distrust was common, with nearly a quarter of interviewees describing AI as unreliable and others pointing specifically to fears of fabricated information. Environmental impact stood out as a specific consideration that providers weighed when deciding whether to use AI. One participant captured both a preference for human alternatives and explicit environmental concern:

"I know...it helps you save time, but I, I don't know, I told everyone at my office... if you're wanting AI to do anything, just tell me to do it, and I'll literally do it for you...and I'll only drink a half gallon of water to do it. I really am also concerned with the environmental impact."

— **Direct Client Services, Digital Literacy**, Resettlement Agency or Affiliate, age 28

Beyond efficiency and worry, providers described more complicated sentiments. These included cautious optimism, guilt over what felt like unearned efficiency gains, and uncertainty about data security. A notable subset feared adopting AI out of necessity rather than choice, driven by time constraints or staffing shortages, often accompanied by guilt or frustration.

Interviewees also spoke to AI training and policy, which were not covered in the survey. Training has not kept pace with adoption. Fewer than half of interviewees reported receiving even minimal AI training, and 40% reported none at all. Taken together, nearly two-thirds of interviewees were using AI with little or no formal training or organizational policy guidance; this constitutes a gap worth monitoring closely as adoption grows.

Section 7: Workplace Safety

Fewer providers were exposed to violence and threats than in the pilot, but its association with burnout remains just as strong.

18%

experienced workplace threats or violence

85%

of those impacted favor organization's response

64%

of threats came from person with no link to the organization

73%

of affected providers report high burnout

Key Takeaways

A smaller proportion of providers reported experiencing workplace threats or violence as compared to in the pilot. However, exposure remains strongly associated with burnout. Roughly one in six providers experienced threats or violence in the past year, most often threats rather than violent incidents, and most often perpetrated by someone with no relation to the organization. Providers who arrived as refugees, asylees, or SIV holders, as well as foreign-born providers report substantially lower exposure. Most affected providers rate their organization's response positively, though calls for clearer protocols and more training are noted as areas for improvement.

Workplace Safety

In Wave 1, 17.5% of providers reported facing workplace violence or threats of violence in the past 12 months, down from 25.0% in the pilot. Among those affected, 89.0% experienced threats and 13.4% experienced incidents of violence (the figures sum to more than 100% because some providers reported experiencing both).

Exposure varies significantly by lived experience. Providers who arrived as refugees, asylees, or SIV holders report substantially lower exposure to workplace violence or threats than those who did not (6.6% vs. 19.7%), and foreign-born providers likewise report lower exposure than U.S.-born providers (11.5% vs. 20.6%). Women report higher exposure than men, though the difference falls just short of statistical significance (18.4% vs. 9.9%). Exposure does not vary significantly by work role, organization type, or tenure, though legal services organizations (35.7%) and organizational leadership (25.6%) report the highest rates descriptively.

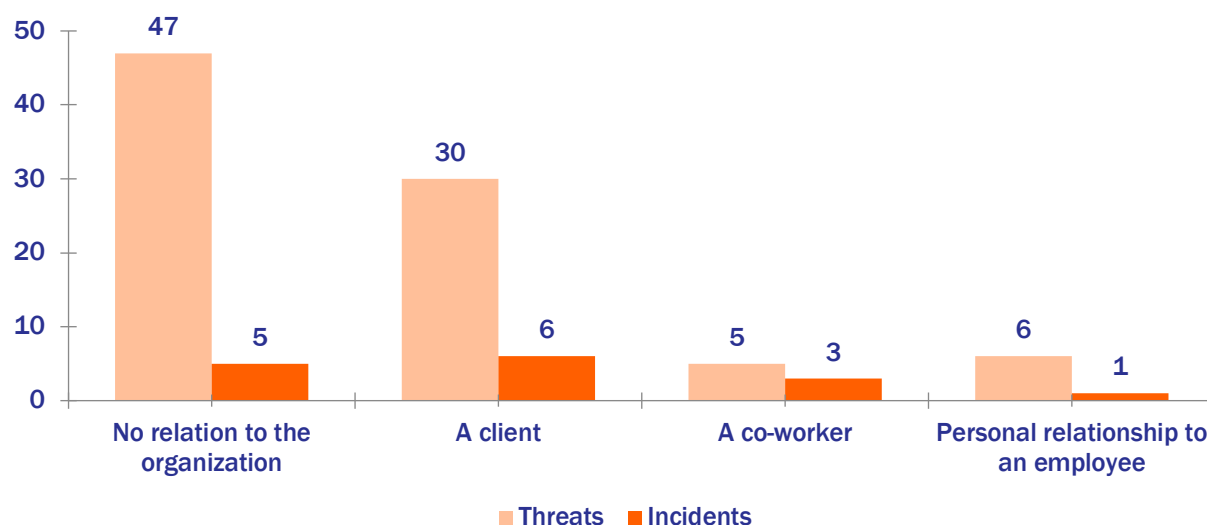
"I am incredibly worried about the safety and well-being of everyone working in this industry today. I am doing OK but what is being asked of us and what is happening to the people we serve is so awful and relentless that I think it will break a lot of people."

— **Director**, Resettlement Agency or Affiliate, age 51

Exposure to threats or violence is significantly associated with burnout: 73.2% of affected providers report high emotional exhaustion, compared to 53.5% of those not affected. Notably, exposure to workplace threats or violence was not significantly associated with the intention to leave one's job.

Threats were most often attributed to someone with no relation to the organization (64.4%) or to a client (41.1%), with smaller shares attributed to a co-worker or a person with a personal relationship to an employee. Incidents of violence, by contrast, were most often attributed to clients (54.5%) or persons with no relation to the organization (45.5%) (Figure 7.1).

Figure 7.1: Perpetrators of workplace threats and incidents



Source: ASRSP Wave 1 (2026), N = 82 (among those affected).

Organizational Response to Workplace Threats and Violence

Organizational response to workplace threats and violence was rated positively by 84.1% of affected providers (56.1% very sufficient, 28.0% somewhat sufficient), though 11.0% found the response minimally or not at all sufficient. Among providers who had not experienced threats or violence, a similar share (15.0%) rated their organization's general preparedness to potential workplace threats and violence as insufficient, with most others rating it somewhat or very sufficient. Perceived preparedness varies by gender, with men rating their organization's preparedness as sufficient at a higher rate than women (82.9% vs. 75.2%).

Among the 82 providers who experienced threats or violence, the most commonly cited ways that their organizations could improve were clearer protocols (56.1%) and more training (45.1%), followed by better communication (32.9%), more staff support (25.6%), and faster responses (23.2%). About one in five (20.7%) said no improvements were needed.

Section 8: Burnout, Mental Health, Compassion & Social Support

High emotional exhaustion is widespread, but feeling supported at work is significantly associated with better outcomes.

57%

score high on
emotional exhaustion
burnout subscale

36%

score high on
cynicism burnout
subscale

3x

more likely to report
high burnout if feel
unsupported at work

34%

report moderate/
severe anxiety and/or
depression

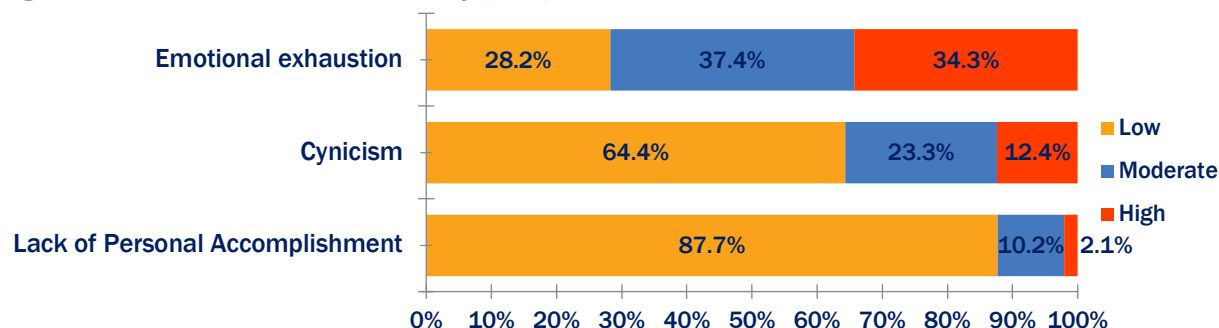
Key Takeaways

High emotional exhaustion is widespread across the sample, with nearly six in ten providers scoring high on emotional exhaustion, and a third screening at or above the threshold for moderate or severe anxiety or depression. Yet, the single strongest and most actionable pattern in this section is that providers who feel fully supported at work are dramatically less likely to report burnout. Foreign-born providers consistently report lower burnout and better mental health than their U.S.-born colleagues. Compassion and social support are high; counterintuitively, higher compassion is associated with worse mental health, a likely sign of the "cost of caring."

Burnout

Burnout, and in particular emotional exhaustion, remains elevated. Burnout refers to the psychological effects of chronic workplace stress, characterized by emotional exhaustion, cynicism and detachment from the job, and a feeling of a lack of personal accomplishment. Burnout was measured using an adapted version of the Maslach Burnout Inventory (MBI) short form, which includes three burnout subscales: emotional exhaustion, cynicism, and lack of personal accomplishment. 57.1% of providers scored high on emotional exhaustion (the highest-loading dimension), broadly consistent with the roughly 60% (59.8%) observed in the pilot. 35.6% scored high on cynicism and only 2.1% rated high on a lack of personal accomplishment (Figure 8.1).

Figure 8.1: Burnout subscale severity (MBI)



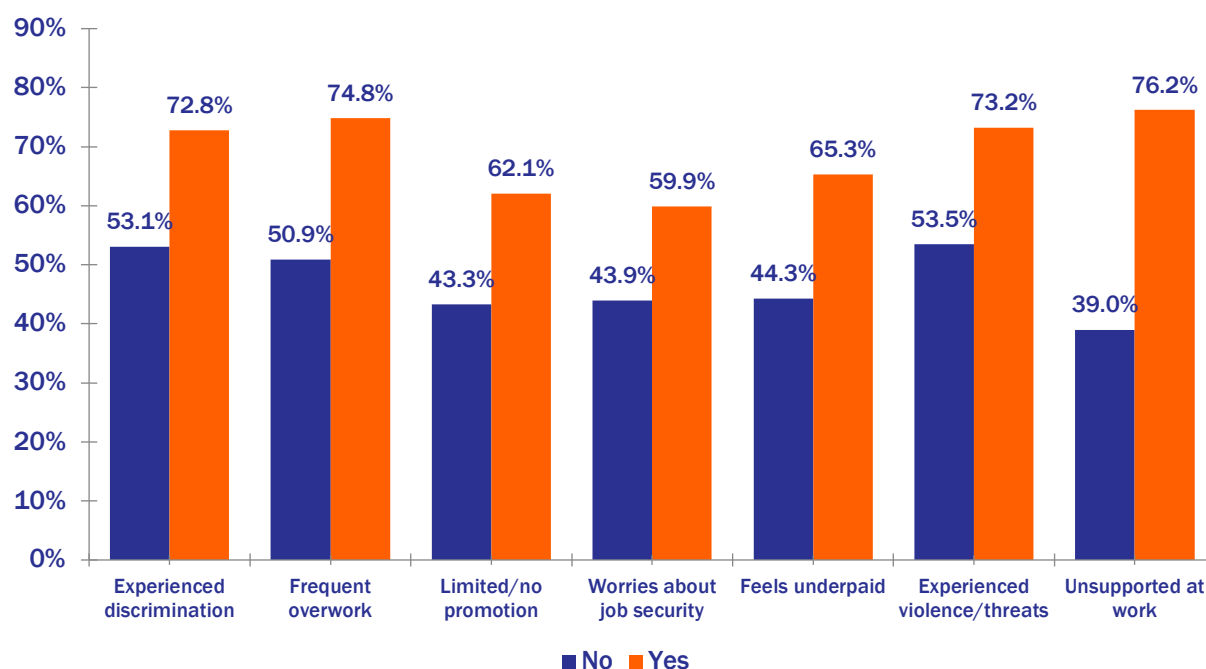
Source: ASRSP Wave 1 (2026). Base varies by subscale (n = 478).

Factors Associated with Burnout

Feeling supported at work and lower reported emotional exhaustion is one of the strongest correlates found anywhere in the data: providers who feel fully supported are roughly half as likely to report high emotional exhaustion, and roughly a third as likely to report high cynicism, as compared to those who feel unsupported. Because these data are descriptive, we cannot determine what causes what. Notably, high cynicism could erode feelings of support, rather than the other way around. Even so, high emotional exhaustion is significantly lower as felt support increases, from 86.5% among those who feel unsupported, to 74.0% among those somewhat supported, to just 39.0% among those who feel fully supported.

Emotional exhaustion is also higher among those who experienced discrimination (72.8% vs. 53.1%), frequent overwork (74.8% vs. 50.9%), limited or no promotion opportunity (62.1% vs. 43.3%), worry about job security (59.9% vs. 43.9%), feeling underpaid (65.3% vs. 44.3%), and experiencing violence or threats (73.2% vs. 53.5%). Each of these bivariate comparisons points in the same direction. As with feeling supported, these are simple two-group comparisons and don't yet account for the fact that these factors often occur together.

Figure 8.2: Share of respondents with high emotional exhaustion, by risk factor



Source: ASRSP Wave 1 (2026). Bivariate; base varies by factor.

Precisely because many of the factors associated with burnout are likely tangled up with one another—someone who feels underpaid may also feel unsupported, for instance—we used a logistic regression model to weigh multiple factors side by side, to ask which make a difference on their own,

once everything else is accounted for. The model suggested that feeling unsupported at work still stands out as the single strongest associated factor: providers who don't feel fully supported are roughly three times as likely to report high burnout as those who do. Worry about job security is nearly as strong. Overwork and experiencing workplace violence or threats are each associated with roughly twice the odds of emotional exhaustion, while feeling underpaid and experiencing discrimination each independently raises the odds by roughly 70–90%. Two factors work in the protective direction: foreign-born providers are substantially less likely to report high burnout than their U.S.-born colleagues (less than half the odds) and older providers are somewhat less likely as well. Government funding reliance and limited promotion opportunity showed no clear independent association once the stronger factors were accounted for.

Mental Health

Using the Patient Health Questionnaire-4 (PHQ-4), a standardized short-form screener for anxiety and depression, 30.3% of providers screened at or above the threshold for moderate or severe anxiety and 18.0% for moderate or severe depression, with 33.6% meeting the threshold for either.

Reported higher mental health distress varies significantly by lived experience of migration and gender, echoing the patterns found for burnout. Foreign-born providers are substantially less likely to report moderate or severe distress than U.S.-born providers (20.8% vs. 39.5%), and providers who arrived as refugees, asylees, or SIV holders report an even larger gap (15.1% vs. 37.0%). Women are more likely to report distress than men (36.1% vs. 23.9%). Mental health distress does not vary significantly by organization type or work role.

“It's been a tough year... I feel like the amount of fear and changing of roles has had a negative impact on my mental health. I am grateful for my organization who understands this and that many of my colleagues feel the same way.”

— **Community Engagement Coordinator**, Resettlement Agency or Affiliate, age 60

Factors Associated with Mental Health Distress

A model predicting overall mental health distress score from burnout, self-efficacy, social support, compassion, feeling supported at work, nativity, and gender points to three main findings. Burnout is by far the strongest factor, such that greater emotional exhaustion is associated with markedly worse mental health, well beyond the size of any other effect. Self-efficacy works in the opposite, protective direction and is nearly as strong: providers who feel more confident in their ability to handle the demands of their work report meaningfully better mental health.

Compassion shows a counterintuitive pattern of similar magnitude. Providers who report higher compassion also tend to report worse mental health, net of everything else. This runs against the usual assumption that compassion simply buffers against distress. A plausible reading is the "cost of caring" — providers who remain most emotionally invested in their work may experience both higher

compassion and higher distress at once.

“I live in a world where I see pain and suffering every day and feel powerless to fix it, and I cannot connect to those who don't live in that world... my work bestie has become my greatest source of emotional support... because she can actually understand what it is likely to be so driven by a need to help people, even when it's desperately hard.”

— **School Success Caseworker**, Resettlement Agency or Affiliate, age 25

Notably, feeling supported at work and being foreign-born—both of which are powerfully linked to burnout elsewhere in this report—do not show a separate, independent effect on mental health once burnout is accounted for. The most likely explanation is that these factors shape mental health largely by way of their effect on burnout, rather than through a separate channel of their own.

Compassion

Compassion is high overall, averaging 3.3 on a 1–4 scale, where higher values indicate greater compassion. Providers broadly report finding meaning and reward in their work with clients, even as burnout remains elevated. Unlike burnout and mental health symptoms, compassion shows no significant variation by nativity, refugee/SIV/asylee status, gender, organization type, or work role. This consistency suggests the sense of meaning providers find in their work is broadly shared across the sample, not concentrated in or absent from any particular group. (See the *Mental Health* subsection above for compassion's more complex relationship to psychological distress.)

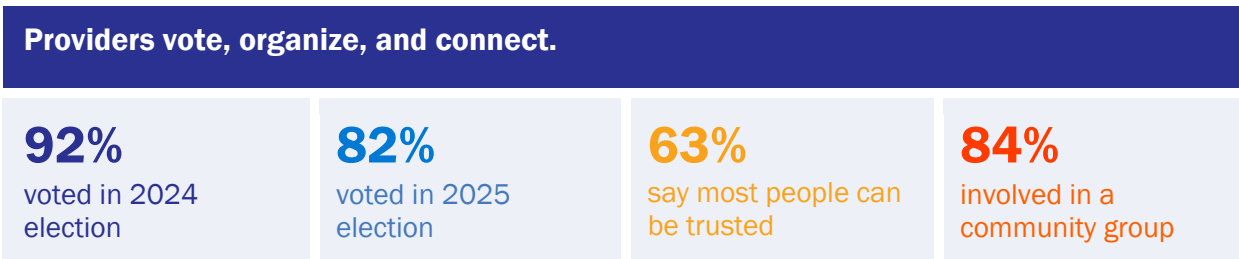
Self-Efficacy

General self-efficacy—measured using the General Self-Efficacy Scale, which asks how confident people feel in their ability to handle difficult tasks and challenges—averaged 2.2 on a 0–3 scale, where higher scores reflect greater confidence in one's own capacity to meet the demands of the job. Self-efficacy is modestly protective against emotional exhaustion and more clearly linked to the other burnout dimensions: providers with high cynicism or a high lack of personal accomplishment report meaningfully lower self-efficacy. Self-efficacy is also positively correlated with compassion and functional social support, suggesting these three protective resources tend to move together.

Social Support

Functional social support—measured using a modified version of the Duke-UNC Functional Social Support Questionnaire, which asks how much people can rely on friends, family, and others for practical and emotional help—averaged 2.7 on a 0–4 scale, where higher scores reflect a stronger perceived network of support outside of work. Like compassion, it shows no significant variation across any demographic or organizational characteristic examined—nativity, refugee/SIV/asylee status, organization type, work role, funding reliance, or region.

Section 9: Social and Civic Behaviors



Key Takeaways

Wave 1 data suggests that refugee service providers are a civically active, engaged, and community-embedded workforce. The overwhelming majority vote and are involved in at least one community group. They place the most trust in local schools and the least in local government. Consistent with patterns found throughout this report, providers' relationship to trust and cultural belonging differs by lived experience. U.S.-born providers report higher generalized trust and a stronger sense of shared cultural background than their foreign-born colleagues.

Institutional and Generalized Trust

Providers place the most trust in local schools (40.1% "a lot"), less in local police (23.0%), and least in local government (19.0%). Trust in local government and police has held essentially steady since the pilot, while trust in local schools has risen more noticeably (from 32.3% to 40.1%). Generalized trust is moderate and has slipped slightly since the pilot: 62.8% now say most people can be trusted, down from 65.2%. This varies by lived experience: U.S.-born providers are considerably more likely than foreign-born providers to say most people can be trusted (68.3% vs. 51.7%).

Religion, and Culture

Religion and spirituality figure prominently in many providers' lives, with nearly three-quarters (74.3%) say religion or spirituality influences their daily life at least somewhat. Unsurprisingly, this is strongly tied to motivation: among providers who cited religious or spiritual beliefs as a reason for entering the work, 80.5% say religion influences their daily life "very much," compared to 31.0% of those who did not. Cultural connectedness varies by lived experience: U.S.-born providers are nearly twice as likely as foreign-born providers to say all or most of their community shares their cultural background (46.4% vs. 24.1%) – the single strongest demographic contrast in this section.

Civic and Community Engagement

Civic and community participation among participants is extremely high: in Wave 1, 91.7% of providers reported voting in the 2024 presidential election and 82.2% in the 2025 elections. 83.6% reported being involved in at least one community group.

Conclusion

The picture of the refugee service workforce that emerges from the ASRSP Wave 1 is mission-driven and confident in its impact, yet operating under significant strain. Providers overwhelmingly believe their work makes a difference for clients, and most view their organizations as supportive places to work. At the same time, emotional exhaustion is widespread, job insecurity has risen sharply since the pilot, and most providers feel underpaid and see little room to advance. Further, new pressures, from the rapid arrival of AI to a volatile funding and policy environment, are reshaping their work in real time.

Across these findings, a few patterns stand out for what they suggest regarding strengthening the workforce. First, feeling supported at work is strongly associated with lower burnout. This finding is important empirical evidence that organizational support is not a soft benefit, but a central lever for provider well-being, effectiveness, and retention.

Second, how providers' time is allocated matters independently of workload itself. Too much time spent on paperwork, administrative tasks, or urgent and unexpected issues is consistently associated with higher burnout, while too little time for collaborating with partner organizations shows the same pattern in reverse. This suggests that relationship-building work may be protective against burnout, and that reducing administrative and reactive burden is a concrete, actionable step organizations can take—one that does not require new resources so much as a redistribution of existing time.

Third, virtual service delivery does not appear to come at the cost of effectiveness that is sometimes assumed. Direct-service providers who deliver at least some of their services virtually report the highest rates of feeling their work influences client outcomes "a great deal," notably higher than those working exclusively in person, a pattern that holds even after accounting for other factors. As virtual and hybrid arrangements continue to expand across the sector, this suggests organizations can pursue the flexibility and reach that virtual delivery offers without assuming a tradeoff in service quality, though this remains an early finding in a rapidly evolving area, and deserves continued attention as adoption grows.

As the first official wave, these findings establish the baseline against which future years of the ASRSP will be measured. It will directly inform revisions to the survey instrument ahead of Wave 2. Several findings also point to productive directions for further research beyond the survey itself: qualitative exploration of why lived experience of migration appears protective against burnout, despite its added demands; closer study of the counterintuitive relationship between compassion and mental health; and continued tracking of both the sharp rise in job insecurity and the early, mixed adoption of AI, as two of the fastest-moving areas captured in this baseline.

Acknowledgement

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.