



Client-Centered Approach to Recognizing Race and Ethnicity Identities in Data Collection

RELEASED:
Sept. 2022

UPDATED:
N/A

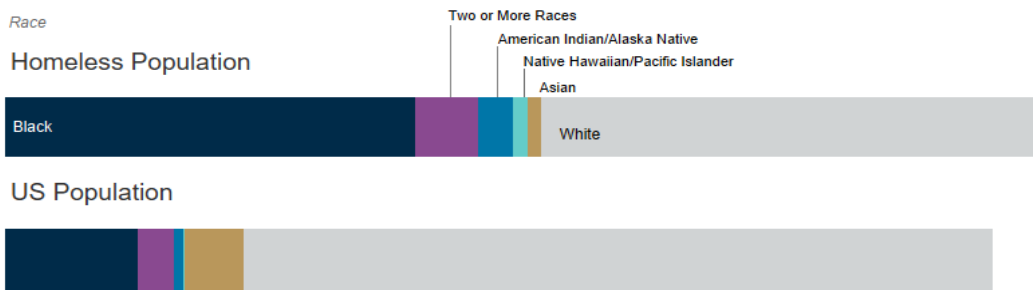
Black, Indigenous, and other people of color (BIPOC) experience homelessness at higher rates based on their presence in the overall population. To understand the overrepresentation of BIPOC people within the homeless population, we must understand the long-standing historical and structural racism that has impacted the criminal justice system, child welfare, public education, economic wealth and access to mainstream financial institutions, historical redlining, and present-day “steering” within housing markets and health care access. Please find additional resources about addressing equity at a homeless systems level at [Equity—Disaster Response Rehousing](#).

While White people are the largest racial group within homelessness, other racial and ethnic groups experience homelessness at rates much higher than the nation’s overall rate of homelessness. While the chart below illustrates this, the exact magnitude of homelessness in certain ethnic groups is not known due to challenges in current data collection methods. For example, the data below reflects the aggregated category of “Asian,” which does not showcase the significant disparities among the many subgroups that comprise this community. The broad grouping of many different Asian ethnicities together hides the overrepresentation of some sub-groups that experience homelessness at high rates. Another example of potential underrepresentation of certain ethnicities is demonstrated by the inconsistent data available on the Native American population. Studies indicate that Indigenous people are seven times more likely to be homeless than White people and represent 3 percent of the total homeless population, despite representing 2 percent of the population overall in the United States (AHAR).

Training staff about these inequities can provide context for their work and help them understand their important role in collecting information that is used by the community to understand who is experiencing homelessness and whether there are different outcomes for different races or ethnicities.

Most Minority Groups Make up a Larger Share of the Homeless Population than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population



Homeless population data are for a given night in 2020. Source: Annual Homeless Assessment Report to Congress, Part 1, 2021.



Improving Data Collection Processes Related to Race and Ethnicity

Understanding how people of different races and ethnicities experience homelessness identifies inequalities in the homeless services system. By collecting information about race and ethnicity over time, communities can work to eliminate disparities or inequities based on race. Communities that are leaders in this work look at their outcomes (e.g., how many people moved into permanent housing, how quickly, and how many people returned to homelessness) broken out by race, ethnicity, and gender to ensure all people have equal access to services and are moving out of homelessness at similar rates across all groups. While this information is critical at a systems level, the process of collecting it is a very individual and personal experience.

While interactions between intake staff and individuals seeking services can be brief, there is an important opportunity to meet each person on a human level and with a person-centered approach. Traumatic events including but not limited to experience with law enforcement, mental health, substance abuse, domestic violence, and sex work may influence clients’ comfort in answering questions. Stigmas surrounding the criminalization of homelessness, behavioral health concerns, drug use, and cultural sensitivity (i.e., cultural norms of withholding information due to shame and stigma) may also impact a client’s willingness to provide demographic information.

Additional Trauma-Informed Tips for Intake

In addition to setting a person-centered tone, intake workers can increase the quality of a person’s experience in the intake process and the quality of the data collected by connecting to them on a human level first. You may ask if they have been through an intake process before and what that experience was like for them. You may ask if they have any immediate needs to address that day (i.e., eating a meal, showering, cleaning/drying clothes, making a phone call, spending some time alone, etc.). You may also implement the following additional strategies.

<p>Ensure language access—Have posted signs, written documents, and interpretation services available</p>	<p>Explain the intake process—Inform them of how long the intake will last and how the information is used, provide a realistic timeline, etc.</p>
<p>Create privacy and safety—Create as much private space as possible utilizing dividers or other tools</p>	<p>Affirm what has been said—Repeat back the information provided to promote accuracy</p>
<p>Confirm safety—For over-the-phone intakes, ask whether the person is in a safe space to answer the questions</p>	<p>Provide clear next steps—Provide information, in writing where possible, about the rehousing process, who they should contact, etc.</p>
<p>Reduce barriers—While difficult within the current public health crisis, consider sitting near someone, on the same side of the table to reduce power imbalance, to the extent the client is comfortable. Offer them water to break the ice before asking these vulnerable questions. Understand that broad questions like “how has your day been?” may be too broad or may trigger an emotional response beyond the scope of the intake.</p>	<p>Ask questions confidently—Do not apologize before asking questions, such as beginning with “I am sorry I have to ask this but…” or “I need to ask you this…” These disclaimers may cause a client to be more reluctant to respond. Instead, be prepared to explain how their information is protected and utilized to ensure all people are being fairly treated regardless of race or ethnicity.</p>
<p>Normalize self-identification—Introduce yourself with your own self-identified race, ethnicity, and pronouns to set the tone for the intake. If there is a waiting room, include signage that explains why staff identifies their race, ethnicity, and pronouns.</p>	<p>Inform them of their rights—Inform the households of their rights verbally or in writing throughout the process.</p>

Training Staff to Implement Successfully

Self-Identification Is the Required Standard

Staff should not assume a client's racial or ethnic identity. Alongside being the most accurate source of information, self-identification empowers an individual to own their own racial identity and what they bring into the space. Staff observations based on visual cues or other assumptions should never be used to collect information on race. No documentation is required to verify a person's response. Even if staff believes they can guess a person's race, every person must be asked for their self-reported information. Some organizations ask questions related to race, ethnicity, and gender at the end of the intake conversation when additional trust may have been built.

Increasing Staff Understanding

Ensure your intake staff understand that collecting this data helps the organization and community overall understand who is experiencing homelessness and whether there are different outcomes for different races or ethnicities. Regular training or "fact sheets" may help staff understand their important role in the data collection process. Here are just a few reasons to share with staff to increase their understanding and comfort in asking these questions:

- Naming racial and ethnic identity reminds us that BIPOC individuals experience homelessness at higher rates than White people.
- Naming racial and ethnic identity reminds us that historical and present-day manifestations of systemic racism impact different groups' access to resources and power within their communities.
- Naming racial and ethnic identity contributes to doing our work well and building our capacity to build system responses that are equitable.

Training Tips and Resources

The following resources can be shared with staff to support their professional development around asking questions related to race and ethnicity.

- [Guide to inclusive language](#) from the University of South Carolina Aiken Department of Diversity Initiatives.
- [Key Ingredients for Successful Trauma-Informed Care](#) from the Substance Abuse and Mental Health Services Administration.
- How to Avoid [Retraumatization infographic](#), from the University at Buffalo, *Buffalo Center for Social Research*.
- [Understanding the Diversity Within Asian American and Pacific Islander Communities and Responding to Housing Insecurity and Homelessness](#) from the Texas Homeless Network.

Current Data Elements

The strategies listed above can be utilized broadly throughout the intake process and specifically when asking people to identify their race and ethnicity. The following two data elements are universal data elements, meaning all people presenting for homeless assistance or prevention services are asked to respond. These data elements were updated in October 2021 and will remain the same through September 2023. There is a process underway to offer response options that better reflect the diversity of people experiencing homelessness. While the data options may change in the future, the recommendations in this

document will remain strong guidance for person-centered data collection presented.

Data Element 3.04—Race	Data Element 3.05—Ethnicity
<p>(Check as many as are applicable)</p> <ul style="list-style-type: none">• American Indian, Alaska Native, or Indigenous• Asian or Asian American• Black, African American, or African• Native Hawaiian or Pacific Islander• White• Client Doesn't Know• Client Refused• Data Not Collected	<p>(Check as many as are applicable)</p> <ul style="list-style-type: none">• Non-Hispanic/Non-Latin(a)(o)(x)• Hispanic/Latin(a)(o)(x)• Client Doesn't Know• Client Refused• Data Not Collected

To refer to other data elements or for a more in-depth description of the FY 2022 HMIS Data Standards, please refer to the [FY 2022 HMIS Data Standards Manual](#).