



Tacoma Pierce County Coalition to End Homelessness

<https://pchomeless.org/> - info@pchomeless.org

What qualitative information should the County collect to make our systems work better?

Group Discussion Summary • Tacoma Pierce County Coalition to End Homelessness • 7.8.22

Qualitative versus Quantitative defined:

- Quantitative data is numbers-based, countable, or measurable.
- Qualitative data is interpretation-based, descriptive, and relating to language.
- Quantitative data tells us how many, how much, or how often in calculations.
- Qualitative data can help us to understand why, how, or what happened behind certain behaviors.

Suggested qualitative questions ...

- What led you here, to your homelessness?
- What do you feel is your biggest barrier to housing?
- What is working and what is not doing so well?
- When was the last time someone from the city or a provider reached out to you? (as these people are paid to do this work that we do as volunteers.)
- What single thing has been most effective or helpful for you?
- If you had a magic wand, what's the one thing you would change?
- Ask what people in precarious living situations or on the street need before presenting choices available.
- Get stories of what is like trying to live at risk day to day.
- Ensure that the research addresses the need for trauma informed care.
- Include narrative interviews with outreach workers who may have many stories about what works and doesn't work.
- Include questions of the unhoused (and housed neighbors and businesses for that matter) to assess where they are in their personal change journey, that is do they want services? are they aware of services they can use? are they ready to try, ready to access services? Are they trying and what kind of success they are having?
- Would the Adverse Childhood Experience questions help fill the info needed for better County/service response (see link below)?

List of quantitative question suggestions that were offered

Do you have an income? How long have you been homeless? Do you have children? A disability? Do you feel safe? Do you have transportation? Do you have healthcare, a provider, if so, where?

Process suggestions for getting good qualitative feedback

- Make sure to offer choices in all cases for people to experience being treated as human beings whose choices matter.



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- We need to tell people that these systems don't work very well and seek their stories about what happened when they tried to call 211 or Coord Entry. All of these systems need to be re-looked at through the lens of the people we are trying to serve.
- Getting the lived experience of people trying to use these systems is essential to redesigning or adding to them. Human-centered design for all!
- Who is talking to those with lived experience, asking their feedback, and holding organizations accountable by means of their funding? Provider feedback misses this important point — those who have used the system should be giving the feedback and asked their feelings about it.
- Ask more equity-based questions. Looking at the implicit equity at the point of service and how to reduce its effects on services.
- Implicit bias is a problem in many places through our systems of assistance. This may be a topic for the greater group, as healthcare providers are being made aware that implicit bias affects patient care.
- Active urban anthropologists i.e., people trained with skills in interviewing and interviewing of groups and cultures (for example, a few cultures may be found in one encampment). Cultural anthropologist survey homeless AND housed neighbors AND businesses. Critical to include all these groups influenced by homelessness crisis.
- Lacking in Comp Plan is any communications, for an urban anthropologist or for gathering and sharing success stories.
- It is critical to be physically and emotionally present at the initial intake/greeting/assessment, so the client is being HEARD and we recognize their needs and legitimize them.
- Face to face is much better than over the telephone, but give the client options as they might not have the gas and transportation to meet F2F.
- Focus groups are recommended. Offer gift cards, but give the client options to choose from. Surveys can also work. Important to consider follow up with the clients.

Other issues that arose in group discussion

- Some good dialogue in our group about the dire need for increased respite care options and how hard self-advocacy can be for those that additionally suffer from illness.
- Not enough time, got diverted on discussion of how to design and get land for medical support models, on the ground.
- Discussion surfaced feelings and frustrations with how stuck we are with making a dent in homelessness. Bridge gap between housed and unhoused, bare humanity of unhoused.

Resource Link

ACEs questionnaire: <https://www.acesaware.org/wp-content/uploads/2020/02/ACE-Questionnaire-for-Adults-Identified-English.pdf>