

# Nashville-Davidson Continuum of Care Homeless Service Workforce Survey

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February 2020

Successfully recruiting, hiring, training, and supporting a diverse and inclusive workforce is key to an effective homelessness response system. To learn more about those who work in Nashville's Continuum of Care (CoC), the CoC Data Committee disseminated an online survey to all CoC members. We aimed to learn more about the demographics of individuals working in homelessness response programs, their perspectives on diversity, equity, and inclusion in their agencies, and their goals for professional development.

## Background

We were interested in the extent to which those who provide services—and make decisions about the design and delivery of services—reflect the diversity of Nashville and its residents that experience homelessness. We were also interested in the experiences of providers and gathering information to inform equity-focused hiring, professional development, and promotion practices.

Although we aimed to learn about diversity of identity and experiences broadly, we also focused explicitly on race and ethnicity. Due to historical and ongoing discrimination, people of color—in particular African Americans and Native Americans—are more likely than White people to experience homelessness in the U.S. Therefore, advancing racial equity is key to ending homelessness. HUD prioritizes funding to communities that are assessing their systems for racial disparities in services offered and outcomes achieved (and, where found, developing action plans to address them). This survey is part of our CoC's effort to conduct these assessments.

The survey was sent through e-mail via SurveyMonkey and was open for one month (July to August 2019). Participation was voluntary, and we received 130 responses. Results of the survey are described here, followed by recommendations from the Data Committee.

## Sample Characteristics

Fifty-eight percent of the sample were women. The majority (78%) identified as White and non-Hispanic, and 14% identified as Black or African American. In comparison, in Nashville-Davidson, 28% of the population is Black, and 43% of the 2,337 persons identified as experiencing homelessness (2018 PIT count) were Black or African American. Fifty-two percent of people experiencing housing crises in Nashville whose data were entered into HMIS in 2018 were Black/African American.

Figures 1 and 2 provide details on what types of services respondents help provide and the populations with whom they work. Forty-five percent of respondents identified as senior managers, which is important to keep in mind while reviewing the findings. See Table 1 for more detail.

## Position in Agency by Race & Ethnicity

As shown in Figure 3, the sample was predominately White, and this was even more true for senior management. People of color were 26% of those in direct service positions but only 18% of those in senior management positions.

Figure 1. What populations do you primarily work with?

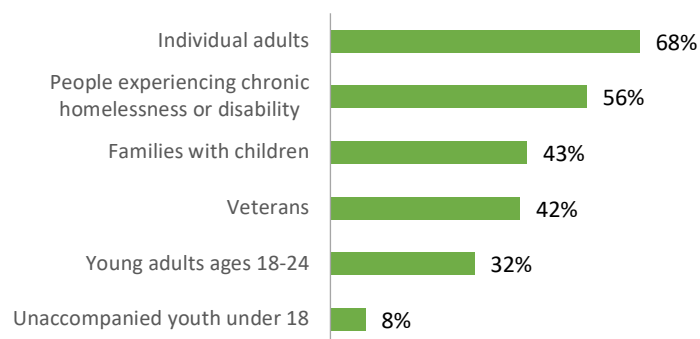


Figure 2. What best describes the type of services you help provide?

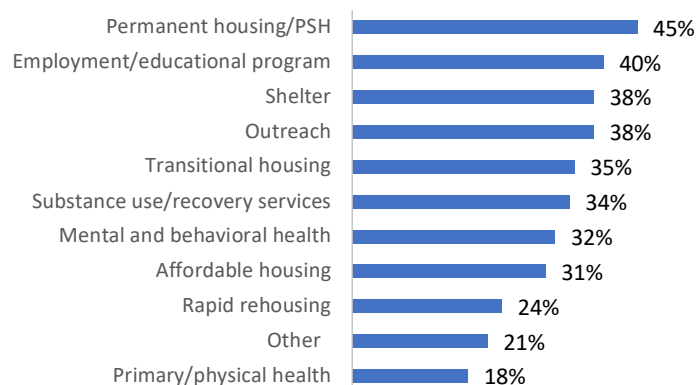


Figure 3. Position by Race/Ethnicity

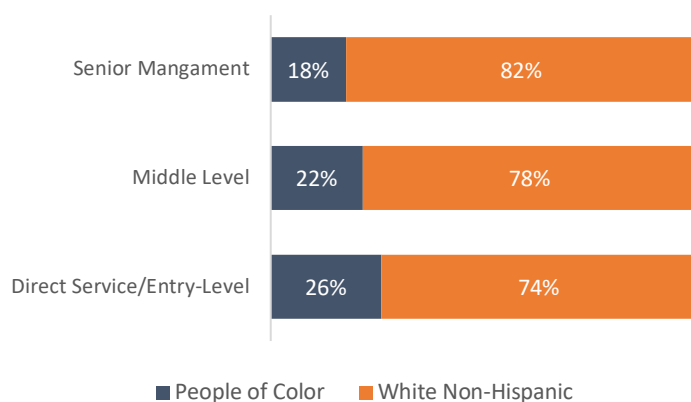


Table 1. – Who did we survey?

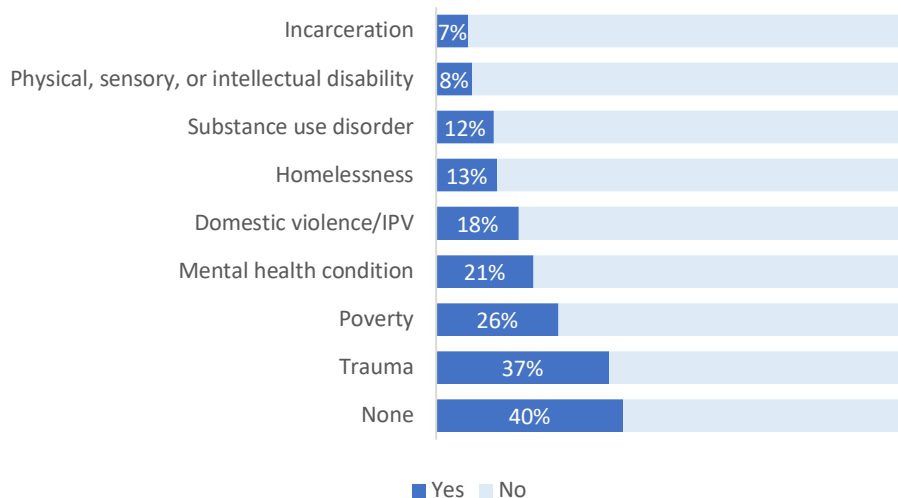
Variable	Count	%
<b>Gender</b>		
Male	51	39%
Female	75	58%
Genderqueer / nonbinary / neither exclusively male nor female	3	2%
<b>Transgender</b>		
Yes	4	3%
No	123	94%
<b>Age</b>		
20-39	30	24%
31-45	38	30%
46 and above	59	46%
<b>Race</b>		
White	101	80%
Black	18	14%
Native Hawaiian or Pacific Islander	1	1%
More than one race	6	5%
<b>Ethnicity</b>		
Hispanic	4	3%
Non-Hispanic	124	97%
<b>Sexual Orientation</b>		
Straight	99	76%
Lesbian, Gay, Bisexual, or other (e.g., queer, pansexual)	21	16%
<b>Education (highest level attained)</b>		
High School, GED, trade school, or some college	11	8%
Bachelor's, Associate's, or some graduate school	117	90%
Masters or Doctoral degree	2	2%
<b>Disability</b>		
Yes	11	8%
No	117	90%
<b>Job Category</b>		
Direct service or entry-level (non-management and non-supervisory)	58	45%
Middle level (E.g., Program Manager, Supervisor)	37	28%
Senior management (E.g., Executive Director, Assistant Director, Chief Operating Officer)	35	27%
<b>Time Spent Working in Homeless Services</b>		
Less than 5 years	61	47%
5 to 10 years	27	21%
More than 10 years	43	33%

Note. Variables have different values for missing data, and percentages were calculated on non-missing data per variable. Options within categories may not add up to 100 due to rounding or items that allowed respondents to "select all that apply."

## Does the Workforce Reflect the People Served?

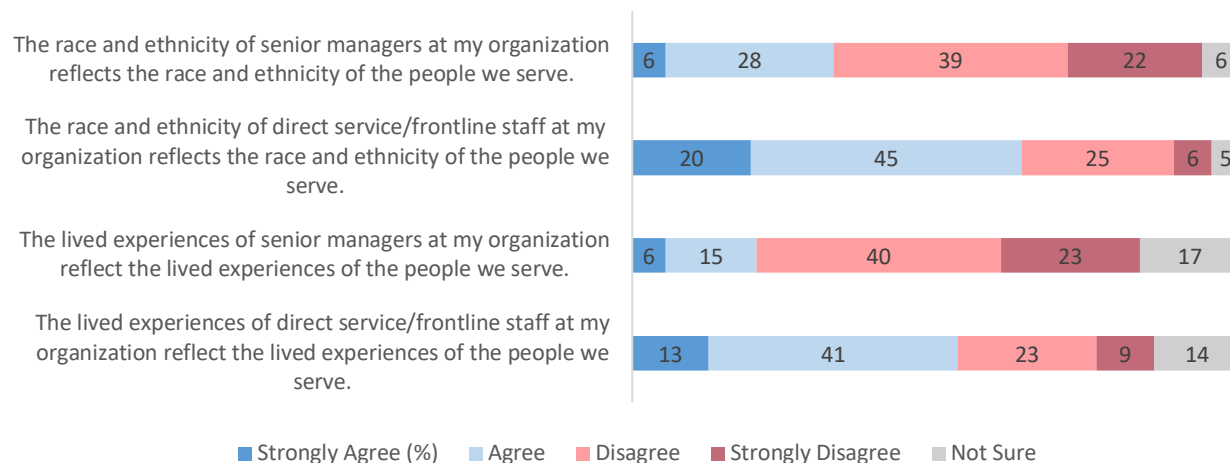
People come into the homeless service workforce with different backgrounds and experiences. Survey respondents were asked if they shared in some of the experiences often affecting those served by the CoC (Figure 2). In health and human services fields, we often refer to this as “lived experience,” in comparison to on-the-job or formally trained experience. Forty percent of respondents reported “none,” and 37% reported experiencing trauma. Thirteen percent reported experiencing their own episode of homelessness.

Figure 4. Workforce Lived Experience



Only 130 people completed the survey, but many more individuals work within CoC member agencies and programs. To get a sense of the perception of how well the workforce reflects those served, and how respondents experienced their workplaces, we asked people to rate the extent to which they agreed or disagreed with four statements, shown in Figure 5. While almost a third disagreed/strongly disagreed that race, ethnicity, and lived experiences of direct service/frontline staff reflected people served, almost two thirds disagreed that senior managers were reflective of the population served.

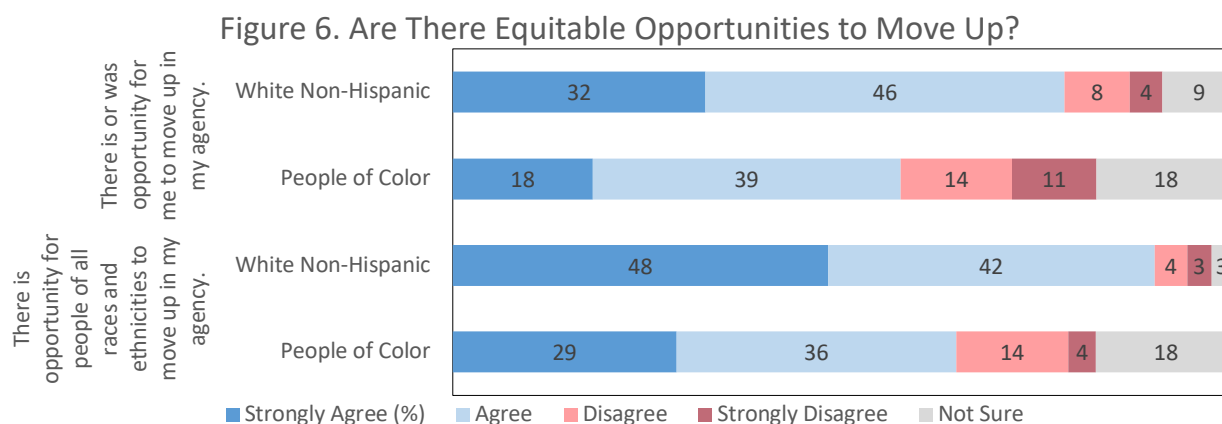
Figure 5. How does the workforce reflect those served?



## Professional Development

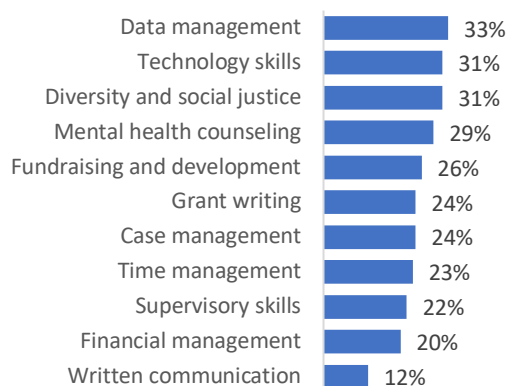
We asked respondents to rate the extent to which they agreed that people of all races and ethnicities had opportunity to move up professionally, as well as whether they felt there was opportunity for themselves to move up in their agency.

Figure 6 shows how White providers tended to agree more than providers of color on both statements. There was a significant difference on mean ratings for the item on one's own opportunity, with staff of color reporting lower agreement (on a scale of 1 to 4, where 1 is strongly agree and 4 is strongly disagree, staff of color had a mean of 2.22 compared to 1.8 for White staff,  $p=.045$ ). This remained marginally significant when controlling for whether respondents were in a supervisory role in the agency ( $p=.053$ ).



Respondents were also asked what skills they needed to excel in their current jobs and, separately, what they needed to advance (Figures 7 and 8). Nearly 40% of respondents indicated needing supervisory and grant writing skills to take their career where they wanted it to go, showing that many have a desire to advance to roles in management and supervision.

**Figure 7. What skills do you need to gain or improve upon in order to excel in your current job?**



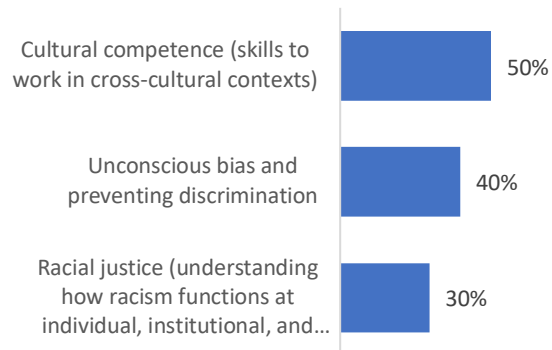
**Figure 8. What skills do you think you need in order to take your career to the place you want it to go?**



## Training Experiences

Members of the CoC are encouraged to invest time and resources into professional development, including training related to equity, inclusion, and social justice. To get a sense of what programs are already doing, we asked respondents to indicate what kind of training their agencies had offered in the last year. We drew distinctions between cultural competency, unconscious bias and preventing discrimination, and racial justice trainings.

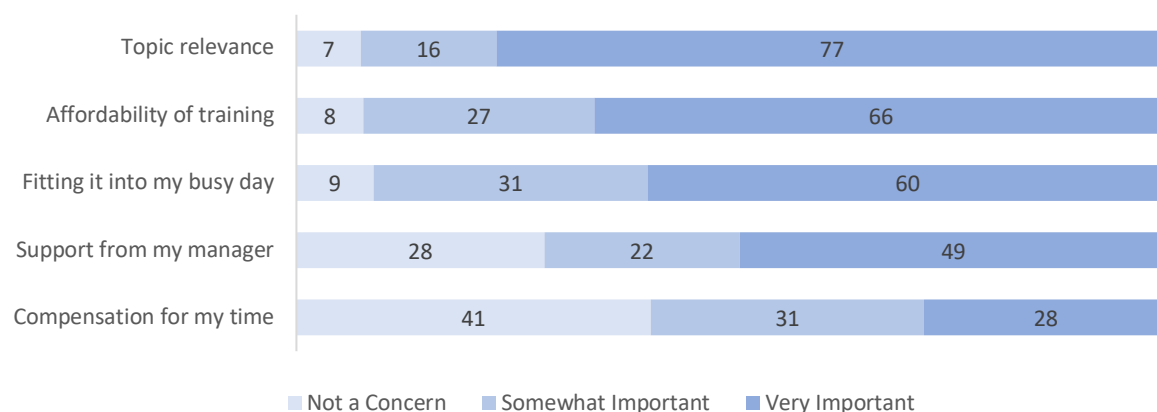
Figure 9. In the last 12 months, has your agency offered trainings on the following topics?



## Barriers and Facilitators

Finally, respondents were asked to rate how important four factors were when considering taking part in training: fitting it into their busy days, compensation for their time, support from their manager, and topic relevance. Topic relevance was most important, followed by affordability of the training. Overall, answers did not vary significantly by race or ethnicity.

Figure 10. If training or classes were offered to help you develop the skills you selected above, how important would the below factors be, as you considered taking part?



## Limitations

This report represents 130 individuals who responded to a voluntary survey sent via email to all Nashville-Davidson CoC member programs. Fifty-five percent were in supervisory or management level positions. This is a limited sample, and there was *anecdotal evidence of at least one supervisor requiring staff to show their answers before submitting*. This would impact who responded and how they responded. This example may reveal something about organizational culture—that program leaders feel worried about areas for improvement being reported rather than encouraged to identify them and undertake change efforts. Despite the limitations of our data, we hope that reports like this one foster open conversation, and that we as a system continue to examine workforce diversity and inclusion and develop a shared commitment to equity.

## Conclusion and Recommendations

From the results of this survey, we can see that those who work in the Nashville-Davidson Continuum of Care—especially those in leadership positions—may not reflect the population served in terms of race, ethnicity, LGBTQ identity, disability, or lived experience. This matters for several reasons. First, we want programs to be inclusive workplaces for people of all marginalized identities. Greater diversity will also help us address and end homelessness. Diverse representation in the workforce can help build trust and feelings of safety when those we serve identify with staff. Employees with similar or shared experiences as clients can help design and deliver more effective services, including tailored services that consider the intersectionality of multiple marginalized identities. Though there is little research from homeless service programs, other sectors such as healthcare have found evidence that workforce diversity is linked to positive outcomes for clients (Witt/Kieffer, 2011). Finally, racially diverse leadership helps combat racism in organizations and systems (Walter et al., 2017) and contributes to racial justice in communities (Leadership for a New Era Collaborative, 2010), and the same is likely true for other marginalized groups. With these ideas and the HUD commitments to addressing racial disparities in mind, the Data Committee has drafted initial recommendations for the CoC and its member programs in order to foster inclusive, antiracist, and anti-oppressive workplaces, and ultimately, support the goal of ending homelessness.

- 1. Develop human resources policies and procedures around recruiting, hiring, retaining, and promoting people of color.**
  - 1.1. Expand where ads for open positions are posted and how they are shared.
  - 1.2. Reconsider college degrees for direct care staff and increase value of on the job experience in previous positions.
  - 1.3. Reconsider advanced degree requirements for supervisory and leadership positions.

- 1.4. Increase opportunities for peer specialists or people with lived experience, including at the supervisory and leadership levels.
- 1.5. Monitor hiring, promotion, and pay equity by race, ethnicity, LGBTQ identity, disability, and lived experience.
- 1.6. Develop recurring mechanisms for soliciting feedback about HR practices from staff and clients of color in order to make continuous improvements.

## **2. Provide quality training for all staff related to equity, inclusion, and social justice.**

- 2.1. Trainings should go beyond “cultural competency” and include cultural humility, anti-racism, LGBTQ affirming practices, implicit bias, knowledge about systemic oppression, and critical thinking and dialogue.
- 2.2. Trainings should connect homelessness not just to poverty, housing, and health but to structural racism and the social exclusion of marginalized groups.
- 2.3. Training efforts should be monitored and evaluated. For example, collect data on the number of frontline staff, supervisors, and leaders that participate in trainings, the frequency of that participation, and staff satisfaction and learning.

## **3. Community Wide Planning**

- 3.1. Write and share “Statements of Equity Principles.” Statements can be shared across programs and committees to increase buy-in and accountability.
- 3.2. Continue to create opportunities for people with lived experience to work in paid positions in programs and participate in the Planning Council.
- 3.3. Center people of color with lived experience in CoC decision-making. In addition to greater diversity in the Planning Council, inclusion and centering mean ensuring equal or greater access to participate (e.g., in speaking time and leadership opportunities).
- 3.4. Have all documents translated into at least one more language and have interpretation services available.
- 3.5. Disaggregate all CoC-level data (e.g., on coordinated entry, service use and resource allocation, COVID-19 rates, and service and housing outcomes) by race and ethnicity.
- 3.6. Support and maintain the Equity and Diversity Committee of the Planning Council. Although every committee should integrate equity frameworks into their work, the Equity and Diversity Committee can provide expertise, guidance, and dedicated focus.

**Finally, throughout the duration of the COVID-19 pandemic, provide adequate personal protective equipment (PPE) to staff, especially frontline staff who have greater contact with clients and other staff, and, based on this survey, are more likely to be people of color.**



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