



THE ART OF THE HEART IS TO HEAR WITH THE EAR

By

**Claire Burrus
Akram Al-Turk
Lyric Wardlow
Quiana Fisher
Jenelle Adetunji
Dominique Peevy
& Maya Beit-Arie**



Ending Community Homelessness Coalition, Inc.

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INTRODUCTION

ABOUT ECHO

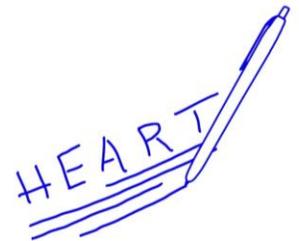
The [Ending Community Homelessness Coalition \(ECHO\)](https://www.austinecho.org)¹ is a 501(c)3 nonprofit organization that serves as the Austin / Travis County Continuum of Care (CoC) Lead Agency, CoC Collaborative Applicant, Coordinated Entry System manager, and local Homeless Management Information System (HMIS) database administrator. We are tasked with planning and coordinating community-wide strategies to end homelessness in the Austin / Travis County geographic region. We work in collaboration with people with lived experience of homelessness, community nonprofits, and government agencies to coordinate services and housing resources for the people who are experiencing homelessness in our community. We use research and evidence-based practices to advocate for the resources to bring the local Homelessness Response System to scale and meet our community’s goal of ending homelessness.

ACKNOWLEDGEMENTS & CONTIBUTORS

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PREFACE

During a one-on-one conversation with a member of the ECHO research team, one participant of this project shared a message that we believe beautifully captures the essence of this project, and as such have entitled the project after it. She wrote the word “HEART” in all capital letters on the back of a napkin, carefully underlining segments of the word in a specific order. As she did so, she stated, “the ART of the HEART is to HEAR with the EAR.” This project urges readers to open their hearts and ears to receive the voices and insights of the Black unsheltered community, and to artfully paint a new landscape of system accessibility in mindful partnership with one another.

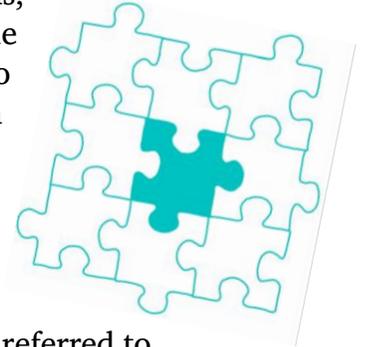


¹ <https://www.austinecho.org>

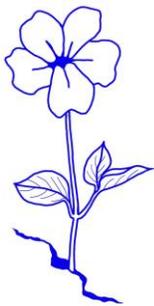


In order to envision what we mean by “system accessibility,” imagine that the Homelessness Response System is a house, and accessing the system is like walking through the front door. Inside, there are lots of different rooms with different services available in each. The house is more full at some times than at others, and rooms go through periods of varying

activity levels. In order to get into the house and explore the rooms, the front door must be within reach. As such, in order for people experiencing homelessness to access the system, the “front doors” to the system must be within their reach. The findings of this research project help us understand why and how some Black folks in the unsheltered community reach that front door, and why others do not.



Although the community in Austin / Travis County that engages with the Homelessness Response System is often thought about and referred to



in terms of *what is missing from it* or *what resources it lacks*, members of the population know that there is much of value within the people themselves and the networks and resources they share. Our call as providers is not to “fix” the community experiencing homelessness, but rather to support the community by elevating its many strengths. Black unhoused individuals are members of a community that is rich with skills, relationships, and ingenuity, if not with material riches. These resources are no less valuable, but rather, the resilience of the community is proof of the value of what is already contained within.

BACKGROUND

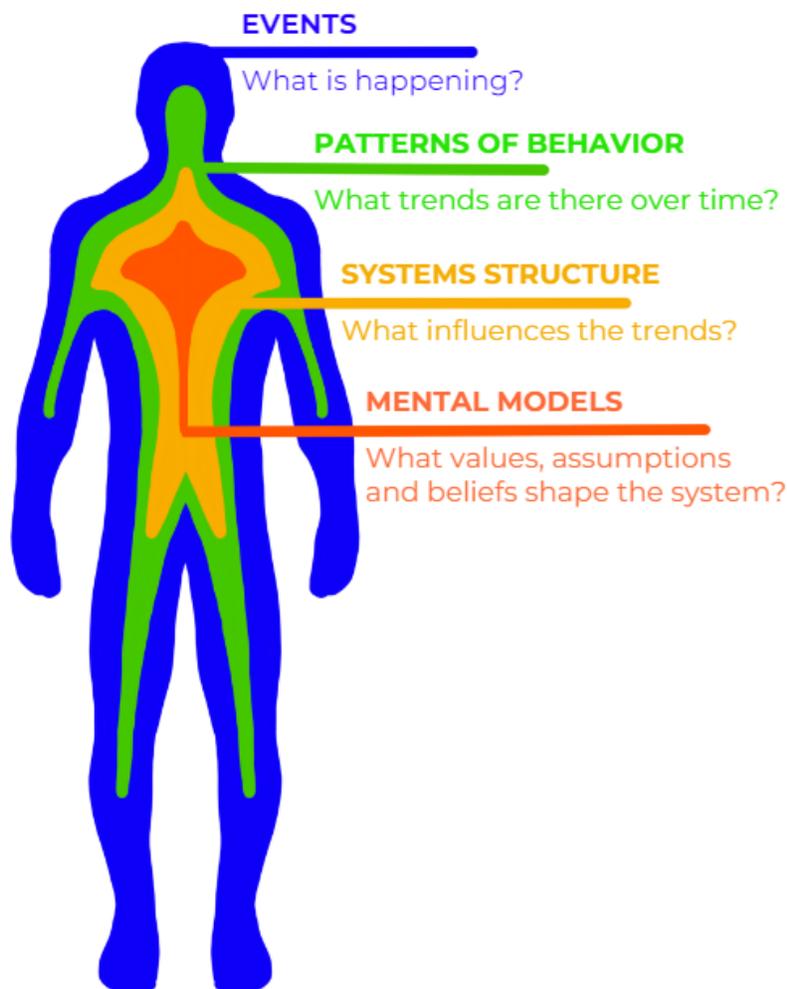
Nationally, Black renters experience housing insecurity at a disproportionate rate (Cai, Kalkat, and Fremstad 2021). The Austin area has a particularly hostile history regarding housing for members of the Black community (Freer 2022; Public Broadcasting Service 2021). In Austin / Travis County today, Black folks are approximately six times as likely as white folks to experience homelessness (Burrus 2022). Racism is a leading cause of homelessness, and as such, homelessness cannot be ended without an antiracist approach. This project intentionally sought out the perspectives of the Black unhoused community in Austin because we believe that people are experts in their own experiences. With this community-based qualitative research project, ECHO aimed to uncover insights as to the accessibility of the Homelessness Response System for Black unhoused folks in the Austin area, so that these insights may inform the establishment of a system that is grounded in the needs of the community it is intended to serve.

METHODOLOGY

SYSTEMS CHANGE MODEL

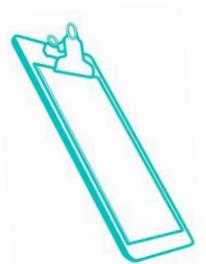
The analysis and findings in this report are informed by a Systems Change Model that, through an iterative process, provides an assessment of the root causes of what we observe regarding barriers to access for Black people experiencing homelessness. The methodology followed in this project allowed us to observe patterns in what people have experienced in the Homelessness Response System. By having in-depth conversations with people throughout the process, we were also able to uncover the values and beliefs that undergird the behavior of systems and the people they serve. Through examination of these underlying, core mental models, we can hopefully have a bigger impact on how the Homelessness Response System can better serve Black people (see Theory of Change on p. 17).

Figure 1. Human Form Systems Change Model

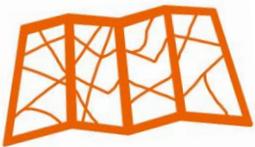


QUALITATIVE APPROACH

The capacity of the Austin / Travis County Homelessness Response System to analyze the “how” and “why” behind interactions between people experiencing homelessness and services available in the community is limited by the bounds of the data available to us. Our system is primarily driven by analysis of the data contained in our local database, the Homeless Management Information System (HMIS). This data is collected by direct service organizations in our community and is focused on the demographic and identifying information for individuals and the logistics of their service interactions, and not on the context surrounding people’s interactions with services. We must collect additional data to be able to understand the nuances of such interactions. This research project allowed us to do so – we collected qualitative data using a variety of methods, allowing us to better understand “how” and “why” people choose to engage with services in our system (Thyer 2012; Sallee and Flood 2012; Denzin and Lincoln 2005; Rao and Woolcock 2003).



Our approach loosely followed the community-based participatory research model, in which people in the focus population of the project are actively engaged participants in the research process (Lightfoot, McCleary, and Lum 2014; Wallerstein et al. 2017; Silverman and Patterson 2021). In an effort to actively involve our focus population in the research design process, we spent a few months facilitating participatory research design sessions with Black folks with lived experience of homelessness in the Austin area. In these design sessions, we provided a framework for our broader research question (i.e., barriers to accessing services for Black people experiencing homelessness), but we did not dictate exactly how we would answer that question. Rather, we relied upon the lived expertise in the room to lead us in how we might uncover the answer(s) we sought.



After the design sessions, we held asset mapping sessions. Asset mapping is a process of uncovering the physical, social, and cultural assets that a community relies upon (Lightfoot, McCleary, and Lum 2014). While the maps we created during these sessions were not as enlightening as we originally imagined they might have been, the conversations we had in these sessions helped us further refine the questions we asked in the next phase of the project—semi-structured interviews. In those interviews, we were able to collect rich, in-depth qualitative data that most of our findings are based on.

In total, we completed seven research design sessions, four asset mapping sessions, and 22 interviews with a total of 34 research participants. We then coded qualitative data using ATLAS.ti, a software used for analyzing segments of text into digestible themes (Saldana 2021; Auerbach and Silverstein 2003; Giesen and Roesser 2020).

RESEARCH PARTICIPATION

All research participants self-identified as Black or African American and have personal lived experience of homelessness in the Austin / Travis County area. The participants of this research project were somewhat, although not entirely, representative of the Black community experiencing homelessness in Austin / Travis County. While Black people who receive services from the Homelessness Response System are majority male, as are the participants of this project, research participants were disproportionately male. Research participants were also slightly older, on average, than Black adults engaged in the system.

Figure 2. Gender of Research Participants Relative to Clients in the Homelessness Response System

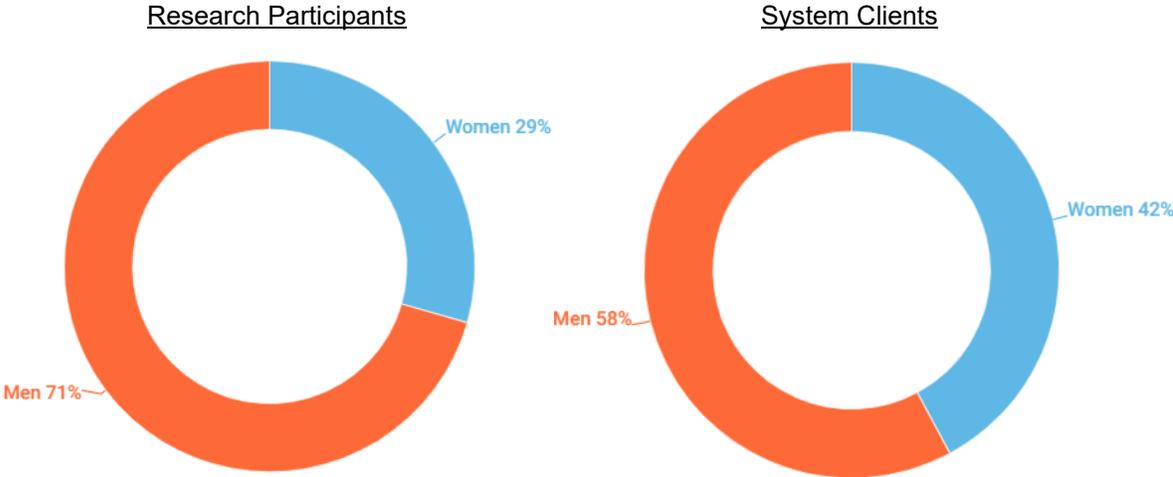
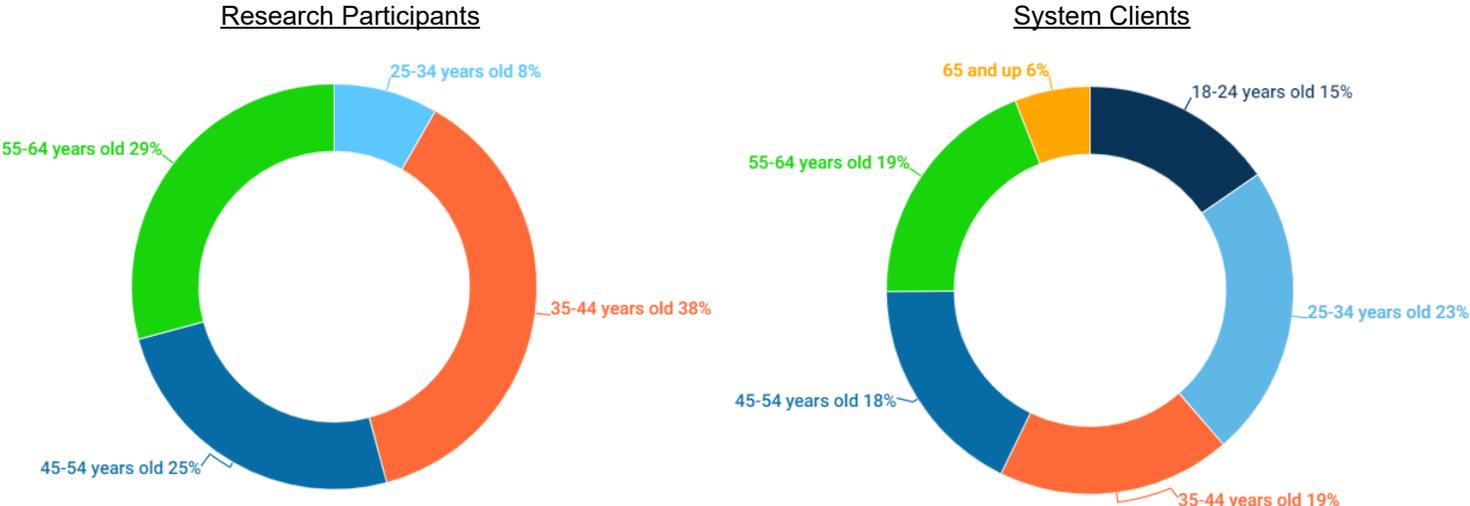


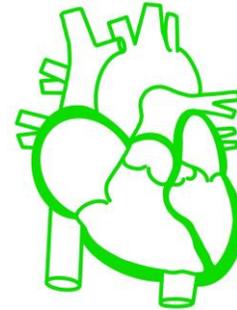
Figure 3. Age of Research Participants Relative to Clients in the Homelessness Response System



FINDINGS

The findings of this project fall into four categories, just as the human heart has four chambers:

1. Information
2. Trust
3. Points of View
4. System Gaps



INFORMATION: HOW PEOPLE LEARN WHAT SERVICES ARE AVAILABLE

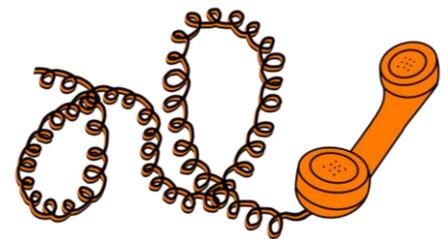
The unsheltered community most commonly accesses information about what resources and services are available in Austin / Travis County through word of mouth in conversations with other people experiencing homelessness.

“That’s how we get around here on the street — it’s word of mouth.”



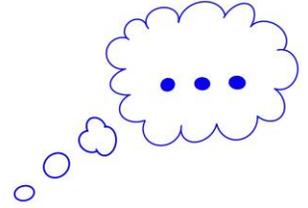
People rely on one another to share information about services and benefit from learning from others’ experiences. The community shares information not only about what is available, but also about how to best connect with those opportunities, like where to go or what eligibility requirements are like.

However, like in the game of telephone, information gets lost and distorted as it spreads throughout the population. Sometimes, key information that would best connect people to the services they need can be overlooked, or information about how to access a key service they could benefit from is out of date or no longer accurate. For example, more than one third of the interviewees in this project had never heard of the Coordinated Assessment, the intake tool that is used to connect people experiencing homelessness to permanent housing programs in the Homelessness Response System.



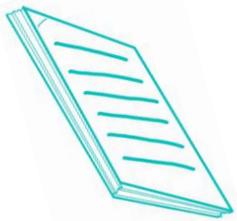
“A lot of people don’t take those assessments. They don’t know about them.”

Relationships between people experiencing unsheltered homelessness serve multiple important roles. These relationships can be lifesaving, not only from an emotional and physical safety perspective, but also in a practical sense. Relationships between unsheltered folks provide a network by which information is distributed. Without connections to those relationship-based networks, information can be hard to come by.



One couple recalled having no knowledge at the time they were living unsheltered as to what assistance they may have been eligible to receive or how to access it:

“We pretty much dealt with [our situation] 100% on our own and we went without because there weren’t any resources.”



An important source of information about how to get connected to services that could help people meet their basic needs is through other services. However, interviewees reported a lack of trust in the information provided through services regarding other resources in the community.

An interviewee noted the lack of reliability of information distributed by service providers, underlining the role of firsthand experience in figuring out what information is and is not useful:

“They may pass on little [lists of] 20-30 places, but a lot those places don’t exist.”

TRUST: HOW PEOPLE FORM BELIEFS OF SERVICES

Interviewees most commonly expressed forming beliefs about the quality of services through their own personal experiences with them, whether negative or positive. While relationships with others can serve as important sources of information about what is out there and how to connect with it, people tend to weigh firsthand experience more heavily in their process of forming beliefs about services. This is not to disregard the importance of the role that word of mouth plays in whether people trust services or not, however, personal experience was cited more frequently by project participants.

People trust organizations and staff who:

- Follow-through on promises and are consistently present:

“When I work with the homeless, they don’t want to believe people because so many people say this and say that, but they don’t give them any place to stay.”

- Demonstrate compassion toward them and/or connect with their humanity:

“It’s human connection. ‘Hey man, I’m just your homie. What’s up man? What are you going through? I know you’re homeless, but what do you need?’”

People distrust organizations and staff who:

- Do not demonstrate compassion:

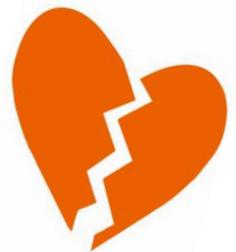
“It wasn’t personable. I didn’t feel like they even cared at all. I feel like they cared more about order, saying things like ‘sit down,’ ‘stay’ or ‘wait in line.’ Anything to do with a human connection they lacked, even though there was a human right in front of them. It shouldn’t be that way in human services. You want to get the human aspect, and I never got it.”

- Are not reliable:

“Be about your word. Don’t just say it.”

- Exhibit racist and/or discriminatory behaviors:

“Of course, I’ve definitely felt discriminated against as a Black woman. A lot of people look at Black people like we’re extra work like they can’t do anything to help us.”



Importance of Lived Experience

Participants also noted that whether providers have personal lived experience of homelessness makes a significant difference in the unsheltered community's perceptions of them.



“Anybody can become traumatized just by being in an environment or atmosphere where you’re dealing with a whole lot of trauma. People coming from prison or homelessness have all different types of addictions and ‘demons’ – difficult life circumstances and situations that you can’t just study in a book to get the full understanding of. You can’t just go to a library and read up on this stuff and become an expert on it. Some things can only be taught by experience.”

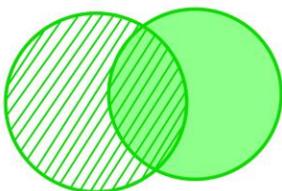
Service providers with lived experience of homelessness demonstrate many of the behaviors that build trust with the unsheltered community, such as follow-through on promises. A case manager with lived experience of homelessness in the system stated the following about how his personal background informed his approach to service delivery:

“I try to call back all my clients. If I meet somebody who is homeless or needs help, I will look at HMIS to see if they have anything, I will send emails... I’m going to find out who the person is. I don’t care if I have to walk out and find them on the street, I’ll let them know what I did.”

POINTS OF VIEW: HOW IDENTITIES OR PAST EXPERIENCES IMPACT OPINIONS

Racialization of social services has led to racialization of the experience of homelessness itself. As such, Blackness plays a central role in how people engage with the Homelessness Response System. Social services provided through “the public safety net,” such as homeless services, have been intentionally racialized in the last 40 years (Quadagno 1994; Soss, Fording, and Schram 2011; Katznelson 2005).

The need for social services, which was once seen as a product of unforeseen circumstances, is now seen as a personal moral failure. Our collective familiarity with the harmful “welfare queen” stereotype illustrates how deeply this narrative has infiltrated American culture. This has disproportionately stigmatized Black people and the communities they are connected to. Society tells all of us, but especially black people,



that success is equivalent to self-sustainability and hyper-independence (Schneider and Ingram 2005; Schram, Soss, and Fording 2010).

Blackness and the stigma associated with Blackness shapes the point of view of the research participants in their engagement with this project. Participants expressed the need to “release” the shame and stigma associated with asking for help to build the connections needed to maintain their humanity and get their basic needs met.

Intersections of identity, such as between race and gender, have profound impacts on the way that people view services and systems. For example, women were more likely than men to describe finding information about services available in the community via advertisements or search engines. Men, on the other hand, were much more likely to express a desire to live independently. One male participant stated the following:

“If I’m homeless, I can still take care of myself. I get up and go to work. I don’t ask anybody for any handout or anything.”

Blackness and masculinity interact in ways that can create emotional and/or psychological barriers to obtaining stable housing. Some of these barriers are reinforced by the specific traumatic experiences that Black men are most vulnerable to, for example negative interactions with the legal system.

“When I got out [of prison], I refused to go stay with a family member... I’m not trying to share anyone else’s roof, or take advantage of them just because I’m related to them by blood. I’d rather be homeless than be a burden.”

Three Black men who participated in this research project outline the unique struggles of experiencing homelessness at the intersection of Blackness and masculinity a bit more in depth in the video linked to the right. Scan the QR code to open the video in YouTube.



SCAN TO WATCH

Mental health issues and/or traumatic experiences can affect the way that people interact with the system and can get in the way of navigating services in a way that best meets the needs of the individual. In the absence

of individualized care, the emotional state of people experiencing homelessness can worsen.

“I feel like I’m stuck and there’s no way out. If I do leave, it’s really hard to get back home safely, and then I can’t get anything done that I need to get done. Even if I am able to pay [for things] while I’m out and about, it gets really discouraging.”

Whether existing prior to homelessness or occurring during and/or compounded by homelessness, mental health issues and trauma can contribute to substance use issues for some people. For some, substance use becomes a simultaneous survival mechanism to cope with the physical and psychological pain that often accompany living outside, while also acting as a barrier to accessing services and/or obtaining housing independently. In sharing about a traumatic vehicle accident that resulted in the death of a loved one, one participant stated:

“When the accident happened I didn’t know what to do, who to talk to, or where to go. I started getting high, like super high.”

It is impossible to know whether a person is experiencing homelessness or not just by looking at them. However, living on the street is traumatic, and people going through this type of trauma often appear and behave in a way that is limited by the boundaries of their own trauma response. Often, the way that people experiencing homelessness are **perceived** by others in the general public can create barriers to engaging with services. This can contribute to a feedback loop, in which events leading to a decrease in quality of life contribute to further such events as a result of how the person is treated by others.



“With the disease that I suffer from – addiction – I didn’t care about how I looked. I wouldn’t bathe for three days or change clothes. Some people hurry up and give you something just so you can get out of their presence.”

Past experience in other systems, such as the foster care or criminal justice system, can affect the way that people view homeless services. When services provided by the Homelessness Response System resemble institutional environments, people with backgrounds in those types of environments can become re-traumatized. Avoidance of such services is a common response. One client noted that, given that obtaining housing was not a viable or realistic option for them at the time,

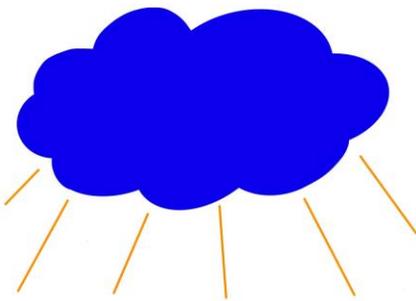
living on the streets was a better option for him than staying in shelter, due to their personal background prior to homelessness:

“I’m not going to lie, after 15 years of prison, I didn’t want a damn curfew [at the shelter]. I didn’t want to be told to be in by a certain time.”

Many people experiencing homelessness have already experienced substantial barriers to attaining stable housing, and now feel that they have no choice but to access services, whether or not they trust them or have a positive perception of them.

“I don’t have any other place.”

It takes a lot of vulnerability to trust a stranger to provide you with support. Many people struggle with achieving such levels of vulnerability, for some because of past trauma that has caused them to build walls around themselves as a means of survival. However, when survival is dependent on accessing services, sometimes these walls have to be broken down when placing trust in others is the only option.



Every person experiencing homelessness has their own unique outlook on life, and their points of view are informed by the individual paths they have walked. In our sessions, interviewees brought up many aspects of their points of view that were not explicitly asked about, but which offer valuable insight into how people interact with systems. In these responses, one third of interviewees described finding hope and comfort in their lives through faith and/or religion.

“God is going to make a way.”

SYSTEM GAPS: OPPORTUNITIES FOR MORE COMPLETE SYSTEM ACCESS

When asked where they go to meet their daily needs while unsheltered, a vast majority of research participants mentioned one or more of the following services within the Homelessness Response System: day centers, navigation centers, emergency shelters, and other supportive services. When clients engage with these services, their information is entered into HMIS, allowing for providers to coordinate their services across the system. People who are connected to these service provider organizations have already made it to the “front door” of the system, and many of the people who participated in this research project are already inside, receiving some sort of assistance.



Several participants, however, had not yet reached the “front door” of the formal system. These folks get their basic needs met through engagements with other groups and entities in the community. By and large, these groups and entities are churches and religious institutions, which offer a wide array of assistance to the unsheltered community, including meals, pantry items, clothing, gear, showers, laundry, and emotional and spiritual connection, among other supports. Public services that are not homelessness-specific but which people experiencing homelessness can benefit from – such as the City of Austin’s library system, Pop Up Resource Clinics offered by the City’s Public Health Department, Central Health’s Medical Access Program (MAP), and the local Veteran’s Affairs office – were also mentioned frequently.



A more coordinated approach across groups and entities that frequently engage with the unsheltered community is necessary to close gaps in access to the Homelessness Response System. Offering entities working in the community that are not formally part of the Homelessness Response System a pathway to become so is a major missed opportunity as well.

LIMITATIONS

It was our intention to have a majority of project participants engaged throughout the entirety of this project – in the research design, the focus groups, interviews, and interpretation of findings. In practice, it was very difficult to maintain ongoing communication with project participants throughout. Many of the participants were living unhoused during their involvement in the project, and many were recently housed and going through the re-stabilization process. Although we attempted to maintain open lines of communication, phones were often disconnected, internet and email access posed a problem, and our research team's capacity to keep up with attempts at communication created limitations.

Although 20% of research participants were engaged in at least two stages of the research project, only one participant was able to engage in the project from its design to the presentation of its findings to the community, over a nine-month period. This participant noted his appreciation of being able to be “*a part of* instead of *apart from*” the work of this project. If we had been able to maintain ongoing communication with all project participants in the way that we managed to with this participant, we may have been able to gain deeper trust across the group, which could have resulted in more open and honest conversations among respondents, who may have offered different perspectives than those collected in this project.

The process of data collection through focus groups and interviews also has its limitations. Reliance on self-reports of each participant's own experience is tricky, as each participant will have a different lens that their self-reporting is filtered through. As one researcher writes, “if the respondent is not aware of something or cannot describe it, then effective interviewing becomes difficult” (Lareau 2021, 64). For example, an interviewee would have to perceive a discriminatory experience they had as discrimination in order for us to hear about it in our interview with them when we ask about experiences of discrimination.

DISCUSSION

Perhaps the clearest key message of this project is that leading with human connection is essential to authentic engagement with people experiencing homelessness in our community. This project reveals the harm caused by the lack of humanity shown by those working within the Homelessness Response System and demonstrates the role that discriminatory beliefs and stereotypes play in the dehumanization of Black clients in the system. Distrust of services has resulted in a disjointed Homelessness Response System that is unable to meet the needs of the people it is intended to serve, who are disproportionately Black.

Misinformation and confusion thrive in a system that lacks trust. In an environment that is hostile toward Black people and toward people experiencing homelessness, people living at the intersection of Blackness and homelessness rely on community to survive. Word of mouth throughout the Black unhoused community plays a massive role in how services and the entities providing services are perceived, and as such, how people engage with them. Accessing the “front door” to the Homelessness Response System is not as simple as ease of accessibility – it is also a matter of choice. With misinformation and distrust rife in the system, however, it becomes a false choice. When one of our neighbors believes that opening that front door is a threat to their survival, we cannot fault them for their wariness in approaching it.

The findings of this project point to several potential opportunities for system improvement. The spread of misinformation could be addressed by increased investment of time and resources into the maintenance of centralized, up to date resource lists that are provided at all front doors to the system. In order to ensure that these front doors are accessible to all, we must expand our network of organizations and services through which clients are able to enter. Our system must build authentic partnerships with service providers that have already built rapport in the community, and lead with compassion, anti-racism, and lived expertise. These new partners could be key players in trust building efforts with the Black unhoused community.

Trust building cannot take place without transformational systems change, however. It is not enough to tell people what is available in the system – we must also ensure that what is available meets the needs of the population experiencing homelessness, and that it does not in any way contribute harm to the community.

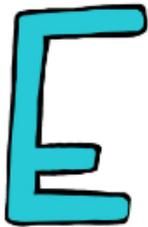
In this project, the Black unsheltered community has urged us to center our HEARTS in our community-wide homelessness response.

Figure 4. “HEART” Acronym as a Framework for Research Findings



HUMANITY:

Centering compassion, respect and antiracism in all engagements with the unhoused community



EXPERIENCE:

Valuing and upholding the value of lived experience (of homelessness, of racism) in service provision



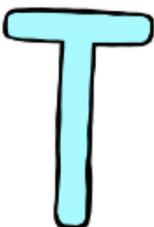
AUTONOMY:

Establishing a system of services that are flexible and can be tailored to the individual-level needs of each client



RELATIONSHIPS:

Tapping into and supporting the relationship-based information networks within the unhoused community



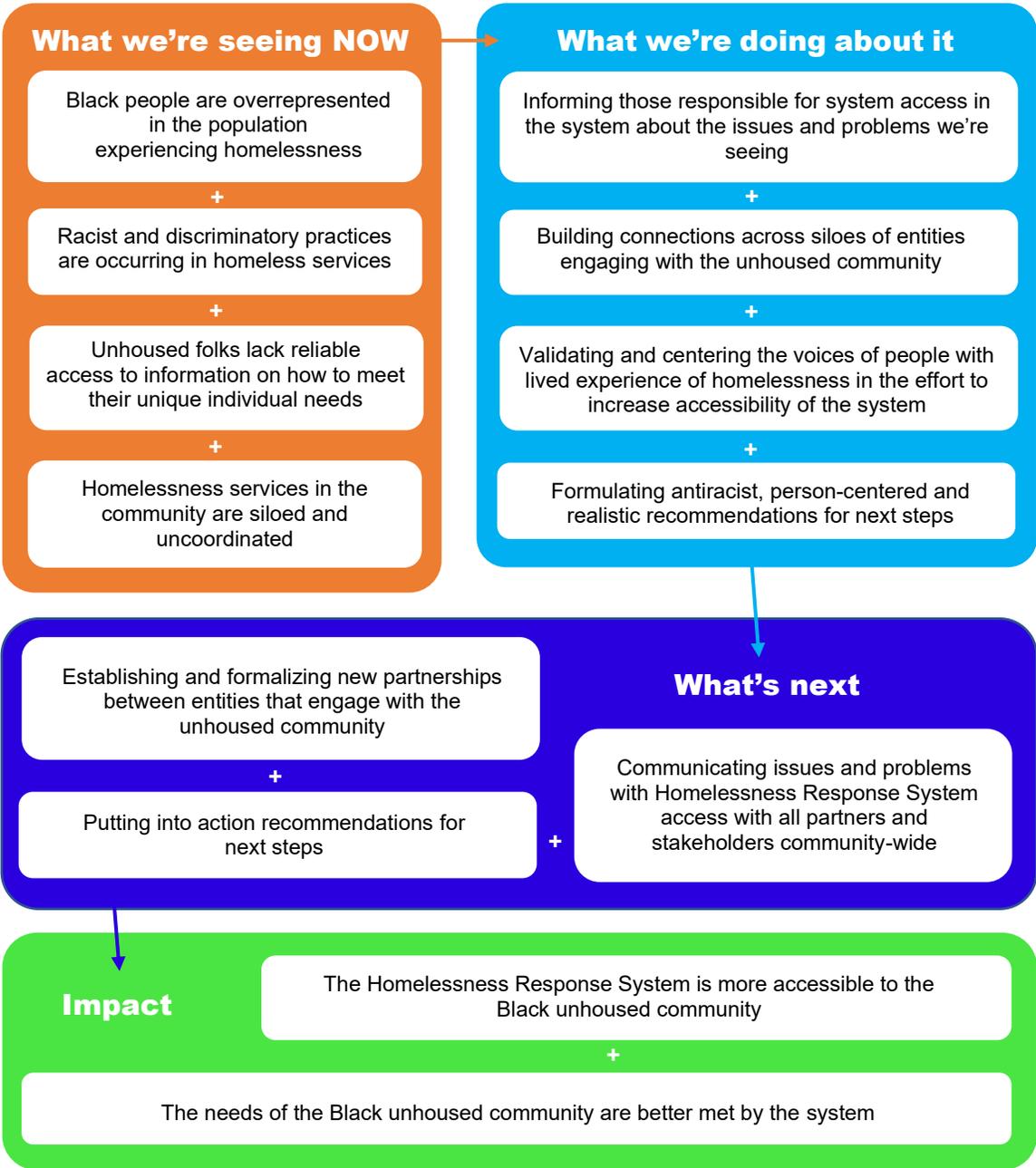
TOGETHERNESS:

Coordinating person-centered service delivery across all groups and entities supporting unhoused people

There are many avenues through which our system can prioritize and center compassion, lived experience, autonomy, relationship networks, and person-centered service delivery. Service providers must be held accountable to a high standard in all of these areas, including throughout the hiring and onboarding process, as well as via training and professional development opportunities for existing staff. At the system level, incentives and support must be offered to service providers so that they may meet these standards.

THEORY OF CHANGE

Figure 5. Potential Impact of Changes Resulting from Research Findings



No role is too big or too small, too broad or too narrow, too strong or too weak to have a major impact. The people most often interacting directly with those who are living unsheltered can play a huge part in clients' experiences with providers and their perceptions of the system at large, often more so than decision makers in roles with impressive titles. As a community, we can and will create transformative change in our homelessness response. As we dig deeper within ourselves (toward the heart), the leverage we have toward creating such change increases.

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