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"Meet Them Where They're At": Faith-Based and Secular Homeless Outreach Approaches

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"MEET THEM WHERE THEY'RE AT":

FAITH-BASED AND SECULAR HOMELESS OUTREACH APPROACHES

By

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"Meet Them Where They're At": Faith-Based and Secular Homeless Outreach Approaches

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Many organizations strive to provide resources for individuals experiencing homelessness both in and outside of shelters. Studies analyzing the effects of religiosity on the practices of homeless shelters show that both faith-based and secular shelters generally offer a variety of services, from the accommodative, such as food and shelter, to the restorative, like housing, substance-use rehabilitation, and spiritual transformation (Snow and Anderson 1993). Although both types of shelters may require clients to participate in the latter to access the former, faith-based shelters often show a belief-based rigidity, with many requiring prayer, sermon attendance, or a proclamation of faith to access meals or lodging (Mulder 2004; Sager 2011). In contrast, very little data exist regarding religious influence on outreach services for individuals living outside the shelter system. Many individuals experiencing homelessness do not, or cannot, access shelter services for a variety of reasons. Some shelters or other organizations use homeless outreach teams to access people living outside of the shelter system. Using qualitative participant observation, I examined the differences in services, approaches, and goals between a faith-based and a secular homeless outreach team. I interviewed staff members and volunteers to reveal the connection between policy and practice. Method triangulation between participant observation, interviews, and policy content analysis allowed me to better understand how outreach teams interpret the organizations' missions in the field. I found accommodative services provided by both organizations to be very similar, but the restorative services differed in type and focus. Although neither team required clients to participate in restorative services to access accommodative ones, the faith-based group often gave more time and resources to clients who behaved in a deferential manner. Conversely, the secular group gave more time and resources to clients experiencing varying levels of vulnerability. Both teams also interpreted the root of community stigma differently, leading them to assign the responsibility of ending stigma to different groups of people. This research contributes to a gap in research on differences between faith-based and secular homeless outreach approaches.

INTRODUCTION

We all have in our minds several images about what homelessness looks like. We might think of shelters or transitional housing, but most likely the first images we visualize are of people living on the street. Thirty years ago, shelters and soup kitchens were the only services available to people experiencing homelessness. Within the last several years, however, a growing movement has strived to bring services to people where they are at. Homeless outreach teams do just that. Rather than hope individuals will seek out services inside a shelter, homeless outreach teams bring services to people living on the street.

Many shelters have created their own outreach teams to reach people who would likely not access services otherwise. Outreach teams generally hold the same values and ideologies of their affiliated shelters or organizations, which usually determines the types of outreach services they offer. The perceptions outreach teams have about the causes and potential solutions to homelessness also influence the types of services offered. It is important to understand how different belief systems shape outreach work, because outreach teams determine who to help by using their own understandings of how to exit homelessness. This study examines the differences between faith-based and secular outreach; it explores who team members decide to give services to and why. It also analyzes the role that stigma plays in outreach and whether some belief systems promote more stigmatizing behaviors than others.

Using a variety of methods, including participant observation, this study compares two outreach teams, one faith-based and one secular, in a mid-sized Montana town. It is important to look at how the belief systems of outreach teams impact clients, because they are some of the most stigmatized and vulnerable people in our society. Often their relationships with outreach teams are their only connections to services.

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BACKGROUND

Individuals who live on the street are the most highly stigmatized group of people experiencing homelessness. Erving Goffman (1963) defines stigma as a phenomenon where an individual with an attribute that is discredited by society is rejected as a result of it. This rejection spoils the identity of the stigmatized person, often leading them to be ostracized, devalued, and ignored by other members of society (Goffman 1963). For people living on the street, whether they avoid shelters[1] or are unable to access them, the visibility they experience greatly increases their stigmatization.

Homeless service organizations and policymakers typically use the term "shelter-resistant" to describe this group; this terminology implies that people choose to stay on the street. I use the term "street occupants" to describe these individuals. Since for most street occupants living outdoors is not a choice, this is a more fitting term than "shelter-resistant." I use this term to describe individuals who stay primarily outdoors, although many street occupants spend occasional nights in shelters, motels, or with housed acquaintances.

The daily life of street occupants is a struggle for survival. They expend tremendous amounts of energy securing essentials such as food, water, and protection from the elements. They live in public view, without privacy. Street occupants who live within city limits must be hypervigilant about vagrancy laws and police officers. Their visibility makes them frequent targets of police scrutiny, which leads to attempts to relocate them to less-public areas or, in many cases, arrest (Belcher and DeForge 2012; Coolidge 2012). Street occupants in rural areas and small towns often struggle to access basic resources (Fitchen 1991; 1992). Street occupants

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[1] In this project, I use the terms "homeless service organization" and "shelter." The former term describes organizations that provide a multitude of day services, including soup kitchens, clothing banks, and shelters. The latter only includes organizations that provide day and overnight services, namely emergency shelters.

sleep outside in parks, on sidewalks, in makeshift camps and structures on public and undeveloped land, and in other public spaces. Some street occupants access homeless services inside shelters, such as soup kitchens, food pantries, and clothing donation rooms (Donley and Jackson 2014), while some do not. Some also move in and out of shelters, often in response to fluctuations in weather such as extremely high or low temperatures, while others avoid shelters entirely (Wasserman and Clair 2010). For most street occupants, living on the street is not a choice.

For many street occupants, accessing shelters or other services is not an option. Some street occupants cannot access shelters due to their geographical distance from shelters or other services (Metraux et al. 2016). Others have mental illness, such as post-traumatic stress disorder or other conditions, that make crowded shelters extremely stressful and therefore not an option. Some street occupants are unable, or unwilling, to abide by shelters' zero-tolerance policies about drugs and alcohol. Street occupants who are newly or tenuously sober sometimes avoid shelters because they find it impossible to maintain their sobriety in an environment where so many other people are struggling to remain sober (Wasserman and Clair 2010). Some shelters permanently ban street occupants due to infractions of shelter rules. Although few shelters deny services, such as food and clothing, to street occupants, they often prioritize clients who reside at the shelter, especially those enrolled in their programs. Street occupants who want to leave the street for a night often confront a limited number of shelter beds available to non-regulars, and so must wait in line for hours to secure one (Rowe 1999).

Although shelters tend to prioritize their residents, many have created mobile outreach teams to address the emergency needs of street occupants (Putnam, Cohen, and Sullivan 1985). Shelters and outreach teams alike tend to offer a variety of services to clients. Snow and

Anderson (1993) use the terms "accommodative" and "restorative" to distinguish between the types of services organizations offer. Organizations that provide accommodative services seek to address the most pressing and immediate needs of people experiencing homelessness, such as food, clothing, and shelter (Gowan 2010; Sager 2011; Snow and Anderson 1993; Wasserman and Clair 2010). Those that provide restorative services, on the other hand, reach beyond basic needs, attending to "actual or perceived physiological, psychological, or spiritual problems" that prevent individuals from exiting homelessness (Snow and Anderson 1993: 87). These services can include transitional housing, substance use treatment, and spiritual guidance.

Mobile outreach teams tend to address the most urgent needs of street occupants by distributing accommodative services (Rowe 1999). Outreach teams rarely stop at these services though; many outreach members invest time and energy in building rapport with clients. Outreach members often delay offering restorative services until they have established rapport, since many street occupants are skeptical about service providers. Many street occupants distrust service providers due to past negative experiences, where providers promised services but failed to deliver them (Jost, Levitt, and Porcu 2011; Kryda and Compton 2009). Once they have established rapport, outreach members try to address street occupants' other needs, such as mental health, addiction, and housing (Farrell et al. 2005). Since many street occupants do not, or cannot, access services within shelters, outreach teams play a critical role in connecting this population to the resources they need.

Outreach teams are almost always affiliated with shelters. As such, faith-based and secular outreach teams' approaches often mirror those of the shelters that they are affiliated with. While outreach teams from both faith-based and secular shelters tend to distribute accommodative services, such as food and clothing, to street occupants, their approaches to

distributing services differ. Similarly, like their shelter counterparts, faith-based and secular outreach teams tend to offer different restorative services. Secular outreach teams often seek to connect street occupants to mental health services and addiction treatment (Farrell et al. 2005), while faith-based outreach teams often deliver spiritual guidance to street occupants (Wasserman and Clair 2010).

People use "faith-based" to mean very different things, but I have employed a specific definition for this study. I used a 10-item definition, which I have adapted from Jeavons (1998) and Smart (1996). Jeavons (1998) defines seven characteristics of faith-based groups. First, faith-based groups usually self-identify as religious organizations and display this through their names and mission statements; second, participants are generally committed to religious belief; third, groups receive material resources primarily from religious people and religious organizations; fourth, the goals, products, and services of the organization are usually religious in nature and include "spiritual technologies," such as worship, prayer, and scripture; fifth, groups use religious values, beliefs, or experiences in decision-making; sixth, the ways in which power is structured and employed depend on religious sources; and seventh, faith-based groups tend to associate and work with other religious organizations (Ebaugh et al. 2003; Jeavons 1998). I also used three of Ninian Smart's (1996) dimensions of religion to expand my definition of faith-based groups. First, faith-based groups have distinct doctrinal or philosophical orientations that influence their work, such as the notion of substitutionary atonement[2]. Second, faith drives the ethical or legal positions of these groups; for example, faith informs how organizations respond to social issues like poverty. Lastly, faith-based groups also have clear experiential or emotional

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[2] Substitutionary atonement is the idea that Jesus died for our sins, which regards Jesus' death as a substitute for the death, or eternal damnation, of all people.

dynamics, where members of the group feel they are part of a profound experience. This can happen through organized means such as altar calls or other experience-based activities.

I classify one of the two organizations featured in this study, Hope Through Faith (HTF) [3], as a faith-based organization because it meets all ten criteria listed above. HTF describes itself as faith-based, has religious values in its mission statement and other organizational documents, and integrates prayer into all outreach activities. Also, HTF requires volunteers to share a personal statement of faith with the organization about how "Jesus Christ has changed your life." While HTF is a non-denominational organization, it is affiliated with a nation-wide evangelical foundation. Conversely, the second organization featured in the study, Community Connect Foundation (CCF), is a secular organization. It does not describe itself as faith-based, nor does it include religious rhetoric or practices in its organizational documents and activities. Although CCF does have religious roots (the organization was founded in the Franciscan Catholic tradition), it is currently a secular organization.

HTF is a faith-based homeless service organization that has several programs, but it is not affiliated with an emergency shelter. Rather, the organization started as a day center that offered meals and fellowship multiple times a week. HTF allowed clients under the influence to be at the day center. At the beginning of 2019, however, HTF closed the day center in hopes of creating a men's recovery center. HTF also has a women and children's center that offers substance use rehabilitation and spiritual guidance. The HTF outreach team was created less than two years ago. The team offers primarily accommodative goods to street occupants, but members also regularly use prayer in their outreach work.

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[3] The names of both organizations and all locations are aliases to protect confidentiality.

The secular organization, CCF, is an emergency shelter that offers shelter, showers, and three meals a day. CCF has a zero-tolerance policy toward drugs and alcohol; if clients enter while under the influence, they are asked to leave. CCF started its outreach team over eight years ago to meet the needs of individuals who do not or cannot stay in the shelter. During the first years of the outreach team, CCF outreach members focused on delivering accommodative goods to clients. However, in the past two years, they have increased their efforts to connect clients with housing vouchers. Since both outreach teams are affiliated with larger homeless service organizations, the research on faith-based and secular shelters is especially relevant to this study.

LITERATURE REVIEW

Although research on homelessness in the U.S. covers a wide array of topics, it focuses primarily on large coastal urban areas. The same is true of the literature on faith-based and secular homeless service organizations in the U.S., making both bodies of research relevant for this study. In order to better understand outreach services, it is important to first look at other homeless service provision, such as shelters.

Approaches to Homeless Service Provision

Shelters' missions influence the types of services they offer and the methods they use to distribute those services. While a small number of secular shelters only offer accommodative services, most faith-based and secular shelters typically offer a combination of accommodative and restorative services (Gowan 2010; Snow and Anderson 1993). Although the missions of organizations do not necessarily determine whether they provide accommodative or restorative

services, they do shape how and why organizations provide services. The types of accommodative services that faith-based and secular shelters offer do not vary greatly; both tend to offer emergency shelter, hot meals, showers, and clothing to those in need (Gowan 2010; Snow and Anderson 1993; Wasserman and Clair 2010). However, restorative services between the two types usually differ, which often stems from the ways that faith-based and secular shelters define the problem of homelessness.

Many secular shelters offer restorative services that provide access to mental health services and substance use treatment to clients (Gowan 2010). Secular homeless outreach services occasionally use accommodative services to attract clients to restorative ones, such as using food as "the hook" to draw clients to restorative programs and services offered by shelters (Smith 2011: 369). While more common in faith-based shelters, some secular shelters require clients to meet certain conditions to receive accommodative services. Generally, secular organizations expect clients to follow prescribed shelter rules; some secular organizations even require clients to participate in restorative programs in order to receive basic services. For example, in her ethnography of homeless services in San Francisco, Teresa Gowan describes a client who was expelled from a secular shelter for not attending Alcoholics Anonymous[4] meetings, even though he was "doing very well" in all other aspects of his recovery (2010: 207). Like that person, clients of secular shelters sometimes lose access to all services if they do not adhere to the requirements of restorative programs.

While faith-based shelters also often require clients to participate in restorative programs to receive accommodative services, the goals of faith-based shelters vary greatly from secular ones. Like secular shelters, faith-based shelters often attempt to use food as "the hook" to lead

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[4] Alcoholics Anonymous shows how faith-based and secular values can converge in homeless services. Although the program is not officially "faith-based," spiritualty is a core component.

clients to restorative services; however, unlike secular shelters, faith-based shelters' restorative services usually attempt to transform clients spiritually by offering them prayer or worship (Mulder 2004; Sager 2011; Snow and Anderson 1993; Wasserman and Clair 2010). Like many secular organizations, faith-based shelters frequently provide rehabilitation programs for addiction or mental illness. However, their programs often have a salvationist undercurrent, stressing that spiritual transformation is the key to mental and physical wellness (Snow and Anderson 1993). Like secular shelters, many faith-based shelters also use accommodative services to draw clients to restorative ones. Mulder's (2004) and Sager's (2011) interviews with faith-based shelter directors revealed that many use food and beds to draw individuals into their facilities where staff members can spread the gospel to them. Like secular shelters, many faith-based shelters also expect clients to follow prescribed shelter rules and require clients to participate in restorative programs in order to receive basic services. For example, many require clients to listen to sermons or participate in prayer before they can access food or accommodation (Mulder 2004; Sager 2011; Wasserman and Clair 2010); others require clients to profess their Christian faith in order to receive services (Mulder 2004). Researchers have also looked at service differences between denominations of faith-based shelters. Rebecca Sager (2011) found that evangelical shelters are more likely to require clients to participate in religious activities than Catholic ones.

Although faith-based and secular shelters offer different types of restorative services, both lead clients to the services they believe will help them exit homelessness. Their determinations about who receives which services often depends on how shelter staff view their clients. Shelter staff members' perceptions of the causes of homelessness influence how they

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both deliver services and interact with clients. These interactions can be supportive and beneficial to the client, or stigmatizing, or in some cases both.

Stigma and Homeless Service Provision

Why does stigma matter when discussing homeless service provision? Shelter staff members work closely with stigmatized individuals, and often they can, whether intentionally or not, react to their clients with stigmatizing behavior. Both faith-based and secular shelter staff members can hold the view that their clients are not responsible for their homelessness. For example, while secular staff might see their clients as helpless, faith-based staff might view them as meek. Faith-based and secular staff members that do hold their clients accountable for their homelessness can also promote stigmatizing behavior. Secular staff might believe clients made bad choices in life, while faith-based staff might attribute their homelessness to moral failings.

Many secular shelter staff members do not hold their clients responsible for their circumstances (Wasserman and Clair 2010; Weng and Clark 2018). At first glance, this seems beneficial to clients, but this perspective can actually stigmatize individuals by emphasizing their helplessness. These shelter staff members view clients as stigmatized people in need of professional care (Belcher and DeForge 2012). Many secular shelter staff members see the lack of programs for mental illness and substance use as perpetuating homelessness. Accordingly, shelters that offer treatment for these issues tend to create pseudo doctor-patient relationships between clients and staff, which portrays clients as powerless. Another way that secular shelter staff stigmatize clients is with an us-them dichotomy that emphasizes clients' weaknesses in the process of evaluating their needs (Dej 2016; Wasserman and Clair 2010). For example, when shelter staff conduct intake interviews, they often make determinations about new clients that

focus on their deficiencies, such as mental illness or addiction. By treating them like patients, secular shelters often exaggerate their clients' helplessness.

Some staff members at faith-based shelters also stigmatize their clients as helpless, but instead of framing them as patients or deficient, they view their clients as "meek" and in need of spiritual guidance (Wasserman and Clair 2010). During their fieldwork in Austin, Texas, Snow and Anderson encountered a faith-based shelter director who referred to people experiencing homelessness as errant sheep "in need of a lesson in order to keep…from straying" (1993: 91). This dichotomy of "shepherd" and "flock" stigmatizes individuals by suggesting they lack the ability to control their own lives. While in some cases, shelter staff members who excuse clients of the responsibility for their situations are combating stigma, this attitude can be stigmatizing if it keeps clients in a powerless position. Some shelter staff members, on the other hand, stigmatize clients by blaming them for their circumstances. This can occur in faith-based and secular shelters alike.

Many secular shelters assume that clients are homeless because they have made bad choices, and therefore hold them accountable for being homeless. For example, some secular shelter staff describe their clients as "messing up" (Degarmo, Feltey, and Pendelton 1993: 63) and believe that they need to "stop making excuses" in order to exit homelessness (Weng and Clark 2018: 91). While some secular shelters treat drug and alcohol addiction as an illness, others see it as a result of poor life choices. For example, they make clients feel that "all that [stands] in their way [is] lack of willpower and control" (Gowan 2010: 221). Secular shelters sometimes treat clients like misbehaving children; for example, one secular staff member explained the importance of using "a firm hand" and "tough love" with clients because many of

them did not receive enough discipline as children (Gowan 2010: 200). Secular shelters are not alone in stigmatizing their clients by blaming them for their homelessness.

While some staff at secular shelters attribute homelessness to bad choices, many faith-based shelter staff attribute clients' homelessness to their moral failings (Mulder 2004; Sager 2011; Wasserman and Clair 2010). They view clients as "lost souls" whose "corruption of the spirit" has led to homelessness, and who are now in need of spiritual salvation (Wasserman and Clair 2010: 202). Similar to secular shelters, faith-based shelters often associate residents' drug and alcohol addictions with bad choices, specifically the choice to live in sin. While attempting to offer religious salvation to clients, some faith-based shelters pose a choice to clients between religion or a life on the streets with drugs and alcohol (Wasserman and Clair 2010). Whether intentional or not, these stigmatizing attitudes can come from other individuals in the shelter as well.

When volunteers exert power inside homeless shelters, this power imbalance with clients can also cause stigmatization (Wright 2012). In secular and faith-based shelters alike, volunteers perform similar roles to staff, and in some cases stigmatize clients in the same ways that staff do (Holden 1997; Sager 2011; Wasserman and Clair 2010). For example, while studying volunteers in shelters, Holden described one interviewee's attitude that when she felt uncomfortable correcting clients, she would remind herself that "it's like what people say with kids—they need rules" (1997: 136). Like volunteers, "resident volunteers," or clients who have been promoted to low-level unpaid positions, can also stigmatize clients by exercising power and authority over other clients (Gowan 2010; Mulder 2004). One respondent at a San Francisco shelter told Gowan that the monitors, or resident volunteers, were responsible for much of the negative atmosphere in the shelter. He said, "They give you this stare, like a cop, never smile at you"

(Gowan 2010: 196). In these ways, volunteers and resident volunteers create an us-them dichotomy in shelters, which can stigmatize clients.

Although some shelters' policies and procedures stigmatize their clients, other shelters' policies and procedures resist or even reduce stigma. This is true of secular and faith-based shelters alike. Some secular shelters reduce stigma by emphasizing the similarities between staff members and their clients. For example, Degarmo, Feltey, and Pendelton (1993) interviewed a shelter worker who could relate to clients with children since she was a single mother. Other shelters staff members strive to treat clients without judgment and avoid stigmatizing stereotypes, such as assuming they are unemployed (Weng and Clark 2018). Still other homeless service organizations seek to recognize power dynamics between staff and clients and/or encourage clients' autonomy (Weng and Clark 2018). Shelter staff and volunteers are not the only actors that stigmatize people experiencing homelessness; outreach team members can also consciously and unconsciously stigmatize street occupants.

Outreach team members are often the only connections to services that street occupants have. Therefore, it is crucial to understand the relationships between the two groups. How do street occupants experience stigma differently than those who are in shelters? Do outreach team members stigmatize their clients in similar ways to the secular and faith-based organizations that they are affiliated with often do?

Stigmatization of Street Occupants

People experiencing homelessness are highly stigmatized by the general population; this is especially true of street occupants. Erving Goffman's seminal work on stigma provides some insights about why this is the case. Goffman distinguishes between people who are *discredited*,

whose stigma is clearly known or visible, and people who are *discreditable*, whose stigma is unknown and can be concealable (1963). While homelessness is not a physical trait, street occupants live in highly visible places and therefore cannot conceal their homeless status. Lucas and Phelan (2012) show that individuals identify and label human differences, which connects labeled individuals to undesirable expectations. Housed individuals expect street occupants to behave a certain way, stereotyping them as dangerous, untrustworthy, and lazy (Snow and Anderson 1993). Once individuals are labeled with undesirable expectations, stigma places them outside the parameters of "normal," which creates social distance and forms categories of "us" and "them" (Lucas and Phelan 2012: 75). Street occupants not only experience social distance, but also physical distance when housed individuals avoid looking them in the eye or cross the street to avoid them (Snow and Anderson 1993). Unstigmatized citizens see the stigmatized as undesirable, which disqualifies them from equal rights, societal resources, and full societal acceptance (Goffman 1963). As stigmatized individuals, street occupants have low status and experience discrimination in employment, housing, and other social arenas (Link et al. 1989).

Street occupants live in public areas, and often lack the resources to maintain hygiene, causing housed citizens to associate them with uncleanliness and garbage (Donley and Jackson 2014; Lankenau 1999). Media coverage of homelessness reflects this perception; news sources often connect street homelessness with waste, describing homeless camps as "littered" with men (Toft 2014: 25). Many of the street occupants that Gowan met during her fieldwork reported feeling "treated like trash" after interacting with, or being ignored by, housed residents of San Francisco (Gowan 2010: 85). Their association with garbage influences how street occupants are treated by members of the public, and many report being treated poorly by housed pedestrians who pass them by. When community members compare street occupants to garbage, it

reinforces the us-them dichotomy between the housed and the unhoused, and further stigmatizes people living on the streets.

Street occupants' daily actions, such as sleeping and urinating, become indecent and even deviant when performed in public (Duneier 1999). This is exacerbated by the fact that local businesses routinely deny street occupants access to their restrooms, due to their "undesirability" (Duneier 1999). When street occupants use drugs or alcohol on the street, or appear to be doing either thing, they are judged harshly by housed individuals. Although alcohol and drugs are used in the homes of people from every class, when street occupants engage in these activities in public, housed individuals and law enforcement often view them as deviant and/or addicts (Wasserman and Clair 2010).

Street occupants' visibility and contact with the public cause many housed individuals to disapprove of them living on the street. When this disapproval turns into anger, housed individuals and business owners often pressure policy makers, law enforcement, and homeless service organizations to respond to the "problem" of street occupants (Duneier 1999). Portraying street occupants as undesirable, deviant, or dangerous, housed citizens pressure those in power to remove street occupants from public spaces, pushing them further into the margins of communities, and further from homeless services (Wasserman and Clair 2010).

Street occupants' deviant status contributes to the criminalization of many of their behaviors, such as sleeping and loitering in public areas, which ultimately exacerbates their exclusion from society (Amster 2003; Duneier 1999). When this happens, "camping out" becomes a criminal activity, justifying police officers' confiscation of street occupants' few belongings, which often get sent to the dump (Gowan 2010; Toft 2014). In other instances, street occupants receive vagrancy tickets for simply existing on the streets. Gowan explains that

for one respondent, the ticketing in San Francisco "heightened his sense of exclusion" because he had "nowhere to go" (Gowan 2010: 253). When homelessness is criminalized, police officers sometimes describe their role as keeping "the homeless out of the face of other citizens" (Snow and Anderson 1993: 100).

When street occupants want to leave the streets, their stigma often follows them and makes it difficult to exit homelessness. Gentrification, population growth, and booming housing costs have eliminated many single occupancy units, public housing, and affordable housing options in urban areas across the country (Gowan 2010). As a result, individuals attempting to exit homelessness today often must look for apartments in the private housing market. Programs funded through the federal Department of Housing and Urban Development and the Continuum of Care Act attempt to house people experiencing homelessness with housing vouchers, which they can use in the private housing market (Gowan 2010), but these are limited and difficult to acquire. Even when street occupants obtain vouchers, landlords regularly dismiss them as potential tenants, not wanting to house "those people" (Desmond 2016). The stigma surrounding street occupants leads landlords and property managements to discriminate. Street occupants with poor rental history or past criminal charges struggle to find rental agencies or private landlords that will give them a chance. When these individuals do find housing, they often have to settle for housing in subpar condition (Desmond 2016). Since street occupants already face discrimination on multiple levels, it is important to look at their interactions with outreach workers who, for many street occupants, are their only link to homeless services.

Outreach Team Service-Provision

Outreach teams generally hold the same values as the shelters they are affiliated with. These values influence the way they deliver services to street occupants. Shelters' perceptions about homelessness also influence the outreach teams' views. Some secular outreach team members attribute homelessness to systemic problems, such as a lack of access to cheap housing, while others see substance use as the primary cause of homelessness (Rowe 1999). While some secular members interpret systemic inequality as a primary barrier in exiting homelessness, others place responsibility on clients and believe they need to "pull it back together" by making better personal choices (Rowe 1999).

Faith-based outreach members also hold a variety of views on homelessness. Not all faith-based outreach members trace homelessness to systemic causes. For example, a pastor involved in outreach work in Alabama, that Wasserman and Clair (2010) interviewed, described focusing "his attention on structural problems and social inequality." However, according to Wasserman and Clair, faith-based outreach teams with this view are "something of an anomaly" in the South (Wasserman and Clair 2010: 200). It is much more common, they explain, for faith-based outreach teams to believe that "sinful" behavior, such as substance use and crime, causes homelessness (Snow and Anderson 1993; Wasserman and Clair 2010). When outreach members believe this, they tend to focus their energy on saving the souls of street occupants in order to correct their behavior and help them exit homelessness.

Similar to shelters, outreach teams determine how and who to deliver services to based on their perceptions of the causes of homelessness. Faith-based and secular outreach teams often use an "exchange" process, where members ask clients for restorative commitments, such as substance-use treatment, in return for meeting their basic needs (Rowe 1999; Wasserman and

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Clair 2010). However, faith-based and secular outreach teams tend to deliver restorative services in different ways. Some secular outreach teams avoid stigmatizing language. For example, in a study of outreach teams in Wales, Smith found that rather than characterize difficult clients as "mad" or "angry," members used terms like "independent" (2011: 372). Other team members reserved judgment about clients' pasts or current behavior in order to create rapport with them, which is crucial in gaining street occupants' trust and connecting them with services (Rowe 1999; Smith 2011). On the other hand, some faith-based outreach teams tend to be more forthright than secular ones. For example, a faith-based outreach team that Wasserman and Clair observed in Alabama told street occupants that "Jesus had come for the poor and that if they accepted him, he would cure them of their 'wicked ways'" (2010: 203)   While both faith-based and secular outreach teams employ tactics that minimize stigma and build rapport with their clients, faith-based teams tend to be more transparent about their purposes.

Since outreach teams have limited resources and do not have formal intake processes, they must make hard decisions about which clients to spend their time and energy on. A small amount of research has been done on why outreach members focus their attention on some clients more than others. Lipsky explains that some "street-level bureaucrats," including outreach members, offer treatment and services to individuals based on their perception of the "moral worthiness of subjects" (2010: 109). While Lipsky does not argue that faith-based or secular outreach teams are more likely to deliver services to those who they perceive as moral, outreach research shows that faith-based outreach teams often expect clients to prove their morality through participation in religious activities, in order to receive services. Some faith-based outreach teams use morality as a measure to make hard decisions about who to provide services to. For example, Wasserman and Clair (2010) found that most faith-based outreach

teams required clients to pray before they would distribute food to them. Another way outreach members determine who to give services to is based on whether individuals seem more likely to respond to their help than others (Lipsky 2010). In this way, outreach team members are like teachers, who tend to favor children who assimilate information easily and therefore receive more frequent and positive feedback (Lipsky 2010). While outreach teams help many people, members also routinely choose not to help street occupants.

Although some research on homeless outreach teams exists, very few studies have looked at the ways that faith-based and secular teams differ. This study fills this gap in the literature by examining how organizational values and belief systems influence service delivery in homeless outreach. Based on shelter literature, we know that shelter staff members can minimize, ignore, or exacerbate stigma. This research demonstrates how faith-based and secular outreach teams interpret and manage the stigma surrounding homelessness. This study explores the following question: how do faith-based and secular homeless outreach teams deliver services to highly stigmatized street occupants? Or, to separate this question into three specific ones: with limited resources, how do faith-based and secular outreach teams determine which individuals to give resources to? How do faith-based and secular outreach teams manage the stigmatization of their clients? Lastly, who do they view as responsible for combating that stigma?

DATA AND METHODS

Methods

This project incorporated three qualitative methodologies: participant observation, in-person interviews, and content analysis. Participant observation was the primary method of data collection. By triangulating these three methods and employing a careful and systematic

approach to analysis, I learned how religious and secular perspectives shape each organization's assessment of the causes of and solutions to homelessness, and how this in turn influences their interactions with street occupants.

Participant observation.

I used participant observation to observe the homeless outreach teams affiliated with two local organizations; the secular Community Connect Foundation and the faith-based Hope Through Faith. While observing team members, I performed the role of a volunteer and assisted outreach in their daily tasks. The nature of the work varied, depending on the daily agendas of each outreach team. Common tasks included distributing food and supplies to street occupants, informing them about relevant services and programs, and driving them to important appointments.

I took note of the services that outreach teams offer, the methods they use to deliver them, and how staff members and other volunteers interact with street occupants. I noted whether the teams offer accommodative services, such as the distribution of food and supplies, and/or restorative services, such as rehabilitative programs and transitional housing. I also looked for evidence of social distance, such as the way that outreach team members and volunteers use body language, word choice, and physical closeness in their interactions with street occupants. Finally, I observed how outreach teams interact with the members of the community, including business owners and workers from other agencies.

Over the course of several months, I observed the secular team for approximately thirty hours and the faith-based team for approximately ten. The discrepancy between hours is due to the differences in the size and schedule of the two groups. Hope Through Faith typically

conducted outreach a couple times a month. Community Connect Foundation conducted more hours of outreach, making multiple scheduled and unscheduled outreach trips each week.

I did not take notes while volunteering, but instead took extensive fieldnotes immediately after each observation. People living on the street cope with public scrutiny on a daily basis and taking notes could easily exacerbate that sense of being scrutinized and examined. I generated approximately 180 double-spaced pages of fieldnotes.

Interviews.

I conducted brief, in-person interviews with 12 current and former outreach staff members and regular volunteers, which generated approximately 220 double-spaced pages of transcripts. I conducted interviews with three HTF outreach team members and volunteers, and interviews with nine CCF members and volunteers. The discrepancy in the number of interviews reflects the fact that HTF's outreach program is relatively new and therefore has fewer staff and volunteers than CCF. The interviews explored their perceptions of homelessness, street-homelessness, and the purpose of outreach work. The Outreach Team Member Interview Guide can be found in Appendix A. Also, I conducted short interviews with two staff members from the local Health Department. These interviews generated 16 double-spaced pages. I conducted these interviews to gain a better understanding of the cleanups and evictions that occur at the remote area where several street occupants camp, which I will call "River Point." The Heath Department Interview Guide can be found in Appendix B.

These interviews helped me understand how staff and volunteers perceive their roles as outreach team members or volunteers. They also revealed outreach team members' attitudes and beliefs about the causes of homelessness and solutions to the problem. Finally, interview data

helped me understand how the beliefs, values, and behaviors of outreach team members converge with or diverge from the missions and belief systems of the organizations that they work with.

Content analysis.

I also conducted a small-scale content analysis of each organization's website, mission statement, employee handbook, and volunteer training manuals. These data helped me understand the two organizations' missions, understandings of the causes of homelessness, and plans to help clients exit homelessness. Using content analysis in conjunction with observations made it possible for me to determine how the actions of outreach team members converge with or diverge from the missions and belief systems of the organizations that they work with.

Data Analysis

After I finished collecting data, the first step of my analysis was to re-read all my data and identify several broad themes, such as "types of services," "understanding of the causes of homelessness," and "solutions to the problem."   Next, I created narrower, more specific codes within each broad coding category, such as "initial contact with street occupants," "interactions that build trust," "body language," and "resistance from street occupants." Then, I entered my coding schemas into the NVivo data management software program and coded the entire dataset using these coding categories and codes. I created over 200 primary and sub codes to sort the dataset. I discuss some of the most salient and interesting codes in the findings section.

I secured permission to conduct this research from the Directors and outreach staff of both organizations. As a part-time employee of Community Connect Foundation, it could have been problematic for me to hold the dual roles of researcher and staff member. However, I took extra precaution to keep both roles separate. While observing with both organizations, I functioned as a regular volunteer and did not take the lead in any interactions with street occupants. I revealed to Hope Through Faith that I am a staff member at Community Connect Foundation, and on the request of Community Connect Foundation leadership, I signed a document confirming that my research work and staff position would be completely separate.

Over the course of the research, I upheld the confidentiality of all individuals that I observed and interviewed. I used aliases for all individuals and organizations and obscured any identifying features, including physical, verbal, and interactional characteristics, in my fieldnotes and in my thesis. As an employee of Community Connect Foundation, I am required to uphold client confidentiality, therefore any information that I possessed about clients, volunteers, or staff prior to this research remained confidential. I was not familiar with many street occupants, as few of them access services inside Community Connect Foundation's shelter, where I work.

Research Challenges

This research involved some challenges. First, both organizations had somewhat unpredictable outreach schedules that required careful communication with outreach organizers. The outreach team of Community Connect Foundation operates Monday through Friday, but outreach hours were fluid, and even scheduled outreach trips were canceled at times. The team adjusts its schedule to meet the needs of street occupants, including transporting them to

appointments and responding to calls from local businesses and law enforcement. In contrast, Hope Through Faith outreach members attempted to hold regular outreach hours, but with limited staff and resources, they were only able to do outreach one or two times a month. In addition to scheduling challenges, the two organizations have only one or two staff members, which limited the variety of outreach styles that I could observe. Lastly, I did not have access to extensive personal information about any of the street occupants that I observed. This occasionally made it challenging to interpret why outreach team members approached or interacted with individuals in the ways that they did. Although these challenges are important to note, none were significant enough to undermine the research project or data collection approach.

There were four significant limitations surrounding my research. First, my analysis did not reveal race to be a significant theme in my findings. This is a research limitation because racial dynamics influence human interactions (Mills 1997) and therefore, it is likely that race plays a role in the outreach of these two teams. I did not directly include the role of race in my research questions as it was not the primary variable of the study. However, future research should investigate how race influences both faith-based and secular outreach. Also, I did not ask clients or outreach members specific demographic questions about their racial identity. This is partially due to the direction of my research questions, but also because of the invasive nature of demographic surveys. Street occupants are already subjected to feeling exposed, and I wanted to avoid making clients feel additionally uncomfortable. Since I did not ask clients their racial identity, I did not ask outreach members or volunteers either. Although I did not ask clients or outreach members how they racially identify, I kept descriptions of all clients and members in my observation notes. Over 80% of the current and former outreach members that I interviewed

seemed to identify as white; the remaining members seemed to identify as Latinx. Approximately 75% of the street occupants that the teams encountered while I was observing seemed to identify as white. The majority of non-white street occupants seemed to identify as Native American, but the teams also worked with a small number of clients who seemed to identify as black and Latinx. Due to the limitations I describe above, I was not able to make any systematic conclusions about race in this project.

The second limitation is due to the lack of gender as a significant theme in my findings. Like race, gender influences social interactions (Blumer 1969), so it must play a role in outreach; however, I did not uncover definitive evidence about how it did so. Approximately 70% of clients seemed to identify as male, while the majority of the current outreach members seemed to identify as female. More research is needed regarding both race and gender in homeless outreach work.

The third limitation revolves around the potential personal bias of religion. I was raised Christian but no longer practice the faith. My religious background created advantages and disadvantages for my research. My knowledge of basic Christian values helped me to understand and interpret the rhetoric that HTF outreach team members used. However, since I am skeptical about religion, and Christianity in particular, I worked hard to avoid any bias or assumptions about the faith-based team. One way that I did this was to focus on individuals and follow the same observational procedures when observing both teams. For example, I concentrated on observing and documenting the reactions of outreach members and clients, rather than my own. Months of data collection and analysis led to several interesting findings.

Lastly, the fourth limitation is due to a potential bias from my employment at CCF. As a part-time employee there, I knew both current outreach members previously and agreed with the

mission of the organization. However, I was aware of this potential bias before conducting

observations, and as with my religious background, I worked hard to avoid showing favoritism.

Again, I did this by concentrating on observing and documenting the reactions of outreach

members and clients, rather than my own.

FINDINGS

My data analysis process uncovered several similarities between the two outreach teams.

For example, they both freely offered accommodative goods, and they both attempted to build

rapport with clients. However, since this study aims to look at differences between the two

groups, my findings are focused around the differences between the two organizations. Since

both outreach teams had limited resources, they were forced to make decisions about which

clients to spend time and resources on. The measures that each team used to determine these

choices differed greatly. Additionally, the ways each team interpreted sources of vulnerability

influenced which clients they chose to help. Lastly, while both teams stated the importance of

combating stigma surrounding homelessness, the teams placed this responsibility on different

groups.

Unlike shelters, homeless outreach teams do not have a formal intake process to

determine the needs of their clients. Therefore, outreach team members must make difficult

choices about where to spend their limited time and resources. While the outreach teams of

Community Connect Foundation and Hope Through Faith offered similar accommodative

services to their clients, they offered them very different restorative services. CCF and HTF's

outreach teams also used different criteria in determining who they spent time and resources on.

The decisions the two outreach teams made in giving services reflected who they consider as most deserving of their services.

Both outreach teams defined who was "deserving" based on the values of their respective organizations, as well as how each organization perceived the causes of homelessness. As their mission statements illustrate, Community Connect Foundation and Hope Through Faith understood the causes of homelessness differently. In its vision statement, CCF's website explains that the organization strives not only to meet the needs of clients, but to also "understand the larger causes of poverty and homelessness in our community," which include systemic problems such as an insufficient supply of housing, social programs, and case managers. Mirroring this vision statement, CCF members attempted to help street occupants who had been made most vulnerable by these systemic problems. Conversely, according to HTF's mission statement, the organization aims to "serve, rescue, and transform those in greatest need by the grace of Jesus Christ." This suggests that the organization views individual transformation as the key to exiting homelessness. Since this assumes individual fault as the cause of homelessness, HTF outreach members attempted to transform individuals in spirit and behavior.

In addition to these differing perceptions, the two outreach organizations interpreted community stigma differently. While both groups attempted to combat their clients' stigmatization, they saw different groups as responsible for ending the stigmatization of street occupants. CCF members suggested that community members must combat clients' stigma by becoming educated about homelessness and becoming more empathetic, but HTF members placed the responsibility on clients to prove to the community that they do not deserve stigmatization. Before discussing the stigmatization of street occupants at a community level, it

is important to first understand the nature and content of their interactions with outreach members and their services.

Responsibility in Service Provision

Outreach teams perceive the causes of homelessness differently, which influences where they place blame for their clients' homelessness. This also influences which clients outreach teams give the most time and attention to. While CCF members view systemic problems as the primary cause of clients' homelessness, HTF members attribute their clients' homelessness to poor choices. The ways in which clients ask for help, commit to the organization's values, and show a willingness to change influence how outreach members assist them.

Asking for help.

While HTF members offered clients accommodative services without them asking, most members felt that it was the client's responsibility to ask for help with restorative change such as housing or substance use treatment. When asked how members knew a client was ready for housing or treatment, HTF member Jessi said, "If they want help, all they have to do is ask." She continued, "If they're asking for help, you know they want help. They really want to step into that and transform their lives in that way." Several HTF members described telling clients that they needed to "reach out" and ask for help when they had decided to seek restorative services.

In addition to placing responsibility on clients to ask for help, HTF members gave more time and resources to those who did than those who did not ask for help. HTF outreach members saw clients who asked for help as willing to transform, and therefore gave them more time and

resources than those who did not seem as willing to transform. On an afternoon in mid-October, I met up with Jessi and HTF outreach member Ashley at River Point, and Jessi informed me that we were delivering a sleeping bag and other supplies to a woman camped there. As we walked over the bridge to River Point, Jessi explained that the woman's grandmother had reached out to her several months prior. The grandmother told Jessi that although she had given her granddaughter a car and regularly gave her money, she was still camping at River Point and using drugs. Jessi informed the grandmother that she was not helping her granddaughter but was actually enabling her. Months after the conversation, Jessi explained, the young woman approached her and admitted that she had been right. She lost her car and had zero money left; she was there asking for help. Jessi said, "Now I can love on her and bring her things, because she asked for help and wants to change. Before it was just enabling. Now I can actually help her" (fieldnotes 10/16/2018). Jessi prioritized the needs of this individual on the trip as we did not visit any other camps at River Point that day. Jessi viewed this client's request for help as the first step in transformation. Until the client was willing to transform her behavior, Jessi felt that she would be enabling her if she helped her.

In contrast to HTF, CCF members clearly believed that it was their responsibility to ask clients if they needed help rather than the other way around. In their interviews, HTF and CCF members alike spoke of meeting street occupants who have had negative experiences with homeless service organizations and therefore avoid seeking assistance from them. CCF members viewed these negative experiences as systemic barriers, and as such they did not wait for clients to approach them and ask for help. Rather than prioritize clients who asked for help, CCF members asked all individuals they encountered about their interest in services. In their interviews, CCF members and volunteers explained that they did not push services on clients, but

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they stressed the importance of repeatedly asking clients if they were interested in receiving services. Outreach member Jen said that getting clients interested in housing "took *a lot* of asking." She said she would remind clients that, "it's gonna get cold again soon, and…you wouldn't have to worry about pawning your stuff all the time if you had a place to store your stuff." Since CCF members wanted to help clients navigate through systemic barriers, they removed the step where clients must ask for help.

I witnessed CCF members successfully connect several clients to services by repeatedly asking them about their interest in services. During my fieldwork, CCF members regularly visited Taylor, a man in his mid-twenties who camped at River Point. For months, Taylor would only accept accommodative goods from team members, and he refused to hear about housing resources. On a late morning in mid-September, CCF member Becca and I found him in his camp. We asked if he wanted the basics, such as a sack lunch, water, and socks. He gladly took them in his arms. Becca then softly asked, "Did you end up coming in at all?" She was referring to a meeting they were supposed to have about housing at Community Connect Foundation. He shook his head and said, "No, I'm not really the type to need help. I'm doing okay." Becca nodded and said, "Okay, but we do have different things we can offer—whatever you are comfortable with." Taylor nodded slightly and went back in his tent (fieldnotes 9/19/2018). Over the next several months, Taylor became more receptive to the topic of housing. CCF members guided him through the housing process, and in January of 2019 Taylor moved into his own apartment with the help of a housing voucher. Rather than wait for clients to ask for help, CCF members asked clients what they needed. Even if clients were hesitant, CCF members continued to ask over time. In their interviews, CCF members explained that clients were often frustrated with homeless service organizations because they felt forgotten or shuffled through

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homeless service systems. This experience often caused individuals to resist help from CCF

initially, but over time team members' persistence slowly eliminated that resistance to being

helped. Whether or not clients asked for help determined who the two outreach teams gave

restorative services to. Team members' expectations about how clients should receive help also

differed.

Organizational values and service provision.

While neither organization required clients to submit to its values in order to receive

services, HTF outreach members allocated their limited resources to individuals who showed

respect for the organization's values and faith principles. HTF members also stressed addiction

recovery as an important value of the organization. Despite this strong commitment to recovery,

in their interviews HTF members stated that a client's use of drugs or alcohol did not determine

whether they would offer them services. HTF member Ashley explained that she went out of her

way to work with clients in active addiction. She said, "The addicts on the streets are the ones

that I kinda look for. I know they're the ones that are really broken and they're really lost, and

they really feel hopeless so that they're reaching out to a substance to fill that hole in their life."

However, when clients referenced God or other faith-based values while using drugs or alcohol,

HTF members and volunteers often confronted them and/or refused certain services.

HTF outreach members often confronted clients who referenced faith-based values while

under the influence. In her interview, outreach member Ashley explained that "I love having

[clients] come up to me and tell me about a story in the Bible." She continued to say that "I've

met a lot of people living on the streets that know more scripture…and have a better relationship

with the Lord than a lot of people that go to church every Sunday." However, when clients used

substances while quoting scripture, Ashley's demeanor changed. To illustrate this point, she described an experience she had the previous fall while she was doing the dishes at HTF's day center. A client on methamphetamine approached her and started reciting Bible verses. She described her shock and anger when he attempted to "spit scripture" at her. She told him, "Listen, the devil knows as much scripture as the Lord does. So, what you're saying right now isn't coming from God, and I please want you to stop…you're high; I don't need you telling me scripture right now." Ashley's anger suggests that HTF outreach team members believe that a client cannot be respectful of the organization and its values while under the influence of a substance. Although the client was participating in religious activities, being under the influence of a substance showed the outreach member that he was not submitting to the organization's values. HTF members wanted clients to show respect in order to prove they were willing to transform. Essentially, team members seemed to believe that individuals needed to transform behaviorally before they could truly transform spiritually.

While HTF outreach members offered accommodative services without question, they did not offer the restorative service of prayer to individuals who failed to submit to the organization's values. On a mid-summer afternoon, Jessi and I were handing out hygiene kits and picking up trash around an area named Circle Trail when we watched a white man in his forties walk up to a group of individuals sitting by the river. We overheard him say, "Hey, hey, everything's for sale. What do you need?" When we stopped by the group to hand out hygiene kits, the man seemed surprised to see us walk up from the wooded pathway. He approached Jessi and spoke using religious rhetoric, calling us both "blessed souls." He then started to rap for us, peppering his rap with religious references. Multiple times he moved inches from our faces, looked us in the eyes, and energetically moved his arms to the rap beat. Throughout this

interaction Jessi kept a straight face, giving the man room to speak but not encouraging him. When he was done, Jessi hurriedly grabbed the trash bag I had set down in order to zip up my backpack and sternly said, "Let's go." We left without asking if the group would like to pray, a deviation from HTF outreach members' typical practice. As we walked away, Jessi shook her head and angrily said, "Man, they are shameless. There's a drug deal goin' on right now. Right behind us" (fieldnotes 7/17/2018). Although Jessi offered the group accommodative services via the hygiene kits, she did not offer the restorative service of prayer. She had the most negative reaction to the man who used religious rhetoric in his rap. Since he did this while selling drugs, Jessi viewed his behavior as especially disrespectful to the organization's values and the Christian faith. By not offering prayer, Jessi denied these individuals spiritual transformation. Since dealing drugs does not align with HTF's values and the individuals seemed unwilling to transform behaviorally, Jessi did not see them as deserving of spiritual transformation.

In contrast, I found no evidence that CCF members expected clients to submit to the organization's value system in order to receive services. In the emergency shelter, CCF follows a zero-tolerance policy for substance use. Although this is a rule, it stems from the value of maintaining a safe space for all residents, but especially those who are going through addiction recovery. CCF members did not expect clients to align with the shelter's zero-tolerance policy in order to receive services. In fact, most CCF members spoke highly of the flexibility they were allowed regarding clients' substance use. CCF member Jen explained, "I feel that CCF is really lucky because…we are able to work with folks that are active in their substance use—whereas regular shelter participants aren't." Rather than see drug and alcohol use as in conflict with organizational values, CCF members appreciated being able to diverge from the shelter's rules. CCF member Angela explained that she often felt like a "disciplinarian" while working at the

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shelter, but with CCF she said, "I get to meet people where they're at," including clients in active addiction. In the shelter, safety depends on mandating the zero-tolerance policy, but what promotes safety in shelters can be harmful to street occupants in active addiction. For street occupants, being forced to use substances in secret is often more dangerous than not. Rather than force clients to conform to organizational rules, CCF members attempted to meet the needs of all clients regardless of addiction.

While CCF has other values, the most important value of each organization influences its primary restorative service. Whereas for HTF, the values surrounding the Christian faith direct the restorative service of prayer, CCF's most important restorative service is housing, which stems from valuing the concept of Housing First. The Housing First model is an approach to ending homelessness that assumes that people need to have safe, secure housing before they can improve other aspects of their lives. Besides a small number of specific cases, CCF members offered housing assistance to all clients they encountered. Many individuals refused housing completely and merely requested accommodative services. Although these clients did not align with the ultimate goals of CCF members, they still regularly provided survival needs for those who rejected housing.

Support for change: Housing First.

HTF and CCF's outreach teams differed in how they supported clients changing their lives, especially by obtaining housing. While following a Housing First model is required by the Department of Housing and Urban Development (HUD) in order for organizations to receive funding, CCF members seemed to really believe in the model, rather than simply following it because they had to. CCF member Angela explained that other organizations "want their people

stabilized before they house them. And I'm like, that doesn't make sense to me at all. I mean, when you're out there…a good percentage of them use [substances] because they have no other option, it's the only way they can survive. So housing is, to me, is so important." Several CCF members described housing as a form of healthcare, because it improved the overall well-being of individuals.

In their interviews, several CCF members talked about clients whose situations improved after becoming housed. CCF member Angela talked about Taylor, the young man at River Point, who had initially been resistant to housing but was housed at the time of her interview. She explained that he was thriving in his new apartment. Angela said that Taylor was "just so excited about having a different life. He wants to go to school, his apartment's right by the university." CCF members discussed the barriers street occupants experience while living on the street, and therefore they believed that housing clients was the first step toward improving their lives.

While HUD requires the HTF outreach team, like CCF, to follow a Housing First model, HTF members expressed conflicting views about this approach. The Housing First model allows clients to access housing without first committing to recovery, which contradicts HTF's emphasis on recovery and transformation. Despite this, I never observed HTF members disagreeing with Housing First. In fact, several seemed to believe that Housing First can be helpful for some individuals. When asked about her opinions on Housing First, outreach member Jessi responded by saying that "not everybody is gonna choose recovery. And it's okay, but they don't deserve to be on the streets because of it." However, Jessi did not describe what type of client she thought Housing First without recovery would work for. She continued to explain that she personally thinks recovery before housing is crucial. Jessi said, "Because the

drug, the alcohol, you're gonna continue to chase after that. And even if your rent's paid, you're still gonna make bad choices." Although not opposed to Housing First categorically, HTF outreach team members believed that spiritual support and recovery tools were more effective ways to help street occupants exit homelessness.

While CCF members thought that housing should be the first step in exiting homelessness, HTF members stressed the importance of client transformation and recovery before housing. As outreach member Jessi explained in her interview, she believed that some individuals needed to stop using substances in order to stay housed. During a discussion about addiction recovery, she said, "There's a lot of people you put in housing that are, you know, not in a good place with their active addiction, and you don't want to set up them to fail. So those ones, we would love to say, 'let's go through this process [of recovery] and then we'll be able to help you maintain permanent employment and housing.'" Jessi's own experience exiting homelessness shaped her perspective. She said, "It worked for me personally, the recovery part," and "it was better for me to be in a place where I was working through…my sobriety." Because Jessi needed to be addiction-free in order to successfully stay housed, she was personally skeptical of the efficacy of the Housing First model. While HTF members did not categorically reject the Housing First model, transformation and recovery weighed much heavier in their rhetoric. While they mentioned the importance of housing clients in their interviews, I rarely witnessed HTF outreach members discuss housing opportunities during outreach.

Another way HTF outreach members focused on transformative change was in their discussions of the organization's day center. After years of providing regular meals, coffee, and day shelter to street occupants, the day center closed at the end of December 2018. When asked about this decision, HTF outreach members explained the organization's conclusion that

accommodative services do not actually help street occupants because they do not transform them. In their interviews, HTF outreach members regularly described the day center as a service that impeded recovery and transformation. When asked about his opinion on the closure, HTF volunteer Josh stated, "You meet people where they are, but you don't let them stay there," explaining that the day center was not doing enough to transform individuals. HTF members stated in their interviews that members of the organization were working toward creating a new day center. Outreach member Ashley said that unlike the previous center, she hoped for a new location that would be "not just a place to go hang out and get some coffee and some supplies," but where "we're actually helping [people] in the process of getting up off the streets." She continued to describe the potential restorative services that the organization could offer in a new day center. She said, "We could sit down with them, I mean, have AA meetings, have bible study, and help them with job applications, help them with rental applications, help them with their mental health stuff." Ashley's ideas were echoed in a HTF newsletter, which explained the closure (March 2019). In the explanation, the newsletter cited a bible verse from John 6:1 which states, "Jesus fed the 5,000 but none of them came to know Him as the 'Bread of Life.'" The use of this verse shows that HTF members did not believe feeding people promoted transformation, and their approval of the closure explains their desire to spend time and resources on individuals who were willing to transform. While the different ways the two outreach teams viewed transformation influenced who they gave resources to, especially restorative ones, other factors shaped their perceptions of clients and therefore who they decided to help.

Additional Vulnerability

Street occupants are the most vulnerable subset of people experiencing homelessness. Their exposure to the elements and violence are magnified by living on the street. My analysis uncovered two other forms of vulnerability as important topics: those who are mentally ill and those who are vulnerable to legal intervention. These situations make street occupants additionally vulnerable to remaining unhoused. The ways outreach teams interpreted these two vulnerabilities influenced who they saw as deserving of help. This connects to my research question of how outreach teams determined who to give resources to. Since CCF members attributed homelessness to systemic problems, not individual failings, they spent time and resources on those made most vulnerable by systemic inequality. In contrast, since HTF members attributed homelessness to the faults of individuals, they saw personal transformation as a crucial part of exiting homelessness. The outreach teams' perceptions of the causes of homelessness influenced how they helped clients who were additionally vulnerable due to mental illness or legal repercussions.

Mental illness.

CCF members viewed clients with mental illness as some of the most vulnerable street occupants, seeing the failed systems that most likely caused their homelessness as also perpetuating it. The more severe a client's mental illness is, the more difficult it is for them to access housing. This makes street occupants with acute mental illness especially vulnerable. While many clients with mental illness would likely qualify for voucher referrals, many of these individuals are unable to complete the paperwork and assessments required to receive one. Although my interview guide did not contain specific questions about mental health, members of

CCF spoke frequently, without prompting, about the difficulties that severely mentally ill street occupants have accessing housing. CCF member Angela described one client with acute mental illness who had repeatedly started the housing process but then she "gets to a certain point where she shuts down, where she's paranoid, she won't answer the questions, she won't sign the releases." Several CCF members explained that they lacked the necessary resources, time, and training to connect individuals with acute mental health issues with housing. CCF member Jake described a street occupant who was so mentally ill that he was unable to initiate a housing conversation with him. While describing that client, who lived at River Point, Jake said, "I don't think I've ever had a conversation with him about whether he wanted housing, because it was just so rare that we could talk about anything that was real." CCF members expressed a sense of helplessness and frustration while discussing these situations, which showed that they considered systemic failure to be a barrier preventing clients from accessing consistent mental health services and stable housing.

When clients with mental illness were unable to access housing, CCF members attempted to support them with accommodative goods and survival tools. While discussing a client who she had never offered housing to, CCF member Becca explained, "Certain folks that we work with are beyond my capacity to be able to have those kinds of conversations with, and my priorities with them are just making sure that they're alive and they're okay, and whatever assistance I can and they're willing to let me do for them, I will." I observed CCF members spending extra time and resources bringing accommodative goods to their most vulnerable mentally ill clients. One example is John, a client who had camped at River Point for over fifteen years. As I learned from CCF members, John suffered from untreated severe mental illness. The support that CCF members provided to John varied, but they generally included

bringing him money from his payee, Gatorade, and cat food for his dozens of cats. On one occasion in late summer, Becca used additional time and resources to help John. That morning, we left the CCF shelter to do outreach at River Point. Becca told me that we had to first stop at an outdoors store to return a backpack. When I looked baffled, she explained that a couple weeks before John had seen the backpack of another outreach member during a visit and wanted one for himself. Becca told me that she and Jake, the other outreach member at the time, explained to John that this particular type of backpack would cost about $100. John asked the outreach team to purchase the backpack for him using money from his payee. Becca explained that when she brought the backpack the next week, though, John had changed his mind. After we stopped at the store and Becca had returned the backpack, we headed for River Point. When we stopped at John's camp, she gave him a full refund of his money, with a receipt (fieldnotes 8/17/2018). While John's mental illness acted as a barrier for him to access housing, CCF members attempted to meet his other needs. CCF members understood that systems for housing and mental health do not reach everyone with services, which they saw as one of the reasons people remain in homelessness. When CCF members could not change inequalities in the system, they helped clients who fell in gaps of assistance. Mentally ill clients are extremely vulnerable as street occupants, and CCF members attempted to counteract this vulnerability through additional attention and survival goods.

Like CCF members, HTF members acknowledged that the mental health system has shortcomings. However, they ultimately saw mentally ill clients as responsible for seeking help, and by extension, exiting homelessness. Some members believed that they could not do much to help mentally ill clients until those clients sought mental health care. Member Jessi described one of her worst interactions with a client, where she had to physically prevent a mentally ill

client from attacking her. As Jessi explained to me, "She was coming at me, and the only…the best option I had to protect myself was just to hold, just to hold on to her." After describing this scenario, Jessi said that the client was living with an untreated mental illness, and that "there's not enough help in that area [mental health] as far as case management for [clients] to be stable and…to take their medications and things like that." While Jessi acknowledged the inadequacies of the mental health system, she ultimately believed the client was responsible for seeking out the services she needed. Referring to the same client, Jessi explained that "she just doesn't understand or [is] not even willing to submit to what there is," meaning the mental health services available to her. She paused and continued, saying that "submit is probably a big word. Not a lot of people understand that word, but she just doesn't know how to trust what we're doing today [in outreach], and I don't think that she'll ever get to that until she gets the help that she needs." For Jessi, although the mental health system has faults, it was ultimately the client's responsibility to seek help.

Apart from Jessi's account, HTF outreach members and volunteers very rarely discussed mental illness in their interviews. Yet, I repeatedly observed HTF outreach members offering accommodative services to mentally ill clients, despite their unwillingness or inability to transform. For example, although the client Jessi restrained now avoids her, Jessi said, "No matter what, I always just leave stuff in a certain place for her—she'll get it." However, while Jessi gave the client accommodative services, she did not look for ways to offer her restorative services, such as care for mental illness. Although HTF members did not overlook mentally ill clients during outreach, the fact that they rarely discussed mental illness suggests that they did not see it as a primary cause of homelessness. CCF and HTF outreach had many of the same clients who struggled with mental illness. While CCF members regularly spoke about how

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untreated mental illness was a barrier for these clients, HTF members focused on addiction as the major barrier to exiting homelessness for these and other street occupants.

Legal vulnerability.

Another way that street occupants are made vulnerable is through interactions with law enforcement, and outreach members had to decide how to work with clients who were legally vulnerable. Living in public view, street occupants are vulnerable to interactions with law enforcement, which can result in tickets or jail time. Misdemeanors or even multiple nuisance tickets make it increasingly difficult for individuals to exit homelessness, which in turn makes them additionally vulnerable to remaining unhoused. Outreach teams interpretations' of law enforcement and how it affected their clients influenced whether they chose to protect clients from it or not.

The CCF and HTF outreach teams and the organizations they are affiliated with approached legal intervention with clients differently. Although workers at CCF's emergency shelter had to regularly call law enforcement to maintain the safety of clients at the shelter, CCF outreach members did not seek out law enforcement and tried to limit their clients' interaction with it. I observed CCF members attempting to protect clients from law enforcement in both urban and rural settings. This was most noticeable in the weeks leading up to the 2018 fall cleanup at River Point. I repeatedly witnessed Becca reminding campers that they would have to leave for the day in order to allow volunteers the space to work. She also warned them that law enforcement would arrive in the morning and explained that if they wanted to avoid having any interaction with police, they should be out of the camp early. While doing outreach on a September afternoon two weeks before the cleanup, Becca and I came upon the tent of a young

couple in their early twenties. Becca explained the process of the cleanup to the young woman, who stood listening intently. When Becca stressed that law enforcement would be present, the woman nodded with wide eyes and said gratefully, "Yeah, okay, thank you! I have a warrant, so that is helpful to know!" Becca said, "Yeah, I would just get out as early as you can, like before eight." The woman smiled and nodded saying, "Okay, thank you so much" (fieldnotes 9/19/2018). When we returned to that camp the day before the cleanup, the couple was not at home. We left them a reminder note about the cleanup, but as we walked away, Becca quietly said, "Dang, I know the girl in that tent has a warrant, and I wanted to give her a heads up about tomorrow" (fieldnotes 10/8/2018). It was clear from this comment that Becca wanted to protect the already vulnerable woman from being arrested, which would cause her to lose her camp and belongings.

While CCF members helped clients limit contact with law enforcement, the protection offered by HTF members depended on the situation. When clients blatantly disrespected the organization's values, such as transformation through faith or addiction recovery, HTF members were less likely to protect them from interventions with law enforcement. On a downtown outreach trip in mid-December, Jessi and I waited in front of HTF's thrift boutique for outreach volunteers to join us. While we waited, she explained how she recently showed some campers off of Highway 93 how to avoid getting caught by Highway Patrol and the Bureau of Land Management. She said, "I told them, 'You gotta cover up your boot tracks in the snow!' That's how a lot of people are getting caught" (fieldnotes 12/11/2018). Although the clients were camping illegally, Jessi helped them stay hidden from law enforcement to protect their camp.

In contrast, when clients defied the values of the organization, such as using substances, HTF members considered involving the police. For example, after the Circle Trail drug deal,

described above, Jessi and I walked briskly back to our vehicles. Jessi fumed and angrily told me, "They all know better than that. They know damn well I will turn them in. I've told them before" (fieldnotes 7/17/2018). She did not call the police, but her anger suggested that she wanted to hold individuals legally accountable.

Although both activities, camping and dealing drugs, were illegal, Jessi treated them very differently. Jessi's comments suggest that she viewed camping, even if done illegally, as a consequence of homelessness, while drug-dealing is a root cause of homelessness stemming from individuals' poor choices. When clients participated in behaviors that HTF members attributed to the causes of homelessness, members perceived these actions as an unwillingness to transform. Since HTF members saw individuals as culpable for their homelessness, they assumed clients were responsible for their legal vulnerability, especially when members linked the illegal activity to a cause of homelessness. While outreach members must determine who to give services to and who to protect in vulnerable situations, they also must decide how to manage the stigmatization of their clients.

Community Stigma

As explained above, housed citizens often stigmatize street occupants, viewing them as criminals, nuisances, and unkempt individuals. But street occupants can be excellent tenants and community members, if given the chance. In order to connect clients to housing, outreach teams must combat this stigma. How do faith-based and secular outreach teams manage the stigmatization of their clients? Also, who do they view as responsible for combating that stigma? I uncovered ample evidence that HTF and CCF outreach members worked with landlords, business owners, and other community members in order to manage this stigma.

These groups' power and influence can prevent street occupants from accessing housing, send them to jail, or cause them to lose their camps. Both outreach teams believed that it was crucial to work with these community members to attempt to change their mindset about street occupants.

While both outreach teams saw the importance in combating stigma, CCF and HTF members understood and addressed community stigma in different ways. While CCF members concluded that housed individuals in the community must first become informed and compassionate in order to stop stigmatizing street occupants, members of HTF maintained that street occupants must prove to the community that they do not deserve to be stigmatized. Outreach teams' perceptions of the causes of homelessness influenced the ways they combated community stigma. Since members of HTF attributed homelessness to individual failings, they placed the responsibility of challenging stigma on their clients rather than community members. In contrast, since members of CCF attributed it to systemic factors, they did the opposite.

Working with landlords.

CCF and HTF outreach team members worked with landlords while trying to house their clients. While both outreach teams acknowledged that stigma from landlords could be a barrier for their clients, members of CCF and HTF worked with landlords differently. Although past felonies do not disqualify clients from most housing vouchers, CCF member Becca explained that "it still is a battle with landlords and property managements" to house people with criminal records. Most property management companies and private landlords assess applicants' rental history, criminal records, and income when determining whether to rent to them. Since most street occupants have poor rental histories, felonies or other criminal charges, and/or limited

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income, landlords tend to view them as risky prospects. Several CCF outreach members expressed frustration that landlords often deny their clients' rental applications merely because they have a history of homelessness, and thus overlook their need for a stable home. Although landlords are risk-averse in general, the stigma surrounding homelessness can intensify their unwillingness to rent to street occupants.

CCF members saw landlords as their adversaries in the attempt to house street occupants. Since CCF members believed many landlords stigmatize people experiencing homelessness, they attempted to counteract their assumptions by proving clients' potentials as tenants. This is easier said than done. Several CCF members found it difficult to prove their clients' rentability through standard requirements, such as rental history since many street occupants have fickle or no rental histories at all. Instead, members gathered documents and references to prove to landlords that clients deserved a chance at renting. As former CCF member Jen explained, "Really at the end of the day it's kinda like creating this housing portfolio, and what can we put in there…like character references? Are you seeing a doctor? Are you going to therapy? Would your P.O. write a letter, talking about how, like, great you're doing?" "It's always funny," she continued, "turning in an application with that, though; we're like, here's all this supporting evidence. This is a really great person, and it sucks that it has to be that way." Since CCF members could not eliminate the risk factors landlords consider, such as felonies or lack of rental history, they attempted to challenge the stigma surrounding their clients and showed that they deserved a chance at being housed. CCF members seemed to view landlords who refused to rent to street occupants as contributing to the systemic cycle of homelessness. Therefore, CCF members attempted to change landlords' perceptions by showing the potential of clients who might appears as risks.

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In contrast, although several HTF outreach members recognized landlords as barriers to housing, most tried to meet the needs of landlords, rather than prove the potential of their clients as tenants. HTF outreach members saw it as legitimate that landlords would reject their clients, because previous tenants have behaved badly and made poor choices. They believed that landlords' rejections were not a reflection of stigma, but rather of bad experiences with former homeless tenants. One way that HTF members attempted to meet the needs of landlords was by assuring them they would receive rent from HTF clients. HTF outreach member Jessi explained, "There's quite a few property managements that are now seeing that the vouchers are guaranteed money." By explaining this to them, Jessi hoped to portray themselves as allies with landlords in the housing market, rather than be concerned about what landlords thought of their clients.

Another way that HTF members met the needs of landlords was by explaining the support they offered housed clients, which was support that can prevent illegal or destructive behavior. As Jessi explained, "we're…not only just putting them in a house, but really checking up on them and seeing what their needs are." She explained that "just 'cause they're homeless doesn't mean they…can't be in a home. They just need some help." In contrast to CCF members, Jessi did not attempt to convince landlords that people experiencing homelessness could be excellent tenants if given the chance. Since HTF members interpreted poor decision-making as a primary cause of homelessness, they seemed to believe that bad choices would make clients irresponsible tenants as well. While landlords possess a significant amount of power over street occupants, outreach teams must also manage stigma from other powerful members of the community.

Working with business owners.

Business owners are another group who routinely stigmatize street occupants, and CCF and HTF members held differing views about who is responsible for combating this stigma. The majority of calls from business owners that CCF received were asking CCF members to remove a street occupant or their belongings from outside of their business. CCF member Jake explained that "you wanna like, be able to solve the problem for the business owner, but you don't want to push that hard, because like, a lot of times [street occupants] are not doing anything wrong technically." According to several CCF members, misinformation and lack of understanding leads business owners to call the police on street occupants, which can result in tickets and further stigmatization. In an attempt to reduce interactions between their clients and law enforcement, CCF members advised downtown business owners to call CCF's direct phoneline when they had nuisance complaints. While supporting business owners is part of CCF's mission, members often avoided displacing clients when business owners stigmatized them due to their presence. In their interviews, most CCF members suggested that, although they wanted to make frustrated business owners feel heard, they often focused on the needs of clients. For example, on a sunny summer morning Becca and I walked through Jacob Park to give out sack lunches and water. Becca received a call on the CCF phone. As she listened, she politely asked questions such as, "Have you seen the man there often?" and "How long has his stuff been there?" She explained to the person on the other line that they were requesting something that the CCF team does not do. She said, "If you feel unsafe at all, you should definitely call 911," but if not, she explained that we would drive by later that day to check out the situation. She thanked the caller but reminded them that "if it is just belongings, that is not usually something we handle." After she hung up, she explained to me that the caller had witnessed a man camping

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near her office building and had noticed a large pile of his belongings that had been there for days. The caller wanted CCF outreach members to move his items from the area while he was away during the day. She also suggested that the man was selling drugs on the courthouse lawn. "I tried to be nice and explain that we don't do that," Becca explained to me. She continued, "We don't take people's things who already have so little." Later that afternoon we drove by the building, but we did not see anything that looked out of the ordinary. Becca did not attempt to drive back around, but instead shrugged her shoulders nonchalantly and said, "Well, we can say we tried" (fieldnotes 8/15/2018). Other CCF members also described protecting clients and their belongings from business owners, especially when the owners were actively stigmatizing street occupants. According to CCF members, the actions taken in response to business owners' complaints, such as police intervention and the throwing out of possessions, become additional systemic barriers that prevent their clients from exiting homelessness.

Although the CCF phoneline is an alternative to emergency services for nuisance issues, CCF members talked about using the interactions from those calls to educate business owners and community members "about the complex nature of chronic homelessness," as described in Community Connect Foundation's website. Several CCF members underscored the importance of educating callers. CCF member Nate described some of his experiences responding to CCF calls. He said, "I found that I got a chance to educate people as they were calling and being frustrated. And even if I couldn't do anything in the immediate situation, I could explain to them a bit more about the systems and why this person was back again." In their interviews, CCF members expressed thinking that their clients did not deserve to be stigmatized for merely being in public areas, and therefore they attempted to educate business owners about the systemic inequalities that can trap people in homelessness. Since CCF members perceived ignorance as

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the cause of stigma, they saw themselves as responsible for educating housed citizens and business owners about combating stigma.

While CCF members attempted to educate business owners in order to combat the stigma surrounding street occupants, HTF outreach members saw clients as responsible for changing the public's perception of them. As such, members of the HTF outreach team explained that there needed to be a change in how community members perceived street occupants. Jessi explained that one of her "biggest goal[s] is to really impact the city and impact our clients, and really change the mindset and the myth behind what homelessness is and just really understand that it's not somebody that's homeless—they're experiencing homelessness." However, in contrast to their CCF counterparts, most HTF members concluded that street occupants must change the public's mindset and should do so by showing they have a purpose for being downtown. Jessi suggested that the city needs to create jobs "so our clients can have something to do other than just be down there" in the downtown core. Jessi assumed that when clients were "just down there" in downtown, they were either "aggressively panhandling" or causing nuisance issues. These behaviors then contribute to the stigmatization of street occupants. By working, HTF members argued, clients can demonstrate that they do not deserve to be stigmatized like loitering street occupants do. Jessi asked, "What would it look like if the clients we serve were like washing windows, and picking up trash, and helping out downtown? And really, you know, in a way I just want to grow it so big that our clients would be able to have jobs out of it one day. That, you know, they'll be able to give back in their own way." This sentiment is echoed in the outreach section of HTF's website, which states that "by working to maintain the beauty of our city, we hope to assign purpose," so that "a person realizes they can be used for good once again and that they are valuable citizens of our community!" This suggests that HTF members

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believed that clients who do not "give back" to the community are not valuable community members, and as such deserve to be stigmatized until they prove their worth to the community. Through visible labor, HTF outreach members believed, street occupants could mend the negative perceptions that community members have of them.

The Community and River Point.

While the previous sections described stigmatization of street occupants downtown, this section shows how outreach members managed street occupants' stigma outside of the city center. Street occupants have camped at River Point for decades, and for much of that time, community members have viewed it as problematic, primarily because of the trash that they generate. Therefore, community members stigmatize the individuals who camp there as unkempt and neglectful with their garbage. This garbage, community members argue, pollutes the river that community members fish and raft in, angering housed citizens and intensifying stigmatization. Although the majority of the camps are on government land, the responsible agency, the Montana Department of Transportation, has done little to control the camping. To appease environmental groups, who had lodged formal complaints about the garbage, law enforcement cleared the camps and required campers to leave once or twice a year.

Starting in 2018, environmental and social service agencies and volunteers joined together to organize non-eviction cleanups, so that the trash could be managed while allowing campers to remain at River Point. The local Health Department organizes and participates in the bi-annual cleanups that take place, and I interviewed two agency staffers about the initiative. In one of the interviews, a staffer explained that the agency's reactions to the camping are complaint-driven. "If we got a complaint that there's human waste," he explained, or that

"there's trash in a place that it could contaminate [the city's] water and we didn't respond to it, I think DEQ (Department of Environmental Quality) or the [agency] that basically oversees water quality districts and assesses us periodically to make sure we're doing our job that we're supposed to do; they could hold us accountable." While street occupants are currently allowed to stay at River Point, the risk of community member complaints of contaminated ground and river water threatens possible future evictions. While both outreach teams attempted to avoid camper evictions at River Point, they differed in who they saw as responsible for managing the stigma surrounding it.

CCF members attempted to combat the stigma of River Point by making the public aware of how it is often the last option for people to live. CCF members stressed the importance of community members addressing the stigmatization that campers experience. I observed and participated in the first non-eviction cleanup in early October 2018. Members of both CCF and HTF outreach teams participated in the cleanup. Before volunteers and agency members left for the day, a member of the Health Department gathered the volunteers together. She asked CCF member Becca to say a few words about the population that CCF outreach works with. Becca started by explaining that CCF members attempt to better understand the root causes of homelessness. She explained to volunteers that the rental vacancy rate in this small city is often under 2%, and she described how growth eliminates affordable housing options, such as a recently demolished trailer park. As a result, she continued, low-income "people have nowhere to go," and some end up homeless. "We need to raise awareness about that," she concluded, "instead of just telling them that they should do better" (fieldnotes 10/9/2018). Becca's speech placed the responsibility of ending stigma on community members, rather than on the individuals experiencing homelessness.

Although HTF outreach members discussed the importance of changing the public's

perception of homelessness in their interviews, my observations suggest that they believed that

River Point campers are responsible for combating their own stigmatization. In particular, HTF

outreach members seemed to believe that if campers continued to pile up trash, they deserved

stigmatization from the community. I observed several HTF outreach members stressing, to

clients, that they were responsible for keeping their camps clean. On a hot July afternoon, I

joined Jessi and two volunteers, Josh and Natalie, to do outreach at River Point. We visited the

camp of Mack, an eighty-seven-year-old client who had camped at River Point for several years.

Mack kept his camp meticulously clean and organized. While talking with Mack, Jessi

commented on what a great example he was for other campers, because he cared for his camp.

Mack smiled modestly and shrugged. He said, "It's just how I like to do things." After leaving

River Point for the day, Jessi, Josh, and I continued to talk in a parking lot near River Point.

Jessi mentioned Mack again and how she was impressed with his accountability. She said that

she would love to convince a local news agency to profile him. She described how HTF's

executive director could come to River Point and illustrate the pride that Mack takes in his camp.

If a local news outlet spread this example, she explained, it would result both in less trash in the

camps at River Point and a decrease in evictions. For Jessi, Mack's example could be the

starting point in changing the public's mindset about River Point (fieldnotes 7/15/2018). While

Jessi wanted to combat the stigmatization of campers at River Point, she believed that

individuals needed to earn it by changing their behavior and becoming model campers. This

echoes HTF's website that says team members "train and equip" clients to "keep open spaces

clean by taking ownership of the place they call home." Not only was it campers' responsibility

to keep their spaces clean, but they were also accountable for the stigmatization that resulted

from excess trash. For HTF members, campers who refused to transform, even just to create an image for the public, deserved to be stigmatized.

HTF members also stressed to clients that camping on River Point is precarious; that they are essentially responsible for earning and keeping the community's approval to stay there. In her interview, HTF member Jessi stated that "right now it's a blessing for [campers] to not be kicked out of there." I observed several HTF members explaining to clients that if community members complained about their presence enough, the agency that owns the land might revoke the ability to camp there. On an afternoon in mid-October, I joined outreach members Jessi and Ashley on a short outreach trip to River Point. We were there to check in on a specific client, and on our way back to the overpass, Jessi stopped abruptly. At the base of the embankment sat a small pile of trash and a large piece of cardboard. Jessi sighed and said, "See? Now this is the stuff that will get people kicked out completely. If this is seen *right* after the cleanup, people are not going to be happy." Jessi's comment suggests that she worried that community members, agencies involved with cleanups, and the owners of the land would be furious if they saw trash immediately after a cleanup. Then she said, "I'm just going to be sneaky and do this," as she pulled the carboard over the trash to hide it (fieldnotes 10/16/2018). Jessi's attempt to hide the trash shows that she wanted to keep River Point accessible to campers. However, her frustration with the trash itself suggests that she believed every camper should take responsibility over their shared space. Since HTF members understood individual fault as the cause of homelessness, they placed responsibility on campers to maintain their spaces in order to remain at River Point. Faith-based and secular outreach teams' decisions about who to give services to, who to protect from vulnerability, and who to hold responsible for stigma reveal striking differences in how they care for their clients.

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DISCUSSION

This study was motivated by three primary research questions: with limited resources, how do faith-based and secular outreach teams determine which individuals to give resources to? How do faith-based and secular outreach teams manage the stigmatization of their clients? Lastly, who do they view as responsible for combating that stigma? I found that, the ways outreach members understood the causes of homelessness influenced their views on how to exit homelessness. While HTF members seemed to believe that individual fault was the primary cause of homelessness, CCF members attributed homelessness to systemic inequality. The values of each outreach team, whether faith-based or secular, and their perceptions of homelessness influenced which street occupants outreach members focused their time and resources on, as well as how they attempted to manage their stigma. HTF members clearly held clients responsible for their homelessness, and therefore demanded proof of their willingness to change before they offered them restorative services. CCF members, on the other hand, saw homelessness as the result of systemic inequality, and so offered restorative services to all clients, while focusing on those made most vulnerable by systemic failure.

In regard to stigma, HTF members seemed to believe that clients must alter their behavior in order to change the public's mindset about street occupants, and homelessness in general. In contrast, CCF members understood homelessness stigma as a community issue that must be combated through education and compassion.

So how did the outreach teams determine which individuals to give resources to? And what role did religious or secular affiliation play in the process? My analysis demonstrated that when determining who to give accommodative goods to, both outreach teams had few requirements and gave resources freely. Neither team required clients to participate in

restorative services or behave in a certain manner to receive basic essentials, such as food, water, and survival gear. This contradicts the research on homeless shelters, which suggests that many shelters, both faith-based and secular, require clients to participate in restorative programs in order to receive accommodative services (Gowan 2010; Sager 2011). Unlike shelters, outreach work focuses on individuals who might not seek out or have access to services otherwise. The primary goal of homeless outreach is to keep people alive who are highly vulnerable to the elements, which helps to explain why neither team denied accommodative goods to clients.

While the accommodative services that outreach teams offered were very similar, the primary restorative services that they offered differed greatly. Rather than stress housing, mental health treatment, or substance use treatment, HTF members tended to offer prayer most often as a restorative service. I expected HTF outreach members to be rather aggressive in offering religious salvation to street occupants. However, while HTF outreach members regularly offered prayer to clients, I did not observe them pushing clients toward other religious services or spiritual salvation. These findings diverge slightly from research on shelters, which has found that although faith-based and secular shelters offer different restorative services, faith-based ones often push clients toward religious commitment using sermons or bible study (Mulder 2009; Sager 2011). HTF's frequent use of prayer during outreach suggests that clients must reach a state where they are willing to transform in order to receive other restorative services from HTF members. Since HTF members understood individual fault as the cause of homelessness, they offered prayer to clients as a way for them to take a step toward transformation. HTF members seemed to perceive individuals who did not demonstrate a commitment to transformation as undeserving of further restorative help.

In contrast, the most common restorative service that CCF offered its clients was assistance with applying for housing. As CCF members interpreted homelessness as caused by systemic inequality, they believed clients deserve the basic right of having shelter. As they explained in their interviews, CCF members understand that being housed is the first step in battling other hurdles such as mental illness or substance use. Based on their interactions with clients, CCF members saw that all individuals are deserving of housing whether they have made mistakes in the past or not.

When using both types of services in conjunction, the outreach teams used accommodative services to attract clients to restorative ones. However, the ways in which they offered and delivered these services differed. CCF members used repeated visits with accommodative services to build rapport with clients. They, in turn, used this rapport to gradually suggest restorative services to clients. Since a key part of CCF's mission is to house clients, accommodative services were a crucial step in that process. Conversely, HTF members used accommodative services as an exchange for prayer, which is their most commonly offered restorative service. After clients accepted food or toiletries, HTF members asked if they could pray with them. These findings are consistent with the scholarly literature on shelters, which has documented that many shelters use accommodative services to entice clients to restorative ones (Gowan 2010; Snow and Anderson 1993; Wasserman and Clair 2010).

Although neither team required a restorative commitment from clients in order to receive accommodative services, HTF members often expected clients to behave in a certain way in order to receive restorative services. When clients were not deferential, or they openly disregarded the values of the organization, HTF members still gave them accommodative goods, but did not offer them the restorative service of prayer. HTF members also required clients to

ask for help rather than openly offering it. When clients asked for help, HTF members explained in their interviews, they proved that they were willing to transform whether in spirit, behavior, or both. Also, when clients asked for help, members saw them as submitting to the organization, and letting it take control of their lives. HTF members spent more time and resources on clients who exhibited meekness in both asking for and receiving services. Based on their interactions with clients, HTF members saw those who asked for help as humbly admitting they could not exit homelessness without the assistance of HTF. Since HTF members saw individual fault as the main cause of homelessness, they believed that clients must admit their fault through asking for help. While no organization wants to spend limited resources on those who do not want help, HTF members wanted clients to submit to them before they offered restorative help.

Alternately, CCF members did not require clients to ask for help, but rather outreach members took on roles of reaching out to clients. CCF members understood that many street occupants avoid seeking out services, often because of negative past experiences with service providers. CCF members saw it as part of their job to gain rapport with clients, which in return allowed them to offer restorative services, such as housing. Very few of the clients that I witnessed get housing while I was conducting this research would have received this help if CCF members had not regularly asked them if they could help them.

While HTF members often expected clients to respect the values of the team's affiliated organization in order to receive restorative services, CCF members did not require clients to follow the rules of their organization, such as the emergency shelter's zero tolerance for drug and alcohol use. Rather, they felt that they filled an important role by serving individuals who would not be able to access services elsewhere. HTF members, on the other hand, often withheld restorative services from clients who disrespected the values of the organization or the Christian

faith. While the use of drugs and alcohol did not seem to bother HTF outreach members, when clients referenced faith while under the influence, members often confronted clients or refused restorative services. For example, Jessi denied prayer to individuals participating in a drug deal, and Ashley described refusing to talk to a client who was reciting scripture while on methamphetamine. In both cases, the outreach team members were angered by what they interpreted as disrespectful behavior from the clients. However, these findings differ from traditional practices of religious organizations that would rarely refuse faith-based services (Jeavons 1998; Smart 1996). These findings also differ from the literature of faith-based shelters which shows that shelter practices usually involve prayer and other religious services (Mulder 2004; Sager 2011; Snow and Anderson 1993; Wasserman and Clair 2010). Because of these differences, it is important to look at potential explanations. Both race and gender should be acknowledged in these situations. First, while race potentially played a large role in these interactions, it is difficult to know for certain, especially since Ashley's description of the event did not include the client's race. Again, a study with a larger population with more diversity is crucial to better understand these questions. Gender, as well, could have potentially played a large role in these interactions. Both outreach members were female, while both clients were male. It might be expected that during the drug deal, Jessi wanted to leave quickly out of fear. However, my interpretation of the moment is that Jessi was not scared, but rather that she was angry, as she fumed on our walk back to the vehicle. I cannot merely dismiss race and gender, but without additional evidence it is difficult to make conclusive connections.

A more likely explanation is rooted in the fact that both outreach members in these examples previously experienced addiction and homelessness before becoming outreach members. Also, both members used faith-based programs and/or practices to either become or

remain sober. Since both of these outreach members seemed to attribute their success in overcoming addiction and homelessness to their connection with faith, it follows that they would find clients who referenced faith while under the influence as extremely disrespectful. Since the outreach members interpreted the clients as mocking religion in these situations, they saw them as not willing to transform, and therefore not worthy of restorative services. This mirrors the literature on shelters that shows staff members who were either previously addicts, homeless, or both are often the most judgmental or punitive toward clients going through the same struggle (Gowan 2010, Wasserman and Clair 2010). HTF members' opinions on substance use and religious values revealed some contradictions. Several members wanted to pray with intoxicated clients when they were hesitant to, but when clients under the influence approached members with faith-based rhetoric, HTF members felt disrespected. As former addicts and reformed Christians, HTF members wanted to ensure that clients were as committed as they had to be to exit homelessness.

While HTF members expected clients to transform before exiting homelessness, CCF members believed that clients needed to exit homelessness in order to make other substantial changes in their lives. CCF members praised the Housing First method, arguing that it gave street occupants much-needed stability in their lives. In contrast, HTF members believed that housing efforts were likely to fail if clients were not sober before receiving housing. HTF members stressed personal responsibility, and they saw those unwilling to change as undeserving of restorative assistance like housing. Since HTF members believed that street occupants became homeless because of their own choices and behaviors, they essentially thought that people unwilling to change were making the choice to remain homeless. This also mirrors the literature of shelters; faith-based shelter workers were more likely than secular ones to interpret

clients who refused their method of exiting homelessness as a choice to remain homeless (Mulder 2004; Snow and Anderson 1993). In this study, the faith-based outreach team essentially made themselves gatekeepers to housing, where clients needed to accept their prescribed method of exiting homelessness or remain unhoused.

Did outreach teams' expectations about clients' behavior and assessments of their worthiness shape their approach to managing clients' stigma? Specifically, do faith-based and secular outreach teams manage the stigmatization of their clients differently, or similarly? And, who do they view as responsible for combating that stigma? While conducting observations, I did not see any outreach members from either group openly stigmatize their clients; members of both teams seemed eager to combat the stigma surrounding homelessness.

However, the teams differed in who they viewed as responsible for combating this stigma. I was able to gain insights about how members managed stigmatization of their clients by observing members' interactions with community members. The ways that outreach members interacted with landlords, business owners, and other community organizations suggested outreach members' understanding of stigma and their assumptions about who is responsible for combating it. This discrepancy in interpretation stems from the teams' differing perceptions of the causes of homelessness. CCF members interpreted the stigma that street occupants confronted as an unfair result of systemic inequality. Since street occupants did not create or perpetuate this stigma, and community members did, CCF members concluded that community members would need to question stigma in order to eliminate it. CCF members eagerly accepted the responsibility of confronting community members' misconceptions about homelessness in an attempt to stop stigma at its source. HTF members, on the other hand, believed that stigma was a logical outcome of their clients' poor choices and bad behaviors.

They expected clients to take responsibility for their stigmatized status, and then prove to community members that they did not deserve that status. Since HTF members saw their clients as responsible for becoming homeless, they concluded that clients were also culpable for their stigma. These findings differ from much of the literature on shelters and stigma. Most of the shelter literature addresses the stigma that shelter staff members either actively minimize or exacerbate through their attitudes and behaviors (Belcher and DeForge 2012; Degarmo 1993; Weng and Clark 2018). While both outreach teams wanted to combat the stigma surrounding homelessness, HTF members viewed stigma as their clients' problem. While Christians are taught in scripture to have compassion and not to condemn people who have been labeled as social outcasts, (Smith 1999) the secular CCF team showed more compassion than HTF by not blaming their clients for their stigmatized status.

What role, in particular, did theology play in these two outreach teams' provision of services? Interestingly, both outreach teams have faith-based origins, as explained above. While CCF might seem like a religious organization because its volunteer base draws heavily from several churches, it now holds secular values. Open discussion of religion is discouraged within the shelter, especially by volunteers, and in extreme cases is even prohibited. The values of each denomination help to explain how outreach members view the causes of homelessness. The Catholic Franciscan order, whose members founded CCF, focuses on social justice and helping those most in need (Cadorette 2009). While the Franciscan faith requires religious members to take on a servant role, which potentially places the poor as victims, it also characterizes them as basically good people who have suffered unfortunate circumstances. Original followers of Saint Francis were known for sharing whatever food and clothing they had with anyone who asked for it; Francis himself gave away his tunic whenever he saw someone in more need (Cadorette

2009). Now that CCF is a secular organization, the original roots of Franciscan social justice remain, where staff members understand systemic inequality as the cause of clients' circumstances.

HTF, on the other hand, has a strong evangelical foundation. Emerson and Smith (2001) discuss two evangelical-based concepts that are especially pertinent when looking at HTF outreach: "accountable freewill individualism" and "anti-structuralism" (76). A belief in accountable freewill individualism suggests that personal choices most often direct the outcomes of one's life. HTF members placed responsibility on individuals to lead a Christian life. With this view, people living in poverty likely made bad decisions that led them into that situation. Therefore, the poor must change or transform to become true Christians and respectable members of society. A belief in anti-structuralism is an "inability to perceive or unwillingness to accept social structural influences" (Emerson and Smith 2001: 76). Although some HTF members admitted that structural problems exist, the overwhelming consensus was that clients were responsible for their current situation. As an evangelical theologist, Collins (2005) believes that poverty "is a part of a larger cultural problem, a thing of values and choices, and not *merely* the consequences of an unjust system" (127). The interconnectedness between accountable freewill individualism and anti-structuralism helps to explain HTF members' focus on individual choice rather than systemic issues. These findings mirror the literature that compares the dynamics of shelters of different Christian denominations. Researchers found that staff in Catholic shelters are often less judgmental of their clients and require less participation in religious activities from clients than evangelical shelter workers (Sager 2011).

Religiosity, and theology in particular, is merely one explanation for the differences between the outreach teams that I observed. More research on the topic is necessary in order to determine how other belief systems influence outreach services.

CONCLUSION

While faith-based and secular outreach teams offer similar services, this study shows that the differences in how they provide those services are significant. This study suggests that while CCF did not require anything of clients in order to receive services, HTF outreach expected clients to ask for and receive services in a certain way. If they did not accept services in a deferential and respectful manner, HTF outreach team members believed that they were not worthy of exiting homelessness. This raises the question: if the outreach teams had access to unlimited time and resources, would both groups help everyone? Or would HTF members label some individuals as undeserving? These are important questions to ask because if outreach teams refuse to help certain individuals due to their belief systems, they contribute to an already problematic system of inequality where certain people remain unaided. These are difficult questions to know the answers to, but more research is needed in order to spread awareness.

This study also suggests that secular and faith-based homeless outreach groups manage stigma very differently, and in this case, the faith-based team did not do enough to minimize it. By placing the responsibility to end stigma on the stigmatized, HTF did not address the source of stigma, which is the unstigmatized, or in this case housed citizens. While housing street occupants is crucial, we cannot depend on this step to eliminate a person's stigma. The stigma surrounding homelessness often prevents street occupants from reaching the step of becoming

housed. We must combat stigma so that street occupants are accepted in society and have access to societal resources.

Knowing the findings of this study, where might future research expand to? Very few studies have examined the differences between faith-based and secular homeless outreach teams. We need more research on homeless outreach in general, but we must especially look at how teams with differing values and belief systems interact with clients and deliver services. Several studies look at the differences between Catholic and evangelical shelters, but researchers need to analyze this distinction in outreach as well. Future researchers must also go beyond looking at Christian organizations to discover how other values and belief systems influence homeless service provision and outreach work.

Finally, very few studies look at how homeless service providers interpret community stigma and how it affects their clients. Most studies on homeless service providers and stigma investigate how shelter workers treat their clients and how this treatment exacerbates or minimizes their stigma. To better understand homelessness and street occupants, we need to expand the scope of this research about stigma. We must look at how homeless service providers interact with the community around them, in addition to their clients. Previous studies have helped us understand how outreach members and other homeless services workers manage the stigma of marginalized people. As community members, we need to consider our part in reducing the stigma of street occupants and people experiencing homelessness more broadly, as well.

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APPENDIX A: OUTREACH TEAM MEMBER INTERVIEW GUIDE

1. How long have you worked/ volunteered for the outreach team?

1a. Can you explain your roles and tasks while on the team?

2. Tell me about the best interaction you can remember having with a client or potential client.

3. Tell me about the worst interaction you can remember having with a client or potential client.

4. Do you have a standard way to approach people while doing outreach? If so, what does it look like?

    4a. What are some methods you use to manage difficult interactions?

    4b. How does location affect your approach or the interactions you have?

5. Can you explain the different groups of people you deliver services to during outreach?

5a. How does the outreach team balance these different groups?

6. How has the organization and outreach changed since you have been on the team?

6a. Has the emphasis on housing changed over that time? How so?

    6b. What steps do you usually take in suggesting housing resources to clients?

    6c. Are there certain clients that you don't stress housing with?

        i. What does being "ready" for housing look like for you? What would individuals need to do or what steps would they have to overcome?

7. Can you explain the range of attitudes you experience from clients regarding your services or receiving help in general?

7a. Do you ever hear criticisms from clients about outreach/shelter services?

7b. Do you ever feel the need to defend the team's organization or its services if clients are critical?

8. Do situations where people are actively using drugs or alcohol affect the way you give services? Or your ability to? How so?

9. How much of a role do volunteers play in the outreach team?

9a. Have you had any regular volunteers who influenced the dynamic of the outreach team?

10. What do you like about the current set-up of the outreach team?

10a. Can you explain anything you might like to see different?

11. What would you say are the goals for the outreach team?

11a. What are your personal goals while doing outreach?

APPENDIX B: HEALTH DEPARTMENT INTERVIEW GUIDE

1. Can you briefly describe your position and duties with the Health Dept?

    1a. Can you explain your experience in working with the River Point area?

2. What current role does the Health Dept have in managing the River Point area?

3. How do ecological requirements shape how you manage that area?

4. How do human safety requirements shape how you manage that area?

    4a. What role does legal liability play in both of these?

5. Can you tell me about some challenges your agency faces with individuals camping in this area?

6. To the best of your knowledge, when did camping on River Point first start?

    6a. How has it evolved over time?

    6b. Most years the camps are cleared out in the fall, but this year was different. Can you describe why campers were allowed to stay?

7. What organizations does your agency coordinate with for events such as clean-ups?

    7a. How long has the Health Dept worked with those agencies?

    7b. Can you describe how the objectives of those organizations blend with the objectives of your agency?

8. Can you describe some goals the Health Dept has for the camps on River Point?

    8a. What about the land itself? Would you like to see the space used differently? How?