



Key Characteristics of Exemplary Feeding, Shelter and Healthcare Programs for the Homeless

On any given day in Philadelphia, there are an estimated 4,000 people who are homeless, living on the streets or in shelters.¹ About one third of the population who live in shelters are children in families.²

Congregations have historically provided programs and services to the homeless population. One of the leading advocates for the homeless in Philadelphia is Project H.O.M.E., started by two faith-based nonprofit organizations that served homeless women and families. Many congregations are involved in serving the homeless in a range of ways, from running an emergency food cupboard to fully staffing and maintaining a shelter.

To better understand the best practices for programs serving the homeless, PHMC Research and Evaluation staff interviewed three program staff members at PHMC who have extensive experience in providing housing and healthcare services for the homeless. The following discussion summarizes key qualities of exemplary programs and includes some observations about congregation-based programs.

Key Characteristics for all Programs

Leadership and Staffing: Programs must be well staffed and well organized, which can be challenging and expensive. It is critical that staff are well qualified and not just well meaning. One respondent noted that many congregations want to start programs to help the homeless, but she said, “It’s not just having a heart for people, it’s knowing how to do it, to actually make it work.” Leaders must have a vision for the program, in addition to the business and academic backgrounds to run programs effectively. Consistency of staff is also important, particularly at the management level because these individuals will have primary responsibility for program sustainability.

Volunteers: Free services from volunteers can make substantial contributions to feeding, shelter and healthcare programs in many ways including assisting with food preparation, clean-up, childcare, painting and repairs, leading activities, field trips, and providing food and clothing. Congregations often have an easier time recruiting volunteers for their programs, since their programs often fit into the larger spiritual mission of the congregation and members are encouraged to support it. Other sources of volunteers are health organizations that have community outreach departments.

While volunteers can provide very important services, they need someone to report to like a volunteer coordinator. A volunteer coordinator can manage volunteers, assign them to tasks, and provide someone they can go to with ideas, concerns, etc. By having a

¹ Project H.O.M.E., 2006: <http://www.projecthome.org/advocacy/facts.php>

² See Reference 1.



volunteer coordinator serve as the contact person within the organization, volunteers will feel that their contribution is valued and recognized. Volunteer coordinators can be volunteers themselves or paid staff. Though some organizations are unwilling to pay salary for a coordinator, one respondent observed that, “There’s so much that volunteers can do, and they’re free services, when you look at that, the volunteer coordinator’s salary is nowhere compared to the amount in return.”

It is also important to provide structured programs and clear roles for volunteers. If volunteers feel they are not appreciated or their time is not effectively used, they may go elsewhere. In addition to providing a volunteer coordinator, it may be helpful to set some recommended timeframes for volunteering. Volunteers then know what is expected of them and will be less likely to burnout or lose interest in the projects.

Location: Feeding and shelter programs must be close to where homeless people are – many programs end up serving people who are not the intended audience because of location. Interview respondents noted that sometimes programs serve people in the community who do not really need the help because programs are not located where the homeless live.

Resources: Programs that provide access to other resources onsite foster a more holistic approach that can help address many of the needs of the people they serve, in addition to their immediate needs for food, shelter, and healthcare. Homeless individuals may be hesitant or unwilling to seek out these resources individually, so providing them onsite makes it more likely that they will use them. Examples of possible resources include employment assistance, education (GED courses), life skills training, case management, medical screenings, and showers. Programs must, however, have staff onsite in order to be able to provide access to additional resources.

Partnerships: Frequently, it is not practical or feasible to provide a full range of services at one site, so organizations should always foster partnerships with local community resources. As one respondent observed, “We don’t always have everything right on site, because if there’s something in the neighborhood why not use that instead of re-creating it?” It is more efficient to partner with other organizations to provide a network of services than to invest in staffing and supplies to run new programs. Also, one respondent commented that, “We want the families to get used to their communities and not just think that everything is going to be so convenient. It’s like an artificial kind of environment, when you go out your door and everything’s right there for you, instead of you having to go on a bus or walk a few blocks to get somewhere.”

Plan for Sustainability: Programs cannot depend on individual volunteers indefinitely; this should be time-limited because people who volunteer will most likely not stay for a long period of time. The ability to maintain program and funding requires planning and “vision.”



In addition to the qualities described above, the following characteristics were identified as specific indicators of exemplary programs in the three areas: shelter programs, feeding programs, health programs.

Special Issues for Shelter Programs

Full-time coverage: Shelter programs need coverage for the entire time they are open. It is expensive and challenging to provide three meals a day and to have staff and volunteers around the clock, particularly on weekends.

Onsite childcare: For shelters that serve families, it is important to have staff or volunteers who can provide childcare so that the adults can avail themselves of other resources both in the community and onsite to help them reach their highest level of independence.

Space: A shelter should provide as much space as possible for individuals and families. It is important that the space be clean, light, and inviting. For mentally ill individuals in particular, it is important to provide as much space as possible and promote a “calm feeling.” If children live at the shelter, the space should be colorful, warm, and bright to help children feel comfortable. A foundation known as the Bright Horizons Foundation funds “Bright Spaces” in shelters, which are spaces that are warm and inviting for children (especially young children) to explore and learn.³ The foundation does not fund staffing for childcare, so the program needs to provide that on its own.

Special Issues for Feeding Programs

Quality Food: A high quality feeding program provides nutritious, healthy food that people want to eat. Many feeding programs rely on food that people and volunteers bring in, which is often not healthy and not what people want to eat. A feeding program that has a refrigerator and a freezer can provide meat and other nutritious food more easily, compared to a space, which can only keep nonperishable goods. Being able to provide meat is also a draw because people like it.

Hours of Operation: Feeding programs should be open when people need them; many feeding programs are not open at the best times for the people they serve, especially people who are working.

³ Bright Horizons Foundation for Children: Bright Spaces program-
<http://www.brighthorizonsfoundation.org/Pages/Learn/brightspaces.aspx>



Special Issues for Healthcare Programs

High Quality Care: An exemplary healthcare program whether located in a congregation setting or another community setting such as a shelter or a clinic, provides a high standard of care to all patients. This includes providing care for individuals with chronic health problems, as well as preventive care (screening, exams) and care for acute illness and injury. Continuity of care and follow-up are critical to high quality healthcare. Exemplary programs that rely on volunteers (including students) should provide good supervision and create a system that allows for continuity of care and follow-up even with the constantly changing group of volunteers.

Accountability: While accountability is important for any healthcare program, it is particularly important for healthcare programs that work with individuals who are taking medications. Someone must be in charge of managing medications on a day to day basis. Programs should maintain individual charts to promote communication and consistent care, particularly if there are multiple providers in one setting. Multiple providers are common when staff are volunteers. Confidentiality of patient information must be protected.

Hours of Operation: It is important for healthcare programs to provide a dependable service with regular staff and consistent hours of operation. This promotes access to and continuity of care and facilitates follow-up.