

THE BOSTON NIGHT CENTER STAFF:
WORK EXPERIENCE, ORIENTATIONS TO WORK AND AIDS AWARENESS

Russell K. Schutt, Ph.D.

Graduate Program in Applied Sociology

Stephanie Howard

Clinical Psychology Program

University of Massachusetts at Boston

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Introduction

The Boston Night Center serves the neediest persons among Boston's adult homeless population--those who by choice or circumstance do not use a regular shelter for overnight accommodations. For these persons, the Center offers food and a place to rest during the night, and a warm and caring staff who provide informal counseling and social support.

The Night Center plays a unique role in Boston's service system for homeless persons. The Center's approach is meant to appeal to those homeless persons who have rejected other services and the more structured environment of regular shelters; these include some individuals who have been barred from regular shelters and some who suffer from high levels of substance abuse or mental illness. For these persons, the Night Center offers a place to eat, rest, and socialize. After trusting relationships are established, the Night Center seeks to refer guests to social, health and residential services.

Every shelter for homeless persons faces multiple challenges as it seeks to provide some stability, comfort and service to individuals who have been deprived of these basic supports. There are no stock answers or easy solutions as staff confront these challenges, but by learning from staff about their experiences, the advantages of different service approaches can be evaluated. Assessment of staff experiences and perspectives also can help inform shelter employment policies and suggest new approaches.

This report provides feedback on the Boston Night Center's services and operations through an analysis of staff responses to questions asked in the Boston Night Center Staff Survey. The survey was designed and administered in conjunction with an evaluation of the Life Lines AIDS Prevention Project for the Homeless, a statewide program headquartered at the Shattuck Shelter. Survey questions focused on AIDS prevention at the shelter and AIDS awareness among staff; many questions also concerned work tasks, job satisfaction and opinions about homelessness and the service system.

Methods

A self-administered questionnaire was distributed to all 12 staff members at the Boston Night Center. All 12 questionnaires were completed and returned, anonymously, to a specially designated collection point. Data were then processed and analyzed at the University.

Sections of the questionnaire investigated staff opinions about the problem of homelessness, center operations, job activities, service agencies, training needs and sociodemographic characteristics. In addition, a lengthy section explored several aspects of staff orientations toward AIDS and HIV: level of knowledge, prevention activities, perceived and desired shelter AIDS policy. All results are presented in percentage form in order to facilitate comparison with results of other shelter staff surveys.

AIDS Awareness

Staff knowledge about AIDS

Staff were knowledgeable about methods of HIV transmission and influences on the course of HIV disease: almost nine of ten staff responded correctly to fourteen of twenty statements about methods of HIV transmission and the manner of HIV disease progression (table 1). However, one-quarter of the staff believed, mistakenly, that there is a cure for AIDS and one-third thought that AIDS can be transmitted through casual kissing. Several staff believed that giving blood, sitting on a toilet seat or eating food prepared by an infected person can result in infection, and several believed that men can't get AIDS from having sex with a woman.

Table 1
KNOWLEDGE ABOUT HIV TRANSMISSION AND AIDS PROGRESSION

	<u>Yes</u>
Get AIDS-Sharing needles with drug users	100%
Get AIDS-Having sex with an infected person	100%
The more sex partners, the more risk of AIDS	92%
It helps a lot to use a condom	92%
People can do a lot to avoid getting AIDS	92%
Infected people can still feel healthy	92%
Only a blood test tells you if you are infected	92%
There's no cure for AIDS	75%
Get AIDS-Casual kissing with an infected person	36%
A condom doesn't help once you're infected	17%

Get AIDS-Giving blood	17%
Get AIDS-Eating food prepared by an infected person	17%
There's no way a drug user can avoid AIDS	17%
Men can't get AIDS from sex with a woman	17%
Get AIDS-Sitting on a toilet seat	17%
Get AIDS-Being bitten by an insect	8%
People with AIDS die soon after they are infected	0%
Get AIDS-Being near an infected person	0%
Get AIDS-Hugging an infected person	0%
AIDS only affects gay men	0%

N=11-12

When reflecting on their own knowledge about AIDS, four in five staff felt they knew enough about AIDS to educate guests (table not shown) and an equal proportion knew where to refer guests for HIV testing (table 2).

Table 2

KNOW WHERE TO REFER GUESTS FOR HIV TESTING

	Percent
Yes	83%
Not sure	0
No	17
	100%
	(12)

AIDS prevention activities

Involvement in prevention activities varied markedly between staff as well as between prevention methods (table 3). Forty percent of staff told guests about condoms "very often," and 50 percent reported telling guests about condoms "sometimes". On the other hand, only 25 percent reported informing guests about bleach "very often," and almost two-thirds of the staff never discussed the use of bleach as a preventive measure with guests.

Table 3

TELLS GUESTS ABOUT....

	<u>condoms</u>	<u>bleach</u>
Very Often	42%	25%
Sometimes	50	8
Never	8	67

100%	100%
(12)	(12)

Overall, staff seemed comfortable discussing condoms and bleach with guests, with around 60 and 50 percent, respectively, indicating complete comfort (table 4). Between one-fifth and one-quarter of staff indicated slight discomfort with such discussions.

Table 4
FEEL COMFORTABLE DISCUSSING THE USES OF.....

	<u>condoms</u>	<u>bleach</u>
Completely comfortable	58%	50%
Rather comfortable	17	33
Somewhat comfortable	25	17
Not comfortable	0	0
	100%	100%
	(12)	(12)

Perceptions of guest orientations

How do staff perceive guests' reactions to the threat of AIDS? Staff estimates of guests' concerns about HIV infection varied widely, but more than half of the staff believed that fewer than half of the guests worried about HIV infection (table 5).

Table 5
AMOUNT OF GUESTS WORRYING ABOUT AIDS

	Percent
Most	9%
A majority	27
About half	9
A minority	36
Almost none	18
	100%
	(12)

None of the staff were convinced that center guests treated other guests poorly when they were known to have AIDS (table 6). However, half of the staff simply reported that they were not sure.

Table 6

GUESTS WITH AIDS TREATED POORLY BY OTHER GUESTS

	<u>Percent</u>
Yes	0%
Not sure	50
No	50
	100%
	(12)

Staff personal concerns about AIDS

Nine in ten staff knew someone with AIDS (table 7), and six out of ten staff reported interacting frequently with center guests who had AIDS (table not shown).

Table 7
KNOW ANYONE WITH AIDS?

	<u>Percent</u>
Yes	92%
Not sure	0
No	8
	100%
	(12)

There was some anxiety about this contact among staff: although no staff were very worried about HIV infection as a result of working at the center, almost six in ten were "somewhat" worried (table 8) and nearly the same proportion of staff reported they were "a bit afraid of being around infected people" (table not shown). Nonetheless, none of the staff agreed that sooner or later they would become infected (table not shown).

Table 8
AMOUNT YOU WORRY ABOUT AIDS WORKING AT SHELTER
Percent

Somewhat	58%
Not at all	33
	100%
	(12)

Evaluation of center policy

Staff gave mixed reviews to the center's AIDS policies (table 9). On the positive side, almost all agreed that staff took necessary precautions and half agreed that HIV-positive guests were welcome at the center. However, just over half agreed that center AIDS policy was clear and only one-third believed that "staff know a lot about AIDS."

Table 9

EVALUATION OF SHELTER POLICY

	Strg Agr.	Strg Agr.	Undec ided	Dis- Agr.	Strg D.Agr	Tot.
Staff takes precautions	25%	67	0	0	8	100%
HIV guests welcome	25%	25	33	17	0	100%
AIDS policy is clear	18%	27	18	27	9	100%
Staff know lot about AIDS	8%	25	17	42	8	100%

N=11-12

Preferences for center policy

Staff indicated overwhelming support for AIDS prevention when asked their preferences for center policy (table 10). All staff believed that condoms should easily be available and that more should be done to educate both guests and staff about AIDS; two-thirds felt that bleach vials should easily be available. Almost three-quarters felt that people with AIDS (PWAs) should be welcome at the center.

Possible center policies that might decrease the effectiveness of AIDS prevention efforts received varied levels of support. Almost half agreed that staff should avoid contact with HIV-infected guests and one in five thought that there should be mandatory testing of guests.

One policy issue raises questions about respect for the feelings of other staff as well as respect for the needs of HIV-infected guests (and knowledge of the law concerning the rights of HIV-infected persons): Should staff be allowed to refuse to work with guests who "have AIDS"? Only 17 percent of staff agreed, although another one-third were not sure (table 11). When asked whether staff should know the HIV status of guests, half agreed (table 10).

Table 10

PREFERENCES FOR CENTER POLICY

	Strg Agr.	Undec Agr.	Dis- ided	Strg Agr.	Tot. D.Agr
Condoms easily available	64%	36	0	0	100%
Do more to inform staff	54%	46	0	0	100%
Do more to educate guests	36%	64	0	0	100%
PWA should be welcome	36%	36	27	0	99%
Bleach easily available	36%	27	36	0	99%
Staff know guest HIV stat	27%	27	18	18	99%
Staff avoid contact	9%	36	9	46	100%
Mandatory AIDS testing	0%	0	20	50	100%

N=10-11

Table 11

ALLOW STAFF TO REFUSE TO WORK WITH GUESTS WITH AIDS?

Percent

Yes	17%
Not sure	33
No	50
	100%
	(12)

Conclusions and recommendations

Staff responses provided evidence of the effectiveness of the center's efforts to educate staff about AIDS and to increase AIDS prevention activities. Almost all staff knew the basic facts about HIV transmission and AIDS progression, most were engaged with and welcoming toward persons with AIDS, and all were interested in improving their own knowledge about AIDS and in increasing the center's prevention efforts.

The survey also identified among several staff some worries about HIV infection. Regular staff AIDS education meetings would help to reduce some of these worries and help staff to stay current about the latest developments.

At the same time, the survey revealed among a portion of staff unfounded fears about HIV infection and a general

lack of awareness and clarity regarding the center's AIDS policies. These findings should all be taken into account in order to maintain current efforts and to plan new training approaches.

A few staff members did not believe that staff should be required to work with persons with AIDS and almost half felt that staff should know the HIV status of center guests. However, the law protects the confidentiality of HIV status, allowing access to that information only by those caregivers who have an "absolute need" to know. Refusing to work with HIV-positive clients also is a legal violation. These legal issues may need more publicity.

Only half of the staff believed that center AIDS policy was clear, even though flyers and staff meetings have been used regularly to publicize this policy. Perhaps a short quiz at a staff meeting could be used to focus staff attention, followed by a short talk and distribution of another short informational flyer.

Views of the Homeless

Perceptions of homeless persons

Staff were asked how much they agreed or disagreed with five statements that characterized homeless persons as somewhat responsible for their situation and unable to live independently or as "regular people" who were not responsible for their problems. Staff responses indicated a wide dispersion of views.

Between 30 and 40 percent of the staff agreed that most homeless persons were not ready to live on their own, while 50 percent disagreed (table 12). Additionally, almost half viewed homeless persons as not "just like regular people." Three in every four staff members agreed that homeless people who are sick tend to lose or misuse their medication (which staff could have viewed as a consequence of inability to read the directions on prescriptions). However, staff shared a very compassionate view of guests' responsibility for these problems: half disagreed that homeless persons were responsible for their own situation and two-thirds disagreed that it was homeless persons' own fault if they were infected with HIV.

Table 12
STAFF PERCEPTIONS OF HOMELESS PERSONS

	Strg Agr.	Undec- Agr	Dis- Agr	Strg D.Agr	Tot.	
Few ready to live on own.	8%	33	8	50	0	99%
Responsible for own sit.	0%	17	33	33	17	100%
Just like reg people.	8%	25	25	42	0	100%
Own fault they have AIDS.	0%	8	25	33	33	99%
Sick misuse or lose meds.	33%	42	17	8	0	100%

N=12

It was health problems, particularly substance abuse, that seemed to be the source of a great many of the difficulties staff experienced in working with center guests. In the questionnaires, staff estimated the proportion of the center's guests who had problems with alcoholism, drug abuse, mental illness and physical illness.

Alcoholism was seen as the most common health problem among center guests, with drug addiction and mental illness nearly equal for a distant second: more than half the staff thought at least half of the guests were alcoholics, while only ten percent thought at least half of the guests were drug addicts or mentally ill (table 13). Staff estimates of the prevalence of physical illness were sharply lower: nine out of ten staff estimated that less than one-fourth of the guests were physically ill.

Table 13

Staff Estimates of Percentage of Guests With Health Needs*

Health Need	0-25%	26-50%	51-75%	76-100%	Total
Alcoholism	9.1	36.4	45.4	9.1	100.0%
Drug addiction	36.4	54.6	9.1	0.0	100.1%
Mental illness	45.5	45.5	0.0	9.1	100.1%
Physical illness	90.9	9.1	0.0	0.0	100.0%

*N=11

Beliefs about services

For the most part, staff shared a preference for a professional, proactive approach to their work: they largely agreed that guests need a lot of social services, and only one-quarter felt that staff should avoid intrusive

service procedures with guests (table 14). Staff had no strong opinion about the belief that staff should have experienced poverty themselves, with the majority being undecided about the issue. There was more conviction about the advisability of barring rowdy guests: just over half agreed with barring.

Table 14

BELIEFS ABOUT SERVICES

Beliefs	Strly		Neith	Dis-	Str	Tot
	Agr.	Agr.				
Guests need lot srvc.	42%	50	8	0	0	100%
Stf avd intrusv. proc.	0%	25	17	58	0	100%
Stf sh hv exp poverty	8%	8	58	25	0	99%
Bar rowdy guests	0%	58	33	8	0	99%

N=12

Work in the Center

Half of the respondents had started working at the center within the preceding year ('90-'91), and few had either begun work at the center or in their current positions more than two years prior to the survey (table 15). Almost nine in ten staff were full-time employees (table 16), although more than one-half had previously volunteered at the Boston Night Center or another shelter (table 17).

Table 15

SHELTER WORK HISTORY

Year...	began work at ctr	began current pos.
75	0%	0%
80	0	0
83	0	0
86	0	0
87	10	11
88	10	0
89	30	33
90	40	22
91	10	22
	100%	100%
	(10)	(09)

Table 16

CURRENT EMPLOYMENT STATUS

	Percent
Paid, full-time	92%
Paid, part-time	0
Volunteer	0
	92%
	(11)

Table 17

PREVIOUS WORK AS VOLUNTEER

	Percent
Yes	54%
No	46
	100%
	(11)

Job activities

The most common staff actions on behalf of shelter guests were providing food and beds, responding to personal crises, mental health, drinking, drug, and physical health problems, as well as AIDS prevention (table 18). Between half and four-fifths of staff often provided help for these problems. About one-fifth of the staff helped guests "often" with financial benefits, family problems, and job training and placement. Of course, few staff reported child care activities (the shelter admits only adults).

Table 19

FREQUENCY OF HELPING GUESTS WITH PARTICULAR PROBLEMS

Problem	Not Often(1,2)	Some-times(3-5)	Often (6,7)	Total
Drinking problems	9.1 %	9.1	81.9	100.1%
Providing food, beds	0.0 %	40.0	60.0	100.0%
Personal Crises	9.1 %	18.2	72.8	100.1%
Drug problems	18.2 %	18.2	63.7	100.1%
Physical health problems	9.1 %	36.4	54.6	100.1%
AIDS Prevention	37.5 %	12.5	50.0	100.0%
Mental health problems	18.2 %	36.4	45.5	100.1%
Family problems	55.6 %	22.2	22.2	100.0%

Financial aid/benefits	10.0 %	70.0	20.0	100.0%
Job training/placement	40.0 %	40.0	20.0	100.0%
Child Care	77.8 %	22.2	0.0	100.0%

N=8-11

The most common types of work activity in the shelter, and the only activities engaged in "often" by at least half of the staff, were answering phones, crisis management, and counseling (table 20). Case consultation and contacting agencies were the next most common activities for many center staff. The frequency of other particular work activities is indicated in the next table. In general, about one-third of the staff reported engaging in paperwork, assessment, staff meetings training staff and outreach/advocacy activities at least sometimes. Training guests, housing search activities and attending inter-agency meetings were less common.

Table 20

FREQUENCY OF ENGAGING IN PARTICULAR WORK ACTIVITIES

Activity	Not Often(1,2)	Some-times(3-5)	Often (6,7)	Total
Answering phones	10%	30	60	100%
Crisis management	33%	11	56	100%
Counseling	30%	20	50	100%
Contacting Agencies	20%	40	40	100%
Case consultation	40%	20	40	100%
Paperwork	46%	18	36	100%
Assessment	22%	44	33	99%
Staff meetings	40%	30	30	100%
Outreach/advoc.	20%	50	30	100%
Training staff	50%	20	30	100%
Training guests	56%	22	22	100%
Inter-agency Mtgs.	62%	12	25	99%
Training sessions	56%	33	11	100%
Housing search	33%	56	11	100%

N=8-11

Training needs

One-third of the staff had received training about working with homeless persons at the center; some of these also had attended special courses or received some training

by other agencies (table 21). The rest of the staff reported only training outside the shelter.

Table 21

SPECIAL TRAINING RELATED TO HOMELESS

Training Received....	Percent
At center	33%
Center, spec. courses, other ag.	17
Center, other ag., other	6
Center, other ag., special courses, other	6
At other agencies	12
In special courses	12
Special courses, other	6
Special courses, other ag.	6
	98%
N (Multiple responses permitted)	(18)

Staff were eager for further training in most areas (table 22). Almost all staff felt training was needed at least somewhat in each of the eleven service areas mentioned. Training about family counseling, AIDS information, and education and training programs for guests were seen as most important, while training about mental health, job opportunities, transitional housing and financial benefits were viewed as "needed a lot" by half of the staff and not viewed as unnecessary by any staff.

Table 22

STAFF TRAINING NEEDS

Need	Not Needed at all(1,2)	Needed some- what(3-5)	Needed a lot(6,7)	Tot -al
Family counseling	0%	33	67	100%
Educ./training	9%	27	64	100%
AIDS info.	9%	27	64	100%
Mental health	0%	42	58	100%
Job opportunities	0%	50	50	100%
Trans housing	0%	50	50	100%
Financial ben.	0%	50	50	100%
Child care	10%	40	50	100%
Physic. health	0%	54	46	100%
Drug abuse	0%	58	42	100%
Alcohol abuse	0%	58	42	100%
N=9-12				

Satisfaction with the Work Experience

Job satisfaction and commitment

Staff were satisfied with their jobs at the Boston Night Center: almost all reported that they were very or somewhat satisfied overall with their jobs (table 23) and an equal proportion stated that they would not hesitate to take their current job if they had it to do over again (table 24). Seven in ten staff would strongly recommend their own job to a friend, while the rest had some doubts (perhaps due to awareness of their friends' skills or orientations) (table 25).

Table 23

OVERALL JOB SATISFACTION

Very satisfied	66.7%
Somewhat satisfied	25.0
Not too satisfied	8.3
Not at all satisfied	0.0
	100.0%
	(12)

Table 24

WOULD YOU CHOOSE YOUR CURRENT JOB OVER AGAIN?

No hesitation	91%
Some second thought	9
Not take job	0
	100%
	(11)

Table 25

WOULD YOU RECOMMEND YOUR JOB TO A FRIEND

Strongly recommend	70%
Doubts about recommending	30
Strongly advise against	0
	100%
	(10)

Further job satisfaction was evident when staff compared their jobs to an ideal image: eight out of ten reported a desire for the same job (table 26); just over half reported that their actual job was "very much" like their expectations before they began working (table 27).

Table 26

CHOICE OF AN IDEAL JOB

Want same job	82%
Retire, no work	9
Other job	9
	100%
	(11)

Table 27

DOES JOB MEASURE UP TO YOUR EXPECTATIONS

Very much	60%
Somewhat	40
Not very much	0
	100%
	(10)

About two-thirds of the staff deemed their workload moderately heavy; just two characterized the workload as very heavy (table 28). One-third experienced conflicting demands "very often" at work and almost two-thirds experienced conflicting demands at least "sometimes" (table 29)--conflicting demands that may have reflected difficulties in responding to guests with multiple problems, service providers with limited openings or multiple job responsibilities.

Table 28

CURRENT WORKLOAD OVERALL

Moderately light	18%
Moderately heavy	64
Very heavy	18
	100%
	(11)

Table 29

FREQUENCY OF CONFLICTING DEMANDS

Very often	36%
Sometimes	27
Not often	36
	99%
	(11)

Center satisfaction

Staff satisfaction with the center's efforts to help guests varied markedly between service areas. Staff were most satisfied with efforts to provide help with drinking and drug problems, food and beds, and help with personal crises (table 30). Center efforts to help with physical or mental health problems, financial benefits and family problems were reported to be at least moderately satisfactory by 60-90 percent of staff. Dissatisfaction was more in evidence with center efforts to help with job training and AIDS prevention.

Table 30
SATISFACTION WITH SHELTER'S EFFORTS TO HELP GUESTS

Service Area	Degree of Satisfaction			Total	N
	Low	Medium	High		
Drinking problems	0%	50	50	100%	(10)
Drug problems	0%	60	40	100%	(10)
Personal Crises	0%	60	40	100%	(10)
Providing food, beds	10%	50	40	100%	(10)
Physical health problems	10%	60	30	100%	(10)
Family problems	22%	56	22	100%	(9)
Financial aid/benefits	40%	40	20	100%	(10)
Mental health problems	11%	78	11	100%	(9)
Job training/placement	27%	64	9	100%	(11)
AIDS Prevention	18%	83	0	101%	(11)
Child Care	75%	0	25	100%	(4)

Staff perceived some degree of change in service arrangements since the center opened--one-third reported "a lot of change," while one-fourth felt there had not been much change (table 31) (but it is important to note that only three staff had been employed at the center since its first year of operation).

Table 31
CHANGE IN SERVICE ARRANGEMENTS SINCE SHELTER FIRST OPENED

A lot of change	33%
Moderate change	44
Not much change	22
	99%
	(9)

Services in Boston

The service network

The ability of a shelter to meet the service needs of its guests is determined in part by its relationships with local service agencies. Staff indicated that relations with local service agencies were cooperative, for the most part, with very few staff rating the major service agencies as having very uncooperative relations with the shelter (table 32).

Substance agencies and agencies concerned with AIDS and mental health were viewed as having the most cooperative relations with the center--two-thirds or more of the staff viewed these agencies as very cooperative. Relations were viewed as somewhat less cooperative with agencies concerned with physical health--one-half of the staff gave relations with these agencies the highest rating. Relations with agencies concerned with financial benefits, education and training, and job opportunities, family counseling and child care were viewed as neutral by about two-thirds of the staff. The greatest dissatisfaction was found with family service agencies: between forty and seventy percent of the staff felt that relations with child care and family counseling agencies were uncooperative.

Table 32

SHELTER'S RELATIONSHIP WITH LOCAL AGENCIES

Agencies	Uncoop. (1,2)	Neutral (3-5)	Coop. (6,7)	Tot -al
Alcohol abuse	0%	18	82	100%
Mental health	0%	27	73	100%
AIDS	0%	34	67	101%
Drug abuse	0%	27	64	91%
Phys. health	0%	50	50	100%
Financial benef.	10%	70	20	100%
Trans. housing	10%	70	20	100%
Education/training	20%	60	20	100%
Job opportunities	20%	60	20	100%
Family counseling	43%	29	29	101%
Child care	71%	0	29	100%

N=7-11

The local climate

Almost all staff believed that the number of homeless persons in Boston had increased in the last year (table 33). Other conditions pertaining to the homelessness problem were also seen to have worsened: housing opportunities, mental health services, social services. The only area in which some staff saw improvement in the last year was in the area of publicity about homelessness: about one-third thought publicity had gotten better. In addition, one-third of the staff believed that physical health services for homeless persons had at least stayed about the same.

Table 33

SOCIOECONOMIC ISSUES CONCERNING HOMELESS

Compared to last year.....

Issues	Better	About Same	Worse	
<u>Tot.</u>				
Number homeless	0%	18	83	101%
Housing opportunities	8%	8	83	99%
Mental H. serv. available	0%	17	83	100%
Soc. serv./fin. aid available	8%	8	83	99%
Phys. H. serv. available	17%	33	50	100%
Publicity about homeless	33%	42	25	100%
N=12				

Staff Background

Staff educational backgrounds varied from a high school to a graduate degree (table 34). Nearly one-half had some college experience and over one-third had a college degree or higher.

Table 34

HIGHEST GRADE COMPLETED IN SCHOOL

	Percent
H.S. Degree	18
Some college	46
College degree	18
Some grad. work	9
Grad. degree	9
	100%
	(11)

The majority of the staff were between the ages of thirty and fifty, with about one-fifth under the age of thirty and an equal proportion over fifty (table 35). There were slightly more women than men among the staff (table 36), and about two-thirds of staff were members of minority racial groups, about half being African-Americans (table 37). In terms of family status, staff were divided about equally between the categories of married or single, with a small percentage of divorced (table 38). One-half had some children (table 39).

Table 35
HOW OLD ARE YOU?

	Percent
20-29	18%
30-39	36
40-49	27
50-59	9
60 or older	9
	99%
	(11)

Table 36
GENDER

	Percent
Male	46%
Female	54
	100%
	(11)

Table 37
RACE

	Percent
Black	54%
Asian, Pacific	0
Amer. Indian	9
White	36
	99%
	(11)

Table 38
MARITAL STATUS

	Percent
Married	46%
Divorced/sep.	9
Live together	0

Widowed	0
Single	46
	101%
	(11)

Table 39
NUMBER OF CHILDREN

	Percent
0	50%
1	20
2	20
3	0
4	10
	100%
	(10)

Summary

Staff views of homeless persons varied widely. More than one third of the staff believed that most homeless persons were not ready to live on their own, while half disagreed. Staff were almost as divided about whether the homeless were responsible for their situation, at fault for having AIDS and "just like other people."

Staff were more in agreement about how best to respond to their guests' needs: a proactive service approach was preferred by most. Staff felt that services were needed by many guests and that guests' needs should be evaluated systematically, but most were undecided about whether professional training, rather than the experience of poverty, was the key to staff effectiveness--and the survey did not ask for opinions about the value of having an empathic personality, a critical factor highlighted by some staff in discussions after the survey.

Overall, staff reported high levels of satisfaction with their jobs and with the center's efforts to help guests; most felt that the job measured up to their initial expectations and would take the same job again if they could start over. The workload was not seen by most as too heavy and the experience by many staff of conflicting demands is common among human service providers.

Among the different service areas, satisfaction tended to be lower with the center's response to mental illness, AIDS prevention, and with services for such basic concerns as financial benefits and job training.

Recommendations for Center Programs

Some of the variation in perceptions of independent living ability may reflect exposure to different guests and sensitivity to different aspects of guests' abilities. A staff forum on this issue might help all staff gain greater insights into the problems their guests face and the services useful in overcoming these problems.

Guests' needs range from short-term difficulties in survival to long-term problems of health and welfare. Among these diverse needs, the Night Center focuses on responding to the immediate survival difficulties, all the while developing supportive relations with center staff. From these supportive relations can come successful

referrals of previously withdrawn guests to service agencies that can respond to longer-term problems. The higher levels of staff dissatisfaction with services of long-term value, such as financial aid and job training and placement, may reflect in large part this Night Center focus on survival needs. This dissatisfaction may be reduced by discussing with staff the importance of this survival focus as a basis for establishing relations with the most alienated homeless persons, as well as circulating information on the agencies that offers options for meeting longer-term needs.

Dissatisfaction with services oriented to longer-term needs may also stem from the less cooperative relations that were identified with agencies responding to longer-term needs for jobs and training. Some brief talks by agency outreach workers might help to connect a few guests to appropriate opportunities. Staff might also appreciate a brief training session on welfare benefits and job training opportunities--providing knowledge that they could then pass on to their guests. Since many Night Center staff were new employees at the time of the survey, they would not yet have had opportunities to participate in such programs, even though some have occurred in the past.

In spite of its importance, on-the-job training should not be expected to substitute for expertise developed through rigorous professional courses of study and years of experience. Experts should be available to assist staff on all of the more difficult guest problems--mental illness, substance abuse, personal crises, financial aid. Monthly staff seminars led by outside experts may help to inform staff in these areas.

Some improvements can be made in the area of networking with other service agencies. Many staff members felt that relations with local agencies were inadequate, particularly in the areas of job training and help with family problems.

Many agencies welcome outside participants to the training sessions they conduct for their own employees. The shelter may want to take advantage of these opportunities on a regular basis.

Addiction to alcohol was identified by staff as the most serious health problem among guests. Substance abuse should continue to be a priority. Flexibility must be the

watchword in programs seeking to help diverse groups of substance abusers.

In addition to these areas for additional training and program development, it is important to recognize that the Boston Night Center staff themselves represent an important resource for other service providers. The Boston Night Center Staff Survey reveals a staff that is deeply involved in and knowledgeable about the needs and characteristics of homeless persons who in some cases have posed special difficulties for other service providers. Participation by Night Center staff in workshops with staff from other shelters and agencies would help to educate the larger service system about these most needy clients.