THE SHATTUCK SHELTER STAFF:
WORK EXPERIENCE, ORIENTATIONS TO WORK AND AIDS AWARENESS

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Introduction

The Shattuck Shelter staff are the first line of defense for the shelter's 200 guests. Staff provide food, beds and emergency medical care, and they offer a range of other services needed to lessen the trauma of homelessness itself and to resolve the multiple problems that often accompany homelessness. Social services, AIDS prevention services, psychiatric services, respite care, therapy groups and medical assistance are each available□.

No assessment of shelter operations would be complete without feedback from shelter staff. This report provides such feedback through an analysis of staff responses to questions asked in the Shattuck Shelter Staff Survey. The survey was administered in conjunction with the evaluation of the Life Lines AIDS Prevention Project for the Homeless, a statewide program headquartered at Shattuck, and it included numerous questions about AIDS prevention at the shelter and AIDS awareness among staff. In addition, the survey asked staff about their work tasks, their satisfaction with their work, and their opinions about the homelessness problem and the service system.

Methods

An 80-question self-administered questionnaire was distributed to all 37 staff members at the Shattuck Shelter. The questionnaires were returned, anonymously, to a specially designated collection point. After one week, reminder notes were left in the mailboxes of all non-respondents. Those who still did not respond were contacted in person and replacement questionnaires were distributed, as needed. Thirty completed questionnaires were returned, for a return rate of 81 percent. All data were processed and analyzed at the University.

Sections of the questionnaire investigated staff opinions about the problem of homelessness, shelter 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.

After the questionnaires were returned, students conducted in-person interviews with eight shelter staff members. Staff in each job category at the shelter were selected for interviews on an availability basis. Interviewees answered nine open-ended questions (most having several subparts) that focused on key issues in the questionnaire (see appendix). Quotes from the interviews are included in the report in order to illustrate the quality of staff feelings on particular issues; given the nature of the interview sample, these quotes can be considered only to illustrate different opinions--the quotes are not necessarily representative of the entire shelter staff.

AIDS Awareness

Staff knowledge about AIDS

Staff were very knowledgeable about methods of HIV transmission and influences on the course of HIV disease: between 90 and 100 percent of all staff responded correctly to fourteen of twenty statements about methods of HIV transmission and the manner of HIV disease progression.

Up to one-quarter of the staff believed, mistakenly, that infected people cannot still feel healthy, that there is a cure for AIDS, that there are means other than a blood test for telling whether you are infected, and that giving blood can result in infection. The issues about which there was the most misunderstanding were the helpfulness of condoms once a person is HIV-infected and the lack of danger in casual kissing: sixty and seventy percent, respectively, gave the incorrect answer.

KNOWLEDGE ABOUT HIV TRANSMISSION AND AIDS PROGRESSION

	Yes
Get AIDS-Sharing needles with drug users	100%
It helps a lot to use a condom	100%
People can do a lot to avoid getting AIDS	100%
Get AIDS-Having sex with an infected person	97%
The more sex partners, the more risk of AIDS	97%
Infected people can still feel healthy	87%
There's no cure for AIDS	83%
Only a blood test tells you if you are infected	77%
A condom doesn't help once you're infected	40%
Get AIDS-Casual kissing with an infected person	29%
Get AIDS-Giving blood	24%
Get AIDS-Being bitten by an insect	10%
Get AIDS-Eating food prepared by an infected person	7%
There's no way a drug user can avoid AIDS	3%
Men can't get AIDS from sex with a woman	3%
People with AIDS die soon after they are infected	3%
Get AIDS-Being near an infected person	0%
Get AIDS-Hugging an infected person	0%
Get AIDS-Sitting on a toilet seat	0%
AIDS only affects gay men	0%

N=28-30

When reflecting on their own knowledge about AIDS, four in five staff felt they knew enough about AIDS to educate guests and an equal proportion knew where to refer guests for HIV testing.

KNOW WHERE TO REFER GUESTS FOR AIDS TESTING

	Percent
Yes	80%
Not sure	17
No	3
	100%
	(30)

AIDS prevention activities

Involvement in prevention activities varied markedly between staff. Between fourteen and twenty percent of staff told guests about condoms and bleach "very often," but between one-third and half of staff never told guests about these prevention activities.

TELLS GUESTS ABOUT....

	condoms	bleach

Very Often	20%	14%
Sometimes	43	38
Never	37	48
	100%	100%
	(30)	(30)

Overall, staff seemed comfortable with discussing condoms and bleach with guests--more than half felt "completely comfortable." However, just under one-quarter of staff indicated some discomfort with such discussions.

FEEL COMFORTABLE DISCUSSING THE USES OF.....

	condoms	bleach
Completely comfortable	52%	57%
Rather comfortable	24	21
Somewhat comfortable	21	7
Not comfortable	3	14
	100%	100%
	(30)	(30)

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 two-thirds of the staff believed that no more than half of the guests worried about HIV infection.

AMOUNT OF GUESTS WORRYING ABOUT AIDS

	Percent
Most	14%
A majority	18
About half	43
A minority	18
Almost none	7
	100%
	(28)

Staff comments in the interviews identified some of the likely influences on guests' concerns about AIDS, but without reaching a consensus. The most common influence mentioned was drug abuse, and several staff felt that drug abuse impaired concern with preventing AIDS. However, some believed that substance abusers were, in general, the most concerned about HIV. Perhaps these discrepant observations were due to different foci: in the period when drug abusers were actually high on drugs or on the times when they were "sober." Women were also mentioned as a group more concerned about HIV infection; one staff member felt that non-IV drug abusers who were heterosexual worried too little about HIV infection.

Some worry, others know about it but don't worry now. They worry afterwards. When you want to get high, you want to get high. A lot of guests take condoms--this shows they are concerned. These are the non-

IVDU guests though. IV users aren't too concerned; they just want to get high and they don't take bleach kits too often.
The guests who show the most concern are the women, and the ex-addicts. You very rarely frisk a female without coming across a condom. Heroin addicts are among those who are the least concerned. They may show some concern, but if it comes down to getting a fix and using a dirty needle or playing it safe and refusing the drug under such circumstances, they'll get their fix.
Maybe some follow up [shelter prevention activities], but not all.
People with AIDS are first very angry, upset, some are suicidal. At this point I don't think they care if they give it to anybody. Some change, some don't.
One-third to one-half of the shelter guests worry about getting AIDS--not as many as should. Substance abusers worry most about it.
A lot of the guests (75-80 percent) worry about getting AIDS to some extent. A majority think they know about what it is and its contagion pattern. In the AIDS education groups, it becomes evident that many are still participating in high risk behavior. Active IV drug abusers, gay men and heterosexual women seem to be the most concerned about getting AIDS. Sexually active heterosexual non-IV drug abusers seem to be the least concerned--they participate in risky behavior without recognizing the danger.

Few staff were convinced that shelter guests treated other guests poorly when they were known to have AIDS. However, half of the staff simply reported that they were not sure.

GUESTS WITH AIDS TREATED POORLY BY OTHER GUESTS

	Percent
Yes	7%
Not sure	48
No	45
	100%
	(29)

Interview comments tended to emphasize the frequency with which guests stigmatized others who had AIDS.
We had one patient who told everyone that he has AIDS. The other people started to behave very differently toward him so I told him not to tell everybody.
Guests don't like to be seen showing much interest in AIDS efforts because of the stigma attached; people will think they have AIDS, etc. A lot of guests don't have much interest in these efforts and not a lot go to the AIDS groups. Many think AIDS doesn't apply to them.

Staff personal concerns about AIDS

Nine in ten staff knew someone with AIDS, and an equal proportion reported interacting frequently with shelter guests who had AIDS.

KNOW ANYONE WITH AIDS?

	Percent
Yes	90%

Not sure	7
No	3
	100%
	(30)

There was some anxiety about this contact among a minority: one-third were "somewhat" worried about HIV infection as a result of working at the shelter and 13 percent were "a bit afraid of being around infected people." Nonetheless, none of the staff agreed that sooner or later they would become infected.

AMOUNT YOU WORRY ABOUT AIDS WORKING AT SHELTER

	Percent
Somewhat	31%
Not at all	69
	100%
	(29)

Comments by staff who were interviewed may explain the basis for concern among some staff about contracting AIDS. Staff who searched guests entering the shelter were seen to be at risk for needle stick injury; others worried about being bitten.

Contraction of the AIDS virus is a major concern when searching guests upon entrance; the risk involves the possibility of being pricked by a hypodermic needle. The next most dangerous way to contract the virus would be from a bite from an infected guest.

Staff do worry somewhat about getting AIDS by being poked with a needle during a search or by coming in contact with open sores while restraining a disruptive guest. All staff are thoroughly versed in the paths of transmission and follow appropriate measures.

Some respondents believed that staff did not worry enough about infection:

The staff worry, but not enough. For example, when they search someone (for alcohol, drugs, weapons, sharp objects that could injure someone), staff can be careless and may get injured by some of these things. Staff don't wear gloves as often as they should (like when a guest urinates on himself, throws up on himself, etc.). Staff shouldn't have a constant fear of AIDS, but it should be in the back of their minds at all times. Why don't they? Complacency.

Staff members are aware of which guests are HIV positive because it is shelter policy that each guest turn in their medication. Anyone who is carrying around AZT is obviously at least HIV positive. [The respondent denied that guests who are infected are treated any differently, but then stated that s/he will not touch an infected person's linens, personal belongings or clothing.]

Evaluation of shelter policy

Staff generally evaluated positively the shelter's AIDS policies. Almost nine in ten agreed that HIV-positive guests were welcome at the shelter and that staff took necessary precautions (although the latter belief was held less strongly). However, one-third did not agree that staff know a lot about AIDS and half did not agree that the shelter's AIDS policy was clear.

EVALUATION OF SHELTER POLICY

	Strg Agr.	Agr.	Undec ided	Dis- Agr.	Strg D.Agr	Tot.
HIV guests welcome	54%	36	7	4	0	101%
Staff takes precautions	29%	61	7	4	0	101%
AIDS policy is clear	28%	21	31	17	3	100%
Staff know lot about AIDS	14%	50	18	18	0	100%

N=28-29

Staff who were interviewed expressed satisfaction with the shelter's prevention efforts, although there was some skepticism about the possibility of influence significantly guests' behaviors outside of the shelter.

Awareness has been increased. People come and ask for condoms, whereas before, they didn't. It's becoming part of their daily life. It's hard to know how effective the prevention activities have been. How can you know when a guest is using condoms or bleach? The prevention activities have probably not been very effective with IV users, but at least they are aware of it even if they choose to ignore it.

There is a definite increase in the concern among the guests with regard to contracting the AIDS virus. This is evident mostly in the use of condoms. There also are more guests who are willing to attend the AIDS awareness meetings.

Pretty effective--there is evidence of a majority of guests modifying risky behavior. Also, the attention given to helping guests recognize the increased likelihood of risky behavior when under the influence of alcohol or when unstable because of psychiatric medication is not being taken has increased the motivation of some guests to plan and pursue protective measures.

AIDS prevention activities are as effective as they can be--we're doing everything we can. Because the shelter has all the available resources, it is up to the individual.

There is not much more we can do for them. When they leave here in the morning, they're on their own. Whatever they do out there is their own business, and it's not that we don't care, it's just that we have no control over them at that point.

Preferences for shelter policy

Staff preferences for shelter policy indicated overwhelming support for AIDS prevention. Almost all staff believed that condoms and bleach should be easily available and that people with AIDS should be welcome at the shelter. About three-quarters agreed that more should be done to educate both guests and staff about AIDS.

Possible shelter policies that might decrease the effectiveness of AIDS prevention efforts received little support. More than three-quarters of the staff disagreed that staff should avoid contact with HIV-infected guests and that there should be mandatory testing of guests.

There was one policy with respect to which staff disagreed with the recommendation of most AIDS educators and, in fact, with current laws: more than half of the staff believed that staff should know the HIV status of guests and half failed to reject the proposition that "shelter staff be allowed to refuse to work with AIDS-infected guests."

PREFERENCES FOR SHELTER POLICY

	Strg Agr.	Agr.	Undec ided	Dis- Agr.	Strg D.Agr	Tot.
Condoms easily available	86%	10	3	0	0	99%
People w AIDS more welcome	79%	14	3	3	0	99%
Bleach easily available	72%	17	7	3	0	99%
Do more to educate guests	45%	31	10	10	3	99%
Staff know guest HIV stat	35%	24	17	7	17	100%
Do more to inform staff	31%	41	17	7	3	99%
Staff avoid contact	10%	3	3	28	55	99%
Mandatory AIDS testing	3%	3	14	31	48	99%

N=29

ALLOW STAFF TO REFUSE TO WORK WITH GUESTS WITH AIDS?

	Percent
Yes	20%
Not sure	30
No	50
	100%
	(30)

Conclusions and recommendations

Staff responses to the self-administered questionnaire and to the in-person interviews provided strong evidence of the effectiveness of shelter efforts to educate staff about AIDS and to increase AIDS prevention activities. At the same time, the survey revealed among a portion of staff unfounded fears about HIV infection and lack of awareness of shelter AIDS policies. These findings should all be taken into account in order to maintain current efforts and to plan new training approaches.

Staff involvement in AIDS prevention activities varied markedly. While some variation is expected due to the differences between shelter jobs, shelter policy expects all staff to participate in prevention activities to some extent. Further efforts may be needed to involve all staff in some aspect of AIDS prevention.

Two units at the Shattuck Shelter refer guests for HIV testing--the social service unit and the medical unit. It is not clear if all staff are aware of this policy. Twenty percent of the staff said they did not know where to refer guests for AIDS testing, but they may have meant that they did not know where guests were referred outside of the shelter, not that they did not know where to send guests within the shelter to get a referral. In any case, it may be prudent to remind all staff of the shelter's referral policy at a staff meeting or through a memorandum.

Many staff members believe that non-IV drug users and/or heterosexuals are not concerned enough about contracting AIDS, in spite of the fact that posters in the shelter highlight the risk. If the staff are correct, additional methods of informing guests may be required, perhaps including special brochures left on each bed on selected nights.

Each new shelter coordinator at the Shattuck Shelter receives training in frisking techniques, and the Department of Corrections

delivers annually an inservice training workshop on safe searches. The shelter has also begun an annual crisis prevention workshop for staff and meetings of shelter coordinators and of the general shelter staff often focus on safety issues. Nonetheless, needle-stick injuries while frisking remained a concern of some staff. Periodic informal reviews of frisking procedures by line supervisors may help, and would have the additional benefit of lessening staff concern about contracting AIDS at the shelter.

More generally, staff should know that the shelter management is concerned about their health, yet realize that they ultimately are responsible for their own safety. Regular meetings to discuss safety and related issues are now being held, and should help to convey these dual messages.

Half of the staff did not believe that staff should be required to work with persons with AIDS. 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. Further staff education seems to be necessary.

Staff seem very knowledgeable about AIDS, but are not so confident about the knowledge of their coworkers. Regular staff AIDS education meetings would help staff to stay current about the latest developments and might also result in increased trust among staff.

Half of the staff believed that shelter 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.

AIDS prevention training sessions for staff should highlight community resources for guests with AIDS and help staff learn how to discuss the use of condoms and bleach with their guests. Role-playing might be useful, as part of a training session.

Provide incentives for guests who attend AIDS prevention meetings. Perhaps just a pizza for dinner, prior to or after the meeting. Or a waiver of the time when the guest must check in at the shelter. AIDS awareness meetings might also draw more guests, and be more effective, if a guest were asked to help run the meeting.

Staff recommendations for AIDS prevention

In the interviews, staff proposed a wide range of enhancements in shelter prevention practices, many of which emphasize the importance of current shelter policies and the need to educate staff further about these policies.

**Make condoms and bleach available ALL the time and in places where staff members cannot see guests taking them.

**Concentrate more on the Stabilization Program. Make sure they GET the messages.

**Have education programs more often. Make them more confidential. For example, have them outside of the shelter where nobody can see them as they go to participate.

**Instill self respect and raise the self esteem of the guests, so they care enough about themselves to stop practicing high-risk activities.

**Maybe some more lectures, that will help.

**More education: lectures, pamphlets, videos.

**Educate people that it can happen to them.

**Be more imaginative about how a wider segment of the guests can be reached.
**Make AIDS literature more graphic, with more pictures and simpler language, without overwhelming guests who don't need a constant reminder.

One year before the Shattuck Shelter Staff Survey was conducted, the Life Lines AIDS Project for the Homeless began an aggressive effort to increase AIDS awareness and AIDS prevention efforts by staff. Anecdotal evidence suggests that many staff were, at that time, uninvolved in prevention activities and unaware of many important facts about AIDS and HIV. By the time of the survey, however, most staff were committed to AIDS education and prevention, aware of most AIDS and HIV facts, and attuned to the possibilities for improving AIDS prevention at the shelter level.

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 and were not "just like regular people." About an equal proportion of staff held the opposite view, and many staff were undecided about each characterization. Almost three in every five staff members agreed that homeless people who are sick tend to lose or misuse their medication. However, staff shared a very compassionate view of guests' responsibility for these problems: six in ten 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.

STAFF PERCEPTIONS OF HOMELESS PERSONS

	Strg Agr.	Agr	Undec- ided	Dis- Agr	Strg D.Agr	Tot.
Few ready to live on own.	17%	20	23	30	10	100%
Responsible for own sit.	7%	0	33	40	20	100%
Just like reg people.	7%	23	40	20	10	100%
Own fault they have AIDS.	0%	14%	21	28	38	101%
Sick misuse or lose meds.	17%	40	20	20	3	100%

N=29-30

Several staff who were interviewed commented at some length on the irresponsibility or lack of ability to manage independently that they perceived among the shelter's guests.

The people who finally are able to be placed in apartments after waiting for months, and sometimes years, end up coming back within a three or four month period. This is due to the fact that the homeless, or a good majority of them at the shelter do not have the skills necessary to pay bills and budget money. For example, guests will receive their monthly welfare check of about one hundred dollars, and for the next three nights they will return to the shelter with Chinese food for their dinner.

It's difficult. We're not making a big enough difference...for two reasons: One, many guests have chronic disabilities and we don't have

the proper resources to help them. Two, I feel we are actually holding many guests back. We provide them with a bed and some food, and in the process take away their incentive to get these things on their own. Plus, many guests use their SSI [Social Security Income] money for the wrong things; in fact, one lady got her hair permed with it. However, there is one thing I do enjoy. I like working with those people waiting to get into a halfway house, because with them I feel like we can make a difference.

Some are very appreciative, some aren't. Those that are just temporarily down on their luck and those in the halfway house holding program are most appreciative, while those with mental disorders and drug problems are the least appreciative. I feel many people at the shelter are just con artists and they aren't ready to stay straight. They pretend to listen to you just to get a meal and a bed.

At least one staff member who was interviewed viewed shelter efforts to deal with difficult guest behavior as relatively successful. In dealing with disruptive guests the emphasis is on identifying what needs are not being met and involving the guests in activities and strategy planning that can enable the guest to meet the need in a responsible fashion.... A significant effort is invested in counseling with clients to help them recognize unacceptable behavior and take a personal interest in modifying it.

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 shelter guests. In the questionnaires, staff estimated the proportion of the shelter's guests who had problems with alcoholism, drug abuse, mental illness and physical illness.

Alcoholism was seen as the most common health problem among shelter guests, with drug addiction a close second: almost half the staff thought at least half of the guests were alcoholics, while about one-third thought at least half of the guests were drug addicts. Staff estimates of the prevalence of mental and physical illness were sharply lower: 14 percent estimated that at least half of the guests were mentally ill and only four percent estimated that at least half of the guests were physically ill. In fact, half of the staff estimated that no more than one-quarter of the guests were physically ill.

Staff Estimates of Percentage of Guests With Health Needs*

	Percentage of Guests with Health Need				
Health Need	0-25%	26-50%	51-75%	76-100%	Total
Alcoholism	7.1%	50.0	25.0	17.8	99.9%
Drug addiction	21.4	46.3	21.6	10.7	100.0%
Mental illness	35.7	50.0	7.1	7.2	100.0%
Physical illness	50.0	46.5	3.6	0.0	100.1%

*N=28

Staff comments on guests' substance abuse and mental illness tended to emphasize the difficulties these health problems caused for service delivery.

There is a lot of manipulative behavior.... The most manipulative are the addicts. We put some restrictions on them like they are not allowed to go out, only to see the doctor or with family. But still some come

back high. So if they do it over and over and over again, we might eventually not allow them to come back.
Most people are in bad shape: drunk, high, psychotic. It's not easy to deal with them, but its part of the job.
For those who are motivated, the programs work: those in the respite program and those waiting for placement in the holding unit.
There are troubles with the guests often. Typical problem situations are:
*Psychiatric clients who are not taking their medication and their behavior becomes unstable;
*Active alcoholics who need to be in detox and are not cooperative;
*In dealing with the various group activities, participants may become disruptive or their poor attitudes may become an occasion for distraction from the group's task;
*Persons with difficulties with authority demonstrate [it] by defiant or disruptive behavior.

Beliefs about services

Staff shared a preference for a professional, proactive approach to their work: they agreed that guests need a lot of social services, and they disagreed that staff should avoid intrusive service procedures with guests. Few staff believed that staff should have experienced poverty themselves. There was less consensus about the advisability of barring rowdy guests: just over half agreed with barring.

BELIEFS ABOUT SERVICES

	Strly Agr.	Agr.	Neith A/D	Dis- Agr	Str Dis.	Tot.
Guests need lot srvcs.	40%	47	13	0	0	100%
Stf avd intrusv. proc.	10%	0	7	47	37	101%
Stf sh hv exp poverty	7%	7	17	43	27	101%
Bar rowdy guests	39%	14	32	11	4	100%

N=28-30

In interviews, some staff explained why they supported a proactive service approach, rather than just responding to problems brought to them.
Some guests are always seeking this sort of attention [counseling for personal crises], while for others counseling begins with assertive intervention of staff because they will become disruptive before they accept counseling. These services are among the more effective, since they are part of providing a safe environment.
Guests do not often participate in [budget planning groups] voluntarily. Persistence pays off here because a guest may need to experience several failures before they accept the importance of the budget planning education.

Other staff suggested that guests were often motivated to seek services, but that early neglect of health problems or inadequate service resources hindered service effectiveness.
Guests actively seek these services [medical and psychiatric], though it is evident that many problems are neglected until they are very severe.
Guests actively seek [assistance with finding housing], but it is limited in effectiveness by the limits on the time of two social workers and the

complex needs of many guests, which make independent living an inappropriate option. Social workers also lack the networks and resources that would be very helpful in providing these services.

One interviewee presented the "minority" view among staff about service approach, and argued that prior experience of poverty was important to effective service delivery.

People who "haven't been there" [living on the streets] can only be sympathetic and express empathy to a certain extent. Some guests will respond better [to a formerly homeless staff member] than to other staff members.

Another staff member suggested that barring, the subject of some disagreement among staff, was still a common practice.

Guests are asked to leave the shelter on a daily basis because they do not follow the rules. It is not uncommon for a guest to be barred from the shelter forever. This happens only if a guest makes a physical threat to a staff member.

Work in the Shelter

Job type

"Coordinator" was the most common job title at the shelter, held by just over one-third of the respondents, while rehab counselors and social workers accounted for another one in five. Other respondents were distributed across supervisory, management and support functions.

CURRENT JOB TITLE

	Percent
Supervisor	8%
Coordinator	36
Med Respite Dir.	4
Instit. Aide	12
Driver	4
Exp. Therapist	4
Secretary	4
RN	4
Director	4
Voc Rehab Cnslr	8
Social Worker	12
	100%
	(25)

One-third of the respondents had just started working at the shelter within the preceding year, and about six in ten had worked at the shelter and in their current position for no more than three years. Almost nine in ten staff were full-time employees, although almost one-third had previously volunteered at a the Shattuck or another shelter.

SHELTER WORK HISTORY

Year...	began work at shel	began current pos.
75	4%	4%
80	4	4
83	4	0
86	11	8
87	18	16
88	14	24
89	14	12
90	32	32
	101%	100%
	(28)	(25)

CURRENT EMPLOYMENT STATUS

	Percent
Paid, full-time	86%
Paid, part-time	10
Volunteer	3
	99%
	(29)

PREVIOUS WORK AS VOLUNTEER

	Percent
Yes	29%
No	71
	100%
	(28)

Sources of pay for Shattuck Shelter employees were diverse. Only one-quarter were paid directly by the shelter. Of the other three-quarters, most were paid by Positive Lifestyles, a private nonprofit service vendor, while others were paid by the city's Health Care for the Homeless project, another shelter or the state.

SOURCE OF PAY

	Percent
Paid by Shelter	26%
Paid by another	74
	100%
	(27)

NAME OF OTHER PAY SOURCE

	Percent
Pos. Lifestyles	58%
HCH	16
Pine St.	16
State	11
	101%
	(19)

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. Between one-third and two-fifths of staff often provided help for these problems. About one-fifth of the staff helped guests "very often" with financial benefits, AIDS prevention and job training and placement. Of course, few staff reported child care activities (the shelter admits only adults).

FREQUENCY OF HELPING GUESTS WITH PARTICULAR PROBLEMS

Problem	Not Often(1,2)	Some-times(3-5)	Often (6,7)	Total
Providing food, beds	24.1 %	31.0	44.8	99.9%
Personal Crises	17.9 %	46.5	35.7	100.1%
Mental health problems	20.7 %	37.9	41.4	100.0%
Drinking problems	24.1 %	34.4	41.3	99.8%
Drug problems	25.0 %	35.8	39.3	100.1%
Physical health problems	34.5 %	31.0	34.5	100.0%
Family problems	46.4 %	32.1	21.4	99.9%
Financial aid/benefits	64.3 %	14.3	21.5	100.1%
AIDS Prevention	51.7 %	31.0	17.2	99.9%
Job training/placement	67.9 %	14.3	17.8	100.0%
Child Care	86.2 %	10.3	3.4	99.9%

N=28-29

The most common types of work activity in the shelter, and the only activities engaged in "often" by more than half of the staff, were answering phones and paperwork--traditional office chores cannot be avoided even in homeless shelters! Contacting agencies was the third most common activity for many shelter staff, but it was an activity that

reflected a clear division of labor: about equal proportions of staff (42-45 percent) reported contacting agencies "often" as reported this "not often"; few contacted agencies "sometimes."

The frequency of other particular work activities is indicated in the next table. In general, about half of the staff reported engaging in direct client service activities, such as assessment, counseling, case consultation and outreach and advocacy, at least sometimes (between one-quarter and one-third engaged in these activities more often). Training activities and work outside of the shelter (searching for housing or attending inter-agency meetings) were less common.

FREQUENCY OF ENGAGING IN PARTICULAR WORK ACTIVITIES

	Not Often(1,2)	Some-times(3-5)	Often (6,7)	Total
Answering phones	17%	23	60	100%
Paperwork	20%	24	55	99%
Contacting Agencies	45%	13	42	100%
Staff meetings	11%	53	36	100%
Crisis management	35%	30	35	100%
Assessment	39%	32	29	100%
Counseling	46%	27	27	100%
Case consultation	48%	27	24	100%
Outreach/advoc.	55%	20	24	99%
Training staff	41%	37	20	98%
Housing search	69%	13	17	100%
Training guests	59%	27	14	100%
Inter-agency Mtgs.	76%	13	10	99%
Training sessions	56%	38	7	100%

N=28-29

Training needs

Almost two-thirds of staff had received training about working with homeless persons at the shelter; many of these also had attended special courses or received some training by other agencies. The rest of the staff reported only training outside the shelter.

SPECIAL TRAINING RELATED TO HOMELESS

Training Received....	Percent
At shelter	33%
At other agencies	12
In special courses	12
Special courses, other	6
Special courses, other ag.	6
Shelter, spec. courses, other ag.	17
Shelter, other ag., other	6
Shelter, other ag., special courses, other	6
	98%

Staff were eager for further training in most areas. At least two-thirds felt training was needed at least somewhat in each of the eleven service areas mentioned. Training about mental health issues was seen as most important, while training about job opportunities, education and training programs for guests, transitional housing, AIDS and financial benefits was also viewed as important.

STAFF TRAINING NEEDS

	Not Needed at all(1,2)	Needed some-what(3-5)	Needed a lot(6,7)	Tot.
Mental health	6%	48	45	99%
Job opportunities	26%	34	41	101%
Educ./training	18%	47	36	101%
Trans housing	19%	48	33	100%
AIDS info.	18%	51	32	101%
Financial ben.	21%	50	29	100%
Family counseling	28%	48	24	100%
Child care	33%	42	25	100%
Physic. health	11%	68	22	101%
Drug abuse	29%	50	22	101%
Alcohol abuse	36%	45	18	99%

N=24-28

Satisfaction with the Work Experience

Job satisfaction and commitment

Staff were satisfied with their jobs at the Shattuck Shelter: almost 90 percent reported that they were very or somewhat satisfied overall with their jobs. Three quarters would not hesitate to take their current job if they had it to do over again, and only four percent were sure that they would not want the job if they could begin again.

OVERALL JOB SATISFACTION

		Percent
Very satisfied		31.0%
Somewhat satisfied		55.2
Not too satisfied	6.9	
Not at all satisfied	6.9	
		100.0%
		(29)

WOULD YOU CHOOSE YOUR CURRENT JOB OVER AGAIN?

	Percent
No hesitation	75%
Some second thought	22
Not take job	4

	101%
	(28)

WOULD YOU RECOMMEND YOUR JOB TO A FRIEND

	Percent
Strongly recommend	54%
Doubts about recommending	43
Strongly advise against	4
	101%
	(28)

When staff compared their jobs to an ideal image, however, they found some room for improvement. Just over one-third would want the same job if they were free to go into any time of work they wanted, and just under half reported that their job measured up to the sort of job they wanted when they took the job.

CHOICE OF AN IDEAL JOB

	Percent
Want same job	37%
Retire, no work	15
Other job	48
	100%
	(27)

DOES JOB MEASURE UP TO YOUR EXPECTATIONS

	Percent
Very much	45%
Somewhat	45
Not very much	10
	100%
	(29)

Work demands seemed to be an issue for many staff: two-thirds found their overall workload moderately or very heavy and three-quarters experienced conflicting demands very often or sometimes at work. Nonetheless, about one-quarter reported a light workload and few conflicting demands.

CURRENT WORKLOAD OVERALL

	Percent
Moderately light	29%
Moderately heavy	43
Very heavy	29
	101%
	(28)

FREQUENCY OF CONFLICTING DEMANDS

	Percent
Very often	24%
Sometimes	52

Not often	24 100% (29)

Interview comments tended to stress both the challenge and the rewards of shelter work.

I work with different people, people with mental illnesses, alcohol problems, AIDS. It can become very stressful at times. [But] I like the work. I get a lot of experience with different people like, for example, with young and old ones.

I enjoy the work here a lot--most of the time.

[I] find working with homeless persons enjoyable because I like to work with people, to see results. Its not boring.

[Working with homeless persons here] is very difficult. There is very little, if any reward in the job.

Shelter satisfaction

Staff satisfaction with the shelter's efforts to help guests varied markedly between service areas. Staff were most satisfied with efforts to provide food and beds, but more than half were also highly satisfied with AIDS prevention and help with physical health problems. Almost half were highly satisfied with the shelter's efforts to help with drug and drinking problems.

Dissatisfaction was more in evidence with shelter efforts to help with mental health problems, personal crises, financial aid and job training and placement. Staff expressed the most dissatisfaction about shelter efforts to help with family problems and child care, but, as indicated by the lower rate of response to these questions, the meaning of these services for a shelter open only to adults may have been ambiguous.

SATISFACTION WITH SHELTER'S EFFORTS TO HELP GUESTS

	Degree of Satisfaction				
Service Area	Low	Medium	High	Total	N
Providing food, beds	4%	14	82	100%	(28)
AIDS Prevention	4%	33	64	101%	(28)
Physical health problems	0%	43	57	100%	(28)
Drug problems	7%	46	46	99%	(28)
Drinking problems	11%	43	46	100%	(28)
Mental health problems	18%	52	30	100%	(27)
Personal Crises	7%	68	25	100%	(28)
Financial aid/benefits	7%	72	22	101%	(28)
Job training/placement	22%	59	18	99%	(27)
Family problems	31%	50	19	100%	(26)
Child Care	57%	33	10	100%	(21)

Staff perceived much change in service arrangements since the shelter opened--almost half reported "a lot of change," and few felt there had not been much change.

CHANGE IN SERVICE ARRANGEMENTS SINCE SHELTER FIRST OPENED

	Percent
A lot of change	47%
Moderate change	40
Not much change	13
	100%
	(30)

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.

Substance agencies and agencies concerned with AIDS were viewed as having the most cooperative relations with the shelter--about two-thirds of the staff viewed these agencies as very cooperative. Relations were viewed as somewhat less cooperative with agencies concerned with physical health, financial benefits, mental health and transitional housing--about one half of the staff gave relations with these agencies the highest ratings. Relations with agencies concerned with education and training, job opportunities, family counseling and child care were viewed as very cooperative by about one-third of the staff, and about one-fifth of staff viewed relations with most of these agencies as uncooperative.

SHELTER'S RELATIONSHIP WITH LOCAL AGENCIES

	Uncoop. (1,2)	Neutral (3-5)	Coop. (6,7)	Tot.
Alcohol abuse	4%	25	71	100%
Drug abuse	4%	28	68	100%
AIDS	0%	34	67	101%
Phys. health	0%	45	56	101%
Financial benef.	4%	44	52	100%
Mental health	4%	50	47	101%
Trans. housing	0%	53	46	99%
Education/training	7%	56	37	100%
Job opportunities	18%	46	35	99%
Family counseling	21%	45	34	100%
Child care	25%	45	30	100%

N=20-28

One staff member put relations with other agencies in a more negative light, referring to other agencies using the shelter as a "dumping ground":

Most [of the guests] are "dumped on" by other agencies. When an agency can't deal with a certain individual, they send him/her over to Shattuck Shelter, and we've got limited social services here.

The local climate

Almost all staff believed that the number of homeless persons in Boston had increased in the last year. 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-quarter thought publicity had gotten better. In addition, most staff believed that physical health services for homeless persons had stayed about the same.

SOCIOECONOMIC ISSUES CONCERNING HOMELESS

Compared to last year.....

	Better	About Same	Worse	Tot.
Number homeless	0%	7	93	100%
Housing opportunities	3%	23	73	99%
Mental H. serv. available	3%	13	83	99%
Phys. H. serv. available	7%	70	23	100%
Soc. serv./fin. aid available	3%	31	66	100%
Publicity about homeless	24%	45	31	100%

N=29-30

Staff Background

Staff educational backgrounds varied from some high school to a graduate degree. About one-quarter had fell in each of four general educational categories: high school or less; some college experience; an undergraduate degree; and some graduate work.

HIGHEST GRADE COMPLETED IN SCHOOL

	Percent
Some H.S.	10%
H.S. Degree	17
Some college	21
College degree	28
Some grad. work	10
Grad. degree	14
	100%
	(29)

Two-thirds of the staff were under the age of thirty; only six percent were 50 or older. Men and women were represented about equally in the staff, but there were very few staff who were members of minority racial groups. In terms of family status, staff were divided about equally between the categories of married or living together, previously married, and single. Just under four in ten had some children.

HOW OLD ARE YOU?

	Percent
20-29	13%
30-39	53
40-49	27
50-59	3

60 or older	3
	99%
	(30)

GENDER

	Percent
Male	53%
Female	47
	100%
	(30)

RACE

	Percent
Black	7%
Asian, Pacific	4
Amer. Indian	4
White	86
	101%
	(28)

MARITAL STATUS

	Percent
Married	29%
Divorced/sep.	25
Live together	7
Widowed	4
Single	36
	101%
	(28)

NUMBER OF CHILDREN

	Percent
0	57%
1	14
2	18
3	4
4	7
	100%
	(28)

Summary

Staff views of homeless persons varied widely. About one third of the staff believed that most homeless persons were not ready to live on their own, while one third believed that most homeless persons were ready to live on their own and another third were undecided. Staff were equally as divided about whether the homeless were responsible for their situation, at fault for having AIDS and "just like other people." In interviews, staff mentioned lack of basic daily living skills, mental illness and substance abuse as reasons for homeless persons' inability to live independently.

Staff were more in agreement about how best to respond to their guests' needs--a "professional proactive" service approach was preferred by most. Staff felt that services were needed by many guests, that guests' needs should be evaluated systematically, and that professional training, rather than the experience of poverty, was the key to effectiveness.

Overall, staff reported high levels of satisfaction with their jobs. This conclusion should be tempered by the recognition that the workload was often seen as too heavy and work demands as conflicting; in addition, many found a discrepancy between their ideal job and the job they actually had and almost half would not recommend their job to others (even though most would want the same job again if they could start over).

Satisfaction with the shelter's efforts to help guests with particular problems also tended to be high, but again this picture must be somewhat qualified. Further analysis revealed that those staff who were most directly involved with particular services tended to be less satisfied with the delivery of those services. Service satisfaction was also lower among those reporting higher workloads.

Among the different services, satisfaction tended to be lower with the shelter's response to mental illness, personal crises, and with services for such basic concerns as financial benefits and job training.

Training sessions seemed to contribute to higher satisfaction among service delivery staff, as more training experiences were associated with higher levels of service satisfaction.

Recommendations for Shelter Programs

The wide variation in staff perceptions about guests' readiness to live independently may in part reflect the difficulty of judging readiness. Common criteria could be established to help staff make decisions about guests' readiness to live independently and then refined over time.

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.

A considerable number of staff believed that guests lack basic survival skills. Teaching survival skills through workshops on budgeting time and money, paying bills, job hunting, etc. might help.

Guests' needs range from very short-term difficulties to long-term problems of health and welfare. Staff service efforts might be enhanced by identifying short and long-term goals for each shelter guest. The higher levels of staff dissatisfaction with services of long-term value, such as financial aid and job training and placement, compared to such services of short-term value as food and clothing, may reflect in large part the difficulty of providing social services in a shelter setting. However, the shelter's positive results with the Stabilization Services Project for homeless alcoholics suggests that concerted efforts to create a more stable setting within the shelter could help many more guests to achieve their long-term goals.

On the other hand, some staff identified lack of guest desire to live independently as a concern; some even thought that shelter policies helped to "hold back" guests. One response might be to provide

motivational counseling and therapy; perhaps the shelter should require guests to perform chores at the shelter as a way of encouraging individual responsibility.

According to staff, guest compliance with medication regimens is a continuing concern. Since the survey, procedures concerning medication compliance have been under review, and an effort is being made to improve procedures for holding and administering prescribed medicines.

Addiction to drugs and alcohol was identified by staff as the most serious health problems among guests. Substance abuse should continue to be a priority for programming efforts; job training, efforts to build self esteem and other programs to engage former substance abusers are needed to supplement substance abuse counseling efforts. Flexibility must be the watchword in programs seeking to help diverse groups of substance abusers.

Many staff believed that guests were often manipulative and disruptive, and some staff supported the use of barring in handling disruptive guests. However, while barring may help to control incidents in the shelter, it also can set a bad precedent of responding only to the behavior, rather than to the underlying troubles that give rise to the disruptive behavior.

To sort out these inherently difficult policy choices, a special shelter barring committee has reviewed policies and recommended some changes. A grievance policy now facilitates careful review of barring decisions. And the shelter's psychiatric nurse helps disruptive guests to focus on underlying issues.

Many staff indicated a need for more benefits for shelter guests. In a time of economic slowdown, it is unlikely that this need can easily be met, but efforts should continually be made to identify new sources of benefits for guests. Help with securing financial aid and benefits and training on how to shop for food, how to cook, how to pay bills, and how to budget money might all be worthwhile. This training could be integrated with job placement and training activities.

Efforts in the area of job training and placement also might be improved by arranging with a local vocational teacher or a retired tradesman to work with selected guests on a part-time or volunteer basis.

Help for guests having family problems might be improved by arranging with a local university to send a social work student intern to the shelter for a few hours each week. However, intern programs are only feasible when frequent, and thus potentially costly supervision can be provided by the shelter, and if interns can work for a long enough period to actually begin to deliver services that they learn how to provide.

The findings also indicate the importance of having staff who help guests to tap community resources, a function now performed by the shelter's social worker and psychiatric nurse. These staff refer guests to other agencies and advocate for guests with these agencies; they also may need to assist other staff in making referrals.

These various implications of the survey findings for shelter programs all suggest the potential value of providing a comprehensive transitional program at the shelter, one that provides a plan with multiple stages for helping each shelter guest to return to more stable living. In the months since the survey was conducted, the shelter has focused on developing such a program. Social service rounds and meetings

of social service coordinators are used to formulate transitional programs, and a new staff member has been hired to enhance these efforts.

In order to minimize the risk of worker burnout, some efforts to help manage workloads in a more efficient manner may be useful. Some possible changes: (a) Job Sharing. Two individuals split their job tasks and use each other as resources for advice, information and discussion; (b) Flexitime. Allow greater variability in hours worked; (c) Time management workshops. Have workshops on coping with stress and improving skills; (d) Job Specification. Use volunteers or student interns to do paperwork and other tasks that do not require special training; (e) Give guests more responsibilities for cleanup and other chores, to encourage independence and to reduce the staff workload.

More training opportunities should also result in higher levels of satisfaction with services. Training sessions also can provide an opportunity to discuss how to solve service problems and facilitate the refinement of service strategies.

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.

Provide more training and support for staff members themselves. Communication, consistency, effective time management, co-ordination of services, early problem identification are all service delivery components that can be improved through training and that would increase effective functioning of the shelter. Increased effectiveness would also make more services possible. In fact, an in-service training program has already been started, and interaction between supervisors and other staff often has an element of training.

Of course, the shelter's ability to implement any changes in personnel policies is constrained by civil service rules and regulations, and by the policies of other organizations that help to fund shelter programs. Training programs also must overcome the disinterest of some staff, and should use community-based training resources to reduce duplication of effort.

Many staff have expressed dissatisfaction with being unable to focus adequately on clearly evident needs. An example is the difficulty that two social workers have in attending to the diverse needs that come within their domain of responsibility. Since they are rarely able to invest time in networking and resource development, their ability to be effectively involved in finding housing is severely limited. Providing support personnel for such staff might improve their ability to use their professional skills. Student interns or volunteers might be useful for this purpose.

Few staff had worked previously with homeless persons when they were hired at the Shattuck Shelter. An experience requirement might be considered, perhaps to be fulfilled in many cases by some volunteer work prior to hiring. New staff should be sure that they will like the work they are going to be doing. An alternative way to improve job readiness would be to require a week of intensive training prior to starting the job. Subsequently, employees might be required to attend a certain amount of training each year, with the area of training based on the

needs of the shelter and of the employee's job, as determined by the employee, her supervisor, and the shelter director.

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.

Three-quarters of the staff indicated that they don't go to interagency meetings. Since attending these meetings can educate staff about the latest developments in caring for homeless persons, it should be encouraged. The survey neglected to inquire about other such opportunities; staff recently attended a day-long retreat to give staff greater input in policy formulation.

Many agencies also 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.

Staff recommendations for shelter operations

**Do more to empower the guests. We could give them more responsibility around the shelter, then they could take more responsibility in their own lives. This would lead to self-respect. We could provide a forum for guests to speak so they will feel like they have a say here, that they can make things happen. Also, they should pay to stay here; nothing else in life is free. They should have to take care of their own beds and areas. They should have to clean up after themselves after they eat. All of this is hard because so many are "damaged."

**Provide 24-hour medical coverage HERE.

**Better communication between staff.

**Better training opportunities for staff.

**Increased family involvement would improve efforts to help guests.

**Design a training program for the guests and mandate that they each complete it before they are put into an apartment. Such training could include how to shop for food, how to cook, how to pay bills and how to budget money.

**Train guests in critical skills: budgeting; being interviewed; filling out forms; reading.

**Better training for the supervisors, especially the coordinators. More tough love must be shown. What I mean by that is that limits must be set on getting jobs or on getting into a treatment center. Plus, they should be doing some of the upkeep work aroiund here. Just last week we had a bunch of college students in painting the place, when that type of work can, and should, be done by the guests. This would teach them the work ethic as well as boost their self-esteem.

**Education programs are another thing that we need here. Language lessons for non-English speaking guests would be very helpful.

**The shelter should help guests to be more independent. Young people could do much better if they wouldn't stay that long at the shelter. They should help people to get out of here much faster. Maybe they should help the ones who are working with saving their money to be able to move out.

**Expand the respite program.

**Provide motivational therapy--the shelter is a classic "enabling" situation. A lot of people get too comfortable here. The shelter opened eight and one-half years ago and some people have been here since it opened. We must make it the most uncomfortable possible. PAIN is the

most important motivator. (A lot of staff won't agree with me, but that's my opinion.)
**Improve medical and psychiatric services in the area of prevention.
**Improve networking and resource provision to assist with locating housing.
**Provide better coordination of services by increasing communication between staff on different shifts, improving consistency and communication in service delivery.
**Increase attention to how problems might be solved by early identification and anticipation rather than in reaction to crises.
**Improve housing, job preparation and job search services (if more social workers can be hired).
**New beds.
**Better quality clothing.
**Improve physical quality of the building.
**Increase the number of psychiatric staff to deal with the increasing number of mental health clients.

Shelters for homeless persons seek to respond both to their guests' emergency needs and to the fundamental problems of health and welfare that are often associated with homelessness. The need to provide both emergency and long-term services often strains shelter resources and at times creates conflicting demands on shelter staff. As long as the problem of homelessness persists, there will be no entirely satisfactory solutions.

But shelter policies can be made more effective as staff gain experience with the changing needs of their guests. The Shattuck Shelter Staff Survey has helped to improve the base of information for such policy refinement by identifying the many areas in which the shelter has resolved the outstanding issues, while suggesting the need for enhanced policies concerning other, less tractable service dilemmas.