

# Safety First Initiative

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## Strategic Plan

Institute for Human Development, University of Missouri-Kansas City  
Metropolitan Organization to Counter Sexual Assault  
Rose Brooks Center

June 2008

The vision of the Safety First Initiative is: *“to change the mindset in the Kansas City metropolitan area resulting in a sustained, collaborative response that provides culturally competent, respectful, accessible, empowerment based services to women with disabilities who are victims/survivors of violence.”*

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## Overview of Collaboration & Planning Phase

In October 2006, the Safety First Initiative was funded by the Department of Justice, Office on Violence Against Women. This Kansas City Collaborative is a partnership between a Kansas City leader in sexual assault services (the Metropolitan Organization to Counter Sexual Assault), a leader in domestic violence services (Rose Brooks Center), and a leader in disability services, the University Center for Excellence in Developmental Disabilities (Institute for Human Development). The mission of the project is to enhance the capacity of service providers and improve the coordination of supports and services for women with disabilities who are victims/survivors of violence in the Kansas City Missouri metropolitan area.

The Safety First Initiative is a three-year, grant-funded project with technical assistance provided by the VERA Institute of Justice. With support and assistance from VERA, during the first phase of this project the collaborative partners spent a significant amount of time solidifying the collaboration by building their working relationships and knowledge of each other's areas of expertise. Preliminary activities included creating a collaboration charter, which outlines the manner in which the partners will work together including such elements as: shared values and assumptions; the project's mission, purpose, and vision; timeline and milestones of the collaboration; members, roles and contributions; the collaborative decision making and conflict resolution processes; and statements on confidentiality and mandated reporting. The vision of the Safety First Initiative is:

*“To change the mindset in the Kansas City metropolitan area resulting in a sustained collaborative response that provides culturally competent, respectful, accessible, empowerment based services to women with disabilities who are victims/survivors of violence.”*

Other activities during the first phase of the project revolved around building the collaborative partner's knowledge of both the unique needs of women with disabilities and the unique needs of women who are victims/survivors of violence. A community forum was also held in October of 2007 to share information with the Kansas City service provider community and to lay the foundation for future work together. In order to inform and ground the work of the Safety First Initiative in the community that it serves, an advisory group was also established at the onset of the project. The advisory group is comprised of key stakeholders within the Kansas City service provider community and includes representatives from disability service providers, victim assistance agencies, and women with disabilities.

During this first phase of the project, the collaborative also spent a significant amount of time designing and conducting a needs assessment in order to develop this strategic plan. Through the needs assessment, the collaborative identified the (a) range of currently available services,

(b) the nature and accessibility of available services, (c) the incidence of violence against women with disabilities, (d) the collaborative system of response, and (e) needs for training and capacity building. The results of the needs assessment have informed the development of this strategic plan with the purpose of improving services for victims/survivors of violence with disabilities. By building upon the needs assessment, the strategic plan will define strategies for addressing barriers, service gaps, and needed improvements in service models/systems. Implementation of the strategic plan represents the second phase of the project.

## Summary of Needs Assessment Findings & Implications

The needs assessment revealed an array of existing services in Kansas City for women with disabilities that have experienced violence. However, the general perception is that there is a need to improve services. Existing and future services should be accessible to women with disabilities who have experienced violence. The services should also be empowerment based resulting in more “comfort, control, and confidence” for women with disabilities.

Throughout the needs assessment, women with disabilities and service providers discussed issues regarding believability, and the under-reporting of abuse in Kansas City. Whilst stakeholders in the Kansas City area reported that services for both women with and without disabilities are available, there is the perception that these services are not always comparable for women with disabilities; they don’t always get what they need. Along these same lines, the needs assessment also found that the system for linking victim services and disability services together in Kansas City is lacking in many ways. Lastly, training and capacity building regarding needs of and services for women with disabilities who have experienced violence were indicated in the needs assessment.

Apparent throughout the needs assessment was the reluctance among disability service providers to participate in the process. There were two hypothesized reasons for this reluctance. One reason was that some disability service providers perceive that the issue is not applicable to their specific work setting or to the women with disabilities that they serve. Another reason was the perceived stigma and culpability associated with participating in the needs assessment processes. To expand awareness of the issue, collaborative opportunities between victim service providers and disability service providers should be fostered and resources shared. Leadership and administration staff of both victim assistance agencies and disability service providers need information about the issue and shared responsibility in addressing the needs of women with disabilities who have experienced violence. Those in leadership should support frontline providers with needed information about their responsibility to respond to women with disabilities who report abuse.

Terminology may have also created an unforeseen barrier to needs assessment participation. Advertising for focus groups and interviews included the phrase “violence against women.” Upon discussing the reluctance of many disability service providers to participate in the needs

assessment, one disability service provider pointed out that she does not use that term when discussing abuse and assault against women with disabilities, nor does she refer to any maltreatment as “violence.” The importance of language was a significant lesson learned in completing the needs assessment.

The overarching finding of the needs assessment is that there is a pervasive need for basic information and general awareness about the needs of women with disabilities who have experienced violence. In general, the reluctance among disability service providers to participate in the needs assessment is telling of the need for relationship building between victim assistance agencies and disability service providers, combined with the need for information on the topic. The comments from domestic violence and sexual assault providers identified a commitment to serving women with disabilities, but unfamiliarity about how to best do so. Women with disabilities are often faced with the additional barriers of not being believed, not being able to get to services, and the assumption that services will not be appropriate for them because of their unique needs. Conducting the needs assessment has begun the community discussion on this issue, but much dialogue and relationship building is still needed to enhance services for women with disabilities who are victims and survivors of violence. In order for women with disabilities who are victims and survivors of violence to have the “comfort, control, and confidence” they need, the Kansas City service system must enhance both the capacity of and coordination of victims’ services and disability services to appropriately meet the needs of women with disabilities.

## Initiatives & Activities

Upon completion of the needs assessment, the collaborative finished a strategic planning process in which possible initiatives and activities based upon identified needs were suggested. These initiatives and corresponding activities were then prioritized and agreed upon by all collaborative agencies, taking into consideration both time restraints, available resources and funding limitations. The Safety First Collaboration is statutorily prohibited from providing direct services or working within the criminal justice system in regards to this project. Rather, our focus is on creating sustainable systems change within victim services and disability service provider arenas.

Along these lines, several guiding principles and strategies underlie the proposed initiatives and activities. All activities should promote systems change. Suggested activities focus on changing organizational culture and fostering change in both victim services and disability services. All activities should result in sustainable (long-lasting) changes. For example, changes to written policy and procedures produce sustainable changes, as does involving different levels of organizations, including both decision makers and direct service staff. The collaborative is also cognizant of working towards integrating existing services, as opposed to creating any new, perhaps non-sustainable, services. The collaborative is committed to involving women with disabilities. The collaborative has embraced the concept of universal design and is committed

to using existing opportunities for infusing access and responsiveness into services. The collaborative is also aware and respectful of differences and challenges, and hopes to be responsive to provider fears and the general stigma associated with the topic of violence against women with disabilities. We hope to develop a universally accepted language between victim and disability service providers, as not having a common language has proven to be a barrier in our work so far. Finally, the collaborative strongly believes that we must first focus on change within our own agencies, in order to provide agencies outside our collaborative with an example to follow.

The strategic plan initiatives chosen with these guiding principles and strategies in mind are: 1.) developing universal design policies and procedures that promote universal design and responsiveness within the collaborative partner agencies; 2.) expanding safety planning processes and resources to better address the needs of survivors with disabilities; and 3.) developing relationships and linkages between victim service providers and disability service providers. The specifics of why each initiative was chosen are outlined in their descriptions below.

### Initiative 1: Universal Design and Responsiveness—

#### *Develop Policies and Procedures that Promote Universal Design and Responsiveness Within the Collaborative Agencies*

Of primary importance to the work of this collaborative is to ensure that the collaborative agencies are accessible and responsive to both women with disabilities and to the needs of victims/survivors of violence. In order to address the need for increased accessibility and responsiveness of services for victims/survivors with disabilities, the collaborative agencies agree to develop policies and procedures that promote universal design and responsiveness to victims/survivors with disabilities, thus increasing our capacity to serve women with disabilities appropriately and effectively. This will be done by: 1.) increasing collaborative agency knowledge of universal design; 2.) completing an accessibility and responsiveness review at each collaborative agency and implementing feasible recommendations; 3.) ensuring that knowledge of universal design and responsiveness is shared with collaborative agency staffs; and 4.) completing targeted non-OVW funded accessibility improvements at Rose Brooks' Domestic Violence Shelter. These activities, as described below, will be completed by September 2009. The Institute for Human Development will take the lead on managing the work of this initiative. All collaborative agencies will participate and provide staff for the work group. *See Work Plan for detailed timeline.*

#### *Activity 1: Build Internal Knowledge of Universal Design*

Prior to developing policies and procedures that promote universal design, the collaborative must first build their own knowledge about the concept. In order to build the collaborative's internal knowledge of universal design, IHD will investigate the concept of universal design and

consult experts in order to develop language that is user-friendly in describing universal design to both victim and disability service agencies. It has been the collaborative's experience that universal design is a difficult subject to conceptualize and describe, thus we feel strongly that simple, straightforward language needs to be identified and/or developed in order for us to be able to educate ourselves, our staffs, and other agencies about universal design. The collaborative is working from the concept of universal design that encompasses not only accessibility of the physical environment but also accessibility of the communication, information and social/policy environments. The collaborative believes that by embracing the concept of universal design, that the collaborative agencies can make their services more accessible to everyone.

*Activity 2: Conduct Accessibility and Responsiveness Reviews and Capacity Building Within Collaborative Agencies*

In order to determine feasible accessibility and responsiveness improvements, each collaborative agency will participate in an accessibility and responsiveness review. The process will begin by identifying potential accessibility/responsiveness review tools. Upon assembling a cross-disciplinary work group, IHD will lead the customization of an accessibility/responsiveness review tool to meet the needs of both victim and disability service provider agencies. The work group will assemble and train a team of reviewers, with representation from each agency and women with disabilities. Rose Brooks Center will assist in coordinating the review process, in which each collaborative agency will be reviewed individually. It should be noted that the focus of the review for Rose Brooks Center and MOCSA will be on accessibility and responsiveness of services for women with disabilities; whereas the focus for IHD will be on accessibility and responsiveness of services for victims/survivors of violence.

The work group will complete a review process with each agency and compile the findings in a written report. Needed improvements will be prioritized and feasible recommendations implemented with discussion and input by the collaborative as a whole. The first recommendation has already been determined, for each agency to adopt an organizational value around universal design and responsiveness. It is anticipated that there will also be recommendations surrounding the subject of confidentiality and mandated reporting, and each agencies approach to handling the topic.

*Activity 3: Create "Buzz" and Understanding of Universal Design and Responsiveness Within Collaborative Agencies*

Each collaborative agency will convene Lunch n' Learns (IHD), Chat n' Chews (MOCSA), and Food for Thoughts (Rose Brooks), to provide information to their respective staff about universal design and responsiveness. Local and regional experts may also provide presentations or trainings to collaborative agency staff(s). Opportunities for experiential learning will also be explored, although the collaborative is unsure if these trainings exist or would need to be

developed. Agency knowledge of universal design and responsiveness will be added into new staff and volunteer trainings.

#### Activity 4: Valerie Fletcher Accessibility Recommendations for Rose Brooks Center

As part of the needs assessment, Valerie Fletcher, Executive Director of Adaptive Environments, conducted an accessibility audit which focused primarily on physical accessibility at Rose Brooks' Domestic Violence Shelter. Although OVW funds are prohibited from being used for physical improvements, Rose Brooks is committed to implementing feasible accessibility recommendations by leveraging other funding and resources. Rose Brooks' non-OVW funded work on these recommendations will be occurring concurrently as their work on other OVW funded accessibility and responsiveness recommendations.

#### **Systems Change & Sustainability**

Strategies for creating systems change and sustainability for the universal design and responsive initiative include: focusing on policy and procedures change; involving multiple levels of each collaborative agency in the initiative; providing information and training on the topic; and targeting our initiative on a small scale, initially amongst ourselves, so our learning may eventually be shared with other victim and disability service providers.

#### **Long-Term Goals**

By starting with change within the collaborative agencies, a long-term goal is to eventually share our lessons/experiences with agencies outside the collaborative. For example, providing information or training to outside agencies on developing policies and procedures that promote universal design and responsiveness, including the sharing of our accessibility and responsiveness review tool. Furthermore, it is anticipated that due to time restraints, not all accessibility and responsiveness recommendations will be implemented at each collaborative agency. Recommendations will be prioritized and only those feasible to achieve with the time and resources allotted will be completed. Thus, there may also be specific accessibility and responsiveness recommendations that may be carried out in the long-term. With increased capacity to serve women with disabilities appropriately and effectively, outreach to victim/survivors with disabilities will also be increased. In the long-term, the collaborative would also hope to increase peer support opportunities for victim/survivors with disabilities and have women with disabilities participate in collaborative agency boards and volunteer opportunities.

## Initiative 2: Safety Planning—

### *Expand Safety Planning Processes and Resources to Better Address the Needs of Survivors with Disabilities*

The collaborative believes, given the reluctance of disability service provider participation in the needs assessment, that safety planning is an appropriate and non-threatening means to begin working at the intersection of violence against women in Kansas City. Several factors lead to this determination. One of the many lessons learned through the needs assessment process was the importance of language. The mere fact that we would be talking about “safety,” as opposed to “violence” against women is intentional, as the topic of violence has proven to be a difficult subject to broach. Moreover, safety planning was a specific need mentioned by disability service providers in the needs assessment. Again, giving their reluctance in participating in the needs assessment to begin with, it would make sense to begin our work within the disability service provider community at a place where they have identified a need.

This work will be completed by assembling a work group to develop appropriate safety planning protocols to address the needs of victims/survivors with disabilities, thus enhancing both the collaborative agencies capacity in safety planning and our ability to eventually share our protocol with outside agencies. These activities, as described below, will be completed by September 2009. Rose Brooks Center will take the lead on managing the work of this initiative. All collaborative agencies will participate and provide staff for the work group. *See Work Plan for detailed timeline.*

#### Safety Planning Initiative Activities

Rose Brooks Center will assemble a cross-disciplinary work group and provide general education to the work group regarding traditional notions of safety planning. IHD will assist by gathering examples of safety planning protocols for women with disabilities. The work group will then develop a safety planning protocol for women with disabilities who have experienced violence, and along with this protocol, develop a resource list to support the protocol. The protocol will be adopted and implemented by all collaborative agencies. Staff will be trained on the protocol and informed of corresponding resources.

#### **Systems Change & Sustainability**

Strategies for creating systems change and sustainability for the universal design and responsive initiative include: focusing on policy and procedures change; involving multiple levels of each collaborative agency in the initiative; providing information and training on the topic; and targeting our initiative on a small scale, initially amongst ourselves, so our learning may eventually be shared with other victim and disability service providers.

## Long-Term Goals

By starting with change within the collaborative agencies, a long-term goal is to eventually share our lessons/experiences with agencies outside the collaborative. For example, providing information or training to outside agencies on developing safety planning protocols, including the sharing of our protocol, with the hopes that agencies outside our collaborative would find the protocol useful and incorporate it into their day-to-day practice.

## Initiative 3: Relationship Building & Awareness—

### *Develop Relationships and Linkages Between Victim Service Providers and Disability Service Providers*

Evident throughout the needs assessment was the need to develop relationships and linkages between victim service providers and disability service providers. Formal relationship building will take place between collaborative agencies by developing and adopting a written agreement among collaborative partners specific to this project. Informally but intentionally, relationship building will take place with disability service providers outside the collaborative. These activities will be completed by September 2009. MOCSA will take the lead on managing the work of this initiative. All collaborative agencies will participate. *See Work Plan for detailed timeline.*

#### *Activity 1: Develop Written Agreement Among Collaborative Partners*

The first activity of the relationship building initiative is to review current connections among collaborative agencies; these might be connections between staff or on an agency level. Specifically, outlining what other connections exist between the collaborative partner agencies besides the work of this project. MOCSA will review existing models of formalized agreements between agencies, and then work with the collaborative to develop an agreement specific to this project that fosters resource sharing and relationship building and maintaining, with the hopes of developing a model to share with other agencies. The agreement will be adopted by each collaborative organization and staff notified.

#### *Activity 2: Build Relationships and Cultivate Awareness within Disability Organizations*

Unlike the formal written agreement as outlined in activity 1, relationship building with disability organizations outside the collaborative will be informal, but intentional. The collaborative believes that this is the kind of relationship building must take place to create the foundation in order for more formal relationships to be built in the future. To begin with, two to three meetings with a key stakeholders group, a revised version of our advisory group, with decision makers from disability organizations, will be convened to inform them of the work of the collaboration and in order for the stakeholders group to provide feedback on the work of the collaboration. Each collaborative agency Executive Director has also committed to networking with at least two disability organization Executive Directors. This may take the form

of coffee, lunch or an informal meeting. The collaborative (either as separate organizations or any combination of collaborative partners) will provide tours with lunch to at least four disability organizations staff members. The collaborative organizations will seek at least four in-service/staff trainings from disability organizations. The collaborative plans to submit at least one proposal to present on the lessons learned from this project at a local conference. Each collaborative partner will incorporate each other's existing service materials into their outreach activities (at events where partners have information tables and into their public relations folders). Finally, IHD will begin to incorporate information from the project into their Disabilities Studies Certificate program at the University of Missouri-Kansas City.

### **Systems Change & Sustainability**

Strategies for creating systems change and sustainability for the relationship building and awareness initiative include: developing a written agreement amongst collaborative partners; involving multiple levels of each collaborative agency in the initiative; providing information and training on relevant topics; and targeting this initiative both internally and externally. The collaborative believes that in order to eventually build stronger, more formal relationships with the disability community as a whole that we must first build the foundation outlined in this initiative.

### **Long-Term Goals**

Eventually the collaboration would like to expand our formal written agreement into a shared response protocol for serving victims/survivors with disabilities: meaning that collaborative organization respective staffs would know who to call and what to do when providing services for individuals who may be eligible for another collaborative organization's services. We would also like to build more formal, long-standing relationships, linkages, and awareness between victim service providers and disability service providers outside the realm of our current collaborative. Another long-term goal is to be able to openly and freely disseminate best practice information for victims/survivors with disabilities. Other activities might include developing Safety First public relations materials and having Safety First Collaboration representation at local disability community meetings. With regards to the Disabilities Studies Certificate, beyond incorporating information into the existing curriculum, eventually opportunities for an entire class, under the Special Topics, could be explored.

## **EVALUATION & MONITORING**

On-going evaluation and monitoring of project initiatives and corresponding activities will be the responsibility of the collaborative management team, which includes: Palle Rilinger, Executive Director, MOCSA; Susan Miller, Executive Director, Rose Brooks Center; Carl F. Calkins, Director, IHD; Ronda Jenson, Director, IHD; Lisa Fleming, Chief Operating Officer, Rose Brooks Center; and Sarah McCoy-Harms, Safety First Project Director, MOCSA. The collaborative management team will continue to meet on a regular basis.

MOCSA will continue to act as the lead agency for the project, with the Project Director managing and coordinating day-to-day grant activities. These activities will include coordinating meetings, managing communications among partners, administering grant funds, maintaining statistical data, and providing fiscal and program accountability. However, as previously indicated, each collaborative agency will take the lead on an initiative as outlined above.

## CONCLUSION

It is clear that there is an enormous amount of work to be done in Kansas City in order for the Safety First Initiative to achieve our vision of changing the mindset in the Kansas City metropolitan area resulting in a sustained, collaborative response that provides culturally competent, respectful, accessible, empowerment based services to women with disabilities who are victims/survivors of violence. However, the above initiatives were chosen because they strive to do just this. These initiatives will help build the foundation for improving services for women with disabilities in Kansas City, increasing accountability for both victim and disability service providers. By building this foundation and our own capacity, the collaborative will be able to step into the role of becoming a technical assistance provider for the community at-large. Eventually we will be able to expand our activities to assist in increasing the capacity of other victim and disability services providers, and possibly even the criminal justice system.