

Collaboration Charter

The Equal Access to Safety Initiative

Hampden County, Massachusetts

The Equal Access to Safety Initiative is a collaboration between Goodwill Industries of the Springfield/Hartford Area and the YWCA of Western Massachusetts that strives to enhance services for people with disabilities and those who are Deaf who have experienced domestic violence and/or sexual assault.

Section 1: VISION STATEMENT

We envision an inclusive service delivery system that provides a safe, accessible, respectful environment for people with disabilities and those who are Deaf who have experienced domestic violence and/or sexual assault.

Section 2: MISSION STATEMENT

The mission of the Equal Access to Safety Initiative in Hampden County is to enhance services for people with disabilities and those who are Deaf who have experienced domestic violence and sexual assault so that each organization, both individually and collectively, responds effectively to their needs.

This will be accomplished by enhancing services for people with disabilities and those who are Deaf who have experienced domestic violence and sexual assault through:

- Cultivating a culture and environment that responds in a respectful and inclusive manner.
- Creating policies and practices that focus on responsiveness, accessibility, safety and the promotion of seamless services.
- Fostering collaborative and cooperative relationships between members of the collaboration.
- Integrating each discipline's knowledge and expertise.
- Eliminating physical, attitudinal, cultural and programmatic barriers that prevent people from accessing services that are timely, supportive and responsive.
- Ensuring the delivery of appropriate assistance at whatever point a person enters the system.

Section 3: COLLABORATION MEMBERS

The Equal Access to Safety Initiative is a collaboration between Goodwill Industries of the Springfield/Hartford Area and the YWCA of Western Massachusetts. Both collaboration members are affiliated with national and international organizations with long and rich histories. Both local organizations are among the oldest affiliates in the county.

A. GOODWILL INDUSTRIES OF THE SPRINGFIELD/HARTFORD AREA

<http://www.ourgoodwill.org/>

In 1902 poor and destitute immigrants living in Boston Massachusetts touched a Methodist minister named Edger Helms and stirred him to take action on their behalf. He understood that these people could be best served by having their dignity restored through productive work. He conceived of the idea of collecting used goods and clothing and refurbishing the items to resell. From that single idea the Goodwill model was born and has flourished. There are now 187 Goodwills in this country and 24 more throughout the world, making Goodwill Industries the largest provider of services to people with disabilities and other disadvantaging conditions. In 1925, a group of Springfield Massachusetts residents reached out to Rev. Helms and he worked with them to found the Goodwill of Springfield.

Today Goodwill Industries of the Springfield/Hartford Area (Goodwill) is one the largest providers of rehabilitation services in the region. In addition to vocational rehabilitation services, Goodwill Industries of the Springfield/Hartford Area offers residential and family support services; a day service option for adults with developmental disabilities; and a full range of workforce development services designed to assist individuals motivated to work but with barriers to employment. Our vision, “We at Goodwill Industries of Springfield/Hartford Area will be satisfied only when every person in our community has the opportunity to achieve his or her fullest potential and to participate and contribute fully in all aspects of life” articulates our commitment that the Goodwill movement will continue to be an agent of change supporting people with disabilities to become fully enfranchised members of their communities.

B. YWCA OF WESTERN MASSACHUSETTS

<http://www.ywworks.org/>

The YWCA of Western Massachusetts (YWCA) has been a strong force in the lives of women in need since 1868. They are the oldest and largest membership organization for women in the region and one of the oldest YWCAs in the country. Today the YWCA reaches out to a diversity of women representing many ethnicities, religions, ages and socio-economic backgrounds through eighteen different community-based programs. The YWCA strives to bring women of diverse backgrounds together in membership to work towards the empowerment of women and to help build a position of leadership in the community.

The YWCA is a leader in providing services to battered women, pregnant and parenting teens, at-risk youth, and victims of sexual assault. The programs and services reflect a commitment to the provision of safe shelter and supportive service options for women and children. Services include two battered women's shelters, rape crisis programs, housing and legal advocacy, young parents programs, family violence programs, youth and young women's programs, employment and training programs, mentoring programs, and sexual assault prevention education programs.

Section 4: VALUES AND ASSUMPTIONS

Shared values and assumptions are the foundation of our work together. Each organization has a long-standing commitment to a participant-centered approach to service delivery, and to policies and procedures that focus on the needs of participants. Both organizations are committed to providing quality service, including embracing new approaches to service delivery and systems change. Both organizations are committed to respecting differences, including but not limited to language, race, gender, religion, age, ethnicity, sexual identity, socio-economic status, abilities, and disabilities. This includes treating participants, colleagues, and others with respect and acceptance. Each organization views strong collaborations as a means to meeting participant needs as well as furthering their organizations vision, mission, and goals. These commitments are woven into all Values and Assumptions listed below.

A. VALUES

Guided by the statement above, we will foster a culture of systems change within our organizations and within the collaboration. Both organizations will make every effort to provide agency staff with the tools and resources needed to actualize our values. Where not otherwise clarified, the word "person" implies people we serve, staff, and volunteers.

- ◆ Strengths-based. We will focus on a person's existing strengths, skills, and talents rather than on their deficits.
- ◆ Dignity of people. We believe every person has worth. There is an innate right to respect and ethical treatment regardless of circumstances, background, and differences.
- ◆ Independence. We believe every participant served has the right to live in the least restrictive setting and with the least amount of support.
- ◆ Freedom of choice. Based on their own experiences and abilities, we believe each participant decides what is best for them. The decision should be participant defined, not worker defined. This doesn't mean staff isn't guiding and supporting, but staff must accept the decisions of the participant whether or not staff agree with the participant unless those decisions present increased risk to their own or another person's safety.

- ◆ Empowerment. We will provide participants with tools and resources to make informed decisions to effect change in their lives.
- ◆ Individualized and appropriate. We believe each participant has different needs and different experiences. Services will reflect these individualized differences and needs. Services provided will be appropriate and respectful regardless of behavior, age, environment, public/private setting, socio-economic status, language, race, gender, religion, ethnicity, sexual identity, abilities, and disabilities. Standards and expectations of appropriate behavior between staff and participants, staff and staff, as well as participant to participant will be clear, and consistently enforced.
- ◆ Safety. We believe physical and emotional safety is a basic human right. Our work will be guided by the perspective of participants as to what makes them feel safe.
- ◆ Accessible. We believe people with disabilities and those who are Deaf who have experienced domestic violence and/or sexual assault should have access to services that are physically, culturally, pragmatically, and attitudinally accessible.
- ◆ Confidentiality. To the full extent of the law, a participant has the right to expect that all information will be kept confidential unless consent is given by them or a guardian or if mandated reporting is required. There will be an assumption of confidentiality of information shared about individuals and organizations in the collaboration.

B. ASSUMPTIONS

The agencies and individuals involved in the collaboration assume a strengths-based, people-centered approach as the foundation for our collaboration work. Each discipline is dedicated to meeting the needs of people with disabilities and those who are Deaf who have experienced domestic violence and/or sexual assault. We also acknowledge what we believe to be current reality for many people with disabilities and those who are Deaf. Together, these will inform our collaboration work.

- ◆ With appropriate support and assistance, victims and survivors of domestic violence and sexual assault who are people with disabilities can be actively involved throughout the process, making decisions about the services they will receive to the best of their ability.
- ◆ People with disabilities face additional physical, environment, communications, attitudinal and systemic barriers to services than the rest of the population, including lack of awareness of the resources available through any of the systems represented in this project. The preconceived notions and attitudes of victims' and disability service providers often add to these barriers.

- ◆ People with disabilities who are victims of sexual or domestic violence are less likely to be believed by the general population and other service providers than victims without disabilities.
- ◆ There is limited awareness within the disability service provider community of victims' services. They often lack the knowledge and expertise to properly support a victim/survivor with a disability within their system.
- ◆ Disability service providers generally rely on internal resources and mechanisms to address the needs of people with disabilities who have experienced or survived sexual or domestic violence. They often lack knowledge as it relates to the effects of short and long term trauma for victims/survivors of sexual and domestic violence.
- ◆ Victim service providers and society in general often do not understand nor know how to communicate with, nor relate to, people with disabilities, a barrier to service provision.
- ◆ The general public often has negative perceptions of people with disabilities and those who are Deaf. These perceptions impact how they respond to the individuals.
- ◆ While not everyone who is deaf or hard of hearing identifies with Deaf culture, many members of the Deaf community do. Some deaf and hard of hearing people do not identify as having a disability or see themselves as experiencing a limitation. Instead, they identify as a member of a cultural and linguistic group. This group of people use the term Deaf with a capital D to reflect their cultural identification. We recognize that those who are d/Deaf or hard of hearing also face barriers in seeking and receiving services.
- ◆ People with disabilities are at higher risk for sexual and domestic violence.
- ◆ Among the population of persons with disabilities, women as well as men are at significant risk of sexual or domestic violence.

Section 5: GLOSSARY OF KEY TERMS

Abuse:

Abuse is the non-accidental commission of any act which causes, or creates a substantial risk of physical or emotional injury, including non-consensual sexual activity and financial exploitation of children, elders, people with disabilities, and/or those who are Deaf.

Accessibility:

Accessibility refers to the ability of all people to have equal opportunity and access to services or programs from which they can benefit. Something that is accessible is easy to approach, enter, operate, participate in, and/or use safely and with dignity by a person with a disability. (Adapted from www.accessingsafety.org)

Barriers:

Barriers are structures or objects that impede free movement; any condition that makes it difficult to make progress or to achieve an objective, anything serving to maintain separation by obstructing vision or access. There are five categories of barriers: physical, environment, communications, attitudinal and systemic. Physical and environmental barriers interfere or impede a person with a disability from accessing the particular location or service.

Communication barriers make it so individuals are unable to access information in a format they can use. Attitudinal barriers are inaccurate beliefs or perceptions about a person's ability. Systemic barriers occur when practices of an organization discriminate individuals by screening them out from participation. (Adapted from <http://www.gwbarrierfree.org/barriers.htm>)

Client Centered / Person Centered:

Person centered planning is done with an individual and their support system based on information about the person's strengths, abilities, needs, and preferences, with a focus on his/her desired outcomes and expectations. It is a way to determine where people are going (hopes and dreams) and what kinds of support and services they will need to get there.

Disability:

A functional limitation that requires an accommodation to perform functions required to carry out daily life activities, whether situational or pervasive over time. One does not experience disability in isolation but in relation to the attitudes and behavior of others. Disability is not just a condition of the person. The person is more or less disabled based on the intersection between herself and the many types of environments within which she interacts. One is more or less disabled based on whether the physical, information, communication and the social and policy environments are accommodating and welcoming of variation in ability. (modified from www.accessingsafety.org)

Domestic Violence

A pattern of coercive controls that one person exercises over another. It is the actual or threatened physical, psychological, sexual or economic abuse of an individual by someone with whom they have had an intimate or significant relationship. Domestic violence occurs in heterosexual and GLBT relationships and crosses all socio-economic, religious, racial, ethnic, cultural, disability status, class and age groups. Persons with disabilities also experience abuse specifically related to their disabilities which include:

- Denial of disability
- Accusation of faking
- Physical restraint or confinement
- Withholding or destroying medical devices or medication including devices for communication
- Refusing to provide assistance with personal care needs such as toileting, hygiene and eating
- Using disability to further isolate by convincing person that providers will not be available or appropriate

Inclusion:

The right of all individuals to be part of society as equal members, regardless of their abilities and to live a life that is typical of every other citizen in the community.

Neglect:

Neglect is the failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

Safety:

Safety is freedom from physical, psychological, emotional, mental, or financial harm. What it means to be safe is different for everyone. For example, women may have risks related to their gender and people with disabilities may have their safety compromised based on their disability. We believe that safety is a basic human right. Our work will be guided by the perspective of participants as to what makes them feel safe.

Sexual Assault:

Sexual assault is broadly defined as any unwanted sexual activity that is forced or coerced. Force can include verbal threats, physical restraint, use of drugs and or the use or presence of weapons. Consent means against the will of the victim. In Massachusetts, rape is legally defined by three elements: 1) Penetration, no matter how slight or with what; 2) Threat of or actual force; 3) No Consent. Persons with disabilities also experience sexual abuse specifically related to their disabilities which include:

- Demanding or expecting sexual activity in return for help
- Taking advantage of physical weakness
- Using trickery to coerce someone into sexual activities

(Definition from Mass. Department of Public Health)

Sexual Exploitation:

A practice by which person(s) achieve sexual gratification or financial gain or advancement through the abuse of a person's sexuality by abrogating that person's human right to dignity, equality, autonomy, and physical and mental well-being. Sexual exploitation includes sexual harassment, rape, incest, battering, pornography and prostitution. (The Coalition Against Trafficking in Women)

Stalking:

Generally defined as any unwanted contact between a stalker and their victim, which communicates a threat or places the victim in fear (National Center for Victims of Crime Stalking Resource Center www.ncvc.org). Stalking behavior can include following a person, harassment, use of phone or email to harass or threaten, surveillance, use of technology such as chat rooms, community networking sites such as MySpace and Facebook to frighten or harass another person. Commonalities exist between stalking and both sexual assault and domestic

violence and a great deal of overlap occurs with these crimes. Stalking can be classified into three broad categories:

- Intimate or former intimate partner stalking: The stalker and victim may be married or divorced, may live together or have lived together in the past, may be serious or casual sexual partners, or former sexual partners. There may be a history of sexual or domestic violence in the relationship as well.
- Acquaintance stalking: The stalker and victim might know each other casually, as in a co-worker or neighbor relationship.
- Stranger stalking: The stalker and victim do not know each other.

(Jane Doe Inc. <http://janedoe.org>)

Systems change:

Systems change is a comprehensive planning and program development approach that focuses on strengthening the service delivery system infrastructure in order to enhance the effectiveness and efficiency of services. A systems change approach involves extensive, on-going collaboration among all partners, including participants. The ultimate goal of systems change is to integrate sustainable change into the service delivery system that has a positive impact on the quality of life for participants.

Trauma:

Trauma is a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury. (From www.accessingsafety.org)

Victim/Survivor:

Victim and survivor are terms of self-definition. Persons who have experienced domestic or sexual violence decide whether to identify as victims of the violence or as survivors. Typically a victim is a person against whom a crime is committed; most often used as a legal term, but also used in some organizations when discussing women or survivors who come in for services. Typically a survivor is person who has continued to live, prosper or remain functional after a traumatic event; considered an empowering term preferred by the violence against women movement. (Modified from www.accessingsafety.org)

Section 6: CONTRIBUTIONS AND COMMITMENTS

The individuals and organizations of the Equal Access to Safety Initiative are committed to building a long-term, sustainable, mutually beneficial collaboration to actualize the mission, vision and values stated earlier in this document. Such collaboration requires clear understanding as to what each organization and individual has committed.

Individual Team Member Contributions and Commitments

- Advocate for change within our organizations

- Participate and be fully present in collaboration meetings and activities
- Share project information with leaders and change makers in our respective organizations
- Keep collaboration team members apprised of important information from our individual organizations, disciplines and movements that could influence our work together
- Advocate and support our team members with disabilities and team members who are survivors of domestic violence and/or sexual assault.

YWCA and Goodwill Shared Contributions and Commitments

- Ensure consistent representation at collaboration meetings
- Bring agency and system specific expertise and knowledge
- Bring field and movement expertise and knowledge
- Practice self-assessment and reflection
- Serve as ambassadors to other organizations
- Use our sphere of influence to advance the collaboration's goals
- Bring knowledge of our agencies' resources and our capacities
- Offer high quality services that are responsive to needs identified through our project
- Incorporate best practices learned
- Share our strengths
- Contribute knowledge of barriers in service systems
- Serve as change agents
- Participate in self-assessment activities to identify needs
- Challenge ourselves to confront our own biases and positions of privilege
- Question ourselves and our assumptions
- Listen and acknowledge the expertise of survivors, people with disabilities and those who are Deaf
- Be sensitive to people with disabilities and those who are Deaf - speak *to* them, not *down to* them
- Be the change we want to see

YWCA Contributions and Commitments

- Maintain compliance with grant requirements
- Serve as the fiscal agent and administer sub-contracts

Goodwill Contributions and Commitments

- Oversee the Initiative Project Manager

Project Manager Contributions and Commitments

- Convene collaboration meetings
- Serve as the primary contact with the Office on Violence Against Women and the Vera Institute of Justice
- Maintain collective focus on long-term sustainability

Section 7: DECISION MAKING AUTHORITY AND PROCESS

A. DECISION MAKING AUTHORITY

In this section we describe who is authorized to make decisions for the Initiative.

1. Decision Making Authority within the Collaboration

- ◆ Collaboration Team, including all Team members
 - Develop concepts, priorities, and plans for implementation of the Initiative.
 - Develop the deliverables for the Office on Violence Against Women.
 - Develop the Initiative budget.
 - Fulfill any additional obligations outlined in the Contributions and Commitments section of the Collaboration Charter.
 - Fulfill the obligations stated in the Memorandum of Understanding with the Office on Violence Against Women.

- ◆ Fiscal Agent - YWCA
 - Submit quarterly Office on Violence Against Women financial and programmatic reports.

- ◆ Project Manager
 - Make decisions with Team member input to maintain the overall coordination of the Initiative, set priorities, and meet deadlines.
 - Set the overall pace and logistics for the Initiative, including the Team meeting schedule, structure, and agendas with Team member input.
 - Draft and submit Office on Violence Against Women deliverables and other Initiative documents, including Team meeting minutes, with Team member input.
 - Point of contact for Vera and Office on Violence Against Women.
 - Contact Vera and Office on Violence Against Women for technical assistance.
 - Draft and submit Office on Violence Against Women semi-annual reports with Team input.
 - Make presentations on behalf of the Initiative. Keep Team members informed as to when and where of presentations.
 - Media contact for the Initiative. (See Communications Plan.)

2. Decision Making Authority of Stakeholders

For our purposes, stakeholders are people, groups, or organizations that have a direct or indirect stake in the Initiative. It is important to involve stakeholders in the decision-making of the Initiative. The Initiative cannot proceed without stakeholder approval for some decisions.

Additionally, their involvement will significantly increase our chances of long-term success by building in an ongoing feedback loop and keeping them informed of progress on the Initiative.

- ◆ Executive Director/ President of each Initiative Organizational Partners
 - Review and sign off on all Office on Violence Against Women deliverables.
 - Review and sign off on all policy and procedure changes for their organization.
 - Review media and public relations plans that include their organization.
 - Review budget issues with implications for their organization.
 - Review any legislative or public policy efforts that are developed as a result of this initiative. [Note: No Initiative dollars will be used on legislative or public policy efforts.]
- ◆ Board of Directors or their designee
 - Review and sign off on fiscal implications for accessibility for their organization.
 - Review and sign off on all policy and procedure changes for Goodwill.
 - Review changes that will impact the culture of the organization at the YWCA.
- ◆ YWCA Bargaining Unit Members
 - Notify of any changes to human resource policies and procedures that impact Bargaining Unit Members.
 - Notify of any changes to job descriptions for Bargaining Unit Members.
 - Notify of the Needs Assessment process as it would impact participation of Bargaining Unit Members.
 - Anything else specifically covered in the Union contract.
- ◆ YWCA attorneys
 - Notify lawyers of the Needs Assessment process as it would impact participation of Bargaining Unit Members.
 - Anything else specifically covered in the Bargaining Unit Members' contract.
- ◆ Vice President-of Human Resources / Human Resources Coordinator
 - Review changes in employee policies and procedures for their organization.
- ◆ Funders other than Office on Violence Against Women as well licensors and inspectors
 - Review and sign off on any changes in policy or procedures that impact mandated reporting, intake, assessments, safety/security policies or protocols if required.

B. **CONSENSUS DECISION-MAKING PROCESS**

The Team has agreed to use consensus decision-making to reach agreement among the members of the Team for substantive issues. The Team members do not always have to be in total agreement but are committed to finding solutions that everyone can live with and best serve the work of the collaborative. Team members with opposing opinions will be provided adequate

opportunity to present their perspective and know that their opinion has been taken into consideration.

A consensus approach to decision-making will encourage open communication and a better understanding of all opinions, including opposing opinions. Because decisions will have a major impact on the work of the Initiative they require ownership and commitment of the entire Team. Understanding of and respect for differences throughout the decision-making process are important for the success of the Initiative.

Team members agree that:

- Issues and discussion during the decision-making process will remain confidential until the actual decision has been made. If team members need to talk with people from within their organization before a decision can be made they will share this need with the team in advance.
- All relevant data and information will be shared freely within the Team but will remain confidential. When appropriate, information will be collected to help in making decisions.
- Team members will abide by decisions.
- Decisions made by the group will be presented in a positive light to each member organization.

The Team will use a five point gradient scale which ranges from “Total Agreement” to “Total Disagreement” in making decisions. When decisions are being made each Team member will determine where she is on the scale. The Project Manager will check in with members for their scores. Team members will share where they are on the scale by holding up a number of fingers.

Scoring of responses:

- 5 Total agreement - fully support the decision
- 4 Can live with the decision
- 3 Neutral / No opinion
- 2 Leaning toward no - need more information
- 1 Total disagreement - diametrically opposed to the decision

Determination as to whether or not consensus has been reached:

- Consensus has been reached if all responses from Team members are 3, 4, or 5. This indicates that a decision has been reached.
- If the majority of the responses from Team members are 3, a decision has not yet been reached and additional discussion is needed. Following the additional discussion the Project Manager will again ask for scores.
- Consensus has not been reached if any of the responses are 1 or 2; more discussion is needed in order to reach a decision.

Section 8: CONFLICT RESOLUTION POLICIES

Initiative Team members recognize that our organizations share common ground, but also bring differences of opinion, perspective, and priorities. These differences can teach us a great deal about each other and the work we do. They can also create barriers and challenges to effective communication and teamwork. We recognize that our conflicts might impact people who do not participate in them directly. Initiative Team members are committed to seeking positive solutions to our conflicts that are in the best interests of our organizations and the people we support.

Our guidelines for positive conflict resolution include the following:

- When conflict arises, it is expected that the collaborator(s) experiencing the conflict will clearly state to the other collaborator(s) involved the nature of and reasons for the conflict.
- It is expected that all parties will put forth a good faith effort to resolve the conflict.
- We will trust each other enough to feel comfortable voicing disagreements.
- We will practice strong listening skills when we experience conflict and hear one another out before defending our own positions.
- We will pay attention to our body language and other indirect forms of communication.
- We will separate problems from people and keep the focus on the issues that led to conflict, as opposed to personalities.
- We will allow time to hear each other out when we have disagreements.

If we are unable to resolve a conflict within the group, we will seek help from the Vera Institute of Justice.

Section 9: COMMUNICATIONS PLAN

A. EXTERNAL COMMUNICATIONS

The Equal Access to Safety Initiative Team understands the importance of ongoing communication with stakeholders and the public in order to actualize our mission, vision and goals. Information will be shared with stakeholders and the public when it is relevant and appropriate. Ongoing communication will increase the likelihood of stakeholders and the public working with us for systemic change. If any of the individually named people listed below leave their agency a replacement will be named by the agency CEO with input from the remaining members of the team.

- ◆ National YWCA and Goodwill International
Goodwill and the YWCA are part of regional and national networks with long and rich histories. With Office on Violence Against Women permission, the Equal Access to Safety Initiative has

the potential to be shared with thousands of providers across the country through the YWCA of the USA and the Goodwill International offices.

- Contact person:
 - National YWCA contact is Dawn DiStefano.
 - Goodwill International contact is Julie James.

- ◆ Office on Violence Against Women
 - Contact is Project Manager.

- ◆ Vera
 - Contact is Project Manager.

- ◆ YWCA Bargaining Unit Members
 - Contact is Jodi Smith.

- ◆ Funders other than Office on Violence Against Women, Licensing Bodies, and Inspectors
 - YWCA and Goodwill have each developed a list of funders, licensing bodies and inspectors. A contact from the Team has been identified for each.

◆ Media and Public Relations

Initiative team members believe we should be responsive to the public's needs. Consequently, we will disseminate information as a means of external and internal communication.

Information will be shared via email, facsimile, regular mail, in person, or other means deemed necessary or appropriate. Written materials distributed to the media and the public will be approved by Team member prior to distribution except under extenuating circumstances. Under such circumstances every effort will be made to garner input from Team members. Promotional materials will be approved by Team members.

- Proactive situations and reactive situations in crisis response to a more general topic or incident
 - Contact is Project Manager.

- Reactive situations when an individual organization has been contacted for a response around an issue specific to the organization but might include the Initiative
 - YWCA contact is Dawn DiStefano.
 - Goodwill contact is Julie James.

- Between Collaboration Organizations
 - YWCA contact is Dawn DiStefano.
 - Goodwill contact is Julie James.

B. INTERNAL COMMUNICATIONS

Effective communication is crucial to the success of the Initiative. Frequent, respectful and clear communication between individuals, between organizations, and within Initiative organizations is imperative for achieving our mission, vision and goals. Additionally, people not actively involved in the Initiative will be aware of what is being done and why. There will be opportunities for feedback to the Initiative which will reduce the likelihood of misunderstanding and lack of investment.

1. Intra-agency communications for Initiative organizations

Ongoing communications within the Initiative organizations as to the progress of the Initiative is imperative to the success of the Initiative.

◆ Project Manager

- Each month the Project Manager will write a brief update of what has been accomplished during the month. This will be used as the foundation for internal communication as well as for reports due to Office on Violence Against Women.

◆ YWCA

- Contact is Jodi Smith.
- A monthly report will be made to board of directors, executive director, senior management, human resources, leadership team, and other supervisors.

◆ Goodwill

- Contact is Julie James.
- A monthly report will be made to board of directors, president, vice president of finance, and vice president of human resources.

2. Within the Initiative team

◆ Communication logistics

- The Team will be meeting every week for two hours face-to-face through June 2009. A future Team meeting schedule will be determined at that time.
- Email is the preferred method of communication between meetings.
- The Project Manager is responsible for Team meeting notes. Meeting notes will be distributed prior to each meeting along with the agenda for the upcoming meeting.

◆ Communication values

When we connect with people on the level of shared mission, vision, and values we underscore our commonalities. Having made the investment to clarify these at the outset we are on common ground. This will enable us to effect positive change in our community.

- It is expected that discussion between members of the Team will be open, honest and respectful.
- All communication – interpersonal and in Initiative documents - is based on a shared people first / strength based value system.
- Team members will be sensitive to delivery of communication between members are delivered will be taken into consideration - who, when, where and how messages.

C. Equal Access to Safety Initiative Talking Points

Consistency of message is important in both internal and external communications to insure a clear understanding of the Equal Access to Safety Initiative. Talking Points have been developed to assist in the distribution of consistent information. The Talking Points will be distributed internally and externally as needed, and in particular with those in Sections A and B listed above. As progress is made on the work of the Initiative, the Talking Points will be updated.

Who and What:

The Equal Access to Safety Initiative is a collaboration between Goodwill of the Springfield/Hartford Area and the YWCA to enhance services for people with disabilities and those who are Deaf in Hampden County, Mass., who have experienced domestic violence and/or sexual assault. The Initiative is funded by a three year, \$600,000 grant from the U.S. Department of Justice Office on Violence Against Women.

Timeframe:

The planning phase of the Equal Access to Safety Initiative is approximately one year. The implementation phase will begin once the planning phase has been concluded. The extensive investment in planning is structured to build a strong foundation for long term systemic change within the organizations as well as with other providers in Hampden County.

Mission:

The mission of The Equal Access to Safety Initiative is to enhance services for people with disabilities and those who are Deaf who have experienced domestic violence and sexual assault so that each organization responds effectively to their needs.

This will be accomplished by:

- Cultivating a culture and environment that responds in a respectful and inclusive manner to the needs of people with disabilities and those who are Deaf who have experienced domestic violence and/or sexual assault.
- Creating policies and practices that focus on responsiveness, accessibility, safety and the promotion of seamless services.
- Fostering collaborative and cooperative relationships that respond to the needs of people with disabilities and those who are Deaf who have experienced domestic violence and/or sexual assault.
- Integrating each discipline's knowledge and expertise.

- Eliminating physical, attitudinal, cultural and programmatic barriers that prevent people with disabilities and those who are Deaf from having equal access to victim service providers if they have experienced or survived sexual assault and/or domestic violence.
- Eliminating physical, attitudinal, cultural and programmatic barriers that prevent people with disabilities and those who are Deaf from experiencing timely, appropriate, and supportive response by service providers when disclosing sexual assault and/or domestic victimization.
- Supporting local service providers in the delivery of appropriate assistance at whatever point a person enters the system.

Why:

According to the Commonwealth of Massachusetts Disabled Persons Protection Commission, in fiscal year 2007 there were nine hundred and seventy four (974) reports of abuse of people with disabilities in Hampden, Hampshire and Franklin counties (three western counties of Massachusetts). Sixty-eight percent (68%) of those reports came from Hampden County. Furthermore, according to Jane Doe Inc., a Massachusetts state-wide Domestic Violence and Sexual Assault coalition dedicated to the provision of services to battered women, 34% of survivors of sexual assault report that they have a disability.

Background information on Collaboration partners:

The YWCA is a leader in providing services to battered women, pregnant and parenting teens, at-risk youth, children who witness violence, and victims of sexual assault. The programs and services reflect a commitment to the provision of safe shelter and supportive service options for women and children. Services include two battered women’s shelters, rape crisis programs, housing and legal advocacy, young parents programs, family violence programs, youth and young women’s programs, employment and training programs, mentoring programs, and sexual assault prevention education programs.

Goodwill of the Springfield/Hartford Area is one of the largest providers of rehabilitation services in the region. In addition to vocational rehabilitation services, Goodwill also offers residential and family support services; services for the elderly; a day service option available to adults with developmental and physical disabilities; a full range of workforce development services designed to assist individuals motivated to work but with barriers to employment in achieving positive employment outcomes; custom industrial services; and operates eight retail stores.

Section 10: CONFIDENTIALITY PROTOCOL

Both the YWCA and Goodwill staff provide confidential services to a wide variety of people. Personal information relating to a client or a fellow staff member is not to be discussed outside the office. All employees are expected to maintain the highest standards of honesty, integrity and

conduct in order to maintain the confidence placed in the staff and agencies. Team members will hold themselves to these standards for Initiative activities.

◆ Confidentiality of the individuals we serve

- We will not share personal identification information.
- We will abide by each organization's confidentiality protocol. Team members have share and discussed these protocols.

◆ Confidentiality of information about collaborating organizations

- There will be an assumption of confidentiality of information shared about individual organizations. During conversations Team members will remind others about confidentiality when particularly sensitive information is being discussed to insure confidentiality is maintained. Examples to be covered by confidentiality include but are not limited to:
 - Funding or financial information.
 - Challenges with accessibility or buy-in.
 - Issues around capacity, either personnel or organizational.
- If information is shared in a meeting that could impact the viability of this Initiative, that information can be shared with agency executive directors, with permission of the Team members.

◆ Confidentiality of information by and about individual Team members

- Any personal information disclosed by Team members will remain confidential, including information about abuse, disabilities, or job related problems.
- Interpersonal conflicts between Team members will be kept confidential. If interpersonal conflicts arise between Team members they are encouraged to resolve them one-on-one.

◆ Mandating Reporting

• What is a Mandated Reporter in Massachusetts?

Mandated Reporters are persons who, as a result of their profession, are more likely to be aware of abuse or neglect of persons with disabilities. This includes all staff employed by the YWCA and Goodwill. (Statutory requirement) This means that all agency staff are required by law to report any known or suspected cases of abuse (emotional, verbal, physical and sexual) or neglect. Other persons outside of the agencies who are not mandated to report may choose to file reports of suspected abuse.

• Where mandated reporters must report in Massachusetts

- Suspected abuse of people with disabilities (between the ages of 18 and 59) is reported to the Disabled Person's Protection Commission Hotline.
- Suspected abuse and neglect of children (below the age of 19) is reported to the Department of Children and Families.
- Suspected abuse and neglect of elders (age 59 and older) is reported to the Elder Abuse Hotline.
- Any person who is suicidal or homicidal must be reported to the police.

- Who is mandated to report in Massachusetts?
 - Person employed by a state agency within the Executive Office of Health and Human Services including but not limited to employees of the Department of Mental Retardation, Department of Mental Health, Massachusetts Rehabilitation Commission.
 - Person employed by a private agency providing services to people who might be subject to abuse or neglect.
 - Additionally any: physician ♦ medical intern ♦ hospital personnel engaged in the examination, care or treatment of persons ♦ medical examiner ♦ dentist ♦ psychologist ♦ nurse ♦ chiropractor ♦ podiatrist ♦ osteopath ♦ public or private school teacher ♦ educational administrator ♦ guidance or family counselor ♦ day care worker ♦ probation officer ♦ social worker ♦ foster parent ♦ police officer.

- What is reportable in Massachusetts?

The standard for reporting suspected abuse and neglect is “reasonable cause to believe” which means that mandated reporters need only a "mere suspicion" that abuse or neglect was committed. It is better to err on the side of action. In addition to reporting suspected abuse and neglect, mandated reporters are also required to report to Disabled Persons Protection Commission all cases in which an individual with a disability has died, regardless of whether or not abuse or neglect is suspected.

- Consequences for not reporting crime, abuse and neglect committed against persons with disabilities

In Massachusetts, Mandated Reporters can be fined up to \$1,000 for failure to report incidences of suspected abuse and neglect of children, elders, and individuals with disabilities.

- Statutory definitions specific to mandated reporting

Statutory definitions can be found in the Appendix.

- ◆ Needs Assessment
 - Every person employed in an Initiative agency is a mandated reporter. This will impact recruitment of participants and questions asked of participants in surveys, focus groups and interviews. It will also impact training of any staff involved with the needs assessment.
 - Prior to beginning the Needs Assessment there will be discussion as to what results will be kept confidential and what will be shared.
 - Every effort will be made to eliminate individual level information about program participants and staff. All participants in the needs assessment will be informed of mandated reporting requirements prior to participation in the needs assessment,

Section 11: WORK PLAN

The following activity timeline will guide collaboration activities. Periodically it will be reviewed and revised by the Initiative Team.

Activity	Timeframe	Target Completion Date
Vera/OVW site visit with focus on Collaboration Charter	-	January 2009
Work on and submit Collaboration Charter to OVW	January 2008 – March 2009	March 2009
Vera and/or OVW site visit with focus on needs assessment	-	April 2009
Needs assessment planning and submit plan to Vera/OVW	March - August 2009	August 2009
Conduct needs assessment	September – November 2009	November 2009
Write needs assessment report and submit to Vera/OVW	November – December 2009	December 2009
Vera and/or OVW site visit with focus on strategic planning	-	January 2010
Write strategic plan and submit to Vera/OVW	January – March 2010	March 2010
Implementation of strategic plan, development of a sustainability plan, and evaluation of Initiative activities	April 2010 – October 2011	October 2011

APPENDIX

Statutory Definitions Specific to Mandated Reporting

- **Abuse** – An act or omission, which is not self-abuse, and which results in serious physical or emotional injury to a person. It causes or creates a substantial risk of physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and an individual under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the individual is in an out-of-home or in-home setting.)
- **Act** – A caretaker's intentional, reckless, or negligent action regardless of whether the act is performed with intent to harm.
- **Caretaker** – Any state agency or any individuals responsible for the health and welfare of a person by providing for or directly providing assistance in meeting a daily living need regardless of the location within which such assistance occurs.
- **Disabled Person** – A person between the ages of eighteen to fifty-nine, inclusive, who is mentally retarded, as defined by section one of chapter one hundred and twenty-three (M.G.L. c.123, s.1) or who is otherwise mentally or physically disabled and as a result of such mental or physical disability prevents or restricts the individual's ability to provide for his/her own daily living needs. (Statutory definition)
- **Emotional Injury** – Impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
- **Institutional Abuse or Neglect** – Abuse or neglect which occurs in any facility including, but not limited to, group homes, residential or public or private schools, hospitals, nursing homes, detention and treatment facilities, family foster care homes, group day care centers and family day care homes.
- **Neglect** – Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home setting).
- **Omission** – A caretaker's failure, whether intentional or not, to take action to protect a child or person with a disability or to provide for their living needs to the degree that it causes serious physical or serious emotional injury or both.

- **Serious Physical Injury** – Impairment of the physical condition of a person including but not limited to: death, brain damage; permanent disfigurement, any burn; fracture of any bone; subdural hematoma; intramuscular injury; bruising, abrasion, laceration or puncture of the skin; bleeding impairment of a bodily system, function, limb or organ including human skin; any other such nontrivial injury; bedsores or similar condition or harmful symptoms resulting from the use of medication or chemicals with informed consent or appropriate authorization; or malnutrition or dehydration.
- **Serious Emotional Injury** – An injury to the intellectual functioning or emotion state of a child or person with a disability caused by either the verbal or nonverbal conduct of a caretaker, including but not limited to: coercion, harassment, the inappropriate isolation from family, friends, or regular activity and verbal assault including but not limited to ridiculing, intimidating, yelling or swearing.