



Strategic Plan

Promoting access and empowering people with disabilities who are survivors of sexual abuse

Collaboration between Hills & Dales and Riverview Center

In

Dubuque County, Iowa



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Introduction

United for Change is the result of a commitment of two organizations, Hills & Dales and Riverview Center, to create systems change to improve services and supports for survivors with disabilities in Dubuque County. In 2010, our organizations came together to create sustainable, equitable, holistic change in our organizations and our community. This work is funded by a grant from the US Department of Justice, Office on Violence Against Women.

Hills & Dales is the lead agency in this collaboration. The organization currently serves and supports individuals at an Intermediate Care Facility for People with Intellectual Disabilities (ICF/ID), in their homes through Home and Community Based Services (HCBS), and at the Hills & Dales Community Center. Hills & Dales maintains a focus on serving people who have significant physical and intellectual disabilities and those with a higher degree of medical needs. By offering services that support the whole person and enhance community inclusion, Hills & Dales realizes its mission of building meaningful lives for individuals with disabilities.

Riverview Center provides services specifically for survivors of sexual abuse/violence in Dubuque, Iowa as well as northwestern Illinois. All services provided are free without regard to sex, race and socio-economic status. These



services include a 24-hour crisis hotline, legal and medical advocacy, long and short-term counseling, transition assistance for survivors, and violence prevention education programs. Riverview Center is committed to providing culturally competent, compassionate, client-centered support for individuals affected by sexual abuse/violence.

The population of Dubuque County includes people with a wide variety of disabilities. We believe that sustainable systemic change must start with a targeted population and goals in order to expand to effectively address the needs of the larger community. Based on the expertise of our two organizations, our work at this stage is concentrated on people in Dubuque County over the age of 18 who are survivors of sexual abuse/violence and have an intellectual disability. For the purposes of brevity and readability, this target population will be referred to interchangeably in this document as “survivors with disabilities”.

Overview of the Planning Phase

This is the first direct collaboration between Hills & Dales and Riverview Center, although we have created community relationships through various activities that have supported each agency. Both organizations recognize the need for services to holistically support survivors with disabilities, and the significant risks people with disabilities face for sexual abuse/violence. We share the belief that these individuals should have the same opportunity to heal as survivors without disabilities. We feel that building this collaboration, **United for Change**, is essential to fully realizing our missions of building meaningful lives for persons with disabilities and providing free, comprehensive sexual assault prevention, intervention and advocacy services.

We have developed a grant team consisting of the Executive Directors, 1-2 direct support staff from each organization and a Project Coordinator. Team members meet regularly to develop the collaboration, share information and facilitate the needs assessment and strategic planning. Work is conducted using a consensus model for agreement which empowers all members to share their perspective and ensure that their voice is heard. Through this process we have developed a vision and mission for our work.

Our Vision

United for Change will empower people with disabilities who are survivors of sexual abuse in their journey from crisis to healing. This collaboration between Hills & Dales and Riverview Center will advocate for a comprehensive service system that is person-centered and accessible.

Our Mission

United for Change will create a cohesive and holistic service system for people with intellectual disabilities who are survivors of sexual abuse in Dubuque County, Iowa. This will be accomplished through innovative agency collaboration which:

- Utilizes multidisciplinary expertise with a person-centered approach to service provision at Hills & Dales and Riverview Center
- Enhances our policies as a way to better communicate and facilitate service provision between partner agencies
- Eliminates barriers to promote accessible, equitable and flexible service provision
- Cultivates agency cultures that are respectful, safe and empowering

Based on our vision and mission, we created the Collaboration Charter, which helped us to explicitly outline our values and assumptions of this project and how we as individuals and organizations will work together. Next, we planned and implemented an innovative needs assessment to understand the perspectives and needs of stakeholders at all levels of our organizations. It was important to our team to include clients, guardians, staff, volunteers and other collaborators to create a holistic understanding of how we can best serve survivors with disabilities in our community and focus on the important areas for change. The process of implementing the needs assessment allowed all members of the grant team to learn more about the partner organizations, and the disciplinary perspectives of trauma and disability services. Through this process, our grant team grew stronger from the mutual understanding we further developed. From the analysis of findings presented in this document, we developed a Strategic Plan to begin to implement systems change.

Our Process of Work



Description of the Needs Assessment

Overall, previously existing data indicated that a great need likely exists for services for people with disabilities who are survivors of sexual abuse/violence in Dubuque County. However the paucity of information on this topic compelled us to conduct an in-depth needs assessment. The **purpose** of our needs assessment was to develop an understanding of our existing strengths and assets as well as our weaknesses and to identify gaps in our collaborative system. We engaged a broad range of stakeholders including clients, direct support staff, leaders and Boards of Directors at each organization, guardians of Hills & Dales’ and Riverview

Center's clients and volunteers, as well as others who work with us to provide services. To create systems change, it is important to understand the unique perspectives and needs of the groups with which we work.

Goals

Goals were developed by the grant team to guide questions and ensure that targeted relevant data were collected. The goals of our needs assessment were to:

1. Identify the **policies, procedures and practices** that exist at each organization which impact survivors with disabilities' ability to move from crisis to healing.
2. Identify the factors that stakeholders use to define **quality services** and our **strengths, barriers and challenges** to providing the best possible services and supports for survivors with disabilities.
3. Identify the **ways in which guardianship affects survivors' abilities to access services**, maintain safety, and to heal from experiences of sexual abuse/violence.
4. Identify areas where **connections between our organizations can be made, and the opportunities for change** in the system of services provided by Hills & Dales and Riverview Center for survivors with disabilities in Dubuque County.

Use of Information

The Needs Assessment Report findings were shared with staff at both agencies. We feel that open communication with our stakeholders is necessary to create an environment of access and safety necessary to best serve survivors with disabilities. Agency-specific raw data was made available to management to allow for larger organizational improvement outside of the mission of this collaboration. All identifying information, such as names and position titles, will be removed before raw data is distributed beyond the grant team.

Most importantly, the information collected through the needs assessment became the foundation of all future work of **United for Change**. It was used to develop this strategic plan of action that will fulfill our mission of using multidisciplinary expertise to eliminate barriers to enhancing accessible, equitable and flexible services for people with disabilities who are survivors of sexual abuse in Dubuque County, Iowa. This strategic plan will address the gaps and

strengthen our assets in our systems of services that were identified by stakeholders during the needs assessment process. In the implementation phase, these findings will continue to guide our work and define the tasks we undertake. Using the needs assessment findings will help to ensure that **United for Change** fulfills our mission. Ultimately, through this process we will realize our vision of a comprehensive service system that empowers people with disabilities who are survivors of sexual violence in their journey from crisis to healing.

Stakeholders

Table 1 provides an overview of each stakeholder group and the number of people included in the needs assessment process.

**Table 1:
Methods and number of participants for each stakeholder group**

Stakeholder Group	Target N	Actual N
ICF/ID Clients	8	11
HCBS Clients	15-32	14
Guardians of Hills & Dales Clients	10-16	11
Riverview Center Clients	20-40	12
Hills & Dales Direct Support Staff, Health Services Staff and Shift Leaders	30-56	28
Riverview Center Service Staff	8	8
Riverview Center Hotline Volunteers	9	4
Management of both agencies	19	16
Board of Directors of both agencies	39	32
Outside Collaborators of both agencies	20	12
Totals		146

Each stakeholder group has a unique role in our agencies and unique perspectives, insights and needs regarding the systems change we hope to

achieve, but none more important than the clients that are being served at both agencies currently. Hills & Dales clients representing all service areas participated in the needs assessment. We felt it was important to empower even those with the most severe and profound disabilities to influence the planning process for services and supports they may receive. Focus groups and interviews with these participants were carefully designed to engage participants and accurately capture their perspectives. Methods included multi-session interviews when needed and pictorial signs to facilitate responses. Valuable information was gathered regarding safety and trust issues with staff and supports desired in decision-making.

To expand upon information gathered from clients about Hills & Dales services, guardians of Hills & Dales clients were interviewed both individually and in focus group settings. Guardians provided a unique perspective on their role in the lives of people with disabilities.

Twelve Riverview Center clients participated in the needs assessment to provide first-hand knowledge of Riverview Center services, areas for improvement and the range of supports needed in the healing process. This proved to be a smaller participation rate than we anticipated because Riverview Center clients were reluctant to talk about their experiences. A very small percentage of their current clientele have a disclosed intellectual disability.

Riverview Center volunteers, for purposes of this report, are defined as non-paid community members that have completed the 40-hour Sexual Assault Crisis Intervention Training. They were recruited to provide their perspective of first-line contact with survivors and their experience with collaborative agencies. Initially this group had a low participation rate but we were able to double the number of participants in our follow up interview efforts.

All levels of staff were engaged in the needs assessment at both agencies. They provided essential information for service system change. Foundational to both agencies are person-centered services, and a commitment to providing quality, flexible, meaningful services to all clients.

Finally, on-line surveys with the Boards of Directors and outside stakeholders at both agencies were conducted. Board of Director respondents highlighted their

excitement for this project, and expressed the need for this type of collaboration within both agencies. Outside stakeholders also understood the elevated risk that people with disabilities face in regard to abuse and violence, and expressed the desire to help support survivors with disabilities. They provided valuable information about experiences of collaboration with each agency.

Data Sources

Table 2 outlines the number of each type of data collection method used

Table 2: Data collection methods

Data Collection Method	Number Conducted
Focus groups	13
Semi-Structured Interviews	50
Unstructured Interviews	10
Web-based Surveys	44

Methodological Strengths and Challenges

Overall, the needs assessment was very successful in developing information regarding the outlined goals. It fostered a sense of engagement among all stakeholders with this project as well as with the partner agencies in general. The qualitative research design produced in-depth, rich data regarding services, safety, risk and accessibility. This type of data is not routinely collected at either agency and will be useful in strengthening both agencies outside of the goals of **United for Change**.

Stakeholder groups voiced their support of **United for Change**, and the importance of addressing risk of sexual violence among people with disabilities. In general, all participants were positive about partner agencies and the quality of services currently provided. It was apparent that both organizations build on a client-centered philosophy of services. This shared theoretical starting point will be foundational as we move forward in this collaboration.

We feel that our work in designing and implementing special methodology to engage Hills & Dales clients was very rewarding and essential to any truly person-centered approach to systems change. Including Hills & Dales clients gave them a sense of empowerment and engagement in the services they receive, and they appeared to greatly appreciate the opportunity to participate.

The team took extensive time after the data was coded and sorted in discussing the main themes. During this time, they were able to brainstorm unique solutions to barriers within our service systems and strengthen our collaborative bond. It was noticeable that team members became more interested in each other's mission and day-to-day operations. Some members volunteered in the other organization and asked to attend additional educational events.

Key Findings

Many diverse discussions developed through the needs assessment process regarding disability services, sexual violence issues, systems change, guardianship, and collaboration. Consistent themes emerged which will help us move forward in our work as **United for Change**. We feel that these key findings summarize these themes and provide us with opportunities to create systems change to achieve our mission:

Key Finding #1:

We found that we need to incorporate the values espoused by United for Change into the agencies' culture. Some statements made by staff were inconsistent with the values of the Collaboration Charter and should be explored. Trauma informed support is new terminology to Hills & Dales organization and staff lack understanding of how to provide supports to bring clients from crisis to healing. Riverview Center, though very trauma-informed, has minimal experience working within a culture of ensuring supports and services include those needed for persons with disabilities.

Key Finding #2:

We found that there is a lack of knowledge about client rights and guardianship roles in the event of sexual abuse/violence. We heard consistent issues related to guardianship roles being brought up during the NA process. People with disabilities rely on guardian support for safety and decision making. We also found out they disagree with guardians' decisions at times. From Hills & Dales staff, we heard that the client/guardian relationship is a complicated one to navigate and from guardians we heard that communication and safety is a key concern. Staff at Riverview Center, because of their lack of experience with adults

with disabilities who have guardians, have a great deal of concern about the role the guardian plays in bringing clients from crisis to healing.

Key Finding #3:

There are accessibility barriers that exist at both agencies. We discovered from interviews of Riverview Center stakeholders that accessibility is huge need area. We heard consistently that Riverview Center's spaces were isolated, not physically accessible for people using wheelchairs, difficult to locate, and not immediately welcoming without a receptionist and a long hallway to navigate before you get to the offices. There are also programmatic accessibility issues due to Riverview Center's lack of experience in working with people with disabilities and Hills & Dales lack of knowledge about trauma-informed care and the emotional supports needed to bring clients from crisis to healing.

Key Finding #4:

We found that there will be a need to sustain the United for Change collaboration beyond the grant period. There is much to be gained by formalizing this relationship in terms of meeting regularly, sharing ideas and participating in joint training. People with disabilities who experience sexual abuse/violence and their support staff will then have a trusted relationship with a service provider and an opportunity, as one personal assistant noted, to "know each client as an individual, and know what their norm is". This will assist in creating a more welcoming and accessible environment for persons with disabilities.

Key Finding #5:

Both organizations lack clear policies and protocols for serving survivors with disabilities effectively. Policies and procedures at both agencies are the cornerstone for providing consistent safe, accessible services. The policy framework at Riverview Center is fragmented and doesn't cover important issues for serving people with disabilities. New or enhanced policies and forms are necessary to effectively guide staff in negotiating guardianship and confidentiality issues, as well as creating services that is more accommodating to the individual needs of clients with disabilities. Stakeholders agree that Hills & Dales safety and accessibility policies are good. Their mandatory reporter curriculum and abuse policy are limited in terms of identifying behavioral indicators of sexual abuse and

protocols for supporting clients from crisis to healing. Communication and trust issues exist between personal assistants, supervisors, and human resources staff at Hills and Dales relating to consistent policy compliance, implementation and enforcement.

Key Finding #6

There is a need for extensive staff training in both organizations to work with survivors with disabilities. The first step in developing truly holistic and universal supports for people with disabilities who have experienced abuse is to create a general understanding of disability and sexual violence issues among all stakeholders at both partner agencies. Training is clearly needed at both agencies to create truly accessible, safe and trauma-informed services for all members of our community. Sixty-eight percent of Hills & Dales staff does not feel that are adequately trained to work with survivors of sexual violence. Fifty-five percent of Riverview Center staff and 75% of volunteers interviewed do not feel that they are adequately trained to work with people with disabilities.

Riverview Center therapists, educators and advocates request more education on physical and intellectual disabilities, communication strategies, adaptive equipment, and supporting clients with guardians. Volunteers want more feedback and follow up communication as well as more frequent refresher training on mandatory reporter protocols. Hills & Dales' staff is very interested in learning more about behavioral indicators of sexual abuse/violence and strategies for supporting clients from crisis to healing. Management staff at both organizations is very supportive of ongoing educational opportunities. Training will serve as the foundation for further work in **United for Change**.

Key Finding #7:

We found that survivors with disabilities and staff face multiple safety issues. Our collaboration is based on creating systems that support safety and foster comfortable and open environments which provide options and choice to survivors with disabilities. Central to this is empowering people to be able to identify risk and access services.

Stakeholders feel that there are safety risks for people with disabilities and staff at both organizations. A number of safety modifications will need to be made to the Riverview Center for people to truly be safe in that space in the event of an

emergency. If these modifications are not possible, options should be considered for supporting people with physical accessibility issues. Both organizations lack complete confidentiality and protection of client information. Stakeholders are also concerned about safety of staff and clients from intruders, and personal assistants are concerned about their safety and that of other clients when working with aggressive clients.

Strategic Planning Process

After the Needs Assessment Report was approved by the Office for Violence Against Women, results were shared with each organization's staff and board members through power point presentations at management and team meetings. There was great discussion among the larger groups about the findings and some of the challenges to come in terms of changing mindsets, focusing on the survivors' healing process, and guardianship roles. This was interesting in itself as United for Change team members found themselves listening to some of the same concerns that they themselves had voiced and worked through with their collaborative partners proving that collaboration itself can bring people to a more common ground in terms of the possibilities that exist in supporting people with disabilities from crisis to healing.

After several setbacks in our scheduling attempts for our strategic planning meetings due to weather and conflicting schedules, the collaboration was finally able to meet on March 26-27, 2013 to reconnect our visions and focus on the next phase of the project—implementation plans.

Strategic Plan Initiatives

The two organizations met for two days and discussed the key findings from the Needs Assessment report. The discussions focused on the connections between the findings and how to best develop the findings into sustainable systemic change for survivors with disabilities. The group came up with four major initiatives with several sometimes overlapping activities under each initiative.

From our Needs Assessment finding, it was clear where our efforts should be focused. Survivors with disabilities have many barriers to cross on their road from crisis to healing. We found that we have substantial accessibility issues both in terms of physical access and also communication and training gaps that need to

be addressed. Most Riverview Center staff is essentially unexposed to people with disabilities so they are not comfortable using adaptive communication or interpreting survivors meaning through facial expressions or body language. Hills and Dales' staff clearly want to learn more about what to watch for in signs of sexual abuse/violence. Accessibility and training will be high priorities to address these things.

Safety in its simplest forms for survivors and staff at Riverview Center in their current location is a high priority as well. Unwelcome intruder safety and emergency policies and procedures are lacking. Hills and Dales staff works with residents with challenging behaviors and predominantly non-verbal residents. This hinders their ability to know the effects of an unwanted touch and increases the possibility of re-traumatization. They would like to explore service provision that is more trauma-informed and less physically intruding. This will also increase staff safety when working with people with challenging behaviors, which was something we clearly heard from them.

All of this work and future work will be centered on continuing to communicate and interface with the stakeholders it affects. Therefore sustaining this collaboration and forming some advisory groups that can work on short-term and long-term issues for survivors and guardians will be imperative to real success of this grant and sustainable change for survivors with disabilities. Educating through continued dialogue will close this gap for survivors affiliated with this collaboration and positively affect services as these two organizations grow and expand in Dubuque Co. and beyond.

We decided to group these efforts into three areas-- our agencies' capacity, staff's capacity, and the collaboration's capacity to understand, connect with, and create environments that support survivors with disabilities on their journey from crisis to healing.

Each initiative directly relates to one or more of the key findings in our Needs Assessment report. Following is a brief list of the initiatives and how together they will foster sustainable systems change for survivors with disabilities in Dubuque Co, Iowa. We will further elaborate on the activities, participants, timelines, and anticipated results later in this report.

1. Increase each agency's ability to work with survivors with disabilities. This initiative focuses on Key Findings #3, 4, and 5 which identify barriers in accessibility, policies and procedures, and the importance of maintaining both agencies' active collaboration with this project. Sustainable systems change can only be fostered when agencies aspire to address accessibility issues, put policies in place that clearly promote the vision of United for Change and remain steadfast in creating a better future for survivors with disabilities.
2. Increase staff's ability to work with survivors with disabilities. This initiative addresses Key Findings 1, 2, and 6. The work of United for Change can only be carried out by the staff and volunteers at each organization. They are passionate about the work that they do and have voiced their need for more education in this area. We must espouse the values of this collaboration into the daily work that our staff do and work with them to create the tools and trauma-informed behaviors that will change the lives of survivors with disabilities in Dubuque Co., Iowa.
3. Create a safe and respectful agency culture. This initiative addresses Key Finding #1, 3, and 7. Because of the questions we asked stakeholders, we were able to ascertain that the survivor is not the only person whose safety is important in creating systematic and sustainable change when supporting survivors of sexual violence/abuse. The staff also must feel safe in their work to create an environment where they can support the survivor without fear of injury or fear that they will re-traumatize a survivor with or without knowing it. Statistics show that most sexual violence/abuse takes place between people who know each other. United for Change collaboration wishes to make our agencies "abuser unfriendly" where the culture does not condone the actions of people who threaten survivors ability to heal.
4. Create advisory groups to sustain the work of the United for Change Collaboration. This initiative addresses Key Finding #4. Maintaining connections and communication can foster greater understanding for all stakeholders. Each group needs an outlet to speak freely and openly about challenges that are presented in creating lasting change. Collaborative support and shared resources and expertise will help us stay focused on survivors' rights, guardians' supportive roles, and staff and volunteers daily challenges in providing the best services to survivors with disabilities.

Following is an in-depth description of each initiative, the key activities planned, roles of the participants, timelines and anticipated results.

Initiative #1

Increase each agency's ability to work with survivors with disabilities

The first activity under this initiative is to assess each organization for their accessibility issues and welcoming environments. This activity will be complex in that we not only want to work on the physical accessibility of environments that survivors with disabilities access, but also create environments that allow survivors with disabilities to feel welcome, supported, safe, and understood in their healing process. We plan to use accessibility tools that have been created by other collaborations and customize them to meet our needs. We have ideas for bringing in outside resources that are experts in all aspects of working with people with disabilities and giving them a meaningful life. This initiative will assist us in supporting people with disabilities by building the trust and relationships that are necessary to support survivors of sexual abuse/violence.

Key participants in this activity will be management and direct service staff from both organizations. We will utilize survivors, people with disabilities and trained experts in the application of the tools needed to do these assessments.

This will be a short-term initiative that will start as soon as the Strategic Plan is approved and should be completed before the end of this grant period.

Anticipated results of these assessments will be to have the information we need for our short- term and long-term modifications plan to create systems change in creating safer, more accessible and welcoming environments for survivors with disabilities. (See Appendix A for specific tasks and a timeline for this initiative).

The second activity would be to review the policies and procedures of each organization in terms of offering accommodations, mandatory reporting, safety/workplace violence, accessibility, and confidentiality. There are gaps in these policies and in some cases no policy at all so staff are unclear how to respond and support survivors with disabilities.

Key participants in these activities will be management staff and key leaders in both organizations that are decision makers in terms of policy and procedures.

This activity will start as a short-term activity but may extend into the long-term status as policy and procedure review, writing and approval will require a significant amount of time.

Anticipated results of this activity will be policies and procedures that support the creation of more welcoming, accommodating environments that provide confidential services in fully accessible formats. (See Appendix B for specific tasks and a timeline for this initiative).

Initiative #2

Increase staff ability to work with survivors with disabilities

The main focus of this initiative will be training and education. Reinforcing the values and vision of United for Change will be first and foremost, along with knowing what it means to be trauma-informed, how to communicate with survivors with disabilities, recognizing survivors rights and guardians' roles in the process.

Offering collaborative training opportunities with internal instructors using the valuable expertise that each organization possesses to educate each other and gain a good understanding of how to bring survivors with disabilities from crisis to healing. There is much to be learned from each other as both organizations are experts in their fields and have excellent training resource networks. There are plans to bring in some outside speakers who have changed the face of working with people with disabilities and survivors of sexual abuse/violence. We feel that by partnering and using a competency-based training model to creating very interactive and participative curriculums that include survivors, people with disabilities, staff, parents and guardians will be an inclusive, effective and supportive model.

This initiative will require at least one work group, maybe several, that focus on different curriculums related to the training needs generated from all initiatives. The work group will review existing training curriculums and determine the training needs based on information received during the needs assessment process as well. They will research and develop plans to use the most accessible, effective training modems such as web-based, online, classroom, outside speakers, etc. and involve survivors, people with disabilities, parents/guardians,

and staff in the process. They will develop a training plan, schedule, and feedback loop to be used to monitor staff competency.

The workgroup should include participants from both organizations to further the understanding of each other and strengthen the collaboration.

This will be both a short and long-term initiative because of the number of areas that we want to address and the diversity of people that will need to be included. Review of existing curriculums and identification of priority training needs will take place in this grant period along with some joint training opportunities that will be planned with outside resources that will reinforce the United for Change values. Some training will, no doubt, extend into a long-term activity and will further strengthen the collaboration.

Anticipated results for this initiative are to create the sustainable means to support survivors with disabilities through a strong, trauma-informed training program that lays the ground work for staff to be the best they can be at supporting all people with disabilities that have experiences sexual abuse/violence. This will also create a strong collaboration between United for Change partners that are comfortable speaking each other's language and working together to create a strong workforce that is skilled at building relationships and communicating with survivors with disabilities to support them from crisis to healing. (See Appendix C for specific tasks and a timeline for this initiative).

Initiative #3

Create a safe and respectful agency culture

The initiative covers a range of activities that are both focused on survivors of sexual violence and the staff that provide those supports. The collaboration is very excited to research and pursue this initiative and to explore models of services that are based on respect for people's personal space, minimal physical touch to avoid re-traumatization of survivors with disabilities that may or may not be able or comfortable telling their stories.

This workgroup will be composed of members of both organizations. The first activity will start by researching existing models of service delivery for people with disability and survivors that accommodates their desire for personal space and is

very concerned about actions that may re-traumatize the survivor. The group will make assessments, recommendations, and start dialog with the management staff at both organizations about the pros and cons of the current service delivery models and research existing models in the industry. Certain parameters will be identified in keeping with the values and goals of United for Change to use in their research. The group may also decide to work within a current service delivery model or develop a new model. The goal is not to change the service delivery of either organization but to enhance the survivor's need for safety from re-traumatization by physical touch and to increase the safety of staff and residents involved in physical interventions of challenging behaviors. Again, many people with disabilities cannot tell their story and statistics show that a very high percentage of people living in residential settings have been sexually abused in their lifetime. Moving from crisis to healing will involve gaining their trust and being respectful of their physical space.

This initiative will likely move into a long term status as change is gradual and it is important that thorough assessments and reviews are done before any service delivery changes take place. This initiative will, no doubt, change the culture of each organization and can lead to a more trauma-informed service delivery. There will be considerable training and ongoing teambuilding efforts needed for this initiative. Each organization's board of directors and senior management will be key decision makers in this initiative.

Anticipated results of this initiative will be very significant for survivors with disabilities and staff. Resident and staff safety and respect of personal space go hand-in-hand, and it may be possible to increase trust and decrease re-traumatization of survivors with disabilities through this activity.

The collaboration also felt it was important to listen to the concerns for staff's safety when working with survivors with disabilities that have challenging behaviors as well. Physical intervention is always a last resort at Hills and Dales, but sometimes necessary to keep people safe. These interventions can create anxiety and fear of injury among staff and other residents. Riverview Center staff and survivors have experienced anxiety and fear due to environmental barriers as well as inadequate surveillance equipment to help survivors feel safe from intruders and unwanted visitors. Creating a safe and respectful culture for all will enhance each agency's ability to support survivors with disabilities

The second activity under this initiative will be focused on creating safe environments for survivors and staff. We will start by locating existing tools to assess the safety issues at each organization. The work group will then be trained on the tool that is chosen and conduct the safety assessment. The gaps that are identified will be categorized as short-term fixable and longer term projects. With this grant we will address the short-term fixable safety issues.

The anticipated results of these activities will be a safer environment where survivors with disabilities can heal. (See timeline and specific tasks in Appendix D).

Initiative #4

Create advisory groups to sustain the work of the United for Change collaboration
Sustaining the work of the collaboration is important to each agency. To do this, we feel we need to establish some ongoing advisory groups made up of management, direct support staff, and volunteers of each organization, survivors, people with disabilities, parents, and guardians. These groups will focus on short and long-term activities including:

- Creating a sexual abuse/violence plan for people with disabilities,
- Discussing guardians' roles and the complexities of the multiple roles that guardians have in the lives of people with disabilities
- Focusing on survivors rights and creating accessible formats to teach survivors with disabilities their rights.
- Creating a continuation plan for the work of the collaboration into the future.

As mentioned earlier, some of these activities will overlap into other initiatives. Initiative #4 is intended to creating a system that supports the short-term activities and bridges the gap into the long-term efforts that will be needed. A separate workgroup could be developed for each activity above.

Workgroups will review existing advisory and support groups for survivors, people with disabilities, and parents and guardians. There may be opportunities within existing advisory and support groups to work on some of the above listed activities. If not, new advisory groups will be established to specifically address sexual abuse/violence plans and support survivors and guardians concerns about confidentiality, rights, and their support roles. Staff and volunteers from both

organizations should be included in these groups to enhance the understanding of the complexities of these issues for families.

The workgroup for each activity will solicit members; assist in the development of any protocols for ground rules and meeting etiquette, scheduling, note taking, and communication. Advisory group progress will be reported to senior leadership and within the scope of the United for Change reporting process. Any training or education that is necessary as part of the work of an advisory group will be coordinated by the advisory group. Advisory groups will work within the guidelines of each organization's governance structure and any plans or new tools to assist survivors with disabilities and families will be approved by senior leadership.

Anticipated results of this activity are a strong sustainable collaboration between the partner organizations and better understanding, communication, empathy, and respect for survivors' rights and guardians' roles in supporting those rights. (See Appendix E for specific tasks and a timeline for this initiative).

Long Term Initiatives

It is clear to the United for Change collaboration that these initiatives will be best realized if we plan for short and long-term objectives. Following are the long term initiatives of the United for Change grant.

Long Term Initiative #1

Finding a fully accessible, safe space for Riverview Center to provide services to survivors with disabilities. Although this initiative is beyond the scope of this grant, the collaboration will be working toward identifying universal design concepts and accessibility features through our short-term initiatives that will be used in a future space. Information gained through the work of United for Change will be critical to designing a fully accessible, safe, and welcoming space for people with disabilities to move from crisis to healing.

Long Term Initiative #2

Education and training efforts that support communication strategies, understanding of sexual abuse/violence and trauma-informed services will

continue as a long term initiative. It takes time to introduce new concepts and ideas to stakeholders and have stakeholders thoroughly embrace them. The United for Change collaboration team knows firsthand how long it can take to come to an understanding of each other's perspectives and this will only happen with long term relationship building between the organizations and collaborative education efforts. Staff at both organizations were very clear that they need a much better understanding of sexual abuse/violence and working with people with disabilities.

Long Term Initiative #3

Advisory group work will become a long-term initiative as we move from the most pressing discussions about confidentiality and privacy or guardian roles, to subjects that require a longer investment of time and support to move survivors from crisis to healing. Sustaining the relationship built by the collaboration participants will be a long term effort.

Conclusion

The United for Change collaboration is confident that these initiatives will shine a light on the opportunities that exist currently to bring survivors with disabilities from crisis to healing and create systems change across Dubuque Co., Iowa. They will create the sustainable change that we are seeking to give survivors with disabilities the same opportunity to heal as the general population is given.

We wish to thank the office of Violence Against Women for giving us the opportunity to improve survivors healing experience through these efforts and make a difference for the survivors in our organizations and Dubuque Co.