Partnering For Prevention

Prevention

Not too long ago, the Virginia Child Protection newsletter (VCPN) devoted two issues related to the importance of child abuse and neglect prevention policies and programs. One issue (Volume 88) discussed the long-term personal and economic effects of child abuse and neglect, and covered in detail the Adverse Childhood Experiences (ACES) research. This series of studies investigated how childhood experiences affect adult health, and an ACE score was determined based on the number of adverse experiences that occurred before age 18. The study sample consisted of 17,421 members of Kaiser Permanente. Each social history served as a measure of the burden of childhood traumatic experiences. The researchers found that not only were traumatic events common, but that as the ACE score increased the negative effects were cumulative and they adversely affected adult health and mental health outcomes. One of the lead coresearchers, Vincent J. Felitti, MD, stated that the study showed that “there is a pressing need for improved parenting skills. There are a huge number of parents who have no experience with supportive parenting” (VCPN, 87, 2010, p. 8). Felitti suggested that the media has an important role in assuring the availability of good parenting and intervention partners. If illustrations of support were aired and tuned in to soap operas, visitors noticed that the parents always had

He asserted, “When we ran a home visitation program for 700 newborns, home visitors noticed that the parents always had the television on and tuned in to soap operas. I think people were seeking models for living and parenting. If illustrations of supportive parenting, contrasted with destructive parenting, could be embedded into television programs, they would reach an enormous audience” (VCPN, 87, 2010, p. 8). Implications for prevention partnering were obvious.

The other issue of VCPN (Volume 87) was entirely devoted to progress in prevention and early intervention over the last 35 years. It discussed national programs and efforts in the Commonwealth that are involved in transforming systems to include more prevention and early intervention programs rather than the more drastic and costly approach of intervening in a crisis. It noted future directions, and the need for continued action and progress, regardless of economic conditions. The personal and economic costs of child abuse and neglect are enormous. This issue of VCPN will examine prevention through the lens of community partners in prevention. It will specifically explore the role of the media, charitable foundations, and other business partners in financing and promoting prevention efforts. It will also explore the role of faith-based partners as prevention and intervention partners.

Importance of an Engaged Community

There is a body of literature that illustrates the importance of the larger community in child abuse and neglect prevention. The typical statement one finds is that prevention is “everybody’s business” (Blakester, 2006; Daro & Dodge, 2009; Mintz, Ojeda & Williamson, 2006; Saunders & Goddard, 2002; Stanley, 2010). This idea reflects the importance of community involvement both at the macro – or, the entire community – and the micro – or, the neighborhood – levels.

Blakester (2006) speaks specifically to the essential nature of the community at the macro level. In an article for the National Child Protection Clearinghouse, he notes that without community participation, primary prevention programs cannot be successful. “[Community] members are best placed to know the community’s strengths and aspirations, vulnerabilities and needs. Active community involvement is essential in developing genuine long-term capacity and sustainability. In fact, a common barrier to effective child abuse and neglect prevention strategies is sufficient community involvement, responsibility and ownership” (p. 2).

Leventhal (2005) elaborates community partnerships by noting that a comprehensive effort to prevent child abuse and neglect requires strengthening neighborhoods and building parent leadership. He states that prevention relies heavily “… on outreach workers who have mobilized thousands of volunteers and hundreds of organizations in all sectors of society (e.g. business, civic, fire and police departments, health clinics, housing complexes, mass media, municipal governments, neighborhood associations, religious organizations and the schools) to make child protection a part of everyday life” (p. 211). Daro & Dodge (2009) expand on Leventhal’s ideas by stating that the most sophisticated and widely used community prevention programs emphasize the reciprocal interplay between individual-family behavior and broader neighborhood, community, and cultural contexts.

There has been a shift in prevention from directly improving parenting skills of parents continued on page 2
Partnering is an ongoing process. Sus-

cessful coalition building begins with a clear leadership which is well-defined and shared whenever possible;

◆ clear democratic decision-making with broad input and room for disagreement;

◆ experienced staff with group and organizational process skills;

◆ development of an ongoing system of planning;

◆ active and effective communication that helps maintain a high level of trust and mutual respect;

◆ time and resources. Each partner should be willing to contribute staff time and other resources as well as external resources;

◆ a focus on doable actions. By planning and implementing “doable actions” the partnership can prove its effectiveness to themselves and the community. Early achievements illustrate that change can occur and encourage greater efforts;

◆ affirmation and celebration. Partnership activities need to include fun and affirm the strengths and joys of the community. An optimistic coalition conveys the message of hope.

Realism about time and persistence

The work of a partnership can be overwhelming. Organizers are encouraged to adopt a long-range view. Gaining understanding of the agenda will take time and persistence.

Monitoring and Assessment

Developing partnerships that seek to improve quality of life is a complex process. The group needs to have an internal review and evaluation process to guide its work (U.S. Department of Health & Human Services, 2005; Wolff, Principles of Coalition Success, http://ctb.ku.edu).

One organized effort is found in New York. New York City has made building community partnerships a priority for its Administration of Children’s Services (ACS). By visiting the New York City government website (www.nyc.gov), one finds an Office of Community Partnerships which has as its mission “to build and support community coalitions that are family-focused and provide integrated services that will strengthen the ability to keep children safe.” Chapin Hall (www.chapinhall.org) reports on the several successful coalitions formed in New York City neighborhoods. The neighborhood coalitions focus their work on four major areas of community engagement: 1) coordinating services to bridge the gap between Head Start, child-care, and community-based prevention services; 2) implementing innovative approaches to family-team decision-making conferences facilitated by ACS; 3) supporting existing foster care and adoptive homes, as well as recruiting neighborhood-based foster homes; and 4) improving the quality and

How to Achieve Effective Partnerships

Having the community coalesce around a prevention campaign takes work, but the effort is worthwhile. Once the need has been identified and a prevention strategy developed, recruiting partners to assist in continued planning and implementation increases the likelihood for a successful campaign.

Several strategies enhance the possibility of finding and recruiting partners. They include:

◆ Identifying organizations or individuals whose mission, goals or resources are congruent with the identified prevention strategy. Prospective partners do not have to have direct or close involvement in child abuse and neglect issues but they must have values and agendas in areas affected by the issue, such as concern for safe communities, social justice, or children’s health;

◆ Partnering is an ongoing process. Sustaining a prevention strategy may depend on continuing to identify and recruit new partners;

◆ Make direct contacts, introducing the prevention strategy. Share information, stopping short of asking for support. Strengthen a connection to prevention efforts by recognizing a person or organization for some accomplishment or by asking a pivotal person to serve as a keynote speaker.

◆ Become known to potential partners by attending receptions, forums, conferences, and other events that relate to the prevention goals. These are great opportunities to network and share information.

◆ Be heard. Most listeners will not be able to absorb more than a few major points. Develop a script. If more than one person is communicating the message, it is essential that the message be similar.

◆ Gain agreement. All partners need to agree on their roles, so agreements should be written in memorandum of agreement (U.S. Department of Health & Human Services, 2005). Once established, successful partnerships share several components. These include:

◆ Well-defined shared mission, vision and goals. Members of the partnership need to clearly define their shared mission and goals, making certain they incorporate the self-interests of the various constituencies. Successful partnerships require a willingness to set aside personal agendas for a common good while also recognizing the need to address interests of participants. Achieving this delicate balance is difficult but necessary.

◆ Diverse groups. Partnerships need to be inclusive, allowing many who endorse the coalition mission to join in its efforts. Diversity can be accomplished by actively recruiting from both established factions such as business executives, clergy, government representatives, and grassroots organizations or individuals such as neighborhood groups, parents, and youth.

Plan for Organizational Competence

How the group will function and its structure must be well-defined to insure success. Decisions and organizational framework include:

◆ clear leadership which is well-defined to creating environments that facilitate parents’ ability to parent adequately (Daro & Dodge, 2009). Neighborhoods have a direct effect on child abuse prevention because they provide schools, recreational facilities, parks, libraries, day care or after-school programs, and other supports. Also, neighborhood have an indirect effect on prevention because they can shape parental behavior, impact parent self-esteem and influence motivational processes of parents. Barry (1994) enumerated four basic assertions based on theory and empirical findings. “First, child abuse and neglect results in part from stress and social isolation. Second, the quality of neighborhoods can either encourage or impede parenting and the social integration of the families who live in them. Third, both external and internal forces influence the quality of life in neighborhoods. And, fourth, any strategy for preventing child maltreatment should address both internal and external dimensions and focus simultaneously on at-risk families and improving at-risk neighborhoods” (p. 69).

Effective prevention strategies require the formation of partnerships in the wider community and in the neighborhood. The prevention guide Focus on Prevention (U.S. Department of Health and Human Services, 2005) states that these partnerships are the backbone of nearly every successful prevention campaign. “Building partnerships is a dynamic process. Partnerships include a variety of arrangements that produce results that one partner could not achieve” (p. 10).

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quantity of visits between parents, children and siblings in foster care. In each of the
collaborations, organizers experienced high levels of
cooperation, better interagency coordination for providing access to prevention serv-
ices such as child care, and strong community partners to provide supports to families.

Fundraising

Another aspect to partnering is raising money. Fundraising can be at the individual or
corporate level. Financial support of pre-
vention efforts is another way to allow the community to be involved. However, the
community will want to know that the effort has a clear mission and that the constituents
being served have a specific need. Neigh-
borhoods, churches and businesses are excel-
ent resources for assisting organizations and
agencies in child abuse and neglect prevent-
ion activities (National Clearinghouse on Families and Youth, 2010).

There are five aspects to successful fund-
raising (National Clearinghouse on Families and Youth, Right on the Money: Five Keys to
Fundraising Success, http://acf.hhs.gov): These are:

- Have a tenacious staff that actively seek donors and build relationships within the community. If the agency cannot afford to hire a fundraiser, the executive director is the best person for this job as that person knows the agency and has a great deal of passion for the work.
- Have a strong Board that is enthusiast-
ic. Board members are most likely to have peer-to-peer relationships with potential donors, and people are more likely to give money if asked by a friend or peer.
- Have a strong fundraising operation, which includes two important aspects: a) a good donor data base that keeps track of donor activity such as donations in the past, volunteer activities, and meetings attended; and b) an ability to conduct research into potential new donors (both individuals and in-
stitutions) by learning about their inter-
est, priorities and passions.
- Develop good fundraising strategies, setting goals and making a plan for each campaign.
- Develop a strong case for support of the campaign that includes: the need; the vision for meeting the need; and, the potential impact.

Revlan Hill of the Harrisonburg-Rock-
gham Community Foundation, comments,
“People may believe that fundraising is mostly about money. However, I would stress that fundraising is about building rela-
tionships. Without a doubt, people give to people. The development person or execu-
tive director must believe in the work of the nonprofit organization and be passionate about its programs. A strong development program builds relationships with donors of

all kinds, including potential donors and cur-
rent donors.”

The National Clearinghouse on Families
and Youth (http://ncfy.acf.hhs.gov) reports
on an organization, Youth Bridge in Fayette-
ville, Arizona, that has had tremendous suc-
cess in partnering with businesses using many of the strategies outlined above. The
success is based on recognition that asking
for support is not a one-time request. Rather,
it is the culmination of a long-term process,
with a great deal of hands-on personalized
attention that may take several years. Youth
Bridge attributes its success to the following
strategies:

First Contact Sponsorships: This is a
mechanism for a company to have its name
associated with the cause and to begin in-
vestment in the program. Sponsorship can
lead to a more substantive collaboration;

Courting Executives – and Employees: Com-
panies want to know who they are sup-
porting so by inviting executives to orga-
nization events, the agency familiarizes them with
the programs. Also, meet with corporate leaders
at their companies. This outreach displays a
willingness to learn about the corporate sponsor
and solicits feedback on the best way to com-
municate with companies. In addition, because companies pay attention to where employees
volunteer and donate their money, creating op-
opportunities for volunteers to participate is essen-
tial;

Board Memberships and Public
Recognition: By having a corporate man-
ger serving on the Board of Directors, the
agency develops an important ally and advo-
cate. If there is not an opening on the Board and the agency wants to form a bond, hav-
ing an award, such as an annual philanthropy
award, can personalize the relationship with
a company. For Youth Bridge, a public
recognition resulted in many volunteers and
a request for Board membership.

Right on the Money: How to keep the doors of your nonprofit organization open in
good times and bad.

Family and Youth Services Bureau
Administration On Children, Youth and Families
Administration for Children and Families
U.S. Department of Health and Human Services
NCFY
P.O. Box 13505
Silver Spring, MD
(301) 608-8098
ncfy@acf.hhs.gov
http://ncfy.acf.hhs.gov

Right on the Money is a guide, developed for the Family and Youth Services Bureau, to keeping the doors of youth-serving nonprofits open in good times and bad. Topics that are covered in this re-
source include financial management, an introduction to fundraising, finding grants and writing pro-
sals, and fundraising strategies beyond grant writing. An additional section of this guide provides
useful tools and references for learning more about creating and maintaining a successful nonprofit
organization. Specific tools that identify a nonprofit’s strengths and weaknesses include an aptitude and competency checklist as well as a step-by-step guide to prepare for potential losses of funding.

WAYS TO PARTNER

- April’s Prevention Month is a terrific time to partner! A local li-
brary or bank may be willing to host a display. Media can be appro-
ached about articles and public service announcements. A Facebook page or social media can also help spread the message.
- Ask a university or college to help with marketing plans or grant-writing. A business intern can be a boost if supervised properly. An intern could also help with social media.
- Consider a partnership with the local United Way for fund-rais-
ing. A non-profit can sometimes be a ‘write-in’ on a United Way campaign.
- Consider writing a grant with another agency.
- Recognize contributors and their stewardship. Make donors feel valued.
- Make certain that the community knows about the partner-
ships. Put their name out and include mention of the busi-
ness on your website, perhaps including their logo.
- Partnerships are based on per-
sonal, real, authentic relation-
ships. Never take the support for granted. Treat it as a gift.
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Asking is a Conversation, Not a Question: When the Youth Bridge Chief Fundraiser wanted to solicit a donation, she didn’t ask for money; she asked for help. The “asking” is a conversation. It can be used as a time to encourage the representative of the company to coach and strategize a proposal to the Board. It is through such a process that one learns what is appropriate to ask.

The Role of the Media in Prevention

Media has expanded significantly in the last several years. While prevention campaigns have depended on what is known as mass media – radio, television, newspapers – for decades, other forms of media have also been introduced into prevention campaigns, claiming an important role in disseminating information.

Mass Media: Media messages can be embedded in a variety of formats. These include: 1) entertainment, such as soap-operas and drama, that incorporates educational messages; 2) screenplays that prompt viewers to consider the issue presented; 3) television documentaries that help the public understand complex issues; 4) live theater; 5)newspaper and radio stories; 5) and the internet through blogs, social networks, and websites.

Media campaigns using these strategies serve a number of roles:

- Place the issue on the community agenda;
- Frame the issue;
- Elicit reports of suspected abuse;
- Direct individuals to sources of assistance and further information;
- Model appropriate and inappropriate behavior;
- Change social norms;
- Increase awareness of the target audience (Saunders & Goddard, 2002).

For decades, mass media has been a traditional mechanism for marketing a prevention campaign. It is not uncommon to see something about child abuse and neglect prevention in print, or on the radio or television. Coverage can be in the form of news or a documentary format as well as public service announcements. Either way, awareness of the issue is raised.

“The media play a significant role in forming and influencing people’s attitudes and behaviors…. Of particular note was the part played by news and features that report on specific child abuse cases, research and intervention strategies. Such media attention to child abuse and neglect has, at times, positively influenced public, professional, and political responses to the circumstances in which children and young people find themselves” (Saunders & Goddard, 2002, p. 1).

In the same review of the literature, however, Saunders & Goddard (2002) note that effectiveness of mass media in the prevention of child abuse and neglect is debatable. They report that, on the negative side, the use of mass media is expensive and its impact difficult to determine. However, others argue that it performs an important and significant role, placing issues such as child abuse and neglect on the public agenda.

To summarize, mass communications presents opportunities as well as limitations. Its strength is in helping to place issues on the public agenda, reinforcing local efforts, raising consciousness and conveying simple information. Its limitations are that it is less effective in conveying complex information, in teaching skills, in shifting attitudes and beliefs and in changing behaviors in the absence of other enabling factors. In other words, it may be only as successful as the degree to which it is reinforced by community education and support programs (Saunders & Goddard, 2002).

The authors note, for example, that the media had a significant role in demystifying and reducing the secrecy of child sexual abuse. Public education about the plight of children who have been sexually abused has enabled some children to report abuse.

Saunders & Goddard (2002) describe a mass media campaign conducted by Australians Against Child Abuse. Quantum Market Research conducted a survey and found that child abuse, as a serious social problem, was poorly understood by the public. This was true on a number of levels including the true extent and nature of abuse. Only 4 percent of respondents accurately estimated the size of the problem and 29 percent of respondents underestimated the problem by a significant amount. These findings supported the idea that a major public awareness campaign was necessary. The campaign, called “Every Child is Important,” sought to elicit a commitment from adults to: “develop safe and non-abusive relationships with children; persuade adults to stop behaving in ways which are harmful to children; educate adults about the important needs of children, and better inform adults about the costs and consequences of child abuse” (p. 8).

The focus of the television advertising campaign was a song, written by Van Morrison and sung by Rod Stewart, ‘Have I Told You Lately that I Love You’. The ads were aimed at stimulating people’s thoughts about the importance and value of children and how that is communicated to them. Television ads were reinforced by print and radio advertisements. Other aspects of the campaign included free information for parents, parent seminars and a readily available website. The campaign was funded solely by in-kind support from individuals and businesses. The campaign was considered successful and inspired several similar efforts (Saunders & Goddard, 2002).

Social Networks: Social networks have become a primary communication tool, especially for teens and younger adults. The more identifiable locations are Facebook and Twitter, and there are also many topic specific blogs (sort of an organizational journal that chronicles the news of the day) available. “According to a 2010 Pew Charitable Trust study, social media has increased rapidly over the past few years. There is little variation within the age groups when considering socioeconomic status. While Millennials (ages 18-33) are more likely to use social media, GenXers (ages 34-45) and Boomers (ages 46-64) have made notable gains. More than half of online adults in these groups are active users of social media sites” (www.healthymarriageinfo.org).

There are three reasons for the popularity of social media for public education:

- It is able to be tracked, meaning that the number of times an item or message has been clicked, forwarded or mentioned is known.
- It is sharable, meaning that with a simple click of the mouse, information can be forwarded by users to others, spreading information without any additional effort on the part of the person or agency posting the item.
- It is affordable since most sites are free. The cost is the time needed to construct and post the material.

Therefore, social media is an efficient and cost-effective mechanism for supplementing any marketing budget. However, there are some cautions related to its use. 1) It takes time to develop a successful social media strategy. Once the audience for the message has been researched, it can take as long as 3 to 6 months to attribute any success to social media efforts; 2) Social media will not reach all desired audiences. It is one tool in a toolbox of communication tools; 3) The process can be overwhelming. It is a complement to other strategies, so devoting a specific amount of time to this strategy is appropriate; and 4) It is necessary to track results so that there is data to evaluate the strategy’s success. Google offers a free online tracking tool – Google Analytics, to help measure results (www.healthymarriageinfo.org).
The Knowledge to Action Child Maltreatment Prevention Consortium

The Centers for Disease Control and Prevention (CDC) has gathered a group of researchers, practitioners, parents, social marketing experts, business leaders and others to consider the question of how to best use the knowledge about effective prevention strategies for child maltreatment. Sandra Alexander is an Expert Consultant in Child Maltreatment. She works in the Division of Violence Prevention at the CDC. She talked with VCNP staff about the efforts to date of the Consortium.

Alexander noted that the vast majority of resources for child maltreatment are at the individual level, helping the victimized child or the abusing family. Prevention strategies are similar and most are applied at the individual or relationship level. To date, we have accomplished less on a societal level. The Consortium aims to leverage a variety of sectors that can help increase prevention action at the community and societal level. One focus is the business sector. Alexander notes that businesses want to locate in communities that are safe and non-violent. They also desire to create a positive workplace. Some have incorporated child care options and ‘flex time’ as benefits for young parents. Business owners desire healthy workers who can concentrate upon the task at hand.

The Consortium is trying to learn what resonates with business leaders and how they think in order to help make the business case for prevention. The group does not seek to “tell a business what they should do” to help promote safe, stable, nurturing relationships and environments for children and help prevent maltreatment, but rather wants business leaders to create the ideas. She notes that businesses are interested in return on investment and concrete actions. “When a business employs a person,” says Alexander, “they bring in that person’s strengths and their challenges.”

One product of the Consortium will be the application of systems dynamics modeling to develop an interactive learning lab. It will help educate about the impact of health care costs, absenteeism, productivity, and the pool of qualified employees. Alexander mentions that a growing body of research shows the earliest years of life are the beginning of the labor force pipeline. A study by the military showed that only a fourth of 17-to-24-year-olds are qualified to serve in the military. This, she says, is an example of a ‘down-the-road’ outcome that can result when a child’s environment of relationships does not foster the development of “executive learning skills”- the ability to focus, hold and work with and filter information and revise plans as necessary. The learning lab is expected to be operational in early 2013. The Consortium will also develop a suggested Action Strategy (ideas that businesses can consider to help promote safe, stable, nurturing relationships for children).

For more information about the Consortium, contact Sandra Alexander, (770) 488-1344 or E-mail: spalexander@cdc.gov

Businesses align with charitable causes because it is a means of developing a powerful network while at the same time helping people. Businesses can develop important business relationships, enhance the image of the company and develop knowledge, skills and abilities that further enhance or improve their business strategies (Cohen, Chavez, & Chehimi, 2007; Frey, www.frugalmarketing.com ).

The Cone Cause Evolution Study (2010) revealed that consumers have high philanthropic expectations for companies, even in tough economic times. More than half (52%) of Americans felt companies should maintain their financial support of causes and nonprofit organizations; another quarter (26%) expected companies to give even more. In fact, consumers will reward companies for supporting causes. The study revealed that:

- 85% of Americans say they have a more positive image of a product or company when it supports a cause that they care about;
- 79% say they would be likely to switch from one brand to another when price and quality are about equal, if the other brand is associated with a good cause; and
- 83% say personal relevance to a cause is a key factor when choosing the purchase.

Businesses can benefit from being involved with all levels of a charitable organization. By being on Boards or involved in partnerships, business leaders gain exposure to other influential people while also showcasing their talents and skills. But, first and foremost, the business becomes associated with benefiting the community and making a positive difference.

Business Non-profit Connections (www.businessgivingstrategies.com) interviewed executives from several major companies and created a list of challenges business managers have working with nonprofits. Included in the list is: 1) nonprofits are often not receptive to engaging in creative programs, rather they tend to simply want a check; 2) non-profits often don’t follow-up and provide information about the impact a company’s funds had on the project or program; 3) because of culture differences, nonprofits often do not understand business demands; 4) many nonprofits are not savvy about marketing their partnership with a business to their supporters and the

Partnering With Businesses

A partnership between businesses and agencies developing a prevention campaign can be mutually beneficial. The agency gains access to vast and multiple resources while businesses are viewed as affiliated with an important cause.
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community at large; 5) nonprofits may not have the patience to take the time required to build a relationship with a business.

Foundations

Foundations are non-profit corporations established to manage and invest money and to make grants for a variety of purposes. There are two kinds: 1) private foundations, which are funded by an individual, family, or corporation; or, 2) community foundations, which raise money from the general public. They are governed by specific rules through the Internal Revenue Service (Knowledge Base, www.grantspace.org).

Private Foundations

Two private foundations that provide grants for child abuse and neglect prevention are the Annie E. Casey Foundation and the Doris Duke Charitable Foundation. They were both established by successful business families.

Doris Duke, who was born on November 22, 1912 in New York City, was the only child of James Buchanan Duke, a founder of the American Tobacco Company and Duke Energy Company. He was a benefactor of Duke University in his native North Carolina. When J.B. Duke died in 1925, he divided his fortune between the Duke Endowment — a foundation he established to serve the people of the Carolinas — and his 12-year-old daughter, Doris.

During her lifetime, Doris Duke contributed to a number of causes. She actively supported medical research and child welfare throughout her life. She also had a strong interest in conservation, the arts, and horticulture. When she was 21 she established a foundation called Independent Aid which later became the Doris Duke Charitable Foundation. She died in 1993, at age 80. In her will she left the majority of her estate to the foundation. As of December 31, 2010, the foundation endowment totaled approximately $1.6 billion in assets. In addition to supporting some properties she owned, the foundation supports four national grant making programs: medical research, the environment, the arts, and child abuse prevention.

Child abuse and neglect prevention grants made by the Doris Duke Charitable Foundation are awarded with the goal of developing and infusing best prevention practices into normal, non-stigmatizing systems that routinely serve children, usually birth to six-years, and their families. The foundation supports prevention and early intervention services that serve to educate, support and/or assist families before abuse and neglect occurs.

The Doris Duke Child Abuse Prevention program lists three broad goals: 1) To build a repertoire of innovative and effective methods for preventing child abuse and neglect; 2) to develop capacity of existing systems to improve and strengthen prevention efforts within existing service systems that see large numbers of families and children; and 3) to enhance the prevention field through dissemination of research findings and information on best practices.

As of December 31, 2011, the Doris Duke Child Abuse and Neglect Prevention Program approved 66 grants totaling $61 million. For more information about the Doris Duke Charitable Foundation visit the website www.ddcf.org.

The Annie E. Casey Foundation was founded in 1948 by the co-founder of United Parcel Services (UPS), Jim Casey, and his siblings in honor of their mother. The foundation’s first grant was used to support a camp for disadvantaged children in Seattle, Washington. Later, Jim Casey steered the foundation work toward funding stable and permanent homes for children. To that end, Casey established programs throughout New England. These services later became known as Casey Family Services which works directly with families and child welfare professionals to insure that every child has a safe, nurturing and permanent family.

As of December 31, 2010, the Casey Foundation had over $2.7 billion in assets. It provides approximately $127 million in grants each year. The foundation supports a diverse range of efforts designed to build better futures for millions of children. These include:

- Designing and delivering services to secure and sustain lifelong family connections for children and youth;
- Advocating for reforms in public human service systems to insure that they operate effectively and efficiently to strengthen families;
- Expanding economic security for families in poorer communities;
- Gathering and promoting data as a tool for change; and
- Transforming tough and isolated communities into family-supporting environments.

Grant-making by the Annie E. Casey Foundation is limited to initiatives in the United States that have significant potential to demonstrate innovative policy, service delivery and community supports. It especially looks for investments that encourage long-term strategies and partnerships to strengthen families and communities.

For more information about the Annie E. Casey Foundation, visit www.aecf.org

Community Foundations

Community foundations vary as do their donors. Some community foundations have a large endowed fund that is designated to benefit the overall good of the community. Other community foundations do not have this structure. Most community foundations have donor-advised funds where the donor advises where the charitable dollars are directed. Community foundations may also have funds designated for certain fields of interest.

Embedded Foundations

The Chapin Hall Center for Children in Chicago reports on another kind of foundation that it terms “embedded foundations” (Karlstrom, Brown, Chaskin & Richman, 2007). The Center describes this kind of foundation as being one that has a embedded philanthropy operating style. That is, a style that establishes an “unusually intimate and long-term engagement in the communities within which they live” (p. 1).

An embedded foundation picks a location then stays with it. Many are family foundations that are located in small towns or cities, endowed by wealthy founders who want to revitalize the community in which they lived and earned their fortunes. Others are established by corporations or community foundations seeking a greater impact by focusing their efforts on promising community programs. There are some that focus their grants...
Partnering with Faith-Based Communities

Faith-based Organizations as Deliverers of Social Services

A faith-based community is defined as one that is directly connected to people who have organized and are part of a religious or spiritual belief system. They have a religiously organized mission statement, receive significant support from religious organizations and are initiated by a religious institution (Rev. Dr. J. Elisha Burke, no date).

Child advocacy organizations are working with faith-based communities all over the world. Faith-based organizations are able to influence thinking, foster dialogue and set priorities for members of their communities. Faith-based organizations and leaders hold the trust of individuals, families and communities. They nurture core values of active citizenship, community self-reliance and public spiritedness that are important to building effective partnerships. Therefore, they offer a large network for the care and protection of children, which tends to be particularly important at the family and community levels (Hammer, 2010; presentation by Rev. Dr. J. Elisha Burke, no date).

In the United States, large religious communities, including Catholic Charities and Lutheran Family Services, have long received government grants to provide social services. In the 1996 federal welfare reform law, Congress adopted very precise language. This law establishes “Charitable Choice” which specifically addresses the ability of religious social service providers to participate in government funding opportunities. It allows all religious organizations to compete for government funds regardless of their religious decree. It was designed to remove barriers and it prohibits states from discriminating against religious organizations when choosing providers under certain federal grant programs, as long as the programs are implemented in a manner that is consistent with the U.S. Constitution’s First Amendment edict for the separation of church and state. It did not, however, establish a specific funding stream for faith-based organizations. In 1998, Charitable Choice was added to the Federal Community Services Block Grant Program and in 2000 it was added to the Federal Substance Abuse and Prevention Treatment Block Grant.

Faith-based organizations bring diverse strengths and assets to child welfare service, and when the public sector forges partnerships with churches, they broaden and enrich the network of involvement and impact (Hammer, 2010). Bringing faith-based organizations into child welfare work, then, is very useful.

Ways to Partner with Faith-based Communities

In recent years, churches, synagogues, mosques, and other faith-based groups have assumed a greater role in strengthening communities and have been promoted as a valuable resource in addressing social needs (Rollins, Johnson & Ignacio, no date; Vidal, 2001).

According to Vidal (2001), more than half of congregations provide some form of human services. The range of their activities is enormous. The most frequent activities of faith-based groups are: youth programs/camps; marriage or family counseling; soup kitchens or food pantries; visitation for elderly or home-bound persons; clothing closets; and daycare/after school care. It is less frequent that faith-based groups provide housing (either temporary or more permanent) and services such as employment counseling or job training.

Congregations can benefit from partnering with child advocacy groups, child welfare services, or government agencies. Especially for projects that require knowledge, skill, time and sustained activity, a congregation may benefit from forming partnerships which can offer the management capacity and technical aspects (such as accounting; applying for grants; legal knowledge) (Vidal, 2001).

Faith-based organizations have much to share with secular partners. Members of the congregation can provide volunteers, space, and monetary support. They can open their site for planning meetings. They can host community fairs. They can assist with outreach and referral. Congregations may be one of the strongest institutions for a disadvantaged community. Pastors are often trusted leaders and affiliation with a faith-based group can offer credibility (Rollins et al., no date; Vidal, 2001).

In her presentation, Burke makes the following suggestions for making positive connections with faith-based communities. They are: 1) Articulate the intention for the partnership. Make it obvious that the religious sector is important to the effort. Clearly articulate how the partnership would work, including the specific role to be played by the faith-based organization. 2) Gather information by indentifying the faith-based organizations in the community, make personal connections and establish a relationship. Rely on mutual relationships to make the connection, as this may make relationship building easier. 3) Make use of governmental and other powerful community members in helping establish productive relationships with religious communities.

Once a relationship is established, the best means for sustaining the collaboration is to build it from the ground up. An essential ingredient is trust, so taking time to learn about each other’s services, resources, organizational cultures and working constraints is important to that end. It is also important to maintain positive communication with volunteers and to keep the congregation informed about progress (Rollins et al., no date).

The articles on Virginia Partnerships (this issue) contain many practical examples of effective, viable partnerships between non-profits dedicated to child abuse prevention and faith-based and business partners who join in the effort.

Summary

Partnering allows strength by blending talents, skills, and resources. It allows for the satisfaction of joining together to reach a positive community goal. There truly is strength in numbers.

Special Thanks To:
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References are Available on VCPN’s website or by Request
PCAV has been the leading nonprofit agency for Virginia’s child abuse and neglect prevention efforts for over 30 years. The regional advocacy organizations featured in this issue of VCPN are Affiliates and started as offshoots of PCAV. PCAV provides information, training, technical assistance, networking and leadership for the Affiliates. The Virginia Department of Social Services (VDSS) partners with PCAV to sponsor major training events such as the annual conference for Child Abuse Prevention Month and to coordinate the production of the Child Abuse Prevention Month packet. PCAV partners with VDSS to help implement programs such as the *Hugs and Kisses* child sexual abuse prevention play produced by Theatre IV. Along with VDSS, they oversee the *Blue Ribbon Plan* to prevent child abuse and neglect. PCAV partners with VDSS to coordinate the Healthy Families Virginia network of local and regional initiatives. In that role they also partnered with the Virginia Department of Health (VDH) through the Virginia Home Visiting Consortium to access federal funds and to develop professional training. They partner with VDH to create the Virginia State Parent Education Coalition for parent educators. PCAV introduces and follows legislation and advocates for laws and policies that protect children. They partner with other organizations such as Voices for Virginia’s Children, C.H.I.P. of Virginia, and the Virginia Early Childhood Foundation to advocate for investments in early childhood programs such as Healthy Families.

Executive Director Johanna Schuchert has a long history of nurturing corporate relationships. She comments, “It is all about relationships. People connect with other people around a common interest or goal.” She mentions the use of research to interest involvement. “We have made the case that it benefits businesses to connect with us. The recent ACE studies clearly demonstrate that employees who do not experience early trauma and difficult challenges are healthier and better employees,” she notes. (Readers interested in the Adverse Childhood Experiences studies can consult VCPN, volume 87.)

Schuchert comments that some companies such as Freddie Mac were ahead of the times in recognizing the importance of prevention. “Freddie Mac established a relationship with SCAN of Northern Virginia to sponsor their CASA Program. We also received grants through their foundation to support Healthy Families programs,” Schuchert related.

According to Schuchert, there are two ways of receiving monetary support from companies. One is through their foundations which consider formal grant proposals. The other is through their marketing departments. In either case, before approaching the company, consider what that business has supported in the past. Look carefully at the criteria for grant application. Identify whether or not there is a ‘good fit’ between the organization and the charitable goals of the company. Before asking for anything, Schuchert recommends getting to know someone in the organization, preferably at the management level. A personal meeting should be focused, learning about the company and its goals and offering information about the mission and accomplishments of one’s nonprofit. After receiving a grant, she notes that it is important to keep the corporation informed about progress and the results of their investment in your organization. Involving one or more employees on committees or on the Board of Directors can facilitate communication.

Recognition for donors is important. Always give credit to sponsors and make them visible in a positive fashion. If the company publishes its own newsletter, help them write a feature story about the partnership. If there is publicity and ‘photo opportunities’ for your organization, share the spotlight with donors. Schuchert gives an example, “Verizon sponsored a pinwheel garden at the Lewis Ginter Botanical Gardens in Richmond this April. About 10,000 visitors viewed the pinwheel garden during that month. We had a prominent sign that credited Verizon for their support.” She adds that Verizon has supported the Healthy Families program in the past by providing cell phones for the staff. They have also sponsored special events such as one held recently at the Virginia Museum. Nonprofits can also feature the logos of supporting businesses on their websites and identify the business as a prevention partner.

Schuchert notes that ‘in-kind’ goods and services can be very helpful. For example, Extra Attic, a storage firm, supplies an offsite storage building for PCAV’s past records. Some businesses such as Kohl’s Department stores allow employees to use some of their paid work time for volunteer efforts.

Another interesting partnership with Kohl’s through Prevent Child Abuse America is called Kohl’s Kids Day. This is a day where the department store offers special activities for children. PCAV helps Kohl’s plan the activities and implement them. They also have parent information available. The store donates $500 to PCAV for their assistance and PCAV benefits by educating parents about positive parenting techniques and raises awareness of safety issues for children. Between April and June, Schuchert says that many of the 27 Kohl’s stores in Virginia plan a Kohl’s Kids Day event. Affiliates and Healthy Families sites in the more distant communities help with the information tables and promote their local programs as well. “It’s a great way to get the word out!” exclaims Schuchert.

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Denise Noble, M.Ed. is excited about the partnerships at Greater Richmond SCAN. “April is National Child Abuse Prevention Month which is a great opportunity to partner with organizations across our area to help raise awareness,” she begins. Greater Richmond SCAN uses pinwheel gardens to raise awareness. Their Boards of Directors are very involved in the effort. “Members of our Board of Directors and our Board of Young Professionals plant the pinwheel gardens at their places of business or even at their homes,” adds Noble.

Jen Kostyniuk, an External Affairs Manager for Dominion Virginia Power, is an active Board member who recently coordinated a pinwheel garden planting at the company’s headquarters in Richmond, Virginia. She became involved with Greater Richmond SCAN as a student volunteer in 1993. “I was a member of Tri Sigma sorority at Virginia Commonwealth University,” she said, “and our philanthropy focused on children.” Kostyniuk later joined the Board of Young Professionals, then ‘graduated’ to the Board of Directors.

Kostyniuk discussed the importance of charitable giving at Dominion Power. “The Dominion Foundation was established to provide grant funding to organizations in the 14 states that we serve. The Dominion Foundation awarded $10 million in 2011 to organizations with 501c3 status,” she explained. “We view charitable giving as an integral part of our social responsibility.”

The Dominion Foundation has established an online grant request procedure. Once complete, the requests are evaluated by representatives in the region of the applicant. A request must fit one of the four categories of Dominion’s mission. These are: 1) Human Needs; 2) Environmental Stewardship; 3) Education; and 4) Community Vitality. It is in the “Human Needs” category where Greater Richmond SCAN fits. Dominion also has K-12 and higher education partnership grants for math and science projects.

Salaried Dominion employees can incorporate volunteer activities into their work week. “Employees are allotted eight volunteer hours a year where they can volunteer for an organization of their choosing. If Dominion is sponsoring a project, employees can receive additional volunteer time with management approval,” explained Kostyniuk. “Our employees log about 160,000 volunteer hours a year on company time. This shows how committed our employees are to bettering the communities in which we live and work,” she adds.

Greater Richmond SCAN has other business partners. Noble explains that three companies, Bon Secours, Style Weekly, and Owens and Minor sponsor an eight-page insert in Style Weekly magazine each April in support of National Child Abuse Prevention Month. SCAN chooses the theme and provides the text, Style Weekly completes the layout, and Bon Secours and Owens & Minor cover the cost. “Our topics and focus change every year,” says Noble. “In prior years we have examined Empathy, Nurturing, and Attachment issues. We built the insert around protective factors and what skills we could provide for the factor. This year due to the publicity about the Penn State case, we decided to feature Child Sexual Abuse Prevention.”

This year’s special section gives information about Greater Richmond SCAN and provides age-related tips about talking with children about abuse, general information about child sexual abuse, best practices for treating child sexual abuse, general steps for protecting children, information about the Stewards of Children program, and ‘30 Ways in 30 Days’ to show commitment to protect children.

Mary Anne Graf, Vice-president of Women’s and Children’s Services for Bon Secours Virginia Health System, notes that their participation and partnering for child abuse prevention occurs at many levels. “Our nursing program deals with abused children and we also sponsor a shelter for battered women.” Graf notes that SCAN’s mission parallels the mission at Bon Secours. “Our mission at Bon Secours is to assist those in need of help. We have always been a strong supporter of Greater Richmond SCAN,” she says. Graf is a certified nurse midwife. Her experiences with childbirth were one trigger for her interest in child abuse prevention. She comments, ‘Childbirth can trigger memories of being abused. Women can have strong flashbacks during labor and delivery. The flashbacks can affect bonding. It is an issue that can follow the mother throughout life.’

Bon Secours staff connects with early childhood educators. They offer training so the educators can learn the symptoms of child maltreatment. Graf comments, ‘The words ‘Bon Secours’ mean ‘good health.’ There is probably no person more vulnerable than an abused child. Child abuse prevention is consistent with the mission of the Sisters of Bon Secours.” Other prevention efforts mentioned by Graf include public education, teaching of new parents such as the ‘Happyest Baby on the Block’ program, and raising awareness through partnering with Greater Richmond SCAN.

Greater Richmond SCAN uses corporate sponsors for other prevention activities. Businesses support parenting workshops and education, the training of providers of services for families affected by abuse, Stewards of Children (a nationally-recognized child sexual abuse prevention program developed by the national Darkness to Light Foundation), and the FAM Network, a group of parent educators who meet quarterly to consider barriers to services. The group is currently working on a Community Maltreatment Plan to determine gaps in services by protective factors, geography and age of the child.

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Betty Wade Coyle, Executive Director, has over 20 years experience in preventing child abuse. “We are a small agency and our strategies are different than some other prevention organizations,” explained Coyle. “I regard myself as a technical assistant and I ‘ride the wave.’ If something promising comes my way, I pursue it.” For example, after the highly publicized case involving Penn State, a branch of the Penn State Alumni Association approached Coyle to partner. “Now, because of changes in Virginia’s mandated reporting law, we need to train colleges and coaches. It opens the door to new partnerships,” adds Coyle. “The Penn State Alumni Association has given money for training workshops and one member is thinking about joining the Board.”

An established partnership is with KidsPriorityOne (KPO). Coyle explained that this partnership started with the local Kiwanis clubs. The Kiwanis donated money for the initial funding for KidsPriorityOne. About 30 local Kiwanis clubs joined together to support a regional clearinghouse for parents and professionals working with children. A needs assessment had determined that there were numerous programs for children available, but no agency coordinated the information. KPO manages a searchable database of over 1,000 regional programs, a calendar of parenting classes, and a listing of family-friendly events. The information can be obtained through their website or by telephone (757-CHILDREN or 757-244-5373). The YMCA provides space for KPO and Prevent Child Abuse Hampton Roads serves as a community partner. Coyle serves on the Advisory Board for KidsPriorityOne.

Centers for Disease Control and Prevention’s Guide to Writing for Social Media

The CDC’s Guide to Writing for Social Media is a beginner-intermediate user reference for learning how to effectively communicate via social media databases. The first of three main sections of this guide is an introduction of the importance of social media as a means of health-related communication and the principles of effective writing. The second section includes particular focus on writing for Facebook, Twitter, and text messaging. Lastly, the final chapters of the guide provide hands-on practice with social media writing, a checklist to follow when writing, a glossary of social media terms, and additional resources. Access to the guide, tools and templates, and personal accounts of the guide’s effectiveness can be found at the Health Communication Blog – Health Out Loud.

Prevent Child Abuse Hampton Roads

For 30 years, Prevent Child Abuse Hampton Roads (PCahr) has partnered with restaurants for a Celebrity Night fundraiser once a year. This year, 11 restaurants joined the effort. On a week-day evening, Prevent Child Abuse Hampton Roads receives a percentage of the restaurant’s profits for that night’s dining. Local celebrities (for example, elected officials; TV and radio personalities; local sports stars; school board members; CEOs) help serve the food. “It is a ‘win-win’ situation for everyone,” says Coyle. Restaurants receive publicity and new customers, celebrities are able to contribute to the community, and our organization reaps financial support and positive publicity for our cause. Our goal this year, which we accomplished, was to raise $30,000.” Coyle notes that continuity is important in maintaining successful fundraisers. “Many of the same volunteers, celebrities, and contributors regularly participate year after year,” she noted.

Over the years, Prevent Child Abuse Hampton Roads has had many partners. A child abuse prevention club at Old Dominion University (In Support of Children) has for years raised funds for Coyle’s prevention work and partnered in various prevention and educational projects. The Dominion Trader organization, Enterprises, offered two free days of consultation and helped Coyle develop an internet marketing plan for PCAHR.

Since the mission of Prevent Child Abuse Hampton Roads is public awareness and advocacy, the release of reports or work by government groups can be an occasion to pursue education efforts. For example, the Hampton Roads Child Fatality Review Team was co-founded by PCAHR and is a partnership of a number of agencies and localities. Under the direction of the regional CPS consultant, the Team reviews child deaths that were investigated by local CPS departments. The Team has been operating for over 16 years. Its goal is to organize and record data, to identify patterns in child deaths, and to explore ways to prevent child fatalities. In addition to the work and reporting of this Team, the State Board of Social Service has authorized each of the five social services regions to establish similar Teams to review and report on child deaths that are investigated by child protective services in their region.

Coyle relates that the Child Fatality Review that she authored was released earlier this year. Each year the Hampton Roads Child Fatality Team sponsors a press conference during April (Child Abuse Prevention Month) to present the report and to educate the public on how to prevent similar fatalities in the future. Two television stations covered the report this year and interviewed the Team members about local prevention efforts. Additionally, Coyle said that there were two excellent newspaper articles with a focus on safe sleep for infants.

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RAPPANNOCK AREA COUNCIL FOR CHILDREN AND PARENTS

RACCAP has a long history of partnering with faith communities. Julie Rivnak-McAdam, M.Ed., is the past executive director of RACCAP. She explains the partnerships. “We successfully engaged churches to allow us to use their facilities for our Circle of Parents support groups. The partnerships gradually grew as the churches helped with advertising, with recruiting volunteers, and even giving monetary contributions,” she continued. Rivnak-McAdam is now working at Prevent Child Abuse Virginia. The new executive director of RACCAP, Kelly Padgett, says the partnerships continue. “Since I began at RACCAP in January of this year, we have developed two more church partnerships for a total of 8 churches hosting Circle of Parents groups. Another church is waiting to become a host,” he adds.

How does an agency develop partnerships with faith communities? Rivnak-McAdam suggests starting with presenting to the congregational group responsible for family ministries or approaching the pastor. After offering an informational session, ask what people think and how they feel that the church may help. In addition to his job as executive director of RACCAP, Padgett is also a volunteer youth pastor at Salem Fields Community Church in Spotsylvania County. He stresses human relationships when partnering. “Your first interactions should not be asking for funds. Instead, make human connections.”

There are a number of ways that the churches have supported the Circle of Parents programs. One church has a bus that is available to transport parents to the meetings. Most of the churches allow access to their kitchens so that snacks or meals can be prepared. Some have donated money to support the program. Some have offered volunteers to work with children while the parents meet and a few churches have volunteers who have taken training in order to be a facilitator. Churches have also partnered to help with April’s Child Abuse Prevention Month.

Maintaining partnerships is also important. Both Rivnak-McAdam and Padgett recommend a combination of personal contacts and mail or e-mail contact. Padgett makes visits on a rotation. He takes a day or part of a day to visit parents for 15 or 30 minutes. A once-a-month e-mail contains updates about the program and thanks the church and pastor for their continued support. Padgett notes that he reads the church’s information carefully as well as refers families that RACCAP serves to the faith community’s events. Padgett adds that he is always willing to serve as a speaker at church meetings. Rivnak-McAdam says that RACCAP has often had a representative of the faith community on their Board of Directors and this partnership has helped because pastors can be well-informed about community resources and can help mobilize local churches.

RACCAP has also partnered with local businesses. Padgett says he joined the Downtown Retail Merchant’s Association. “We have the same goals and it is a wonderful way to partner,” he explains. Rivnak-McAdam mentions that local pizza and sandwich shops have made food donations to Circle of Parents. In return, RACCAP has included their name and logo on monthly calendars, on their website, and on program material. Padgett was excited about this year’s Prevention Month activities. Local businesses vied for the ‘Golden Pinwheel’ award. It was presented to the local business that did the best job of raising awareness about child abuse prevention. Businesses decorated their windows and sales spaces with pinwheels and prevention messages. Many sold blue arm bands from Positive Promotions for $3 with the profits going to RACCAP. Another activity and public awareness event was a motorcycle ride for awareness. The cyclists had pinwheels on their bikes. The local theme for this year was ‘No Excuse for Child Abuse.’ Overall, Prevention Month was a tremendous success. RACCAP is supported in part by grants. Virginia Department of Social Services Community-Based Child Abuse Prevention funding is one source of support. The United Way has supported RACCAP, as has local county government. Padgett says he believes in leaving ‘no stone unturned’ in looking for grants. He favors smaller grants as it is less likely that an agency will receive a larger grant. He also suggests looking for technology grants that can pay for equipment. Padgett says he checks regularly through grants.gov and other sites. “Once you get the search strategy down, you can be efficient. You can also enter your e-mail and receive notices about possible grant opportunities that suit your profile,” he explains. Padgett notes that grants have cycles. He keeps a calendar so he remembers to check on upcoming opportunities. “You need to be organized. Deadlines mean that you don’t have enough time to fumble. Lack of organization is like throwing darts behind your back,” he adds.

Rivnak-McAdam recommends taking a grant writing and management class. She says she has taken several such trainings and her efforts have been rewarded. She recommends checking with The Foundation Center. She also suggests keeping needed paperwork and documentation (such as the agency budget and 501c paperwork) handy so that they are ready for any grant opportunity.

More information is available from either:

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Visit VCPN’s website to read about:

- Tips for Partnering with Faith Communities
- Tips for Engaging the Media
- Web Resources for Partnerships
- Faith Partnership Web Resources
- Tips for Grant Writing
- The Power of Prevention in Roanoke Valley
- 2012 Resource Guide for Preventing Child Maltreatment
- Church Child Protection Policies
- Awards for Outstanding Child Advocates
Meagan is new to parenting. Her first child is Bradley who was born in February. Meagan and Bradley were referred to Child Health Investment Partnerships (CHIP) by a hospital assessment worker so they have been assigned a home visitor. Meagan is excited to be a mom, but needs reassurance that she is doing well providing for her son’s needs. Her case manager introduces her to the Beginnings Guides parenting curriculum and they look for information on children ages birth to 2 months. They discuss parts of the booklet that answer her most pressing questions: How does she know he’s eating enough? Is he sleeping too much? Does he recognize her voice? Should she pick him up every time he cries? Meagan is also getting conflicting information about how Bradley should be positioned for sleep. They review information from the ‘Back to Sleep’ campaign and the home visitor leaves a handout with her about the dangers of placing young babies on their stomachs for sleep. They also talk about SIDS, making certain the baby doesn’t get too warm while sleeping, and removing pillows and stuffed animals from the crib. Meagan is also reminded about the 6 week postpartum check-up that is scheduled. Before her case manager leaves, they walk to Meagan’s car to examine Bradley’s car seat. They make certain the seat fits Bradley, that it’s in rear-facing position, and that it’s installed correctly. An appointment is made for next month’s home visit and Meagan is reminded to call if she has any questions in the meantime.

CHIP (which stands for Child Health Investment Partnerships) began in 1987. It was founded by Dr. Douglas Pierce, a Roanoke Valley Pediatrician. Dr. Pierce had considerable concern about children’s ability to access health care. As he arranged for children’s health needs it became apparent that children’s medical needs could not be addressed without addressing their social environment as well. Thus, CHIP grew from a model for establishing a medical home into a home visiting program as well (see adjoining article about Dr. Douglas Pierce).

Home visitation is a major prevention strategy. As noted in literature from the Child Welfare Information Gateway of the Children’s Bureau, staff with professional training – including nursing, social work, and child development specialists - or trained paraprofessionals provide support to new parents as needed. Support can include nurturing the mother’s health, charting the child’s health and development, addressing environmental concerns (income, housing, and violence), improving family functioning, and assisting with access to services. Staff provides direct services which can include modeling of appropriate parent-child interactions, observation and feedback, developmental assessments, child health and asthma assessments, and maternal depression screening. They also serve as a gatekeeper to community services needed by children or family members (Child Maltreatment Prevention: Past Present and Future, July 2011).

As in the traditional home visiting model, programs offered by CHIP are extensive. Its website offers the following as a description of its purpose: “CHIP of Roanoke Valley is an early childhood home visiting program. We pair low-income children, ages birth to kindergarten-entry, with a Community Health Nurse and Family Case Manager for health coordination (help accessing needed medical services, assistance with the management of chronic conditions and preventive services like fluoride dental varnish); developmental education and regular child health assessments, and maternal depression screening. They also serve as a gatekeeper to community services needed by children or family members (Child Maltreatment Prevention: Past Present and Future, July 2011).

Parents of three-year-olds will be reminded to schedule their child’s dental visit. The home visitor will introduce kindergarten readiness activities, screen for development delays using the Ages and Stages Questionnaire, and make referrals to developmental therapies for children who score below age-appropriate cut-offs.

Four-year-olds will be tested for kindergarten readiness using the PALS screening (Phonological Awareness Literacy Screening for Kindergarten). Parents will learn activities to help their children overcome developmental delays. Parents of children who will enter kindergarten the following fall will be reminded to schedule a complete physical for their child and will be helped with gathering the necessary documentation (Birth Certificates, Social Security cards, proof of residence) for enrolling their child in kindergarten.

When fall arrives, kindergarteners receive backpacks with school supplies so they start school ready to learn. Parents learn about kindergarten orientation, riding the school bus, and making the transition to school. They are reassured that CHIP will continue to serve their children until the child has been in school for two months and that case managers will be available to help them answer questions about school, deal with any problem behaviors that may arise in kindergarten, and learn how to be the best advocate for their child once they enter school.

CHIP of Roanoke Valley is an outgrowth of partnerships. “Our ability to provide the number and quality of services that we do would not be possible without the development of partnerships”, explains Robin Haldimany, CEO of CHIP of Roanoke Valley. “The foundation is relationship building. We build relationships with our community and with the people we serve. Everything we do is relationship-based.”

CHIP of Roanoke Valley began in 1987 with a small grant from the Virginia Department of Health to allow access to medical services for 100 children. Today CHIP of Roanoke Valley operates multiple programs with multiple partners. It has grown to a budget of approximately $1.9 million and serves approximately 1,100 children and their families each year. From its dynamic board to its committed staff, CHIP has the energy necessary to sustain and grow the needed services for children and families in the Roanoke Valley.

One of the more important partnerships that developed over the years is with both local hospital systems. For many years, Carilion and Lewis Gale hospitals have provided funding to CHIP. Another major contribution of the Carilion Clinic is providing space for the CHIP program. “This building is where I practiced”, explains Dr. Pierce, who retired from practicing as a pediatrician in 1999. “When I retired, the others
Dr. Douglas Pierce, Child Activist

Dr. Douglas Pierce, retired pediatrician in Roanoke, Virginia, reviews his life’s work and agrees that he has been an activist. He has dedicated his life to the well-being of children, taking his work beyond his day-to-day practice and into the lives of the disenfranchised. Growing up in East Tennessee taught him about the social networking that helps impoverished families in rural communities while also allowing families to maintain their dignity.

Dr. Pierce started his practice in Roanoke in 1961. He was aware of the local need for children to have a “medical home.” Instead he learned that many children and families were using the emergency room for primary health care. “I was there in the early years of Medicaid,” he says. “It just did not work, primarily because folks were not used to that kind of preventative medicine.” In fact, a local study done in 1987 found that 52% of Roanoke Valley children who were eligible for Medicaid were not enrolled. “Just as now, applying was complicated. And, in those early years they had to apply every month,” Dr. Pierce adds.

Dr. Pierce was also interested in the politics of medicine. Therefore, he was very involved in the Virginia Pediatrics Society and served as president for three years in the early 80s. He began to realize the trends he observed in the Roanoke Valley were prevalent across Virginia. His observations and his discussions with others about the unmet health needs of children led him to action. In 1987, he partnered with others and CHIP of Roanoke Valley was formed. The first meeting was in Charlottesville between Dr. Bob Blizzard, Chairman of the UVA Department of Pediatrics, Dr. Joseph Zanga, President of the Pediatric Society of Virginia, and Dr. Pierce. They decided a pilot study was needed. In Roanoke, leaders of TAP (Total Action against Poverty), health department officials, physicians, dentists, and human services workers met to discuss an action plan. This newly formed “board” met every two weeks for two years at the Roanoke Health Department. The Virginia Department of Health provided a grant, an executive director was hired, Dr. Pierce’s group agreed to be the pilot site for 100 children, Virginia Tech agreed to evaluate the new program, and CHIP was born (see Spotlight on CHIP of Roanoke Valley, page 12).

“It was the original intention of the organization to provide health care services to children,” Dr. Pierce reports. “The evaluation taught us three things: we could do this; we can keep children out of the emergency room with this model; and children’s health runs deeper than medical health alone so CHIP must address family and social issues that are often at the core of problems. In addition to health concerns, there were concerns related to child abuse and neglect, lack of parenting education, lack of understanding about child development, unemployment, and poverty. All of these issues had to be addressed.”

The executive director was tasked with developing resources that would allow CHIP to address family social needs in addition to attending to physical health. The combined efforts of the executive director and the CHIP Board of Directors resulted in the home visiting model that distinguishes CHIP of Roanoke Valley. Over the years, CHIP has received many grants. Multiple partnerships and collaboratives have been formed, Dr. Pierce has received many awards for his innovation and activism on behalf of children, and the Roanoke CHIP model has expanded to include a policy and administrative branch in Richmond (CHIP of Virginia) and replication in 8 other sites throughout Virginia.

It is with great pride and humility that Dr. Pierce reflects on the past. “Roanoke is a really nice place to live,” he says. “The people are charitable and involved. CHIP has been supported and appreciated. We have been able to raise the money we needed to meet our budget every year. It is gratifying to be a part of its growth and vision”.

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in the practice moved to a new site, Carilion bought this building and now rents it to CHIP for a dollar a year.”

In addition, CHIP has formed a partnership with the MCV dental school through a federal grant to provide dental screenings and an epidemiological study of children’s dental caries. CHIP home visiting nurses apply a fluoride varnish to very young children as their teeth break through the gum. Nurses educate new parents on how to care

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Continued on page 24
SCAN of Northern Virginia has many partnerships, both with faith communities and with businesses. Sonia Quinonez, MSW is the Executive Director. She describes some of the partnership activity. “In past years, we have partnered with local faith communities during Prevention Month by offering them an insert that can be included in the congregational bulletin,” she related. For instance, a past insert began, “Parenting can be tough… Asking for help doesn’t have to be.” The insert offered strategies for overwhelmed parents. This year, SCAN and other local nonprofits partnered to organize a breakfast for Youth Leaders from local faith communities. “We wanted to engage those who work with youth in helping parents be able to talk to their teens about healthy dating relationships,” explains Quinonez. “We started by providing some information about teen dating violence in order to raise awareness. We acquainted those attending with a faith-based curriculum on dating and sexual education. Some of the curricula can be purchased and others are free. We also opened a dialogue about no-cost and low-cost creative ways to begin discussions with teens and create community norms that support healthy relationships. We hope that by raising awareness and focusing the youth leaders on actions they can take, we can reach teens through their families and faith communities and prevent destructive dating relationships.”

SCAN of Northern Virginia has also partnered with businesses and corporations. “Our long-term Prevention Month sponsor has been Verizon. They have supported our work for more than a dozen years. For the last six years they have sponsored our Prevention Month campaign and Allies in Prevention Awards Luncheon which honors unsung heroes in each of the five Northern Virginia regions,” explains Quinonez.

Doug Brammer, Manager, Government Affairs, is SCAN’s contact person with Verizon. He explains Verizon’s approach to philanthropy. “Success at Verizon is not only measured by financial performance. It’s about a concept Verizon calls ‘Shared Success’ which is about leveraging our corporate values to create economic and social value. We want to share our success with the community to make the world a better place,” explains Brammer. He notes that Verizon’s commitment to the community involves several areas such as education, family safety, healthcare, and sustainability. Verizon partners with a number of nonprofit agencies whose mission aligns with these key areas.

Verizon also encourages and supports employee volunteerism. Employees may register their volunteer hours and earn grants for qualified nonprofit organizations or schools, and a variety of matching gift programs are also offered to employees who wish to increase the size of their own financial contributions to nonprofits.

Brammer explains Verizon’s interest in healthy families and child abuse prevention. “Child abuse is a silent epidemic affecting the entire spectrum of society at all educational and socioeconomic levels. We are hopeful that the educational tools offered by the Verizon Foundation and through our partnerships with organizations such as SCAN will help educate parents, support caregivers, and raise community awareness about this issue. Everyone can play a part in preventing child abuse and neglect in our community, and Verizon is pleased to support those organizations whose mission shares that commitment.”

Quinonez reports that SCAN has also adopted a strategy of involving local businesses as “Pinwheel Partners” for the month of April. “Our Pinwheel Partners do something to raise funds and also help raise awareness,” says Quinonez. Sixteen local businesses are supporting the effort. TD Bank locations all over Northern Virginia collected change for SCAN. Ah Love Oil and Vinegar in Shirlington not only offered pinwheels for sale all of April, they also hosted a special event on April 15th with food and samples. Fifteen percent of every purchase was donated towards SCAN’s programs.

Others have sponsored additional fundraisers. The Women’s Association of Northern Virginia hosted a fashion show in April to benefit SCAN. Corporate donors also support specific programs. For example, Rite Aid recently made a contribution towards SCAN’s parent education program.

SCAN also partners with local universities to use student interns to assist with prevention efforts. “Student interns are generally focused on a particular project,” notes Quinonez. “For example graphic design students from Marymount and George Mason University helped design logos for special events.”

For more information about SCAN of Northern Virginia and their partnerships, contact Sonia Quinonez by e-mail at: soniaq@scanva.org or by phone at: (703) 820-9001. For more information about Verizon’s Shared Success program, contact Douglas E. Brammer by e-mail at: Douglas.e.brammer@verison.net
The Children’s Trust Roanoke Valley engages in intervention, prevention, and advocacy work. The organization houses a Child Advocacy Center, offers a CASA program (Court-Appointed Special Advocate), and hosts multi-disciplinary teams for each local area. Janice Dinkins Davidson, Executive Director, explains that prevention efforts include parenting education and educating children. Each year, about 200 parents complete a curriculum-based program and the modified curriculum of “Good Touch, Bad Touch®” reaches 800 to 1,200 children. Parenting education is offered at a variety of locations, including local homeless shelters.

Davidson said that a merger between the CASA program and the Child Advocacy Program formed the basis for the current organization. Prevent Child Abuse Roanoke joined the two in forming the Children’s Trust Roanoke Valley. “It is very positive for the community that we combine our efforts. It saves dollars on infrastructure and saves money on administrative costs, and, most importantly, better serves children,” explains Davidson.

The Children’s Trust Roanoke Valley has many partners. One of their strong partners is Carilion Clinic. Davidson relates that Dr. Don Kees saw a value in partnering with Prevent Child Abuse Roanoke to establish a Child Advocacy Center in the Roanoke area. When that was accomplished, the partnership continued. The Children’s Trust Roanoke Valley has, for example, partnered with Carilion for parent education. Another effort is the Southwest Virginia Alliance for Safe Babies.

Another partnership is with the media firm of Access Advertising. This public relations full service agency has worked with the Children’s Trust Roanoke Valley for more than 15 years. The firm conceives, designs, and places the public awareness campaign each year for Child Abuse Prevention Month. The focus can differ year to year, says Davidson, sometimes featuring shaken babies or leaving children in cars. Tony Pearman, co-owner of Access Advertising, started the business 16 years ago. He comments, “I made an early commitment to support the kind of work that the Children’s Trust does,” said Pearman “I’ve tried hard to shine a spotlight on the amazing and dedicated work of people in the trenches, the police, the social workers, and the counselors.” Davidson praises the contributions from Access Advertising. “They have been instrumental in raising awareness,” she notes.

Davidson has also cultivated positive relationships with local news channels. With the help of Access Advertising, there have been memorable events to cover. Davidson recalls setting up an actual oven in a city market to illustrate that leaving children in cars was similar to putting them into an oven. One year rattles were hung in a 100-year-old magnolia tree in the park to commemorate babies who were child abuse fatalities from shaking.

VCPPN staff located and examined a number of church child protection policies. A list of these and their web location is featured on our website. A child protection policy is meant to protect children from potential child abusers, to protect church staff and volunteers from baseless and harmful claims, and to demonstrate to the community, members, youth, and visitors that the church is concerned about children’s welfare.

The policies examined varied greatly in length and in components. The guidelines often begin with a statement of purpose or a mission and vision statement. For example, the Woodlake United Methodist Church notes that all volunteers and employees who work in church ministries live the vows taken when a child is baptized. The congregation vowed to nurture children and foster their spiritual development.

Some policies reference the Virginia code and the mandated reporting responsibilities for suspected child maltreatment for all persons working with youth. Others include definitions to clarify what constitutes child abuse or neglect.

Many policies outline standards of practice for employees, members of the congregation, and volunteers. Some give specific examples of appropriate interactions. The Trinity Presbyterian Church in Norfolk, Virginia policy states that “No employee or volunteer shall touch, interact with, or otherwise communicate with a child in any way that is intended to be sexually stimulating, emotionally demeaning, or exploitive.” The policy further specifies that “Common expressions of affection and affirmation, such as hugs and pats on the back, holding of hands or physical care (including diaper changes and first aid) are appropriate and expected. Physical expressions of affection should never be forced on a child.”

Some common provisions are instructing employees and volunteers to avoid using corporal punishment or harsh verbalizations, to work in pairs, and to be alert to safety issues. Policies may address transporting children in cars, private conversations with children, and supervision and training of volunteers. In some churches, such as the Ravensworth Baptist Church in Annandale, Virginia), all paid and volunteer workers are screened for past child abuse convictions or expungements. Ravensworth Baptist Church even requires leaders of youth groups who rent or use the church facilities but are not church-affiliated to be screened. However, other churches have no formal reference checks or criminal records checks but can do these at the discretion of the church leadership.

Policies often specify how allegations of child abuse are to be handled. In some policies, a church official is designated to file the report with child protective services. Sometimes, guidance on public statements or statements to the congregation is included. Some policies consider implementation and training. Some churches require childcare training. Member awareness is specified in some policies and some contain provisions for ongoing review and revision. Some require a signed statement for the employee or volunteer stating that the person has read the policy and agrees to abide by it.

For a list of sample policies consulted and their web locations, visit our website.

The Children’s Trust Roanoke Valley has also partnered with CHIP (see separate article, page 12), with Roanoke City Department of Social Services, and with the Family Violence Coalition Coordinating Council. Together, they have engaged in advocacy and public education.

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“We became social workers in an effort to help others. We chose this profession because we thought serving others was a cause worthy enough to devote our careers to it. However, unlike many other helping professions, social workers often must put themselves in harm’s way in order to help their clients.”

James J. Kelly, PhD, ACSW, LCSW
President, National Association of Social Workers (NASW)
(NASW News, 2010)

Armed only with genuine concern for families, social workers and other providers leave their offices and enter the homes of families in crisis. Child Protective Services workers and other providers such as mental health providers, home health visitors, and medical staff work closely with a variety of clients. Some are voluntary and grateful for the help. Others are court-referred or accepting services against their will. Some may be angry and upset due to loss of their child or children. Child protective service workers, other social workers, and case managers may venture alone and unarmed into dangerous situations in neighborhoods that police do not enter without a weapon and a partner (McMahon, 1998; Saturno, 2011; 2012).

Child Protective Services workers have obvious conflict with clients. Some clients have enormous resentment against the government’s invasion of their privacy and threats and/or violent incidents are a part of a pattern of control aimed at discouraging and minimizing the intrusion of social workers. Other authority-based functions that might involve social workers can include involvement in custody cases due to separation and divorce, investigation of welfare fraud, and providing services to victims or perpetrators of domestic violence. The community image of social workers has changed from “helpers” to representation of unwanted authority (Griffin, 1995; Littlechild, 2003, 2005; Newhill, 2003; Schultz, 1987). Substance abuse and the availability of handguns contribute to increased risk of workplace violence (OSHA, 2004; Newhill, 2003).

Service providers in settings other than child protective services are also at risk. For example, Schultz (1987) found that workers in corrections (probation; correctional institutions; law-enforcement), those in health and mental health (inpatient; outpatient; community settings), and those in services for disabled (institutional or group home staff) were the most likely to experience violence in the work place.

While it is important to note that most clients are not violent, safety measures are needed for the few clients who could lose control. Regardless of work setting, there is potential danger.

Client violence is hypothesized to be caused by loss of power. When an individual is robbed of power, there is risk of acting out in a destructive fashion as an attempt to restore power or extract revenge (Rey, 1996). Violent responses are modeled in the media. There is easy availability of guns and weapons. Many social work and child protective services clients have histories of violence including child abuse, domestic violence, gang violence, elder abuse, and assaults.

Littlechild (2002) and others (Newhill, 2003) hypothesize that client violence may be increasing due to more limited opportunities to offer preventative services. As the economy limits the type and number of services, clients may be in more desperate situations when intervention occurs. Also, limited government resources mean higher case-loads and fewer public services.

**Violence Towards Social Workers**

In the October, 2010 issue of NASWNEWS, Dr. James Kelly, then president of the National Association of Social Workers wrote, “In the past few years alone, we have witnessed the fatal stabbing of a clinical social worker in Boston, the deadly beating of a social service aide in Kentucky, the sexual assault and murder of a social worker in West Virginia, the shooting of a clinical social worker and Navy Commander at a mental health clinic in Baghdad, and the brutal slaying of social worker Teri Zenner in Kansas. These are only a few of the murders of our colleagues, which, along with numerous assaults and threats of violence, paint a troubling picture for the profession.”

It is believed that violence is common in social work and related fields (Brockmann, 2002; Newhill, 2003). However, gathering information is difficult. There is no commonly accepted definition of workplace violence. There is no central agency that records violence towards social workers. It is thought that social workers often fail to report violence, especially violence that is perceived as less serious. Workers may believe that the violence is their fault for poor handling of a situation. They may doubt a sympathetic reaction from superiors. They may worry about being perceived negatively or judged as a poor worker. Further, many social workers believe that violence is simply part of the job and that it is their own responsibility to cope. They may hesitate to increase the problems of already disadvantaged individuals. These ideas are further strengthened by the “consumer-oriented” approaches to social work where the clients are treated as ‘customers’ (Brockmann, 2002; Littlechild, 2002).

In 1988 the American Psychiatric Association established a task force on safety that examined the nature and extent of client violence. They found that 40% of psychiatrists had been assaulted at least once during their careers. Family practitioners were assaulted at a slightly higher rate than psychiatrists. In high-volume emergency departments, 72% of physicians had experienced at least one threat of violence with a weapon over a five-year time period (Dubin, 1993, reported in Rey, 1996). Among medical professionals, nurses appear to have the highest rate of assault with 80% indicating at least one assault during their careers (Lanza, 1985, reported in Rey, 1996). Clinical Psychologists reported similar experiences with 81% experiencing at least one incident of verbal abuse, harassment, or physical attack (Tryon, 1986, reported in Rey, 1996).

Social workers encounter more frequent violent situations as their roles have changed and as service delivery changes. Social workers are faced with escalating violence from women, violence related to deinstitutionalization (especially when persons refuse or discontinue psychotropic medications), and risk of violence is possible during interventions in domestic violence situations, increased violence among elderly clients, due to child protection proceedings, from clients angry at welfare fraud investigations, during participation in police-social work teams, from clients unhappy about court-ordered treatment, and secondary to clients abusing substances (Schultz, 1987).

Early studies of social workers found that they reported client violence in virtually all of the settings in which they work. For example, in a 1994 survey of 166 rural social workers (Horejsi, Garthwaite & Rolando) found that within the past year, 97% had ex-
experienced clients who screamed or cursed at them. A total of 26% encountered a screaming or cursing client once or more a week and an additional 33% had this experience about once a month. One-third of workers had received death threats and 9% of workers had threats of harm to family members. A random sample of 150 social workers in West Virginia found that two-thirds reported at least one instance of work-related physical violence (Schultz, 1987). Social work field instructors at the University of Georgia reported that 62% had been verbally abused and 24% had been physically attacked by at least one client while 26% of practicum students had been verbally abused and 13% had been physically attacked (Tully et al., 1993, reported in Rey, 1996). Rey found similar results in a western state. Close to 89% of social workers had been verbally abused; nearly 60% had been threatened; 47% had had property stolen; 45% had been harassed by telephone; and 23% had been physically assaulted. Newhill and Wexler (1997) found that 75% of child and youth workers had experienced at least one incident of client violence with 48% reporting physical attacks and 43% reporting property damage.

In 1998, the American Federation of State, County and Municipal Employees surveyed their 29 affiliates in 10 states representing 13,380 child welfare workers asking about problems faced by child welfare workers. Over 70% of the affiliates reported that workers in their agencies had been victims of violence or had received threats of violence.

Newhill (2003) studied types of client violence reported by 1,129 social workers. More than half (58%) reported incidents of violence. Threats were the most common (reported by 50%) with property damage (reported by 25%) and physical attacks (reported by 24%) less frequent. The highest risk was to those in criminal justice services (79% reported incidents), substance abuse services (76% reported incidents), and child welfare work (75% reported incidents).

In 2004, the National Association of Social Workers partnered with the Center for Health Workforce Studies at the University of Albany to conduct a benchmark national study of 10,000 licensed social workers (Whitaker, Weismiller & Clark, 2006). They found that 44 percent of the respondents said they were faced with personal safety issues during their employment. Social workers who experienced safety issues were more likely to be in their first five years of practice and their primary area of practice was mental health or child welfare.

Ringstad (2005) reported on a national study of 1,029 social workers. Findings were that 62% had been subjected to psychological aggression in the past year with 85% reporting experiencing at least one instance of psychological aggression at some point in their employment. Social workers and their primary area of practice was mental health or child welfare.

LEGISLATIVE RESPONSES

National Legislation—Teri Zenner Social Worker Safety Act—pending

Teri Zenner, a Kansas mental health social worker, age 26, was murdered during a home visit by a client who attacked her with a knife and a chain saw.

The Teri Zenner Social Worker Safety Act, if enacted nationally, would award grants to states to provide safety measures to social workers in the form of safety equipment, trainings, facility safety improvements, and educational resources.

Massachusetts

During the 2011-2012 Legislative Session, the Massachusetts Chapter of the National Association of Social Workers put forth legislation that would require behavioral health employers to perform annually an assessment of factors that might place a licensed social worker at risk of workplace violence. It would require: a central system for recording incidents of workplace violence or threat of violence against licensed social workers; creation of a written violence prevention and response plan; implementation of training; developing and maintaining a violence prevention response team to monitor compliance and assist victimized workers.

West Virginia

During its 2008 session, the West Virginia Legislature considered and passed a bill designed to improve social worker safety. It included protective services workers and health care workers among the classes of workers already protected through increased criminal penalties for committing felony or misdemeanor assault and battery against protected workers who are operating in the line of duty.

Kentucky

In 2007 the Boni Frederick Memorial Bill was enacted. It was named in honor of Boni Frederick, a social services worker who was fatally beaten and stabbed by a client. The law provided money for safety equipment such as global positioning systems and panic buttons.

Michigan

Lisa’s Law was passed after the 1998 death of child protective services worker, Lisa Renee Putman. The bill provides training for workers and a “buddy system” when reasonable risks to safety exist. Amendments made it a crime for individuals to threaten or physically harm a department of human services employee. Another amendment made it a crime to impersonate a department of human services employee.
their careers. For physical aggression, 14.7% had experienced at least one instance in the last year and 30.2% experienced at least one assault during their career.

More recently, based on a survey of 1,000 Massachusetts NASW members and a review of the literature, the NASW Massachusetts Chapter (2012) found that more than half of Massachusetts social workers have been physically assaulted in a work-related incident. The assaults ranged from pushing and hitting to life-threatening assaults (NASWMA, 2012).

A NASW online workforce survey of members administered in 2007 attracted 3,653 responses (Whitaker & Arrington, 2008). A section of the survey asked about safety issues in the workplace. The greatest concern for mental health social workers was violence from adult clients (43% had experienced violence from an adult client in the prior six months). Other concerns were: being fearful of the neighborhoods where clients were seen (26% within six months) and violence from child clients (30% had experienced within past six months). Child welfare social workers were similar in their last six months of experiences with 11% experiencing an assault from an adult client, 19% having an assault from a teen or child client, and 21% being fearful of the neighborhoods where they visited.

Others offer more modest estimates of physical assault. For example, Balloch, Pahl, & McLean (1998) found that about a fifth of their sample had experienced an assault.

Findings from other countries are similar. Balloch et al. (1998) found that for social workers in England, those who worked in social services experienced more stress and violence than workers in other positions. Macdonald and Siroth (2005) surveyed 300 social workers randomly selected from the membership directory of the College of Certified Social Workers in Canada. They received 171 usable responses (a response rate of 57%). They included incidents where social workers were harassed, threatened, or physically assaulted by a client. The sample was primarily female (76%) with a mean level of 18.4 years of experience. They represented a variety of settings with 12.4% being child protective services workers.

Verbal harassment was the most frequent type of violence reported with a bit more than half of the workers reporting harassment in the past two years and 90% reporting harassment over their entire career. Being threatened with physical harm was the second most common experience with one-fifth reporting threats within the past two years and nearly two thirds reporting threats during the course of their career. Being sexually assaulted was third most common with ten percent reporting it in the past two years and just under a third reporting sexual harassment sometime during their career.Having threats against family or colleagues was next most common in the past two years. Being physically assaulted but not injured was the fourth most common over the course of worker’s careers. Front-line workers were more concerned about safety than supervisory staff or management. Even though the majority had experienced some form of workplace violence, four-fifths of workers reported feeling fairly safe in the workplace.

Smith and Nursten (1998) interviewed 24 experienced social workers in England (21 females and 3 males) about violent experiences. The most common experience described was feeling threatened by a male service user (although interestingly the three actual assaults were all perpetrated by women). Most of the threatening experiences happened in the clients’ home. A survey the same year of over 1,000 social workers in England found that one-third had been physically attacked on the job. The majority had experienced verbal abuse and threats (Balloch et al., 1998).

Littlechild’s findings (2005) in England were similar. Overt physical violence was relatively rare. In contrast, what Littlechild termed as ‘indirect violence’ was more pervasive. Indirect violence involved not a single incident but an environment where threats were made and actions were taken over time to intimidate, frighten, and disempower the worker. Verbal aggression was difficult to distinguish from threats and often contained the intent to harass. Verbal aggression was so frequent that workers simply expected that behavior. A comparison with a group of protective services workers in Finland yielded similar results.

Who is at Greatest Risk to Experience Violence?

There is general agreement that inexperienced workers are at greater risk (Balloch et al., 1998). Students, social work assistants and new workers appear more vulnerable to assault (Balloch et al., 1998; Carmel & Hunter, 1991; Guy & Brady, 1998; Littlechild, 2003; Star, 1984; Weinger, 2001). Other researchers found no correlation between experience and victimization (Farber, 1983; Tully, Kropf & Price, 1993).

Although there are contradictory findings, some sources found that men were at greater risk than women (Balloch et al., 1998; Brockmann, 2002; Ennis & Douglas, 2007; Norris, 1990; Spencer & Munch, 2003). Male workers may be targeted because men traditionally work with more volatile populations and female staff may ask men for assistance when clients become agitated (Spencer & Munch, 2003). In Balloch’s study, males who worked in residential centers reported that they were frequently hurt while “breaking up fights” between the youth living in the residential center. Brockmann noted that sexual harassment and assault appeared to be mainly an issue for women and was perpetrated almost entirely by men.

Ferguson (2005) estimated that 15 to 20% of child protection cases in England contained a dangerous element and worker safety issues. With the risk of violence that high, any worker can be at risk.

Risks of violence are heightened in specific situations. Child protective services clients often have issues of domestic violence and substance abuse that can increase risk (Burry, 2003). The greatest risk appears to be at the point a court order removes children from their home or when children are removed in emergency situations. Women appear more likely to directly strike out at these times while men are more likely to employ menacing, threatening, and intimidating behaviors over time (Littlechild, 2002, 2005; Norris, 1990).

Effects of Violence

Littlechild (2005) notes that the stress of balancing personal safety, the protection of children, and establishing a working relationship with defensive, angry, and threatening parents can cause major stress for workers. This stress can occur in the context of an already stressful job environment.

Child protective services workers also express anxiety about job security, losing respect of supervisors if a mistake is made, children being harmed, high caseloads, and considerable paperwork (Gibbs, 2001). In addition, there is stress from dealing with emotional and difficult situations and trauma from witnessing or hearing from children about their experiences of being abused or neglected.

A wide variety of effects of violence have been reported in the literature (Atkinson, 1991; Brockman, 2002; Horejsi et al., 1994; Littlechild, 2005; Spencer & Munch, 2003). It is interesting that the effects of verbal assaults can be very similar to the effects of physical assaults. In the immediate aftermath, workers report typical symptoms of trauma victims, including heightened anxiety, often mixed with feelings of anger and fear. Shock, depression and physical pain are reported as immediate effects as well as temperature changes (feeling “cold” or “hot”). Workers are fearful for their safety and safety of family members. Sometimes minimizing and ‘making light’ of the attempt or intellectualizing and analyzing it alternates...
with fear reactions.

A period of disorganization and constricted thinking can be followed by a time of struggle where the worker is preoccupied by the possibility of further assaults. Workers can become self-protective and hypervigilant. Sleep disturbances and intrusive thoughts can occur (Atkinson, 1991). There can be devastating effects on workers’ morale, especially if an investigation into the incident is involved. Workers worry about being blamed for the incident or being “seen as a failure” due to the client’s violence.

Workers have reported doubting their own skills (Littlechild, 2005; Stanley & Goddard, 2002; Smith & Nursten, 1998).

Workers report changes in their work patterns and their feelings about their job. Newhill and Wexler (1997) found that as many as 70% of victimized workers indicated changes in how they conducted their interactions with clients. About a fifth reported not wanting to continue their job or being reluctant to work with certain types of clients. For some, the violent experience strengthened their commitment to promoting security for themselves, their colleagues, and their clients.

In considering longer-term effects and their severity, an important component is whether the worker believes threats and assaults were directed towards them personally or if they believe that they were a depersonalized representative of the agency. Littlechild (2003; 2005) found that personal threats (especially if repeated) were the most undermining, especially if directed towards family members. If there had been violence in the past, if there were phone calls to the worker’s home, or if workers had been followed, effects appeared more severe.

Workers report that the place of the attack can reactivate the memory of it. Visual images can be re-experienced in dreams. Anger can persist and the worker may feel there is no way to deal with the anger. A few workers turned to alcohol as a way to cope (Smith and Nursten, 1998).

Repeated attacks and threats can cause workers to feel helpless and terrified and result in defensive practice. These reactions can compromise children’s safety as workers can be compromised when making critical judgments about child welfare, can avoid confronting abusing families who are threatening them, and workers can even distort or deny severe and multiple instances of abuse resulting in children who are unprotected.

Examination of cases where children have died even though they were known to protective services and were receiving services or being monitored have found some situations where workers feared the family and even felt they were ‘hostages’ to the family. Workers appeared too traumatized by violence or threats of violence to intervene effectively (Stanley & Goddard, 2002).

Continued on page 20.
Generally over time there is a decrease in the intensity of reactions and the worker enters a stage of resolution. The memories and responses are integrated, the anger and fear diminish, and the individual is able to recall the event without becoming preoccupied with it. Also reported are increased awareness of the need for safety procedures, advocacy for worker safety, and increased sensitivity to client distress. Some workers report an increased understanding of reactions to trauma, more alliance with coworkers who have been assaulted, and more understanding of victimized clients (Atkinson, 1991).

**What Is Helpful When a Co-worker has Suffered an Assault?**

Programs for helping staff cope with the aftereffects of a traumatic work-related event have typically targeted non-mental health professionals such as police and fire fighters (Spencer & Munch, 2003). Immediate responses include procedures for obtaining medical care, mechanisms for caseload adjustment and appointment cancellations, assistance in pursuing legal options if indicated, and leave time if needed. Restorative responses address longer-term adjustment. These include help in ventilating emotions, mobilizing personal coping strategies, and marshalling social support. Formal debriefing or supervision can address these areas. Critical debriefing is considered crucial after an incidence of violence. If debriefing occurs within 24 hours after the incident, it will be more effective in reducing long-term symptoms (Ennis & Douglas, 2007).

It is helpful for agencies to have clearly formed and understood policy for managing and responding to violent incidents (Dale, Woods, Allen & Brennan, 1999). Documenting the incident can be very helpful. Documentation can help administrators monitor trends and problem-solve preventative strategies (Horejsi et al., 1994; Smith & Nursten, 1998; Weinger, 2001).

Workers often fear a negative judgment from superiors (Balloch et al., 1998; Littlechild, 2005; Smith & Nursten, 1998). Colleagues and other front-line staff are often seen as sympathetic as they may have had similar experiences. Some workers find support from family rather than at the workplace (Smith & Nursten, 1998). Physical exercise can be helpful to some assaulted workers and praying or using faith-based support sustains others (Smith & Nursten, 1998).

A “culture of support” is a goal for agencies. Workers who feel secure about their management’s responses will be more likely to report incidents. Staff need to know that the effects of reporting will be positive; both for themselves and for the children they are trying to protect (Littlechild, 2002).

The availability of confidential counseling services was cited by some workers as important (Burry, 2003; Horejsi et al., 1994; Smith & Nursten, 1998; Weinger, 2001). The agency culture should communicate that it is acceptable for workers to seek counseling and support (Weinger, 2001). An Assaulted Staff Action Program at Cambridge Hospital in Massachusetts had positive results (Flannery, Fulton, Tausch & De lofti, 1991). Using findings from trauma research, a team of 15 volunteer clinicians offered victims of client assault the opportunity to discuss the event immediately. Victimized workers were called again in three days and again in ten days to evaluate their status. All episodes of verbal and physical aggression were mandated to be reported. Support group sessions and family meetings were also available. This program was established for a large inpatient psychiatric facility, but the model is very adaptable to many settings.

A coordinated and reliable response from supervisors is thought to improve staff morale. Workers who feel valued are more likely to remain in the field. Research has shown that workers continue on the job because they like the challenge of supporting families, because some families are grateful for the intervention and show improvements, because the workers feel that the work is important, and because the workers feel that they are making a contribution to the wider community (Gibbs, 2001).

**What Responses were Detrimental?**

As mentioned above, workers are often reluctant to report instances of violence either because they blame themselves for what triggered the consumer or because they believe the response from management will not be supportive. Additionally, some workers believe that coping with violence is simply part of the job (Balloch et al., 1998; Littlechild, 2002, 2005; Smith & Nursten, 1998).

Workers related that supervisor reactions that under-estimated the impact of the assault were the most detrimental. Some of these responses took the form of humor or saying “what else can you expect?” Being left alone to ‘deal with it’ was also not helpful (Smith & Nursten, 1998).

**Practice Considerations**

**Recognizing dangerous situations**

While only a few clients may be violent, workers should learn and practice safety procedures. Several authors have noted that social workers strive to help others and may not give adequate consideration to the complexity of clients and service users who are often involuntary (Ferguson, 2005; Macdonald & Sirotch, 2005). A major obstacle to worker safety can be a strong commitment to helping people (Harman & Davis, 1997, cited in Newhill, 2003). A strong desire to help can lead to minimizing danger, failing to recognize that some clients can not be helped, failing to appreciate that some clients do not want help, and overlooking danger signs. Knowing when to retreat, when to take a rest, and when to terminate an interview or even a helping relationship is critical to managing risk (Newhill, 2003). While one does not want to be immobilized by fear or overvigilant, courage should be balanced with reasonable caution. Workers should trust their own feelings and take action if a situation feels uncomfortable (Weinger, 2001).

What variables increase risk of violence? Workers in certain settings (health, mental health, and services for people with disabilities) appear more likely to be subjected to violence (Weinger, 2001). For example, verbal threats are common in correctional facilities (Schultz, 1989, cited in Weinger). In Balloch et al.’s 1998 survey of over a thousand workers, those in residential settings had the highest risk of physical assault. Workers in higher risk settings benefit from training and periodic review of safety procedures.

As mentioned before, in the case of child protective services, risk of assault appears greater when children are being removed from their homes, when parents are at conferences about the children, when parents are informed about recommendations in court reports, and at court hearings. Workers need to be more cautious during these high risk times. Interestingly, it is more frequently the mothers who react in physically violent ways in these settings. In situations of sustained verbal abuse and threats, threats to the worker’s family, and stalking, it is generally males (fathers of the child or boyfriends of the mother) who are the perpetrators.

**Risk Assessment**

Assessing the likelihood of violence is a continuing process rather than an activity that occurs only once. Risk for violence can change over time, across conditions, or in response to various interventions. Therefore, risk assessments should be updated periodically (Littlechild, 2003; Otto, 2000). Although the majority of clients do not pose a significant risk, awareness of or inquiry into...
violent behavior should be performed with each case. Since the client may minimize or even falsify information, third party data can be helpful. The client may need to provide written consent for prior records to be gathered.

Staff should pay attention to any history of violent behavior. Past violence remains the best predictor of future violence (Otto, 2000; Weinger, 2001). It can be useful to learn how the person handles anger. Substance abuse (Ennis & Douglas, 2007; Otto, 2000; Weinger, 2001) and weapon possession or availability (Otto, 2000; Weinger, 2001) increase risks.

The article about Prevention Techniques, this issue, contains further specifics about risk assessment.

Developing a Culture of Support

Violence is a complex issue. While a “zero tolerance” policy may be unrealistic, according to Brockmann (2002), there is a vital need to recognize that violence in the workplace exists and aim to reduce it.

With the emphasis for accountability in public agencies, insufficient attention may be given to the emotional aspects of child protection work (Gibbs, 2001). Littlechild (2005) suggests that agencies actively develop a “culture of support.” Agencies, he says are responsible to take reasonable precautions to ensure the safety of their staff. Procedures must be fair to both consumers of social services and to workers.

Written guidelines are suggested. There should be mechanisms to encourage workers to report all incidents. Reports should be collected and maintained, preferably by a single individual, and feedback on reports can be discussed periodically at staff meetings. Receiving feedback and having discussion is one method of indicating that violent events are taken seriously (Griffin, 1995). Local policy can address who is available to provide “back up” in potentially dangerous situations. Procedures should include how to deal with the perpetrator and compensation for the victim, if appropriate.

Failure to provide adequate support for front line workers can have many negative consequences (Littlechild, 2005; Stanley & Goddard, 2002; Spencer & Munch, 2003). Tension, poor work performance, job dissatisfaction, and impaired relationships with consumers can result if support is not available. Ultimately, lack of support can make it difficult to attract and keep workers (Gibbs, 2001; Littlechild, 2005; Spencer & Munch, 2003; Whitaker, Weismiller & Clark, 2006). Supervisors can help by delivering the message that workers are valued and appreciated.

The Need for Training

A number of researchers and authors have commented that adequate training and preparation to deal with client violence is needed.

Client Factors in Propensity for Violence

The University of Iowa School of Social Work combined the works of Christina Newhill and Susan Weinger to develop a list of client factors that might indicate a tendency to violence. Weinger also presents some dynamics of violence. A history of violence is the most reliable predictor of possible future violence, while substance abuse, possessing a weapon, and experiencing hostility are also associated with violent behaviors.

National Resource Center for Family Centered Practice
The University of Iowa School of Social Work
University of Iowa Research Park
100 MTP4, Room 162
Iowa City, IA 52242-5000
Phone: (319) 335-4965
Website: http://www.uiowa.edu/~nrcfcp/training/documents/Safety%20Handouts.pdf
Lisa D’Aunno, Director of Training
Phone: (319) 335-4932
Email: lisa-daunno@uiowa.edu

Elements of an Effective Violence Prevention Program

❖ Management commitment
❖ Employee involvement
❖ Worksite analysis
❖ Safety and health training
❖ Recordkeeping
❖ Program evaluation
❖ Hazard prevention and control

Source: OSHA, 2004

continued on page 22
and sometimes lacking in many schools of social work curriculum (Dunkel, Ageson & Ralph, 2000; Macdonald & Sirotich, 2005; Tully, Kropf & Price, 1993). As a result social workers can enter professional practice with limited or no training in violence prevention.

Since safety training may be lacking in colleges and universities, training by the agency becomes more important. Employers cannot assume that social workers arrive on the job with all of the necessary knowledge and skills to perform their jobs safely. VCPN has described some training programs on the website.

Summary

Safety is an important concern. Workers and clients need to be as safe as possible in the workplace. By acknowledging the possibility of client violence, administrators, educators, and workers can work together to advocate for safe environments and training in safety procedures.

If child protective services workers feel supported and protected, they will be better able to conduct accurate child protection assessments and interventions. Security and knowledge about how to deal with threats and violence can result in better protection for children as well (Littlechild, 2002).

Despite challenges, it is important to emphasize that child welfare workers express considerable job satisfaction, according to a survey published by the National Association of Social Workers (O’Neill, 2004). NASW conducted a survey of all 716 members of their Child Welfare Specialty Practice section. They received 534 responses.

The NASW survey found that social workers in child welfare found the most challenging aspect of their jobs to be the issues confronting the families they served. Safety was ranked eighth in the list of challenges. Social workers responding to the survey described their caseloads as manageable, their supervision and training opportunities as adequate, and in general they felt safe on the job. They were also optimistic about their interventions with clients and they were encouraging to new social workers entering child welfare.

Reference List Available by Request or on the Website

What else is on VCPN’s website?

- Descriptions of Training Programs
- Web Resources for Worker Safety
- Resources for Responding to Drug Laboratories

PREVENTION TECHNIQUES

A worker is bitten by a dog during a home visit.

Several boys in a neighborhood gang rob a social worker as she tries to make a home visit.

A man is shot and killed down the street from where a worker is conducting a home visit and the street is sealed off while police search for the assailant.

While on a home visit, a worker observes a large amount of money being passed from one person to another and then hidden. Another worker goes to the family’s bathroom and finds a machine gun on the bathroom hamper.

When a worker doing a home visit asks to check on a baby that is said to be sleeping, the father begins to show her his gun collection.

A man stalks into a worker’s office, threatens to sue her and the agency, and leaves.

A worker asks a woman for her driver’s license and when she reaches into her purse to fetch it, a gun falls out.

A social worker comes to transport a teenager to a group home. He throws a hot drink on her and rips her clothing as he runs around her and down the street.

A client fires a bullet through a worker’s windshield.

A client removes the lug nuts from an agency car in an attempt to cause an accident.

A client punches holes in the wall, breaks a window, damages two computers, and tears pages from books.

Workers, especially those doing home visits, can encounter a myriad of situations and conditions. Consideration of safety procedures is necessary to reduce the risk in social work practice.

While safety awareness is necessary, experts note that safety preoccupation is counter-productive. The best defense is thoughtful consideration of safety and being prepared (Ennis & Douglas, 2007).

Read the rest of this article on our website.

It covers

- Risk Assessment
- Strategies for Home Visits
- Preventing Injury from Weapons
- Agency Policy and Response
- Training
Virginia Department of Social Services

The Virginia Department of Social Services has a one-day course on Worker Safety. The course, GEN1209 was developed by VCU-VISSTA, and was revised in 2009. It has been a very popular course. It was taught 42 times in that two-year time period between July, 2009 and June, 2011 with a total of 560 completing the class.

The course covers safety issues within the local agency, the worker’s workspace, and agency vehicles. It teaches staff how to avoid dangerous situations and how to work with hostile, threatening, or angry clients. Participants learn how to assess neighborhood surroundings and how to defuse potentially dangerous situations. Special topics such as aggressive or vicious dogs, methamphetamine labs, and blood-borne diseases are discussed. According to Rhonda Harrell, Family Services Trainer Development Specialist, the course on Worker Safety has been a very popular course and this topic should be offered as part of the orientation for all new social services employees.

This past year has been a year of transition for the training programs offered by the Department of Social Services. Due to budget constraints, the Department is no longer offering training through a contract with Virginia Commonwealth University. The VISSTA Training Center contract has ended and the training functions were moved back into the Department. During the transition, only mandated training classes have been offered. Mandatory courses for child protective services cover intake, assessment, and investigation in child protective services, sexual abuse and sexual abuse investigations, ongoing services in child protective services, advanced interviewing and motivating families for change, domestic violence, and out-of-family investigations. There is additional required training for CPS supervisors, and for foster care and adoption workers.

The Department of Social Services has five regional training centers. For larger agencies, trainers sometimes go to the agency and train there. Harrell is hopeful that the Worker Safety training will be offered in the future and that it will eventually be part of the mandatory offerings. Meanwhile, some safety issues are included in the new worker course and agencies can train on safety at the local level, perhaps by partnering with human resource management and local law enforcement.

More information about the training offered by the Virginia Department of Social Services is available from: Rhonda Harrell (804) 726-7693, E-mail: Rhonda.Harrell@dss.virginia.gov or from any of the Department of Social Services five regional training centers:

**Central Regional Training Office**: Allyne Webster; (804) 662-7173 or allyne.webster@dss.virginia.gov

**Eastern Regional Training Office**: Brenda Snead; (757) 552-1194 or Brenda.snead@dss.virginia.gov

**Northern Regional Training Office**: Allyne Webster; (804) 662-7173 or allyne.webster@dss.virginia.gov

**Piedmont Regional Training Office**: Bobby Cottrell; (804) 857-5026 or Robert.cottrell@dss.virginia.gov

**Western Regional Training Office**: Bobby Cottrell; (804) 857-5026 or Robert.cottrell@dss.virginia.gov

**E-mail**: Rhonda.Harrell@dss.virginia.gov

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**Virginia's Worker Safety Training**

**RESPONSES FROM VIRGINIA’S SOCIAL SERVICES DIRECTORS**

VCPN staff members were interested to learn about perceptions of safety in some of Virginia’s social services local agencies. Four directors spoke to us. All were well aware of potentially dangerous situations, both in the office and in the field. They mentioned specifically the increased risks associated with use of drugs and alcohol. The removal of children was cited as a particularly high risk time.

Only one of the four offices had a formal safety policy. That office said the safety policy was part of the local operations policy and specified steps for workers to take in case of violent situations.

Prevention was foremost for many directors. Jason Miller, director of Bath County Department of Social Services said that his agency examines records to determine potentially dangerous clients and share information in staffing. Communication is a key aspect to keeping workers safe, he said. In rural Craig County, James Weber, director, notes that cell phone coverage can be limited. Therefore, workers let each other know where they plan to be.

Weber discussed many strategies a worker can use to prevent client violence. He advocates keeping clients informed from the beginning of the case contact. He emphasized the importance of respectful and professional communication. The client should never feel ‘talked down to’ or disrespected. Clients should feel that they have a voice in decision-making about their children.

Chris Austin, director of Buchanan County Department of Social Services had excellent ideas about safety within the office setting. He related that supervisors’ offices are situated close to locations where workers interview clients. A supervisor can determine if assistance is needed and can help defuse volatile situations. Their agency restricts access by use of key pad and uses cameras to monitor activity both inside and outside of the building. Austin comments that people notice the monitors and their presence makes a difference in how people behave. They have a code to alert workers of potentially dangerous situations. Code Red means to ‘stay put’ while Code Yellow means workers should leave the building if they can and Code Green means that all workers should evacuate the building.

All four agencies have a positive relationship with their local law enforcement. Workers are able to request assistance if difficulty is anticipated. All directors encourage their workers to “trust their instincts” and retreat if they feel uncomfortable during a home visit.

Hanover County Department of Social Services in Ashland, Virginia encourages their workers to attend at least 20 hours of safety training and offer financial support for the training. Director Sheila Crossen-Powell and CPS Supervisor Christine Tillman note that workers have the option to press charges or not if an incident occurs. They discussed how to debrief workers and if an incident is serious, they stress the importance of offering assistance to all staff.

All of the directors endorsed training, although training mechanisms varied. Two used local resources such as law enforcement officers to train staff. Another used Virginia’s state training. The fourth agency trained workers individually using a supervision model with the option of attending the state training. Miller noted the importance of ‘refresher training’ and supplementary trainings so that even experienced workers could be updated.

Thanks to the directors who shared their expertise!
for a child’s teeth and the risks of providing milk or juices in a bottle when putting children to bed. “MCV provides dentist residents who come to our office twice a year for Dental Days to provide exams and collect dental caries data”, explains Haldiman. “We have found a decrease in child dental problems as a result of this partnership.”

Another very important partnership network is the one that has developed with local pediatricians. CHIP receives many referrals from practicing pediatricians, and because of the visibility of CHIP nurses and case managers, pediatricians call when there is a problem. “It is very common for one of the pediatricians to call because he or she is concerned that a child has missed a well-baby checkup,” Haldiman says. “Because they know we are involved, they know we will check to see what the family faces as obstacles to getting to those appointments. We can then address them and assist in the child’s care.”

CHIP keeps extensive data regarding demographics and child outcomes. They obtain medical records from physician and dental offices to track data on immunization rates, prenatal visits, well-baby visits, and dental visits. They use several tools, including the Ages and Stages Social and Emotional 3-Plus ASQ Development Scale, the Parenting Stress Index, the CES-D Depression Scale, the Life Skills Progression and a parent satisfaction survey. The agency continues to explore options for developing more outcome data through their Research and Evaluation Committee.

CHIP of Roanoke Valley has served as a model for Virginia. In 1990, CHIP of Roanoke Valley received a Kellogg grant for the purpose of replicating the model, which resulted in the establishment of CHIP of Virginia to lead the statewide replication. CHIP of Virginia is a non-profit organization which offers administration, new site development, training and technical assistance, quality assurance and evaluation, resource development and public relations. Presently there are seven additional CHIP sites located throughout the Commonwealth: Arlington; Jefferson Area; Chesapeake and Portsmouth; New River Valley; Norfolk; Richmond and Petersburg; and Southwest Virginia. For more information, visit http://www.chipofvirginia.org

Haldiman expresses appreciation to the community for the success of this program. “Without the vision of our founder, Dr. Pierce, and the partnerships that have been formed in the area, CHIP of Roanoke Valley could not exist,” Haldiman asserts.

For more information, contact Robin Haldiman, Chief Executive Officer, CHIP of Roanoke Valley 540-857-6993, robin.haldiman@chiprv.org