Background Checks and Family Partners
Information Submitted by NWI advisors

Original question:

The Family Partner task force is exploring solutions to a workforce issue that has proven to be challenging to a number of communities. The question is, "How have agencies dealt with the hiring of people who are well qualified and have personal histories revealed during background checks that may present a problem in hiring them". Examples are convictions or involvement with child protection that are long resolved and far in the past. It is precisely this history and their journey since then that uniquely qualifies them to serve as family partners.

Initially, our discussion centered around agencies wanting to hire parents who are doing well and want to be family partners. Ongoing taskforce dialogue revealed the same challenging circumstances have occurred with childcare workers or individuals identified to provide natural supports.

The Family Partner Task Force has organized a work group to gather information and formulate some guidelines to help wraparound systems address this issue. Some of the strategies already offered are:

- Helping parents apply for a waiver of these requirements
- Having their records expunged
- Hiring within a family organization which may not have as stringent a requirement
- Professional liability insurance covering the individual
- Legislation to change state rule to allow hiring such individuals when it is clearly safe and in the public interest to do so

Please submit any workable solutions and strategies you may have to Jeanette Barnes, BarneJK at dshs.wa.gov who is chairing this workgroup. You are welcome to join the workgroup as well. Just let Jeannette know of your interest and give her your contact information.

Marlene Penn and Trina Osher
Co-Chairs, Family Partner Task Force
NWI

Information prepared by Frank Rider for families in northwestern Minnesota:

This is certainly a million dollar question! As with peer mentors and even substance abuse counselors, the very authenticity of experience that has helped to equip a family with resiliency, wisdom and the ability to generate hope in those whose suffering is current - those very experiences can also present potential, actual or perceived risks, risks that are magnified by the degree of vulnerability of some of the children and families we are all intending to help.

So the bad news is, this requires a very careful balancing of interests. There are very few absolutes to hang one's hat on, so instead a rationale judgment must ultimately be made, and then operationalized. No easy answers on this one, I'm afraid.

(But if misery loves company, then NW Minnesota can be consoled to know you are not alone in facing this question! In fact, from the dialogue you are initiating, maybe figuring out this dilemma can grow into a broader effort, inviting input from many, and in turn assisting our fellow travelers to do the same.)

So let's at least get a start on this:

1. What ARE the absolutes in play? Most states are likely to have statutes that describe criminal history background checks, and that prevent the deployment of people with a defined set of serious offenses in their records from providing services to specific identified populations. What Minnesota laws may help you to narrow the boundaries of this question?

2. What beliefs do we hold that should shape our answer? Determine what your community's value-driven non-negotiable principles are that will help to guide the judgments it will eventually make to answer your question. An example might be the famous Hippocratic Oath - "Above all else, do no harm" would translate into "Always err on the side of caution (safety)." How does your community, within the boundaries of the law, balance the system of care values, which we well know can sometimes seem in tension with one another? And is there a way to literally ask (e.g. poll, survey, focus group) existing families to understand what their own judgments, preferences and attitudes are about this question? (The statement from Iowa I've attached shows you some of the values and principles your neighbor to the south has applied to resolve your question.)

Where else can you look for guidance?

3. Schools, nursing homes, professional licensing standards (e.g. for therapists, for nurses), and services for individuals with developmental disabilities, are among contexts you might explore to find apt comparisons to the role of Family Partners. It might make a difference, for example, whether the Family Partner roles do, or do not, allow the individual to work directly with children in unsupervised settings.

4. In particular, what are Minnesota's existing requirements about the backgrounds of certified substance abuse counselors, and peer mentors who already assist individuals with serious mental illnesses?

5. How are other communities addressing this question so far? I have started collecting some examples of how communities are organizing family-to-family peer mentorship supports. Attached is an example from a family partnership program in Kentucky's child welfare system. Notice both their selection criteria AND the set of responsibilities for their positions:

The selection criteria set for parent advocates require each potential advocate to:

- have had previous involvement with the child welfare system;
- have a DCBS case that has been closed for approximately one year;
- have a stable family situation with no current CPS issues;
- have some flexibility to attend meetings and train groups;

- be willing to share their experience with other parents and social work staff as a learning tool; and
- be willing to attend 12 hours of training prior to serving as a mentor/advocate.

Parent advocates are expected to:

- provide support to birth families to maintain current placements, prevent disruption or assist with reunification action plans;
- bridge the gap between agency staff, birth parents and foster families to achieve case closure in less time than similar case types without PA services;
- engage birth parents to maintain connections with children;
- provide other extended support to birth parents (concerning court, schools, etc.);
- participate in facilitated staffing and team meeting process, assisting with the development of the family action plan, and encourage parent participation;
- train and recruit other prospective PAs;
- plan/participate in monthly group meetings to include prospective parent advocates; and
- establish availability schedules with parent advocate coordinator (s).

You can see the balance this community has struck, given the intent of the service and the population to be assisted (e.g. "a stable family situation with no current CPS issues").

You can mitigate some of the potential risks through training, a "pledge" (see Appendix in the Kentucky attachment), the description of duties for the role, etc.

Several California counties (e.g. Contra Costa), Montana, Detroit and some of the other Casey Family-to-Family sites might provide some useful comparisons. (I will see if we can't identify some other examples for your community to learn from, and particularly the kinds of recruiting (Kentucky recruits families who are recommended by the child welfare workers who have supported them), eligibility criteria, screening and training, supervisory/oversight/monitoring, consumer feedback and other performance appraisal approaches.

6. Keep in mind that you can start small (e.g. pilot, PDSA cycles), you can start with conservative criteria and loosen up, if indicated, as you develop reliable processes to assure conscientious Parent Partner service delivery. Don't feel you have to get it perfect the first time - but again, if you approach this in stages, then take great care in the early stages while you get a chance to practice.

7. I will also share your inquiry with my colleagues to invite our family involvement resource specialists, Gwen and Kim, to weigh in with their experience and guidance, and with my fellow RTACs to surface existing programs you might be able to contact directly to learn from as you approach developing your own NW Minnesota balance.

Thanks for your willingness to carefully think this important question through. Let's consider tonight's as a good start of a dialogue, and we will look forward to supporting you through the necessary local process to help answer this question for your community in the days to come.

Information submitted by Trina Osher:

Kentucky, Iowa, Montana, Georgia are states where we know of individuals who have been hired in spite of – or rather because of – their backgrounds. There is a fairly comprehensive publication from Kentucky that includes the following statement: [highlights are mine]

Selection Criteria for the Parent Advocacy Program

The selection criteria set for parent advocates require each potential advocate to:

- have had previous involvement with the child welfare system;
- have a DCBS case that has been closed for approximately one year;
- have a stable family situation with no current CPS issues;
- have some flexibility to attend meetings and train groups;
- be willing to share their experience with other parents and social work staff as a learning tool; and
- be willing to attend 12 hours of training prior to serving as a mentor/advocate.

Also below was sent to me by an Iowa advocate. Unfortunately, I have lost track of the source [highlights are mine].

Parent Partner Program

Mission Statement: Parents empowering Parents to strengthen families, communities and systems thereby achieving safety, permanency and well-being for children.

Guiding Principles:

Safety of Children

Ø The Parent Partner Program is dedicated to protecting children from abuse and neglect. Children are safely maintained in their homes whenever possible and appropriate. The Parent Partner Program will work with birth parents (parents of children in care), DHS and the community to enhance families' capacities to provide for their children's needs.

Supporting Parents

Ø The Program believes that parents are fundamental building blocks in children's healthy social, mental and physical development. Will support parents with children in care by enhancing their capacity to provide for and guide their children's healthy development through one-on-one mentoring from a parent who has had personal experience with the child welfare system. Will enhance birth parent's capacity to make appropriate decisions to meet their children's needs including connecting parents with resources, providing encouragement, outreach and support.

Ø Will support parents who have successfully navigated through the child welfare system by teaching them advocacy skills, inviting them to be a part of the shared decision making process through becoming board members of local and statewide committees and providing training opportunities.

Collaborating with Department of Human Services (DHS)

- Committed to partnering with DHS to protect children from abuse and neglect, and supporting birth parents in their decision-making. Collaborate with DHS staff and child welfare workers to promote birth parent engagement though the life of the case.

Collaborating with the Community to Protect Children

- Parent Partners will engage the community to increase awareness regarding the protection of children. Parent Partners will work with community based organizations to provide resources and strive to develop community partnerships.