



## Child Protection Screening

### Key Facts and Findings:

- In 2010, 84 county and 2 tribal child protection agencies screened more than 56,500 allegations of child maltreatment in Minnesota.
- Child protection agencies' screening decisions determine whether concerns about a child amount to maltreatment that requires a child protection response by the agency.
- Overall, child protection agencies make screening decisions in a reasonable and deliberative manner.
- However, agencies vary in their screening decisions, reflecting vague state law about risk, local administration coupled with the Department of Human Services' (DHS) weak supervisory authority, and other factors.
- DHS resources have helped child protection agencies screen maltreatment allegations, but there is room for improvement.
- Current information about reporting maltreatment may not be reaching all mandated reporters, in spite of agencies' efforts to educate them.
- Child protection agencies and mandated reporters appear to have mostly good working relationships, but their different roles may strain relationships and influence future reporting.
- Inconsistencies in data recording practices among child protection

agencies compromise the usefulness of referral and screening data for evaluating screening variations.

### Key Recommendations:

- The Legislature should direct DHS, in collaboration with county and tribal child protection agencies and others, to propose statutory language to clarify state policy on "risk of harm" and neglect.
- The Legislature should amend state law to (1) distinguish between all maltreatment referrals and those that agencies "screen in" and (2) address data privacy issues about families who are the subject of referrals.
- DHS should promulgate rules to provide additional guidance for screening maltreatment reports.
- DHS should expand opportunities to practice and discuss intake and screening with child protection agency staff.
- DHS and child protection agencies should identify which referrals should be recorded as child maltreatment referrals and emphasize the importance of recording them.
- DHS and child protection agencies should explore new ways to share information about child protection and reporting maltreatment with mandated reporters.

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**Screening decisions vary among county and tribal child protection agencies in Minnesota, reflecting different—yet mostly reasonable—approaches to the screening task.**

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**Child protection screening determines the response that follows a referral of suspected child maltreatment.**

## Report Summary

Child protection screening is a task within a continuum of child welfare services. In Minnesota, this task is completed by 84 county and 2 tribal child protection agencies under supervision by the Department of Human Services (DHS). These agencies “screened” over 56,500 child protection referrals in 2010.

Child protection screening determines whether children and their families will have access to child protection services. These services are state-mandated child welfare services for children who have been maltreated, or are at risk of maltreatment, by a person responsible for their care. Child maltreatment includes physical abuse, sexual abuse, and neglect.

State law defines child maltreatment and requires “mandated reporters” to report known or suspected maltreatment.<sup>1</sup> The law is consistent with federal law that provides funding for the prevention of child abuse and neglect.

Children who may be victims of maltreatment come to the attention of child protection agencies through referrals from mandated reporters and other concerned individuals. Agencies decide whether to “screen in” these referrals for a child protection response. Only referrals that allege maltreatment meeting definitions in state law can be screened in. Statewide, child protection agencies screened in 32 percent of the referrals they recorded in 2010.

**Child protection agencies adequately administer intake of child maltreatment referrals.**

Child protection intake is an important task completed by county and tribal

agency staff. It involves eliciting and recording information about alleged child maltreatment from those who report it and supplementing it with information from other sources. The information obtained is instrumental to good screening decisions.

Staffing of child protection intake suggests that workers with specialized skill or knowledge generally complete this task. In most agencies, social workers complete child protection intake. In many cases, the social workers’ primary job is intake for child protection only or for various programs. In several agencies, social workers with other child protection responsibilities also complete child protection intake. Some agencies use skilled and experienced staff other than social workers to complete intake.

**Child protection agencies’ screening methods are conducive to making objective decisions that are consistent with state law.**

Child protection screening is the analysis of information and the determination whether allegations meet statutory definitions of child maltreatment within the jurisdiction of the local child protection agency (rather than law enforcement or another agency). Child protection staff “screen in” referrals for a child protection response after taking into account all relevant considerations.

Especially for “gray-area” referrals—those for which a screening decision is not clearly indicated by state statutes, state rules, or guidelines—many child protection agencies involve multiple individuals in decisions. In so doing, agencies draw on a wider array of experience and knowledge than if a single person made the decisions. These “screening teams” identify specific allegations articulated in the referrals and compare the details to criteria in state law and guidelines.

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<sup>1</sup> Most state law relevant to reporting child maltreatment is codified in *Minnesota Statutes* 2011, 626.556.

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**Variation in agency screening decisions reflects many factors, including interpretation of state law, agency perceptions of risk, and the information agencies consider during screening.**

When multiple individuals are not formally involved in decision making, decisions in some agencies are made or reviewed by supervisors.

Although agencies approached screening reasonably, they may not make all decisions within 24 hours, as required by state law. Seemingly untimely decisions may reflect data recording and other practices, rather than inattention to maltreatment referrals. We recommend that child protection agencies monitor and, as needed, improve upon the timeliness of their decisions.

**The quality of data on agencies' numbers of total and "screened-out" child maltreatment referrals is questionable.**

Maltreatment referrals recorded in the state data system may not reflect the total and screened-out maltreatment referrals that agencies actually receive. For example, agencies with different rates of screening out referrals may simply have different practices for what to record as a maltreatment referral or when to record screened-out referrals.

This variation in practice made data on screening rates over time and across agencies not useful for our evaluation. We recommend that DHS and child protection agencies work to improve the consistency and practices for recording referrals.

**Child protection agencies make different screening decisions when presented with referrals alleging the same circumstances.**

Agencies "screened" vignettes of alleged child maltreatment as part of our evaluation. Their responses show that agencies make different screening decisions when presented with identical "gray-area" allegations of maltreatment. Their explanations for their decisions reveal factors that contribute to variation.

Vague statutory language defining physical abuse, sexual abuse, and

neglect, and the definition and use of "report," provide room for variation. The Legislature may have used vague language to allow for professional discretion and accommodate differing community standards. However, at least in some cases, the lack of clarity may be unintentional.

Agencies' screening decisions suggest that agencies have different approaches to risk of harm and the level of risk sufficient to warrant a child protection response. Some agencies articulate an expansive understanding of risk and the role of child protection in addressing it. Other things being equal, these agencies would "screen in" referrals that agencies focused on actual harm would screen out.

For example, one vignette that agencies "screened" involved a small child wandering a block from his home. Some agencies "screened in" the fictional referral due to the risk of harm to the child. However, other agencies "screened out" the referral, reasoning that the first-time incident was accidental.

Other factors we identified as possibly influencing at least some agencies' decisions include formal and informal screening guidelines, workload, and the availability of non-child-protection services such as child welfare checks.

**Some child protection agencies' practices raise questions about family privacy and data retention.**

In a small number of instances, we observed intake processes that included contacting individuals other than the reporter of the alleged maltreatment for additional information. This raises questions about the privacy of children and families who are the subject of maltreatment referrals.

In addition, some agencies consider child protection history when making screening decisions. Patterns of alleged behavior reflected in a history of child

**The Department of Human Services (DHS) provides assistance that child protection agencies value, but DHS could do more to educate mandated reporters and improve data quality related to screening decisions.**

protection referrals might be indicative of some types of maltreatment. For example, some agencies that screened out the vignette of the wandering child said they would screen in similar reports received in the future. However, it is unclear how long child protection agencies should retain and use data on families that were the subject of child maltreatment referrals.

**State law vests the Department of Human Services with relatively weak supervisory authority over child protection screening, but the department has worked within it to assist child protection agencies.**

DHS facilitated development of state screening guidelines; created training for child protection workers, including training on intake and screening; and organizes regional meetings that sometimes include discussions about screening. DHS also completes federal children and family services reviews of county and tribal child protection agencies. For the most part, agencies have found the resources provided by DHS helpful.

DHS could do more to foster opportunities to practice and discuss child protection intake and screening. The department may be able to do this within the context of the regional meetings it already organizes. DHS

should also expedite its goal of making Web-based training on intake and screening more widely available to county and tribal agency staff who could benefit from it.

**For the most part, pediatric health care professionals and school personnel report good relationships with child protection agencies.**

Many of the mandated reporters we surveyed indicated good or excellent relationships with the child protection agencies to which they report maltreatment. Many agencies characterized the relationships positively, as well.

However, a small percentage of mandated reporters shared negative reporting experiences. We recommend that all workers who perform child protection intake complete training on it.

Some mandated reporters indicated that past screening decisions have caused them to consider not reporting suspected maltreatment. In addition, some mandated reporters may not receive current information about reporting maltreatment. We think DHS and child protection agencies should explore additional ways to inform mandated reporters about their reporting responsibilities.

## Summary of Agencies' Responses

*In a response dated February 3, 2012, Department of Human Services (DHS) Commissioner Lucinda Jesson said DHS “supports most of the key recommendations of the report” and said DHS will “build upon existing systemic strengths” and “work in collaboration with county and tribal child protection agencies” to address data entry and consistency issues in screening decisions. The Association of Minnesota Counties (AMC) and Minnesota Association of County Social Service Administrators (MACSSA), in a joint response dated January 31, 2012, said the evaluation was a “thoughtful, objective review.” They believe that having the state and counties work collaboratively to improve screening guidelines would be a better approach than the changes to state laws and rules recommended in the evaluation. They also highlighted that child protection screening “is one part of a larger, comprehensive system of integrated services” and emphasized “the importance of early intervention and prevention community based services” to reducing the risk of child maltreatment.*

The full evaluation report, *Child Protection Screening*, is available at 651-296-4708 or:  
<http://www.auditor.leg.state.mn.us/ped/2012/screening.htm>