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## Table 2.2: Intake Information Checklist

The following list includes the types of information that intake workers attempt to collect from reporters of child maltreatment and other sources as they complete a child protection intake.

### Allegation Information

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- Is the child in immediate danger?
- In detail, what action or condition was observed?
- When did it happen? Where?
- What is the child's present condition? Are injuries present?
- Does the alleged offender have access to the child now?

### Reporter and Collateral Information

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- Reporter's name, address, phone number, and relationship to family
- Contact information of other witnesses to the alleged incident, if any
- Reporter's awareness of any immediate resources willing to offer support or protection
- Reporter's capacity and willingness to help the family
- Other agencies or individuals the reporter has informed, if any

### Victim Information (for each victim)

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- Name, age, gender, race, ethnicity, American Indian heritage, citizenship status, school, grade level, special needs
- Permanent address and present location (if different)

### Alleged Offender Information (for each offender)

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- Name, address, phone number, gender, date of birth, race, ethnicity, marital/custodial relationship, occupation
- Alleged offender's awareness of report

### Family Information

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- Family composition, members of household
- Of other parents/caregivers in the home: Name, phone number, gender, date of birth, race, ethnicity, marital/custodial relationship, occupation
- Of other children in the home: Name, gender, date of birth or approximate age, school, grade level, special needs
- Primary language, ability to communicate in English
- Family's awareness of report
- Any known medical, developmental, mental health, or chemical use issues for any family members
- Any known history of family violence, criminal history, weapons, or dangerous animals in the home
- Condition of the home
- Manufacture or sale of illegal substances in the home
- Things that are going well for the family
- Resources or supports the family is using
- Resources or supports the reporter knows of that would be helpful to the family

SOURCE: Office of the Legislative Auditor, adapted from Department of Human Services, *Child Welfare Foundation Training*, Module 7, Chapter 1, "Intake Question Checklist," and related training materials.

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**Child protection intake workers seek information about the alleged victim, perpetrator, incident, and family context.**



**Table 2.7: Screening Decision Timeliness, April 1, 2010, through March 31, 2011**

	Screening Decisions	Percentage
Within 24 hours	52,085	90%
More than 24 hours but within 25 <sup>a</sup>	1,143	2
More than 25 hours but within 36	1,146	2
More than 36 hours but within 48	529	1
More than 48 hours but within 72 <sup>b</sup>	1,399	2
More than 72 hours <sup>c</sup>	1,801	3
Total	58,103	100%

Some screening decisions that appear to be untimely may reflect data recording practices or procedural issues rather than inattention to maltreatment referrals.

NOTES: Data reflect referrals received during the 12-month period. Child protection reports have two end dates associated with them: an intake end date and a child protection report end date. For the purpose of this calculation, we used the date and time that yielded the most favorable timeliness greater than or equal to zero. We were missing an end date for 60 referrals.

<sup>a</sup>This category allows for a more lenient interpretation of "24 hours" than our to-the-second calculation.

<sup>b</sup>Although referrals received Friday through Sunday accounted for 19 percent of all referrals in the data, they accounted for 77 percent of referrals in this timeframe.

<sup>c</sup>Although referrals received Friday through Sunday accounted for 19 percent of all referrals in the data, they accounted for 43 percent of referrals in this timeframe.

SOURCE: Office of the Legislative Auditor, analysis of child protection agency data from the Department of Human Services, Social Service Information System.

### RECOMMENDATIONS

*Minnesota's child protection agencies should monitor the timeliness of their screening decisions.*

*As needed, the Department of Human Services should work with county and tribal child protection agencies to develop consistent approaches to resolving child protection screening timeliness issues.*

Child protection agencies and the Department of Human Services should work to improve the usefulness of data on timeliness of screening decisions.

As explained above, the apparent lack of timeliness of some screening decisions may reflect agencies' data entry practices or agency procedures for obtaining additional information before making a final screening decision. Because child safety is at issue, it is important for DHS, child protection agencies, and the public to have a reliable measure so the timeliness of screening decisions can be assessed. Currently, DHS monitors timeliness of screening decisions when it conducts quality assurance reviews of agencies. However, agencies are reviewed with varying regularity, and several years can pass between reviews of smaller agencies.

Child protection agencies should regularly monitor the timeliness of their screening decisions using the SSIS report available for this purpose. When data show that screening decisions are not being made in a timely manner, it may be cause for concern. If untimely decisions reflect agencies' inability to respond to

**Table 3.1: Levels of Agreement on Vignettes**

Percentage of Respondents in Agreement <sup>a</sup>	Summary of Vignette Allegations
Strong Agreement 80 to 82 percent	<ul style="list-style-type: none"> <li>• Mother of newborn tests positive for marijuana</li> <li>• Mother verbally abuses teenage child and may not provide adequate food or supervision</li> <li>• Mother with two children allows sex offender to stay in the home</li> </ul>
Moderate Agreement 64 to 71 percent	<ul style="list-style-type: none"> <li>• Father and two children live in a trailer with no plumbing or electricity</li> <li>• Grandmother drives drunk while caring for grandchildren and father maintains a filthy house</li> <li>• Father assaults mother during domestic dispute while children are home</li> </ul>
Divided 53 to 57 percent	<ul style="list-style-type: none"> <li>• Father punches and yells at teenage child</li> <li>• Father threatens child and shoots dog in front of child</li> <li>• Mother falls asleep and small child leaves the house</li> <li>• Mother drinks too much when caring for child and may use marijuana</li> </ul>

NOTE: For the entire text of the vignettes and the decisions made by respondents, please see the Appendix.

<sup>a</sup> N=83. Eighty-five of Minnesota's 86 child protection agencies are represented. Minnesota's child protection agencies include 84 agencies that represent the state's 87 counties and 2 tribal child protection agencies. One agency did not respond, and we received two responses that applied to two agencies each. Each of those responses is reflected once.

SOURCE: Office of the Legislative Auditor, survey of child protection screeners, August 2011.

Some mandated reporters also commented on apparent differences in screening practices among agencies.<sup>2</sup> Although only a minority of those responding to our survey disagreed when asked whether screening decisions are consistent among agencies, the inconsistencies they observed concerned them.<sup>3</sup> One mandated reporter characterized working with multiple agencies as "VERY frustrating." Another related her experience of counties' varying responses to similar maltreatment referrals.

<sup>2</sup> We surveyed pediatricians, advanced-practice pediatric nurses, school counselors, school psychologists, school social workers, and school nurses. We mailed surveys to a sample of 987 professionals selected from lists provided by the Board of Medical Practice, Board of Nursing, and Minnesota Department of Education. We received responses from 539 professionals who were still mandated reporters, for a 55-percent response rate. In reporting their responses, we have not generalized to all individuals in these groups, but instead present their responses as the responses of a sample of individuals. Their responses cannot be generalized as representative of all mandated reporters. Not all agencies were represented among those to whom respondents had made referrals.

<sup>3</sup> About three-fifths of pediatric health care professionals and school personnel who responded to our survey and had made a maltreatment referral in 2006 through 2010 expressed an opinion about interagency consistency. Of those, a majority (62 percent) agreed that decisions made by different agencies seemed pretty consistent. More than 20 percent disagreed, however.

**Child protection agencies did not unanimously agree on the screening decision for any of the ten vignettes we provided.**

In this chapter, we first discuss factors that may explain variation in screening decisions among child protection agencies. We next discuss factors that may explain screening decisions for individual referrals, regardless of which agency screens the referrals.

## AGENCY VARIATION

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**Some agencies have an expansive approach to screening, while others focus on allegations of serious maltreatment and imminent harm.**

Some agencies may have a greater propensity than others to screen in or screen out referrals. That is, the combination of agency philosophies, policies, and practice may lead some agencies to screen out more referrals than would other agencies presented with the same referrals. For example, most agencies "screened out" four to seven of the ten vignettes we asked them to screen, but nine respondents screened out three or fewer of them, and nine screened out eight or nine.

Some child protection staff described their agencies' propensity to screen in or screen out referrals. For example, one screener said his agency tends to err on the side of caution and screen in referrals other agencies would screen out. In contrast, staff at another agency stated that they do not accept most of the referrals they receive. They said, technically, according to statutes they could screen in practically every call. However, they draw the line at serious maltreatment and focus on those allegations. Staff from a third agency told us the agency prefers to use a non-child-protection response unless children are in imminent danger.

Directors of child protection for two American Indian tribes also commented on agencies' screening propensities.<sup>4</sup> Because the reservations of these two tribes are within the jurisdiction of several counties, allegations involving children on the reservation are screened by one of several different agencies. One director commented that several of the counties with which she interacts tend to screen out referrals. The other director described how the counties with which his tribe interacts all have very different screening propensities, with some screening in referrals the tribe would never treat as child protection and some screening out referrals that the tribe felt strongly were child protection matters.

As we will discuss in more detail below, a major contributor to agency variation in screening is vague statutes defining abuse and neglect. Keeping statutes somewhat vague may reflect a policy choice to preserve the ability of child protection agencies to practice in ways that accommodate the variation among communities they serve. In addition, the Legislature likely wanted to retain room for professional judgment in protecting children. Furthermore, it would be impossible to define all the different ways in which children might be maltreated.

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<sup>4</sup> These two tribes were not participants in the American Indian Child Welfare Initiative. Therefore, child maltreatment involving American Indian children residing on these tribes' reservations is within the jurisdiction of the county in which the part of the reservation where the child lives is located. Some reservation boundaries cross several county lines. This means that a tribal child protection agency may interact with several different county agencies. Tribes may also enforce their own child protection code.

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**Vague definitions of abuse and neglect create opportunity for variation in screening decisions.**

However, variation in children's access to protection services depending on where they live may be concerning. In addition, variation among agencies regarding what constitutes maltreatment could affect how much funding agencies receive in the future. The 2011 Legislature created the Vulnerable Children and Adults Act.<sup>5</sup> Among other things, the act specifies how DHS should distribute state and federal Title XX funds to county agencies. Increasingly, the funds are to be distributed based on the number of vulnerable children and adults in each county.<sup>6</sup> The number to be used in the formula is the number of children who were the subject of screened-in maltreatment referrals. Thus, agencies that cast wider nets for screening in child protection referrals could receive more funding, even if their caseloads reflect less-serious child protection cases than agencies that more selectively screen their referrals.

In the following sections, we discuss factors that reflect and explain agencies' differing propensities to screen in or screen out child maltreatment referrals. These factors include agencies' perceptions of risk, agency guidelines, agencies' use of information external to the actual referral, workload of agency staff, introduction of family assessment, and the availability of other, non-child-protection services for families.

## **Risk**

Screening decisions reflect agencies' assessments of whether particular referrals should be addressed through child protection. Referrals may be about events or circumstances that have already caused demonstrable harm or those that pose a risk of harm. Risk of harm is the potential for negative outcomes that have not occurred. Some risks are specified in statutes. For example, physical abuse that threatens injury is maltreatment, even if no injury materializes.<sup>7</sup> Neglect also encompasses risk of harm. For example, inadequate supervision need not have resulted in harm for an allegation of it to be screened in to child protection. In this section, we discuss statutory treatment of risk as well as agency perceptions of when referrals alleging risk of harm should be "screened in" for a child protection response.<sup>8</sup> We found:

- **Vague statutory treatment of risk combined with differing agency perceptions of risk may explain some screening variation among agencies.**

State law leaves open to interpretation the extent to which risk of harm is a child protection issue. According to statutes, it is the policy of the state "to protect children whose health or welfare may be jeopardized through physical abuse,

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<sup>5</sup> *Laws of Minnesota* 2011, First Special Session, chapter 9, art. 1, secs. 20-30. This law amended *Minnesota Statutes* 2010, chapter 256M, the Children and Community Services Act.

<sup>6</sup> *Minnesota Statutes* 2011, 256M.40.

<sup>7</sup> *Minnesota Statutes* 2011, 626.556, subd. 2(g) and (n).

<sup>8</sup> In this discussion of risk, we are referring to the consideration of risk of harm at the screening stage for the purpose of determining whether a referral needs a child protection response. We are not referring to standardized assessments of risk made by child protection agencies as part of an assessment or investigation.

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**An agency's interpretation of risk will affect its screening decisions.**





neglect, or sexual abuse.”<sup>9</sup> This statement places both actual harm and risk of harm in the province of child protection. However, the undefined term “may be jeopardized” leaves child protection agencies to decide how much risk of harm a child must face for a referral to be screened in. In addition, state law does not indicate how close to materializing the harm must be before the allegation of risk must be screened in as a child protection issue. By contrast, federal law sets forth a minimal definition of child abuse and neglect as harm that has already occurred or “an act or failure to act which presents an *imminent* risk of *serious* harm.”<sup>10</sup>

An agency’s willingness to have a more expansive understanding of risk may be related to its perception of the nature of child protection. For example, when asked the extent to which they agreed with the statement, “At times, child protection interventions can be more harmful than helpful to families,” 22 percent of screeners responding to our survey disagreed or strongly disagreed, while 48 percent agreed or strongly agreed.

An agency with a narrower interpretation of risk will screen in fewer referrals than one with a more expansive interpretation, all things being equal. Some agencies seem to reserve child protection for referrals alleging actual harm, imminent danger, or risks that are specifically identified in state law as child protection issues. Staff at one agency described child protection as a governmental intrusion that should not be taken lightly. Accordingly, their agency screens in only actual harm and risks, such as educational neglect, which must be screened in by state law. A supervisor at another agency told us that child protection is about things that have already happened. According to this supervisor, agencies struggle with whether prevention should happen through child protection or other child welfare programs. She noted that some agencies are more risk tolerant than others. A screener from another agency commented:

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**Agencies differ on the extent to which they believe child protection should be used for prevention of maltreatment.**

Typically “risk” of maltreatment is not enough to screen in a report. If it was, counties would have to open child protection cases on every child of divorce and every child in poverty. Only those cases where the risk is SO high, with SUCH potential for harm (i.e., serious endangerment) get opened for [child protection].

Other agencies seem to use child protection to respond to a broader array of potential risk. For example, one supervisor told us that it is the government’s and child protection’s role to prevent harm and that child protection is a helpful service to families.

Responses of child protection screeners to our survey indicated that agencies may have different responses to risk of harm, although we do not know the extent to which these individuals’ opinions translate into agency screening practice. About one-third of respondents disagreed or strongly disagreed that “child

<sup>9</sup> *Minnesota Statutes* 2011, 626.556, subd. 1.

<sup>10</sup> *42 U.S. Code*, sec. 5101 (Supp. IV 2010). Emphasis added.