

Mandated
Reporter Training
- with Educator
Specific Module

Presentation for School Nurses

OCA Presenters

Renee Franzis:

▶ Renee is one of the OCA's Quality Assurance Managers and has been with the agency for two years. Renee has her B.S.W. from Central Connecticut State University, and her M.S.W. from Boston University. She is a Licensed Independent Clinical Social Worker. Her professional history includes child protection social work at the Department of Children and Families and working as an outpatient clinician in various settings.

Crissy Goldman:

► Crissy is the OCA's General Counsel and has been with the agency for five years. She is the OCA's primary liaison with DESE and works on issues related to residential schools. Crissy has her B.A. from Assumption University, her M.Phil. from the University of Oslo, Norway where she also conducted her Fulbright Scholarship, and her J.D. from Fordham Law School. Her professional history includes litigation of child abuse and neglect cases in New York City and working as an education law attorney in Massachusetts.

Overview of Presentation

- ▶ Introduction to the OCA and our Mandated Reporter Training Project
- The OCA Mandated Reporter Training
 - Our approach to the curriculum
 - ▶ Training Details
 - ▶ Benefits of the training and platform
 - ▶ Training Data
- Recent data about school 51A filings
- In-depth review of topics relevant to mandated reporting
- ► Q&A

About the OCA

The Office of the Child Advocate (OCA) provides independent oversight of state services for children to ensure that children receive appropriate, timely and quality services, with a particular focus on ensuring that the Commonwealth's most vulnerable and at-risk children have the opportunity to thrive.

Through collaboration with public and private stakeholders, the OCA identifies gaps in state services and recommends improvements in policy and practice. The OCA also serves as a resource for families who are receiving, or are eligible to receive, services from the Commonwealth.

The OCA Complaint Line

The Complaint Line is an ombudsperson function of the OCA. The purpose of the complaint line is to receive and respond to concerns and/or questions about state services provided to children, youth and/or families.

Anyone can contact the OCA Complaint Line to express concerns, ask questions, or receive resources and information about a service a child or young adult is receiving, or eligible to receive.

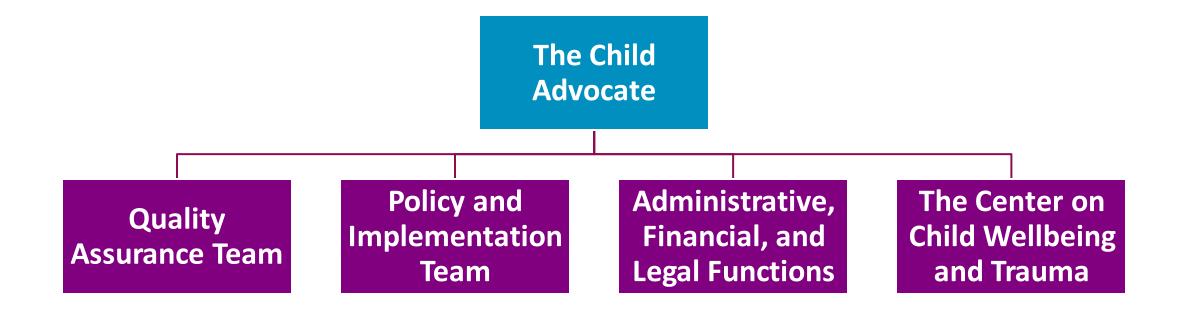
The complaint line operates **Monday** through **Friday**, 9am-5pm with multiple methods of contact: telephone, email, webform

Website: www.mass.gov/childadvocate

Email: <u>childadvocate@mass.gov</u>

Telephone: 617-979-8360

About the OCA



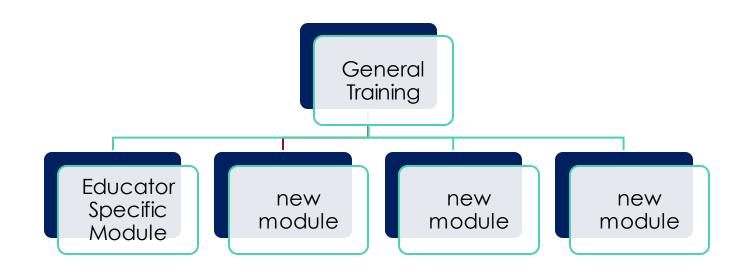
Mandated Reporter Training Requirements

- Mandated reporting: child abuse and neglect (trafficking, CSEC, and SEN)
- ► Mandated reporters who are licensed by the Commonwealth are required to be trained in mandated reporting (MGL c. 119 §51A(k)).
- School committees are required to inform teachers, administrators, and other professional staff of reporting requirements for child abuse and neglect (MGL c. 71 §37L).
- Approved Public/Private Day and Residential Special Education Schools Programs
 - ▶ The school shall describe procedures and staff training relative to reporting suspected child abuse and neglect (603 CMR 18.05).
- No required curriculum or training length
 - ▶ OCA Training: Online MA-specific curriculum Educator specific

OCA Project Description

- Create an online, on-demand, evidence-based mandated reporter training with a profession-specific module for educators
 - Identify red flags in child and adult behavior
 - ▶ Identify types of neglect and understand the difference between neglect and poverty
 - Consider the role bias and cultural considerations play in evaluating whether to report
 - ▶ Focus on evaluating the information available to the mandated reporter
 - Help guide reporters on what to do when concerns do not reach the level of abuse/neglect
- ▶ OCA launched the training in August 2023 in time for the start of the school year

Structure and Data



Data Gathering: usage, completion rates, pre-post test scores, change in behavior over time

MR Training Core Elements of Approach

- Child-centered Analysis
- Providing Context including disproportionality, DCF process
- Promoting Structured Thinking
- Direct messaging on cultural and demographic bias
- Taking the next step:
 - ► Not enough information
 - Not enough analysis
 - Child and families in need of help
 - ► Talking with children and families

Core Elements: Child-Centered Analysis

- Using a child centered analysis, mandated reporters can ensure that decisions regarding whether to file a report of abuse or neglect are guided by the consideration of the impact on the child.
- Shift in thinking from what the caregiver has done wrong to what has the child experienced
- Things to consider using a child-centered analysis:
 - Developmental needs
 - Vulnerabilities of child
 - Strengths of child/family

Core Elements: Providing Context

- ► The mandated reporter law does not provide much information about how to interpret the reporting responsibility
 - No statutory definition of abuse or neglect
 - ▶ No information about how to evaluate a "reasonable cause to believe" standard for reporting
- Providing current data and context helps to clarify the responsibility
 - ▶ Mandated reporting is the "front door" to CPS, this is where disparity starts
 - ▶ We are learning new information: trafficking patterns, trauma responses, etc.
 - ▶ Knowing how DCF interprets information can help a mandated reporter frame their thinking, so we discuss the screening process, the investigation process, and the investigation outcomes.

Core Elements: Promoting Structured Thinking

- Circumstances that may require reporting can be: emotionally charged, confusing, fast-moving, and unclear
- We created a structure to help interpret information: separating facts, observations, and knowledge
- Suggest to reporters that they should go through the process of writing each segment of information down and to take the time to consider how you might evaluate facts, observations, and knowledge differently.

Facts can include:

- the presence of an injury
- any situation you witness yourself
- a diagnosis from a medical professional

**A child's disclosure of any information or any admission by an alleged perpetrator should always be treated as facts for the purposes of reporting.

Observations can include:

- Witnessing physical, behavioral, or emotional indicators of abuse or neglect
- Observation of sexualized behavior or language that is not appropriate for the child's age or developmental stage

Knowledge can include:

- Historical pattern of concerns about the child or alleged perpetrator
- Information received from a third party
- Professional expertise in knowing what a "red flag" may be

Core Elements: Promoting Structured Thinking

- Consider whether 51A filing is the next step-this will include considering:
 - whether services or supports can help stabilize a situation
 - whether supports have been offered and the situation has remained the same or worsened
 - or whether supports aren't appropriate in the circumstances
 - Writing this out can slow our thinking and give us a chance to process the information we have.
 - ► The curriculum notes several times that referral to services is no the end of the engagement on a matter- mandated reporters should consider whether the services alleviated the problem
 - ▶ Referral to a food bank won't help a child if the family is withholding food as punishment- consider the long-term analysis for child, particularly in the school context where the child is seen on a consistent basis

Core Elements: Direct Messaging on Bias

- Goal is to directly message about bias and disproportionality without any accusations or unintended messaging
- Provide current data metrics
- Describe explicit bias, implicit bias, culture
- Provide an approach for addressing bias through structured questions
 - Approach prescribed is mimicked throughout the training
- Focus on the minimum degree of care standard
 - Standard is purposefully reinforced through example questions throughout the training

Core Elements: Taking the Next Step

- Training is designed to place mandated reporting in the context of real-life difficult decision-making. We recognize that reporting unnecessarily or over-zealously can result in extreme negative consequences, but we also recognize that knowing when to report is very difficult and that no one wants to risk a child being hurt.
- Taking the next step:
 - ▶ Not enough information- how to identify when you don't have enough information, how to gather more information without venturing into your own investigation- this requires a continued focus on the minimum degree of care
 - Not enough analysis- what to do with the information you do have- how to interpret and evaluate information- requires identifying facts from opinions/conclusions and using structured thinking
 - ► Child and families in need of help- what do when your concern for a child does not meet the standard for reporting- connect to resources and don't forget your concerns
 - ▶ Talking with children and families- sensitive conversations- being direct and truthful

General Curriculum Module

- The Role of the Mandated Reporter
 - Protections for Mandated Reporters
 - Legal Requirements
 - Reporting Bias and Cultural Considerations
- Neglect
 - What it is
 - Learn the Signs
 - Neglect vs. Poverty
- Physical Abuse
 - What it is
 - Learn the Signs and Red Flags
- Sexual Abuse
 - What it is, Trafficking, Commercial Sexual Exploitation of Children
 - Red Flags

- Children with Disabilities
- How to Report and What Happens Next
 - Knowing when to report
 - Required information
 - The phone call/the written report
 - Investigation response

Educator-Specific Module

- School Personnel as Mandated Reporters
- Educational Neglect
 - Generally
 - Students with Disabilities
 - Special Education
- Unhoused students
- Sexual Abuse in the School Setting
 - Problematic Sexual Behaviors
 - Sexual Behavior of Adolescents
 - Sexual Abuse Perpetrated by an Adult
 - Sexual Exploitation
- Talking with Students/Gathering Information
 - Students with Disabilities

- Institutional Protocols
- Child Protection Teams in Schools
- Talking with Parents
- Maltreatment Perpetrated by School Personnel
- Cooperating with the Department of Children and Families
- Providing Support to Families

Goals of the Educator-Specific Module

- Emphasize the particular expertise that educators bring to mandated reporting
- Focus in-depth on relevant topics that are introduced in the general module
- Understanding how to gather information from a student disclosure without crossing the line into investigation
- Emphasis on support resources including DESE guidance
- Consideration of the relationship between the school and the family
- School-specific tools and best practices: institutional protocol and child protection teams
- Challenging scenario questions to reinforce patterns of thinking

Additional Benefits of Training Platform

- Curriculum is always accessible without requiring you to retake the course
- Resource Library
 - Learn more about the topics, linked to MA specific resources whenever available
 - Always accessible
- OCA created resources
 - Worksheet to think through whether to report
 - Tip sheet on student disclosure
 - Resource Guide to connect families to MA-specific resources
 - Tip sheet on institutional protocols
- Curriculum is dynamic-will be updated in the future to reflect the realities educators face
- Help-desk ticketing

The training:



MENU GLOSSARY RESOURCES EXIT COURSE **Disparity in Reporting** Click to complete slide. Massachusetts Child Abuse Reports by Race & **Ethnicity for Fiscal Year 2022** Disparity in Reporting 59.5% 44% 19.4% 33.2% 0.2% 0.1% White Hispanic/ Black Asian Indigenous American Latinx MRT info

















Who Are Mandated Reporters?

A mandated reporter is a person who is required by law to report concerns of child abuse or neglect. Mandated reporters are generally people who come in contact with children as:

- Part of their employment
- Practice of their profession

While anyone can make a report to DCF, only those statutorily listed are mandated to do so. In Massachusetts the following groups of professionals are identified as mandated reporters:

- School Personnel
- Child Care Providers
- Mental Health Professionals & Social Workers
- Medical Professionals
- Law Enforcement
- Clergy
- The Child Advocate

Legal











NEXT >





esources *

Support ▼

Start Now

What Are the Laws and Regulations In Your State?



Massachusetts Regulations

CMR 110, § 2.00 Emotional Abuse	~
CMR 110, § 2.00 Exceptions	~
CMR 110, § 2.00 Neglect	~
CMR 110, § 2.00 Persons Responsible for the Child	~
CMR 110, § 2.00 Physical Abuse	~
CMR 110, § 2.00 Sexual Abuse/Exploitation	~

MENU GLOSSARY RESOURCES EXIT COURSE

Types of Neglect

Click to complete slide.

Physical Neglect

Emotional Neglect

MRT info













NEXT :



Courses ▼

Resources ▼

Support ▼

Login

Start Now

Child Abuse

Elder/DependentAdult Abuse

Massachusetts Resources

Americans with Disabilities Act (ADA)	<u> </u>
Better Together: Massachusetts Family School Partnership Fundamentals	~
Careful Hiring Practices and Reporting Misconduct	~
Child Advocacy Centers (CAC)	~
Child Maltreatment 2021	~
Child Neglect	^
<u>Psychology Today</u>	
Symptoms, causes, and treatments for neglect.	
Cooperating With DCF	~
DCE Access to Students' Education Records	

Thinking Through Whether to File a 51A Report

This worksheet is a guide and is **completely optional**. Your decision whether to file a 51A report is based solely on your evaluation of a situation considering your understanding of your legal responsibilities. Remember that as a mandated reporter you are individually responsible for making a report. You can use this worksheet individually or as part of a child protection team discussion. This worksheet was created with the 51A form in mind. If you do decide to make a report after you complete this optional worksheet, then the answers in this worksheet will correspond to the information you need to make a 51A report.

Start by listing the individual characteristics of the child

Child's name:	Current location/address of child:	
Birth Gender/Gender Identity:	Any other children in the home?	
Preferred Language of Child:	Age/DOB:	
Parent/guardian/caregiver of child:	Race/Ethnicity:	

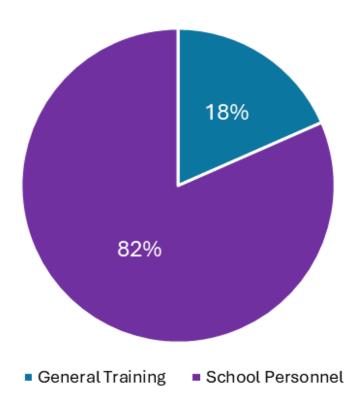


I am concerned that:			
The reason I am concerned is:			
The reason I am concerned is:			
Possible contributing factors, please check	all that apply:		
☐Substance use/misuse	☐Acute/chronic medical condition	□Runaway	
☐Substance exposed newborn	☐Housing instability/homelessness	☐Gang involvement	
□Domestic violence	☐Human trafficking/labor	☐None applies	
☐Mental/behavioral health challenges	☐Teen parenting	□Unknown	
	d	□Other	



Training Data

Completed Trainings



Total Training Certificates Issued since August 2023:

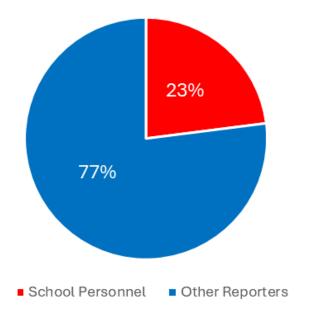
7,509

Training Data

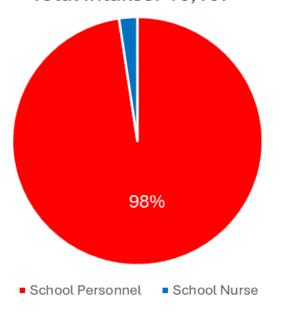
QUESTION	Pre-assessment	General Training	School Personnel
Neglect threshold	73%	84%	90%
Reporting threshold	94%	98%	98%
Trafficking/Sexual Abuse	80%	94%	89%
Logistics of Reporting	62%	87%	84%
Role of Mandated Reporter	87%	95%	93%
Logistics of Reporting	72%	89%	85%
What happens after a report	91%	96%	97%
Reporting additional concerns	90%	95%	97%
Alleged Perpetrator	86%	94%	94%
Poverty vs. Neglect	26%*	74%*	75%*

51A Filings: School Nurses

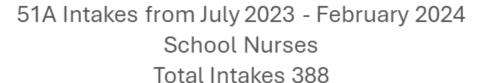
51A Intakes from July 2023 - February 2024 Total Intakes: 70,068

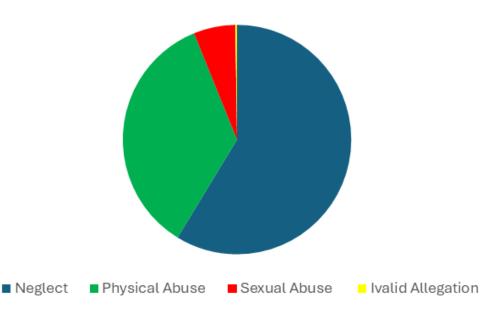


51A Intakes from July 2023 - February 2024 School Personnel Total Intakes: 16,107



51A Filings: School Nurses



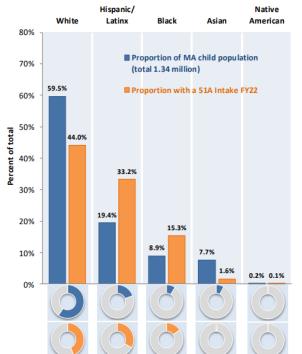


More analysis is needed to be exact, but it appears that the majority of reports from school personnel are filed by school clinicians/social workers/adjustment counselors/behaviorists followed by administrative staff including principals/vice principals and special education directors.

51A intakes may include more than one allegation type

Deeper Dive: Disparity in Reporting

Children of color are disproportionally represented in child protective services. This disproportionality is measured against the ethnic/racial make-up of the total population of children in MA. The disparity starts at the mandated reporting stage and is replicated throughout the DCF process. According to our current (limited) data, the disparity is neither increased nor decreased at any stage of DCF involvement.



"Protective Intakes by Race/Ethnicity -- Unduplicated by Child FY2022" Graph is from FY22 DCF Annual Report page 27

Deeper Dive: Disparity in Reporting

Data does not tell us the whole story, and context and individual facts are critically important to understanding the reality and range of experiences with DCF. Risk factors such as mental health status, substance use disorder, poverty, and stigmatization affect segments of the population differently and at different rates. That the data tells us there is disproportionality based on the general population numbers is only partly helpful. The number of screened-out reports is only partly helpful in this discussion as well- a screened-out report does not necessarily mean that a mandated reporter was incorrect in filing the report or that they misread the situation.

What can we do with this information and this context?

- ▶ Educate ourselves on bias, cultural considerations, unintended outcomes, and structural barriers
- Consider our underlying assumptions and our conclusions- identify how we came to a conclusion
- Use tools to help us structure our thinking and slow our thought processes down
- Check our reasoning with trusted colleagues- team-based approach
- ► Continue to focus on the minimum standard of care- go back to the basics
- ► Advocate for more data gathering, data sharing, and data analysis

Deeper Dive: Disparity in Reporting

The conscious and unconscious biases that govern societal interactions, communication, and conclusions are undoubtedly one source of this disproportionate involvement. Such biases are not solely based on racial identities, or perceptions of racial identities, but also on complex coexisting inequities including economic and legal disadvantages. Families that are living in poverty are exposed to more scrutiny than are families who can more easily access resources ranging from food and clothing to medication and mental health services. Similarly, those who have cultures or traditions that deviate from the perceived norm are exposed to more scrutiny than are families who meet societal expectations of "normal."

- Experiencing a 51A report and the screening process is intense, invasive, and stigmatizing even if the report is screened out or the allegations are unsupported.
- ► Children and families who come into contact with DCF experience the trauma of the event that causes state involvement, and the trauma of the state involvement.
- ▶ Generational involvement with DCF as well as generational scrutiny of family capacity can cause stress, trauma, and a lack of trust in state sponsored supports.

Deeper Dive: Photos of Injuries

- ▶ A photograph of an injury is never required for filing a 51A
 - You are required to describe the nature and extent of the injury, information regarding who you believe caused the injury, and any other information helpful to establishing how the injury occurred
 - ▶ This requires describing the injury in detail
- ► The 51A reporting law specifically permits hospital personnel to take photographs of injuries without the consent of the child's parents/guardians
- DCF Response workers may photograph any observable injury when they interview the child during the response
- ▶ Photographs of injuries are not prohibited by the mandated reporter law or by DCF policy:
 - Consider whether there are other laws, policies, or procedures that prohibit you from taking photos
 - Consider whether a photo would be particularly helpful to the filing
 - Consider whether it would be less traumatic for you to take a photograph than for a DCF worker to do so

Deeper Dive: DCF Health and Medical Services

DCF has a dedicated team of health and medical professionals who play a critical role in ensuring the physical and medical wellbeing of DCF involved children. This team provides a variety of services such as:

- Facilitate agency wide trainings
- Consult on individual cases
- Support communication between DCF and medical providers
- Navigate insurance challenges
- Ensure medical needs are met for all children in care (7 & 30 day screenings)

The Health and Medical Services team consists of:

- DCF Medical Director (central office)
- Regional Nurses (one nurse per DCF region)
- Medical Social Workers (one social worker per DCF area office)
- Additional specialists: child and adolescent psychiatrist, medication administration program director, psychiatric nurse practitioner

Deeper Dive: Institutional Protocols

The Massachusetts mandated reporter law permits, but does not require, an institution such as a school or hospital to have an institutional reporting procedure. This means that the responsibility of staff within that institution to report child abuse and neglect can be transferred to a designated filer within the institution. That designated filer then becomes responsible for reporting the maltreatment to DCF.

Benefits of an institutional reporting procedure:

- Allows the institution to determine which staff members can accommodate the time-intensive process of filing a report
- Ensures that the information about what occurred is communicated within an institution to a designated agent (designated filer)- this ensures that the institution can take any necessary steps to help protect children
- Helps to streamline communication with DCF and the institution

Detriments of an institutional reporting procedure:

- The designated filer did not observe the situation or disclosure first-hand so the reporting may not be as detailed as it may be coming from the mandated reporter
- The mandated reporter who first observed the situation or disclosure may not be aware of when, or if, the report was ever made by the designated filer
- The designated filer may disagree with the mandated reporter that a report needs to be made
- The mandated reporter may want to make a report where the designated filer or someone close to the designated filer is the alleged perpetrator

Deeper Dive: Institutional Protocols

We recommend that any institution that utilizes an institutional reporting procedure have a **written protocol** that describes the procedure. A written protocol provides the detail necessary to ensure that the procedure works well.

Written Protocols Should Include:

- Who to report to
- When to report (speed)
- How to report
- How to document
- Decision-making authority
- Feedback to the mandated reporter
- Periodic review schedule for the protocol

Child Protection Team

A child protection team (CPT) is a designated group of educators who review suspected maltreatment allegations and facilitate reporting.

- > The team can consist of multidisciplinary school staff to encourage various viewpoints
- > Child protection teams should create and follow a protocol that clearly explains
 - team responsibilities (who is involved, how often does the team meet)
 - procedures for filing (who is responsible)
 - follow up on status of filed reports of abuse and/or neglect
- ➤ Having a school-based CPT can streamline the filing process, however, if the CPT determines a report does not need to be filed, mandated reporters are still responsible for filing a 51A if there is reasonable cause to believe a child is experiencing abuse or neglect

Deeper Dive: Investigations

It can be challenging to gather enough facts to determine a reportable condition of abuse and/or neglect without jeopardizing the DCF investigation process.

- You do not need to "prove" the allegation before filing but must have a reasonable cause to believe that a child has been abused or neglected or is at substantial risk of being abused or neglected.
- You should STOP and immediately file once you have reasonable cause to believe. Further questioning can jeopardize both the DCF and police investigation.
- DCF will then gather additional facts needed for the investigation in a trauma informed manner to minimize the impact of the interview process on the child.

Wrap-Up

Mandated reporting can be a challenging responsibility. Our goal is to bring as much clarity and procedural support as we can. We keep the safety of the individual child at the center of the evaluation and provide concrete tools to help evaluate whether a situation rises to the level of requiring a report.

We are very grateful for everything school personnel do for the children of the Commonwealth.

Thank you, we appreciate you.

Thank You