



STRATEGY BRIEF

# TRANSFORMING CHILD WELFARE SYSTEMS

## How can helplines serve as **a better pathway for families to access support?**

Helplines or “warmlines” offer a proactive pathway for families and community members to access critical support. Although helplines are widely available ([2-1-1 systems](#) alone are [available to 95% of the U.S. population](#)), they currently are not structured to be tools for mandated reporters and the general public to connect families to family strengthening resources. Mandated reporters and community members generally are instructed to report maltreatment concerns to [child protection hotlines](#) rather than considering other communication options for helping families who need support with a range of basic necessities, including food, clothing, housing, medical and behavioral health care services, education-related issues, legal representation, transportation, and child care.

Receiving supports through helplines is akin to receiving medical care from urgent care centers rather than emergency rooms for low-acuity conditions (that is, non-life-threatening conditions that warrant urgent attention). Effective helplines promote child and family well-being by ensuring all families can access the support they need to reach their full potential.

Due to the COVID-19 pandemic, many jurisdictions are noting a decline in calls to CPS hotlines while helplines are [experiencing a surge in calls](#) and filling an important need. Many leaders have recognized the crisis presents an opportunity



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to leverage other pathways to support and strengthen families when a call to the child protection hotline is not warranted.

The current child protection system is reactive by design, relying on both mandatory and voluntary reporters to share suspicions of child maltreatment through a call to the hotline. Once a report has been received — *after* the alleged maltreatment has occurred — CPS intervenes to determine if an investigation is necessary and if further intervention is needed to protect the child. State mandatory reporting laws contain expansive criteria for reporting child maltreatment, including broad categories of neglect that include poverty-related issues that don't warrant CPS involvement. Many reports to the hotline therefore are screened out or result in unsubstantiated investigations for not meeting the legal threshold.

CPS hotlines are not equipped or designed to effectively deal with the overwhelming number and variety of underlying conditions presented in the reports they receive. As a result, jurisdictions may develop [investigation backlogs](#) and overextend scarce resources on screening and investigating reports that don't ultimately warrant CPS intervention, rather than focusing on their mandate to keep children truly at risk of maltreatment safe from harm. Furthermore, being the subject of a CPS call and/or investigation is [traumatic for children and families and disproportionately affects families of color](#).<sup>1</sup> Subjecting families to unnecessary investigations has detrimental

## PUTTING THE NUMBERS IN PERSPECTIVE

Nationally, more than [7.8 million children](#) are involved in a report of child abuse or neglect each year, and 44% are screened out. Of the 3.5 million children who are screened in for an investigation or assessment, less than 1 in 5 are confirmed as victims of maltreatment.

human and socio-economic implications, especially for communities of color.

## Changing the culture around asking for help

Some jurisdictions are trying to change the culture around seeking assistance, reducing stigma and marketing helplines as tools that are available to all community members.

### Helplines as a strategy for promoting well-being

Because they are available to all people in a given location, helplines can be considered a universal prevention strategy — and a strategy for promoting well-being — providing the opportunity to offer support before a hotline call is warranted. For families struggling to provide for their children, for example, receiving a referral to services through a helpline may be sufficient to keep them from becoming the subject of a neglect investigation. [Louisiana's Kidline](#) and [211 Tampa Bay Cares](#) both aim to reduce child maltreatment by increasing access to supports and services.

The pandemic is an opportunity for child protective service organizations across the country to message to the community, 'You see how the community is supporting one another, identifying individuals who need more support? You can do this without having to call CPS on that family. You don't need CPS intervention to get a particular service.' The pandemic has pushed that conversation forward in ways that we didn't anticipate.

— KEN MYSOGLAND,  
BUREAU CHIEF OF EXTERNAL AFFAIRS, CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

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## Normalize help-seeking

Given that [all families experience stress](#), all families can benefit from the resources offered by helplines. Helplines can be marketed broadly as relevant to all families, increasing their utility as a prevention strategy. The pandemic, which has heightened stress and anxiety universally, provides an opportunity to normalize help-seeking that can and should extend beyond the acute phase of the crisis.

When the COVID-19 pandemic began, the **Connecticut Department of Children and Families** (DCF) observed a sharp drop in the number of calls to its CPS hotline. Simultaneously, DCF staff noticed that a large number of community members were seeking information specific to [COVID-19 on their website](#). In fact, while calls to the child protection hotline decreased during the stay-at-home order, over 18,000 unique visitors accessed resources via the website during the first three months it was operational. Recognizing that the pandemic affects every household in the state — not just those that are on the DCF caseload — the agency decided to create the [Talk It Out Line](#) (“When it builds up, talk it out”) for anyone to access support and resources. DCF was able to launch the helpline within three weeks of conception of the idea thanks to strong relationships with community partners throughout Connecticut including state legislators and other state agencies.

## Training for mandated reporters and helpline staff

Mandated reporters typically receive training instructing them to call a CPS hotline if they suspect child

## A PARENT’S PERSPECTIVE

Parents describe “warmlines” as being a helpful, necessary, and non-judgmental place to access support. Some parents feel strongly that warmlines should operate within communities, independent of child protection agencies. These concerns are steeped in fear over child removal when seeking out help and support services.

maltreatment. However, mandatory reporters can hold more active roles as helpers and supporters of families. Training for mandated reporters should be expanded to incorporate helplines as an additional option to access necessary supports for families. Training should be re-messaged to promote the idea of a community’s collective responsibility to ensure that all children are healthy, safe, and thriving; this includes how to connect families to support via appropriate pathway.

As a step in this direction, the Department of Child Safety, Youth and Women in **Queensland, Australia**, created the [Child Protection Guide](#), an online decision-support tool (using [Structured Decision-Making](#)) that guides professionals who have concerns about children in determining whether to report their concerns for investigation. The guide provides information about where to refer families for support when they have needs but child protection is not warranted.

Creating the helpline was an opportunity for the department to push forward our mandated prevention work, but also to establish in the community a new pathway for child abuse to be prevented.

— KEN MYSOGLAND,  
BUREAU CHIEF OF EXTERNAL AFFAIRS, CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

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## Implementation considerations

Jurisdictions that are starting new helplines or upgrading existing helplines may want to consider the model of care they will use, how they will involve partners, funding, marketing, and data collection for continuous quality improvement.

### Model of care

The traditional 2-1-1 model provides confidential referrals to resources without follow-up, which may not be sufficient to keep families from being referred to CPS. Some jurisdictions, however, integrate follow-up into their helpline models. In **New Hampshire**, for example, staff at the newly established helpline will follow up with callers to see whether they acted on referrals and were able to receive care. **North Carolina** is integrating its 2-1-1 system into health care and social services programs to coordinate care and track outcomes, permitting “complete visibility into the full journey of each client they serve.”

As part of **San Diego’s Family Strengthening and Prevention Initiative**, CPS calls that are evaluated out but may include risk for neglect are referred to [211sandiego.org](http://211sandiego.org), a resource and referral hub with over 6,000 resources. 2-1-1 staff (“navigation specialists”) then provide broad outreach and support to these families with the goal of averting another hotline call, including follow-up to ensure families get connected to services. The [Community Information Exchange](#) facilitates the integration of data from multiple partners (using shared language/

assessments and a social determinants of health framework) to aid in individual case planning and outcome evaluation.

In addition, the [Alliance of Information and Referral Systems](#) (AIRS) has developed a set of standards for helplines, and provides trainings and certifications for information and referral services programs. AIRS also has created [resources in response to the COVID-19 pandemic](#), including how to on-board new staff quickly.

### Partners

Helplines rely on having partners to whom callers can be referred, and they benefit from connections with local government agencies serving children and families. Recognizing that [hotline calls fell by nearly 50%](#) at the start of the pandemic, **New Hampshire’s Division for Children, Youth & Families** (DCYF) sought to ensure that children were safe during school closures. As a result, in partnership with [Waypoint](#), DCYF established a statewide [Family Support Warm Line](#). Staffed by family support professionals, the aim of the service is to increase family resiliency by providing support, guidance, and referrals. Drawing on collaborative relationships and incorporating parent feedback, DCYF also created a [resource guide](#) for supporting child and family well-being. The guide includes a set of non-threatening questions for teachers, law enforcement officers, and other community members to ask parents/caregivers and children to determine whether they need help (adapted from a

My concern with mandatory reporters (and even now that I am one) is that they absolve the community of any sense of duty to help. We teach and ingrain this need to report but not support. Right now we have an opportunity to strengthen this role in society.

— TIMOTHY PHIPPS,  
BIRTH FATHER AND PARENT MENTOR, OREGON

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guide in [Oregon](#)), a list of resources, and warning signs that might warrant contacting DCYF.

**Idaho's** 2-1-1 helpline, housed in the Department of Health and Welfare, is in the same division as its [kinship](#) and [resource and service navigation programs](#), which permits the programs to collaborate to strengthen and stabilize families so children can live safely in their homes or in the homes of relatives.

## Funding and cost-benefit analyses

United Way is the primary supporter of 2-1-1 centers, operating or providing funding for over [70% of centers](#) nationwide. Government agencies (including child protection), foundations, and other private sources also support helplines. A [benefits/cost analysis](#) of **Texas'** 2-1-1 system estimated \$1.77 in benefits for every \$1.00 spent, not including the value of increased social capital and "relief and reassurance" experienced by callers.

## Marketing

Helplines can only succeed if a significant proportion of the population knows about them. **Connecticut** chose to attribute its new helpline to the State of Connecticut rather than to the Department of Children and Families so that potential callers would not be put off by the idea of seeking help from a child protection agency. The agency created [public service announcements](#) that have aired on radio and TV, and sent marketing materials to DCF staff, statewide community partners, legislators, and sister state agencies. Some towns

have included information on their town websites, and flyers have been included in bags of food distributed at food drop sites. All school superintendents have been provided the information.

In **Idaho**, a community resource development specialist is dedicated to conducting statewide outreach to ensure that all communities are aware of the supports and resources available through its helpline, including 2-1-1, kinship support, and resource and service navigation.

## Using data to guide development of service infrastructure

By collecting data on the needs of helpline callers, communities can better direct resources to meet core areas of needs, such as food and housing, and can identify areas for improvement in helpline protocols and practices. **New Hampshire** is monitoring its helpline usage and referrals to determine whether there is an increase in the number of families being referred to [Family Resource Centers](#) (FRCs) during the pandemic. If DCYF staff do not see an increase in families calling FRCs, they may conduct work-in-progress training to remind helpline staff about FRCs as a resource.

**San Diego**, which has an [integrated Health & Human Services Agency](#), maintains a [dashboard](#) with information regarding hotline calls, in-person visits, and data from other departments, which permits the agency to identify common themes. This information is used as part of a continuous quality improvement process

We leaned on a lot of relationships that we already had. It's important to regularly communicate with stakeholders, sister agencies, partners, and parents. When you have these moments of crisis, people really do want to figure out how to help. Take advantage of that and pull people together so they can come together, and empower them to keep doing the right thing.

— JOSEPH RIBSAMY,  
DIRECTOR, NEW HAMPSHIRE DIVISION FOR CHILDREN, YOUTH & FAMILIES

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The focus really needs to be on building the capacity of community-based service providers. We can talk about prevention and intervention as much as we want, but if waitlists exist and services aren't readily available for families, then we are just talking.

— **KIMBERLY MAYS,**  
BIRTH PARENT AND PARENT ALLY, WASHINGTON

to ensure that 211sandiego.org is serving communities as effectively as possible and providing outreach to families in a way that feels supportive and ensures family engagement, while simultaneously building an infrastructure of appropriate and accessible supports based on the identified needs. An evaluation is currently underway to assess the community-wide impact of 2-1-1 San Diego.

**Louisiana** also offers real-time [interactive dashboards](#) that share data on caller needs and demographic characteristics. Other helplines that have started in response to the pandemic may not yet have developed plans for data collection and evaluation, and may benefit from learning about evaluation practices in other jurisdictions.

1 Based on interviews with Zeinab Chahine, Casey Family Programs, April 20, 2020; Jen Haddad, Idaho Department of Health and Welfare, May 1, 2020; Lindsay Klein, Idaho Department of Health and Welfare, May 1, 2020; Ken Mysogland, Connecticut Department of Children and Families, May 5, 2020; Joseph Ribsam, New Hampshire Division for Children, Youth & Families, April 27, 2020; Ann Stanley, Casey Family Programs, May 7, 2020. Also based on presentations by Timothy Phipps, birth father and parent mentor, Oregon; Kimberly Maps, birth parent and parent ally, Washington; and Kimberly Giardina, Director, HHSA Child Welfare Services, San Diego to Casey Family Programs staff on June 18, 2020.

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