STRATEGY BRIEF
STRONG FAMILIES

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How can hotline data **help child protection agencies better support families?**

Data derived from calls made to a child protection hotline can help inform planning to support the well-being of children, families, and communities.[1] The ways hotline data are collected, analyzed, and used need to put greater focus on identifying and addressing community-level causes of family stress and instability, rather than focusing primarily on child- and family-level factors.[2]

Throughout the COVID-19 pandemic, families endured constant and increased levels of stressors, such as job loss, illness, lack of social support, and inadequate childcare. Often, families are reported to child protection hotlines not because their children are at imminent risk of harm, but rather because of poverty-related issues such as a family's lack of access to safe housing and other community services that support raising a child. These types of referrals to child protective services may result in an over-surveillance of families, which can compound the stresses inside the home.

Child protection agencies and the communities they serve should examine hotline policies and practices to ensure they have elements needed for an effective system, including consistent and timely response, clear policy guidance, skilled workforce, reliable decision-making processes, and continuous quality improvement processes.

Across the U.S., sectors within communities are working alongside their child protection agencies to create a transformative 21st century system of child welfare that more holistically supports child and family well-being. This shift in approach focuses on preventing child maltreatment as opposed to simply reacting to it. A closer examination of hotline data will help increase the understanding of needs within a community, and help reimagine the way child protection agencies serve children and families.

Availability of high-quality, relevant, and actionable data

Data systems that track hotline data will need to adapt to support prevention efforts. Rather than focusing solely on limited, traditional child- and family-level elements such as family demographics and allegations, hotline data systems should include community-level risk and protective factors, such as access to adequate housing, healthcare, and childcare. Sharing data across agencies and systems can facilitate the development and implementation of broad-based interventions that support children, families, and communities. When deciding what data to collect and how to analyze and use it, child protection agencies need to consider community members' concerns related to privacy. The goal is not to increase surveillance of families, but to increase families' access to information and services they need to keep their children safe and healthy.

Ensure hotline data are high quality
Complete, accurate data — including common definitions within (and ideally across) jurisdictions — allow for more robust analyses that can inform more effective planning. It is important to review data systems for ease of use, and specific data elements also should be examined for their relevance. Those elements deemed not useful or relevant (if not required by law) should be removed.

Develop mechanisms for sharing data across agencies and systems
Agencies also can explore opportunities for sharing aggregate hotline data, including information on screened-out calls and data elements that can inform

prevention strategies. This information enables cross-agency and cross-system learning and technical assistance that can improve operational efficiencies, ultimately improving child and family well-being outcomes. Data system upgrades through the Comprehensive Child Welfare Information System can support such cross-system connections.

Design data systems to inform and support prevention
Data systems should include elements that allow jurisdictions to assess risk and protective factors at the child, family, and community levels. Since community-level data can inform a public health approach to prevention, the integration of it in hotline data can assist the understanding of conditions and protective factors that may put children at risk of a maltreatment report. This may require a change from traditional hotline data systems that focus on child- and family-level measures. Jurisdictions may want to incorporate data from the American Community Survey, the National Center for Education Statistics, the U.S. Department of Agriculture (for data on food access), and locally available statistics into their data systems.

Consider concerns related to surveillance
Collecting data is key to securing resources and partnerships, and to tracking child and family well-being outcomes. However, when the intervention of child protection services is involved, connecting families to needed services raises concerns around confidentiality and therefore the practice of sharing data — even if for the purpose of supporting families — must be thoughtful. To address these concerns, child protection agencies should create clear and fair policies about what data will be collected, how the data will be used, and with whom the data will be shared.

Analysis and application

Hotline data can be used to make changes to screening procedures, improve mandated reporter training, and plan for the most effective development and placement of prevention services. All data

analyses must be conducted with an eye toward equity. Stakeholders who can provide context and insight should be involved in the review of hotline data.

Analyze data to inform changes to screening procedures

All jurisdictions should consider regularly examining data and sharing reports on the number of calls that are screened in for investigation yet are not substantiated. Given that investigations in and of themselves result in trauma for children and families, understanding the extent to which families experience unsubstantiated investigations — those that do not result in a finding of abuse or neglect — is a necessary first step.

The next step is digging deeper into the data to understand which types of reports are most likely to be unsubstantiated. If a jurisdiction finds that a high percentage of calls screened in for a particular concern are later unsubstantiated, revising policies related to that concern may be warranted. **Indiana Department of Child Services** policy, for example, stated that if a child under age 3 lived in a household for which a report was being made, an investigation was required regardless of whether the report contained an allegation of maltreatment. This resulted in a large number of reports being screened in unnecessarily. The agency revised its policy so that the presence of a child under age 3 no longer automatically triggers an investigation.

Examine data for disproportionality and disparities

Hotline data (including data on screened-out calls) offer the first touchpoint for learning about the needs of families. Therefore, hotline data must be disaggregated

DATA-DRIVEN CHANGES TO HOTLINE PROCEDURES

The **Indiana Department of Child Services** (DCS) found that a high proportion of its hotline calls were being screened in for investigation, but only a very small proportion of investigations resulted in a case being opened. Since DCS was getting involved in numerous cases where maltreatment was not occurring, families were experiencing the trauma of unnecessary investigations and too many staff resources were being devoted to those cases. DCS tracked two years of reports and examined what happened to each one over time. DCS found that 55% of screened-in reports were what the agency called "false positives" — that is, the report was screened in and investigated, but no maltreatment had occurred and no re-reports had been made during a seven-month follow-up window. DCS dug deeper into the data and found that certain types of reports were very unlikely to be substantiated. These included teenagers sending inappropriate photos to each other (screened in because it meets the statutory definition of child pornography), young children playing "doctor" (screened in as risk of sex abuse), and historical caregiver impairment (such as a parent using marijuana six months earlier). DCS used these findings to inform changes to its structured decision-making tool, resulting in a decrease in investigations without a decrease in child safety.

> "We have deeply held beliefs that the child protection agency knocking on the door is a protective factor, and that action alone means that we're helping. How do you change something that's so deeply ingrained in a belief system? Maybe we don't need to be there. Maybe we aren't the solution, and maybe somebody else is, or maybe we've completely misunderstood what our role was

— **HEATHER KESTIAN,**
FORMER DEPUTY DIRECTOR OF STRATEGIC SOLUTIONS AND AGENCY TRANSFORMATION, INDIANA DEPARTMENT OF CHILD SERVICES

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by race/ethnicity and other relevant demographic characteristics. This can help identify disproportionality and areas of disparity. "From a racial justice perspective, when we started to look at the touchpoints along the system, we didn't really see a way to meaningfully reduce disparity and disproportionality unless we did something about the front door because that front door was so big," said Heather Kestian, former deputy director of the Indiana Department of Child Services. "The outcome isn't going to change unless you fundamentally change what's coming in." Child protection agencies must also examine the effects of inequities across multiple categories (such as race/ethnicity and gender, or race/ethnicity and sexual orientation). Providing opportunities for individuals from impacted communities to inform the analysis, interpretation, and dissemination of data related to disparities is critical.

Socioeconomic factors of families also can result in disparities in who is being reported to child protection services via hotline calls, and data on income levels of families therefore should be monitored. For example, students from families with lower incomes may use school-issued computers. A school district may regularly scan photos on those devices, meaning that the students who are more likely to use school-issued devices (students from families with lower incomes) may be more likely to be surveilled and reported for inappropriate photos.

Use data to inform changes to mandated reporter training

Examining hotline data can provide insights into how to improve training for mandated reporters. For example, if a jurisdiction finds that a high percentage of calls from a certain group of mandated reporters (such as school staff in a particular school or neighborhood) results in a particularly large number of screened-out reports, focused mandated reporter training can clarify what constitutes maltreatment and can provide guidance on alternative sources of support for children and families. "Our data unit has been doing some deep-dive analyses on the overrepresentation of children of color being reported by school staff," said Kim Giardina, director of child welfare services for the San Diego County (Calif.) Health and Human Services Agency. "Where are the highest rates of overrepresentation and what does this mean? We're doing some targeted work with those particular schools to talk about cultural responsiveness and their role, and what are mandated reporting requires vs. things that don't need to be reported."

Use geographic data to identify need and match families to services

Analyzing geographic data to identify communities from which a disproportionately high number of reports come can help target the development and placement of prevention services. Child protection agencies may find it helpful to supplement hotline data with data from Casey's Community Opportunity Map to identify areas of highest need, or develop their own community opportunity maps as Nebraska has done to track indicators of child, family, and community well-being.

Knowing what resources are available to families and being able to connect families to resources can be a challenge. The **County of San Diego**'s Community Information Exchange (CIE), started

> "Can we encourage mandated reporters to ask one more question? Taking that next step to understand the family's circumstances would better inform them (the mandated reporters) if there was abuse or neglect instead of expecting child welfare services to ask all the questions.

— **NIKKI KELSAY,**
MANAGER OF POLICY AND PROGRAM SUPPORT,
CHILD WELFARE SERVICES, COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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by its 2-1-1 telephone information and referral system, is a common data system designed to be used across all social services agencies — private, nonprofit agencies, and county — for cross-sector communication and collaboration. The CIE uses shared language and integrated technology so that partners can locate social service providers, make referrals, share data, and track enrollment and outcomes. "We have a dream of having prevention services within one's community so people can be served by community members," said Nikki Kelsay, manager of child welfare services policy and program support for San Diego County's Health and Human Services Agency. "If people are getting resources in their neighborhoods, it's likely that they will have less contact with child welfare services because they're getting the supports, services, and resources they need from somebody in their network."

Reimagine hotlines as helplines
The high number of calls to child protection hotlines that are screened out suggests that many calls are made on families that may need services but their children are not at imminent risk of maltreatment. Helplines (also known as carelines), such as those in New Hampshire and Connecticut, provide an alternative to hotlines by helping connect families to resources without a report to child protection being made.

In examining its hotline data, the **County of San Diego** found that it screened out about half of hotline calls, but about half of those families involved in the screened-out calls were reported again within 18 to 24 months. Although the screened-out calls did not warrant child welfare investigations, the families being

PARTNERS IN PREVENTION

In trying to understand what causes children to have stays in foster care for three years or longer, the **County of San Diego** found that one primary predictor was the number of prior referrals to child protection services. If a child had six or more referrals — regardless of the referrals' dispositions — they were likely to stay in foster care longer. This finding prompted San Diego to explore how to better support families prior to a report being made. One program developed to support families is the Partners in Prevention initiative, which brings cross-sector partners together in an effort to strengthen the social and emotional well-being of children ages birth to 5 through engagement in early care and education settings.

reported clearly had unmet needs. San Diego created a partnership with 2-1-1 to address those needs, shifting its hotline into a helpline, and training mandated reporters to be "mandated supporters."

Indiana DCS changed its hotline prompts to connect callers with community services if the caller is seeking family support (such as assistance with clothing, food, and utilities) rather than reporting maltreatment. DCS is monitoring the data to see whether the change will impact the number of calls being screened in and their dispositions, and ultimately to determine whether additional refinements can be made to its hotline screening practice.

" We're being really intentional about the inclusion of those with lived experience in the planning of this work, knowing that we want the building of our array of prevention services specially to address issues of equity. Having those voices at the table has been incredibly valuable.

— KIM GIARDINA,
DIRECTOR OF CHILD WELFARE SERVICES, SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Partner with many stakeholders

Involving a diverse set of stakeholders — including intake specialists, service providers, and community members with previous involvement with the child welfare system — can help inform and improve hotline policy and practice changes. Building in time and funding to incorporate stakeholder perspectives is necessary and worthwhile.
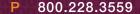
Stakeholders provide needed context to data review and analysis, and offer insight from their own experiences. For example, intake specialists can share their experiences receiving and responding to calls,

and people with lived experience can share what types of services and supports would have been helpful in preventing their involvement in child welfare.

San Diego has been soliciting input from as wide a variety of stakeholders as possible as it works to expand and improve its array of prevention services. That includes "everybody from the office assistants and social workers to the tribal members and families we'll be serving," Kelsay said. "They've been critical in helping us better understand what we're doing and what we need to know."

To learn more, visit Questions from the field at Casey.org.

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