How should we handle hotline calls for our most vulnerable – infants and toddlers?

Child protection services (CPS) in partnership with local communities have a shared responsibility to keep children safe. Child abuse and neglect reporting systems — “abuse hotlines” — were created to facilitate greater communication and intervention to address risks to child safety. State laws that define abuse and neglect and the screener’s perceptions of the veracity or gravity of such claims, however, can impact whether the CPS agency conducts an investigation. As a result, thousands of reports by concerned citizens about the welfare of children are screened out each day. We know that many of these children are at real risk: ignoring these cries for help can have disastrous consequences, particularly when the subject of the call is an infant or toddler.

Screening in
Although some allegations may not meet the legal definition of abuse or neglect, young children who come to the attention of the child protection agency should, at a minimum, be visited by a child-serving community partner to assess safety and well-being and offer services before the case is screened out.

The federal Commission to Eliminate Child Abuse and Neglect Fatalities recommended in 2016 that all states “review current screening policies to ensure..."
How should we handle hotline calls for our most vulnerable – infants and toddlers?

that all referrals of children under age three and repeat referrals receive responses. In addition, investigation policy should be reviewed to ensure that reports for children under age one are responded to within 24 hours.” Commissioners noted that such an investigation does not have to be solely the responsibility of a CPS agency.²

Why this strategy can save lives and resources

Screening in allegations on very young children and providing appropriate supports for families ultimately will result in fewer child deaths and reduced costs upstream.

We know that infants and toddlers are at highest risk for child abuse and neglect fatality. In federal fiscal year 2016, children younger than 3 years accounted for more than two-thirds (70 percent) of maltreatment fatalities. More than 40 percent (44.4) of victims died before their first birthday.³ Because of their extreme vulnerability and dependence on primary caregivers, as well as limited communication skills, infants and toddlers require special attention.

We also know that many children who die from abuse or neglect were previously known to a CPS agency. In fact, research demonstrates that a prior report to a CPS agency, even if it was not investigated, is the single strongest predictor of a child’s injury death before the age of 5. Children with a prior report to CPS have a six times greater risk of dying from an intentional injury than children without a report.⁴ Despite these facts, approximately 40 percent of reports to CPS agencies are screened out before anyone sees the child.⁵

Screening out cases undeniably leaves children unseen who may be at a high risk for later fatality. Implementing an approach to connect with young children who have been the subject of a prior report helps target limited resources on those children who are most at risk. It helps prevent unnecessary expenditures by prioritizing a response on the most vulnerable now, as well as reduces the costs to children, families, and communities when we intervene too late.
How should we handle hotline calls for our most vulnerable — infants and toddlers?

Key considerations for implementation
Implementation of this fatality reduction strategy will require a commitment of stable funding, workforce, and other resources.

Other key considerations for implementation include the following:

- **What ages will be addressed?** The policy could be restricted to infants under the age of 1, or it could be extended to children under age 3, or even age 5.

- **What will be the timeframe for response?** Most states assign different response times to reports based on the level of risk of harm to the child. These might be used as a guideline to determine an appropriate timeframe for response.

- **How are responses categorized?** This approach could be considered an extension of an existing differential response system. Differential response, which exists in 21 states and the District of Columbia, assigns cases where the risk of harm is perceived to be low to receive an assessment of the family’s strengths and need for services rather than an investigation by the child protection agency. Alternatively, this may be an entirely separate but complementary approach.

- **Who will respond?** Screened-in reports are investigated by the CPS agency, law enforcement, or both, depending on state guidelines. Five states and the District of Columbia already use multidisciplinary investigative teams, which may include representatives from CPS, law enforcement, prosecutors’ offices, and health and mental health services. These partners or others — including home visiting programs, public health nurses, or other community- or neighborhood-based agencies — could be engaged in the proposed strategy. Community-based organizations may be viewed as less threatening by families and therefore have greater success engaging caregivers.

- **What should be assessed?** Agencies will need to consider what elements of a traditional investigation, if any, these visits should include (e.g., background checks for adults in the home, assessment of safe sleep practices, physical safety of the home environment, or the presence of other risk factors in the home, such as substance use or domestic violence).

- **What are the possible case dispositions?** Regardless of which agency is responsible for responding to reports, participating partners and the CPS agency will need to agree on disposition options (e.g., referral for voluntary services, referral to CPS for investigation, no further action) and the criteria for each.

- **What safeguards will be put in place to prioritize family strengthening instead of removal?** This strategy is intended to result in more children and families being provided with the necessary supports and services further upstream, in order to prevent future maltreatment, and the need for removal and placement into foster care. However, given
How should we handle hotline calls for our most vulnerable – infants and toddlers?

that foster care is our field’s most widely utilized intervention, explicit policies and safeguards are needed to ensure that “more young children being seen” isn’t confused with “more young children being placed in out-of-home care.” CPS will need to work with the community to offer a holistic array of services designed to respond effectively to a family’s unique needs and capacities.9

Jurisdictional example

The Indiana Department of Child Services changed its child assessment policy in July 2016 to require assessments for all children under the age of 3 who have previously been the subject of a call to a CPS hotline, regardless of disposition. Family case managers also are required to refer young children for a medical evaluation and consultation when certain injuries are suspected, including fractures and burns involving the head or neck. Some of the support is being provided in partnership with private agencies offering home visiting programs. The outcomes and fiscal impact of these policies are currently being analyzed by the department.10

The Michigan Department of Health & Human Services child protection policy includes a longstanding provision that triggers a preliminary (information-gathering) investigation when any child under the age of 3 years old is the subject of three reports. This investigation is required even if the reports, viewed independently, would not initially meet the state’s criteria for investigation.11 In addition, prior to closing such a case, the assigned investigative worker must meet with a supervisor to discuss case disposition and any post-investigative services.12

11 Interview with Colin Parks, State Manager, CPS and Family Preservation, and Seth Persky, Division Director, Office of Family Advocate, Michigan Department of Health and Human Services, April 20, 2018.
12 Email communication from Joel Brown, Michigan DHHS, April 3, 2018.