

Better Use Data to Protect Children and Support Families

A policy action to Stop Family Violence

Issue

Abuse and neglect claimed the lives of 1,670 children in 2015 and 1,580 children in the prior.¹ Yet severe and fatal maltreatment represents the tip of the maltreatment iceberg in the United States: One in eight children will have been a victim in a confirmed case of maltreatment before reaching the age of 18.² Violent or chronically neglectful parenting—even when it is not fatal—can produce toxic stress and a range of poor outcomes, including adverse changes to brain architecture, abnormal cortisol levels, and numerous health and behavioral-health vulnerabilities.³ Childhood maltreatment of any intensity has been linked to adult stress and can adversely affect physical health over 30 years after the maltreatment.⁴

To protect children and enhance their outcomes, policy must improve risk assessment, service coordination, and monitoring of maltreatment.⁵ Substantial progress can be made by encouraging states to link data systems for the prevention of maltreatment and the improvement of outcomes.

Action

Encouraging states to link and share data across systems can enable them to protect newborns at risk of maltreatment and to target preventive services to their families:

- Federal policy should encourage states to adopt Birth Match, a program that links state child-welfare, birth, and criminal-justice data to identify newborns at high risk of severe and fatal maltreatment.⁶
- Child Abuse Prevention and Treatment Act funding for states should be increased on the condition that they implement data sharing to enable rapid risk assessment, particularly at the time of birth.⁷
- The Centers for Disease Control and Prevention's (CDC's) maximum subsidy to states for vital records preparation should be contingent on state use of birth data for prevention of child maltreatment.

Encouraging states to link and share data across systems can also reduce violent or problematic behavior, adverse outcomes, and preventable death among older children and youth:

- Policy should build upon efforts to encourage collaboration and data sharing in order to improve educational outcomes and access to health care.⁸
- Through grants, the CDC should encourage states and their research partners to use child-welfare, health, human-service, justice, and vital-records data to prevent family violence and other related threats to health and well-being.
- The CDC's efforts to promote data linkages supporting health networks should be expanded to include linkages for the prevention of violence and death among children of any age.⁹
- The departments of Health and Human Services, Education, and Justice should provide incentives and technical assistance to states in order to remove barriers that impede linked data and to promote data linkages that are key for monitoring child protection and well-being outcomes.¹⁰

Finally, this statement echoes prior recommendations to strengthen federal capacity in this area: The Department of Health and Human Services should “strengthen data quality, expand available information on child fatalities, improve information sharing, and estimate the costs and benefits of collecting national data on near fatalities.”¹¹ Federal incentives and technical assistance should inform state and federal policy outcomes.

Evidence

The most vulnerable children face multiple risks and are known to multiple systems (as are their parents). Opportunities for preventive intervention and service targeting lie in the gap between the point when a child becomes known to one system and the point when another system observes an indicator of harm or risk of harm to the child.¹² These opportunities are lost because systems do not share information or coordinate effectively.¹³ The losses impose significant costs that are borne by children, their families, and society at large. Research on outcomes of youth in foster care suggests that data sharing could help improve access to supports and identification of problems.¹⁴

Ensuring the safety and protection of children remains challenging because of several common failures.¹⁵ Efforts to remedy these failures and ensure the protection of children should begin by improving surveillance of child maltreatment deaths and near deaths.¹⁶ The Birth Match program provides a promising beginning, and this action statement echoes other calls for a federal policy encouraging states to adopt the program.¹⁷ The program's premise is that past evidence of failed parenting and the high stress environment of caring for a newborn together indicate a potentially fatal mix.¹⁸ Birth Match checks birth records against prior child-welfare and criminal-justice records. When a child is born into a family whose members have such a history—a criminal charge of felonious or misdemeanor child abuse, or the termination of a family member's parental rights—Birth Match triggers a state-level determination about whether a child welfare worker should conduct a visit and whether the child should be given additional protection. At this time, only four states are implementing a variation of Birth Match (Maryland, Minnesota, Michigan, and Texas).¹⁹ Federal encouragement should also find expression in the conditions attached to funding for states through the Child Abuse Prevention and Treatment Act and through the CDC's maximum subsidy for vital records preparation. Full funding under both streams should be contingent on implementation of data sharing across state systems so that a rapid risk assessment is triggered when a child is born into a family with prior evidence of severe or fatal maltreatment or a prior termination of parental rights.²⁰

The proactive approaches specified in this statement are justified by the well-documented pathways from child maltreatment victimization to intimate partner violence, preventable death, and other adverse outcomes.²¹ Better data sharing across systems could enable states to block those pathways. Most of the systems addressing the needs of older children provide services only when problems have become chronic or severe,²² and agencies are seldom aware of their clients' involvement with service providers from other systems or of the timing of such contacts. Data links enable states to identify those most at risk for poor outcomes and to focus scarce resources on efficient and timely interventions.²³

The actions recommended here build upon other federal efforts to encourage data sharing. The Children's Bureau has encouraged such sharing between its discretionary grantees and related grant projects with federal funding.²⁴ It also encouraged sharing to address problems related to misuse of psychotropic medication for children in foster care as well as sharing between child welfare agencies and agencies providing Temporary Assistance for Needy Families.²⁵ The Fostering Connections to Success and Increasing Adoptions Act of 2008 highlighted the importance of increased collaboration and data sharing to improve educational outcomes and access to health care.²⁶ As the CDC has been involved in promoting data linkages to support health networks,²⁷ it seems natural to extend that effort to the prevention of violence and death.

Despite the growing promise of using linked data to target preventive efforts in the United States and abroad, this approach has not been evaluated.²⁸ There is a great need for a base of information that can be used in assessing cases with two features that signal very high risk: a newborn and a parent who has already been involved in dangerous or harmful parenting. Much has been written about the need for better data sharing and methods to improve the work of child fatality review boards. This work has been expanded to cover severe maltreatment or near fatalities in several U.S. states and the United Kingdom.²⁹ The intent of these efforts is to identify predictors that can help us prevent severe and fatal maltreatment. Building this process upon a platform of data on vital records, child maltreatment reports, previous terminations of parental rights, and previous convictions for child maltreatment would also provide a basis for comparing

child welfare practices and case outcomes across states. Further expansion and testing of the Birth Match program may clarify the opportunities for additional applications of linked data, applications that efficiently and ethically inform timely protective interventions to improve the strength and safety of families.

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End Notes

1. U.S. Department of Health and Human Services (2016, 2017); see also Sedlak et al. (2010) and U.S. Department of Health and Human Services (2013a).
2. Wildeman and colleagues (2014)
3. Shonkoff et al. (2012).
4. Widom, Horan, and Brzustowicz (2015).
5. Smith et al. (2011).
6. Barth, Putnam-Hornstein, Shaw, and Dickinson (2016); Commission to Eliminate Child Abuse and Neglect Fatalities (2016); Shaw et al. (2013).
7. Commission to Eliminate Child Abuse and Neglect Fatalities (2016).
8. FosteringConnections.org Project (2013); Fostering Connections to Success and Increasing Adoptions Act (2008).
9. Kerr, Popiak-Goodwin, and Westrum (2013).
10. Culhane, Fantuzzo, Rouse, Tam, and Lukens (2010); Jonson-Reid and Drake (2016).
11. Government Accountability Office (2011).
12. Jonson-Reid, Drake, Kim, Porterfield, and Han (2004); Jonson-Reid and Drake (2016); Mekonnen, Noonan, and Rubin (2009); Millet, Kohl, Jonson-Reid, Drake, and Petra (2013).
13. Jonson-Reid et al. (2004); Jonson-Reid and Drake (2016); Millet et al. (2013).
14. Mekonnen et al. (2009).
15. Covington and Petit (2013); Shaw et al. (2013).
16. Smith et al. (2011).
17. Commission to Eliminate Child Abuse and Neglect Fatalities (2016); Shaw et al. (2013).
18. Barth et al. (2016).
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20. Commission to Eliminate Child Abuse and Neglect Fatalities (2016).
21. Bright and Jonson-Reid (2015); Jonson-Reid and Drake (2016); Millet et al. (2013).
22. Jonson-Reid (2011).
23. Drake et al. (in press).
24. U.S. Department of Health and Human Services (2013b).
25. U.S. Department of Health and Human Services (2012, 2015).
26. FosteringConnections.org Project (2013).
27. Kerr et al. (2013).
28. Putnam-Hornstein, Cederbaum, King, Eastman, and Trickett (2015).
29. Brandon et al. (2012); see also the recommendation by the Government Accountability Office (2011).

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About this policy action

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