

Introduction

Families of color are widely over surveilled and overrepresented in the child welfare system. Approximately half of Black children and half of Native American children will be involved in an investigation during their childhood, while only one quarter of white children will experience an investigation.¹ Penal Code 11164-11174.3: Child Abuse and Neglect Act (CANRA) is designed to protect children who may be experiencing harm. CANRA states that mandated reporters must report child abuse or neglect within 36 hours of receiving relevant information.² Child abuse and neglect includes child sexual abuse, child physical abuse, and child neglect.² Child neglect refers to failure to provide a child adequate food, shelter, clothing, medical treatment, and/or supervision.² Many calls to the Child Protection Hotline include cases of economic insecurity rather than abuse, and 80% of calls are unsubstantiated upon investigation.¹ This disproportionately affects and traumatizes families of color.

Our Position

AB-2085 would change the requirements for mandated reporters of possible child neglect in California by reducing the number of families placed in the child welfare system due to bias. AB-2085 should be passed and result in an amendment to Penal Code: 11164-11174.3 that will remove general neglect requirements that may be better addressed outside of the Child Welfare System.¹

Rationale

- 1. The requirement for mandated reporters to disclose “reasonably suspected” abuse gives way to disparities through prejudice and discrimination.**
The current requirement for mandated reporters to disclose “reasonably suspected” abuse from a list of items prevents equitable and accurate reports of abuse. It uses vague wording and does not account for families who are disproportionately affected by poverty and social inequality. Additionally, this requirement means mandated reporters are not immune to personal biases, whether conscious or unconscious. It is suspected this is one reason more families of color are reported to the Child Protection Hotline than white families.
- 2. Trauma because of over surveillance often leads to negative health outcomes, especially for mothers and babies separated by the Child Welfare System.¹**
Following a report, cases involving Black children are more likely to be substantiated, investigated, and presented in court, which results in Black children being taken away from their families for longer durations when compared to white companions.³ This contributes to the household dysfunction domain of Adverse Childhood Experiences (ACEs). Children who experience ACEs are more likely to succumb to chronic medical conditions, mental health disorders, premature death, and increased risky behaviors such as unsafe sexual interactions and alcohol or drug use.⁴
- 3. Too many unsubstantiated calls to the Child Protection Hotline overburdens the system in terms of labor and funding.¹**

In Los Angeles County alone, there are over 200,000 calls about child abuse and neglect per year.⁵ About 15% of children aged 5 and under in Los Angeles County are reported to child protective services. However, less than 20% of calls reported to the child safety hotline in Los Angeles County are supported by evidence. Fewer than 50% of these accused families will be placed in the child protective services system. These statistics highlight not only the discrepancy in founded reports of abuse and neglect but also the overwhelming volume of calls that employees must sort through.⁶

Recommendations

1. Redesigning the child protection hotline would ensure that families are connected to comprehensive community services when calls are made to the hotline and do not warrant an investigation. When the Community Prevention Linkage Project started in 2009, only 1 in 10 families were connected to community services. Barriers to the program included waitlists, multiple handoffs, and the negative reputation of DCFS.⁵ One way to continue to engage with community partners is to build upon the [Hotline to Helpline Project](#) to increase efforts in streamlining services for families to provide protective and preventive care when calls are made to the DCFS hotline. The Hotline to Helpline Project was brought about through partnerships among the Department of Mental Health, DCFS, the County Clerk's office, County Council, and the USC Suzanne Dworak Peck School of Social Work. Through this initiative, prevention and aftercare networks now make direct contact allowing triple the number of families to participate and access services.⁷ Additionally, increasing referrals to [differential response services](#) could increase community access to services.⁸
2. Amend the Child Abuse and Neglect Reporting Act to update general neglect requirements that, as defined, would be more appropriately addressed outside of the Child Welfare System. This would include revising the standard for when a mandated reporter is required to make a report of child abuse or severe neglect.
3. Investing in the ACEs Aware Grants program through the Department of Health Care Services (DCHS) and as outlined in the California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health ensures grants are awarded to organizations across the state to help with Provider Training, Provider Engagement, and Communications.⁹ Training mandated reporters to increase ACEs awareness and the effect reporting has on children will improve the quality of the Child Welfare System. Additionally, capitalizing on DCHS's involvement with Medi-Cal to connect community members to appropriate resources is crucial in reducing ACEs and toxic stress.⁹

Summary

Every family deserves equitable and fair attention, however, the CANRA requirements for mandated reporters disrupts this right. By redesigning the Child Protection Hotline to prioritize connecting families with supportive organizations instead of prioritizing unsubstantiated investigations, AB-2085 will reduce how many families of color undergo unnecessary trauma because of unsubstantiated child abuse reports. This will save resources and money while improving long-term health outcomes for families of color.

References:

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