



Within Our Reach

In October 2019, the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime launched [Child Safety Forward](#), a three-year demonstration initiative to develop multidisciplinary strategies and responses to address serious or near-death injuries resulting from child abuse or neglect and to reduce the number of child fatalities.¹ The efforts were intended to produce models and practices that are responsive to a 21st-Century Child Welfare System as envisioned by the federal [Commission to Eliminate Child Abuse and Neglect Fatalities](#).

Five demonstration sites participated in CSF, with technical assistance led by Social Current. The five participation sites in this initiative are:

- St. Francis Hospital in Hartford, Connecticut
- Cook County Health in Illinois
- Indiana Department of Health
- Michigan Department of Health and Human Services
- California's Child Abuse Prevention Council of Sacramento County

As part of the final implementation study, each site identified a practice or policy change advanced through their work with Child Safety Forward for a dialogue on how to impact systems change. The dialogue was facilitated by a team of two to three external evaluators with approximately five to seven local partners involved in the implementation of the policy or practice. This brief delves into the design of the site's policy or practice and suggests recommendations for similar initiatives based on the site's [experiences and lessons learned](#).

Using Data to Drive Change in Child Fatality Review Policy and Practice

Background

The Indiana Department of Health (IDOH) led the Child Safety Forward initiative on behalf of the state, with a long-term aim of reinforcing a public health approach to the state's treatment of child death by ensuring that processes, such as fatality review, are used consistently and effectively to generate data-informed recommendations for prevention.

The first phase of Indiana's Child Safety Forward initiative entailed completion of a five-year retrospective review of data of child deaths in the four counties that experienced the highest number of child fatalities in the state. They also conducted interviews with practitioners and families in the systems involved with child death, including child welfare, public health, education, criminal justice, and others to learn about barriers and enablers that relate to identification and prevention. The findings

¹ Four of the five Child Safety Forward demonstration sites applied for and received a no-cost extension for the initiative into a fourth year.

were significant, both in what they revealed about causes of child death, and in what they revealed about gaps in the system.

Structural Barriers

In Indiana, Child Fatality Review (CFR) teams are responsible for reviewing cases of childhood fatality, determining causes of death, and identifying strategies for prevention. At the start of Child Safety Forward, the local prosecutor was the only entity allowed by Indiana law to convene a CFR team. Competing priorities among prosecutors contributed to inconsistent implementation and operation of teams around the state.

Teams also reported that sourcing leadership for CFR from the criminal justice system reinforced the notion that CFR is a punitive process. As a result, local reviews were oriented around assigning responsibility for death in individual cases, rather than determining factors that contributed to death and identifying prevention strategies that could be implemented by a public health approach.

Data Gaps

While data sharing and consistent reporting is a common problem in CFR, the retrospective review in Indiana identified factors that created additional barriers to accessing quality data. For example, only nine percent of investigations of infant death gathered all of the data recommended by the Centers for Disease Control (CDC). Inconsistent training for coroners in collecting data contributed, in part, to this completion rate. Since coroners are elected in Indiana, experience and training in medical or death scene investigation varies. IDOH staff suspected that the limited guidance provided to coroners contributed to an underreporting of some types of fatality including sudden unexpected infant death (SUID) cases and their causes.

Policy Change Solution

To address these policy gaps, IDOH developed data-driven recommendations that informed two state legislative changes. The first proposed policy change would be to eliminate restrictions on who could initiate a CFR team, opening the door to a broader set of practitioners and community members to take the lead. The second proposed policy change would be to mandate certain types of evidence and data to be collected during a death scene investigation in SUID cases.

In April 2021, a modification to existing CFR legislation IC-16-49-2-2 was signed into law. It allows any member of a county's CFR committee, which includes coroners, prosecutors, law enforcement, Department of Child Services (DCS), and others, to start a CFR team in their county. While the proposed recommendations were not adopted in full, the team felt the changes would create an important shift in CFR team creation. Building on the first success, the Child Safety Forward team helped inform the policy change around SUID data collection for the 2022 legislative session, and Indiana House Bill No. 1169 was signed into law that year.

Supportive Practices

Changes in policy did not come about without intentionality. Indiana's Child Safety Forward team identified several internal and external drivers that supported their capacity to provide evidence for needed policy changes that supported their recommendations.

Data-Driven Recommendations. The Child Safety Forward team used its initiative planning year to gather and analyze both qualitative and quantitative data to learn more about the system, its barriers, and how potential changes might impact child well-being. They distilled this information into formats that could be shared with others in the field, creating compelling data for why change is needed. This

preparation allowed them to move quickly when the opportunity came through to provide evidence to IDOH that could inform statutory changes for the 2021 legislative session.

Strategic Alliances and Goals around Prevention. The Child Safety Forward team leveraged strong relationships that existed between IDOH and DCS to create a coordinated approach with a public health message. Directors in both departments had worked together over decades and had shared goals in their work. When the opportunity arose, they coordinated their requests and worked with their internal legislation team to present a consistent message that appealed to both agency leaders and legislators.

Prior to this opportunity, IDOH and DCS had collaborated on many funding requests and initiatives, including Child Safety Forward. Unique among the demonstration sites, Indiana joined the Child Safety Forward initiative with an initiative called Strengthening Indiana Families, which focused more explicitly on prevention to promote child well-being. The initiatives shared team members as well as cross-system partners, which created additional opportunities for sharing the message about the need for legislative changes that align with a public health approach.

Maintain Momentum. With the success of the 2021 policy change, the Child Safety Forward team was motivated to keep working for changes to address other barriers. Contributing to this effort was the data itself, showing that only nine percent of death scene investigations were complete. As the Child Safety Forward and Strengthening Indiana Families teams shared their findings and gave presentations around the state to groups and individuals, they increased the number of influential leaders who were champions for their work and the public health approach. This led to the passage of the second piece of legislation, a 2022 bill passed by the state legislature, mandating collection of imaging, pathology, and toxicology data by coroners in their investigations.

Sustainable Implementation and Impact

Momentum continues to grow around the state in support of a public health approach to CFR, further legitimizing Child Safety Forward's role in informing policy and leading to further policy revisions. In this case, the first step was IDOH securing the Child Safety Forward cooperative agreement, which caused institutional leaders and partners to take notice. Through rigorous data collection activities and evaluation, the team-built credibility among state agencies and policymakers for their approach. As the pattern of success builds, more and more decisionmakers become aware of the changes that need to be made, the role that Child Safety Forward can play in providing evidence-based data to inform those decisions, and the sources' recommendations for change take on greater credibility.

In the two years since modification to IC-16-49-2-2 was passed, the Child Safety Forward team continued to implement several other changes that would strengthen the CFR infrastructure across the state. The biggest change is the increase in the number of CFR teams, which for the first time in the history of the program, now cover all 92 counties in the state. DCS has taken on the responsibility of initiating teams in many of these areas. The rapid expansion further necessitated the need for training and resources for teams, and Child Safety Forward has created a hub dedicated to this purpose, along with coordinators to provide support at the regional level.

Expanded leadership of CFR teams had led to the creation of more diverse CFR teams, as leaders from different fields and areas of expertise bring in new members with a broader set of perspectives on the issue of prevention. Moving the leadership out of the prosecutor's office opened the dialogue at meetings for a wider range of opinions and a wider range of partners which is resulting in stronger prevention recommendations.

Most recently, Health First Indiana, created by Senate Enrolled Act 4 in 2023, focuses on providing core public health services. Fatality review is included as a core health service in the bill, with participation in child fatality review established as a key performance indicator for counties that opt in. While this policy change happened without evidence from the Child Safety Forward team, it suggests that a shift toward a public health narrative is taking hold.

It means that key actors, from state legislators down to local health departments, will have increased awareness of the work being done [on child fatality review]. – Child Safety Forward Team Member

The impacts of Indiana House Bill No. 1169, which focused on SUID data collection, are more limited, as the legislation was passed within the last 12 months. However, the Child Safety Forward team has been working over that time to ensure that the changes are taken up in a meaningful way. They are continuing to partner with coroners on the issue, sharing the need for the data and providing training for coroners and related professionals to increase their capacity to fulfill the new mandate.

More broadly impactful for IDOH has been their work to build a stronger data culture. Staff members are given training and reinforcement on the importance of data collection and taught how to highlight the importance of data with their partners and CFR teams. In January 2023, IDOH published a comprehensive review of SUID deaths statewide, identifying risk factors for sleep-related deaths and recommendations for prevention. For the first time, they integrated their data with DCS to create a full picture of the issue across the state.

Recommendations

While not all policy and practice contexts are the same, there are core drivers of change that were identified in Child Safety Forward that apply across settings and communities to move toward a stronger child and family well-being system. The data-driven policy efforts in Indiana suggest that the following drivers support policy education:

- Take time to plan and to identify system gaps and opportunities. Use this information to build the case for change and be sure you have the data to support it. While this approach takes longer in the beginning, it also allows you to be ready to move quickly when opportunities arise for action.
- Tailor your strategy to where there is the will to make a change. In Indiana’s case, the team knew that any increases in funding would not be the first policies to succeed so they explored their data with other questions in mind.
- Build strategic alliances and champions around key messages that support a public health narrative, with prevention as the end goal.
- Reflect on success. The Indiana team conducted an after-action review to document their process and learn from their first success. They used the same process to achieve the second policy change.

DCS has different partners. Recommendations for prevention got better because those leaders know about different programs, what would have been good for different kids. – Policy Dialogue Partner

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