JUST TECH

Biomedical Surveillance in the Child Welfare System

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SURVEILLANCE TECHNOLOGY

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As artificial intelligence quietly shapes the child welfare system, families of color remain the primary targets of intervention. At least twenty-six jurisdictions, including the City of New York (NYC), have considered or used AI-driven tools to make decisions for child protection.[1] These tools operate in a racially skewed context, relying on data often collected without meaningful consent. Like the criminal legal system,[2] the American racial caste structure underpins the child welfare system.[3] In New York City, nearly half of Black children will be investigated by age eighteen, and Black children are six times more likely to be investigated than white children.[4] It is within this racialized context and broader regime of racialized surveillance that predictive algorithms are programmed, trained, and deployed.[5]

The NYC Administration for Children's Services (ACS) has a history of racial harm targeting Black families.[6] Parents describe child welfare as "an unavoidable system,"[7] one where poverty, identity, and life crises are pipelines to punitive and carceral interventions.[8] Investigations can lead to child removal or termination of parental rights, outcomes that disparately impact Black families.[9] Emerging research suggests that algorithms have not increased disparities for Black children.[10] However, algorithms are shaped by coercive and racialized practices, and claims of fairness obscure how they operationalize and legitimize the state's power. Through a veneer of objectivity, these tools transform constructed racial disparities into seemingly immovable realities that regulate families and normalize racialized surveillance.[11]

My research shows how NYC quietly deploys algorithms together with longstanding practices of coercive

health data collection to establish a tech-enabled biomedical surveillance apparatus ostensibly for child protection. Through thirty-six in-depth interviews with thirteen Black parents and pouring over 1,300 pages of public records, I outline how this system transforms child protection investigations into algorithmic family surveillance, creating implications not only for current cases but also future ones. The system's quiet operation makes this process even more alarming as families are unaware that their most intimate circumstances are being converted by machine learning into risk scores.

Algorithms in NYC Child Welfare

In 2017, ACS began using the "service termination conference" model, (renamed to the "repeat maltreatment model") to assess and monitor families in preventive services.[12] Subsequently, in 2018, another model was launched to identify cases at highest risk for severe harm. Following the tragic deaths of two children,[13] ACS developed both models in-house with assistance from academic consultants at New York University and the City University of New York.[14] The algorithms include over 260 data points about parents, children, and their families, including demographic information, service history, and even details related to mental health.[15] ACS trained both models on cases from 2009 to 2017 using predictive analytics. Based on this historical data, these predictive risk models identify patterns in case outcomes and apply them to incoming cases, attempting to predict the likelihood that a child will experience future harm.

ACS uses the risk scores to determine how closely families are monitored during investigations and to classify them as "high risk" or "low risk" when assessing their readiness to exit preventive services.[16] The predictions also allow ACS to evaluate its contracted service providers by comparing families' risk scores or "service needs" to providers' performance outcomes.[17] Though framed as efficient and protective measures, especially amid 60,000 investigations annually,[18] these algorithms rely on aggressive data collection practices that undermine families' rights. Because this information is often gathered under coercive conditions, the resulting data is at risk of being faulty and failing to represent families accurately.

The Path from Investigation to Algorithmic Surveillance

Child welfare investigations often begin with adversarial and traumatic encounters.[19] They may be prompted by a personal crisis.[20] Parents I interviewed experienced a wide range of conditions, including domestic violence and signs of postpartum depression, that led them to scrutiny. Unbeknownst to them, their attempts to seek help became child maltreatment concerns, which were reported to the state child abuse hotline. Racism, sexism, and homophobia also animate reports of child maltreatment. One parent was reported by a trusted therapist who interpreted and embellished the mother's polyamorous relationship as a cause for concern. ACS is required by law to investigate reports that come to their attention. This process unfolds under the threat of family separation, coercing parents into disclosures and compliance. During investigations, caseworkers gather information about families' finances, family

history, housing, mental health, and medical history, inputs that are later used to generate algorithmic risk scores. Only two parents out of the thirteen I interviewed knew about ACS's algorithms. Kassy was unaware until our interview.[21] She said, "They're able to do that within their database because they know how to make a human feel inhumane, you know." Here, inhumane signaled how dehumanized she felt—reduced to a number for the algorithm. Her story illustrates how help-seeking became a pathway into algorithmic surveillance.

A twenty-five-year-old college student and first-time mother, Kassy and her child were thrust into the child welfare system in 2023. Just three months postpartum, she walked into a police precinct with her infant son to report that she had been assaulted by her child's father. Instead of safety, she was met with suspicion. "[The officer] basically said, I'm recording, you know, just in case you try to change the story or something. And I'm like, what?" Kassy was treated as not a survivor but a suspect, a judgment that would follow her. Hours later, in the middle of the night, Kassy was awakened by someone knocking on her door "like the police," marking her first encounter with ACS. The police officer had reported Kassy's disclosure to the state child abuse hotline, a biased and legally contested practice that treats domestic violence as automatic evidence of parental neglect, triggering an investigation.[22] Kassy described the experience as terrifying and deeply violating.

> I heard my doorbell ringing. I'm scared. You know, my child's father just put his hands on me. It's late at night and someone is ringing my doorbell. They were like, "It's ACS. Open up the door."

The late-night demand, delivered with an unfamiliar acronym and insistence on entry, echoed the police, producing fear and intimidation rather than safety.

> When I opened the door they came inside of my apartment, and they were automatically like, "Take off his clothes." I'm like, "What?" So, I had to wake my son up, take his clothes off. I made a report stating that my child's father put his hands on me, there's nothing wrong with the child. Why are you telling me to take off his Pampers?

Caseworkers routinely ask parents to undress their children and inspect personal belongings, offering little explanation. Kassy tearfully described the moral and psychological injury of exposing her son's genitals to strangers only hours after she had been violated by her partner and the police.

> I felt like I was doing something wrong. I felt like I was being judged by everybody. It takes a psychological effect, when someone just comes in your house and does that. Because people have to remember, your child is also a part of you . . . they told me to take off my child's pants. And that's like saying take off my pants. So… shit really broke me for months, you get what I'm saying? It was very inhumane. I cried for a month straight after that first visit. It was like, is this reality right now? Like, am I a criminal?

ACS's intimidation resembled practices of the police state. The commands, strip searches of children, and coercing families to submit to practices that violated their autonomy and rights were defining aspects of

parents' experiences. Amid fear and confusion, parents often allowed caseworkers into their homes and answered questions, unaware of their right to decline and seek legal counsel. Parents engaged with ACS unaware their words and actions could affect the investigation's outcome and algorithmic assessment. In every interview, parents discussed the power of medical consent and how it was extracted from them. They emphasized not just what happened but how it made them feel.

The Illusion of Consent and Privacy

The Health Insurance Portability and Accountability Act (HIPAA) is widely understood to protect medical privacy.[23] Yet within the child welfare system, these protections become a source of power over families. At the start of an investigation, and often under pressure, parents are asked to provide access to their personal health information by signing HIPAA forms. These forms permit caseworkers to communicate directly with parents' and children's healthcare providers to gather information. Parents described signing the documents without understanding the scope or purpose and at times under duress—in an emergency room after their child's fall or from a hospital bed after giving birth, for example. The resulting health data feed ACS's risk assessments, transforming coercive consent into algorithmic form. With this permission granted, ACS may contact doctors, pediatricians, mental health providers, or substance-use programs to collect records on diagnoses, medications, and therapy. When another parent, Kaye, revoked her consent, her provider continued to share information with ACS anyway.[24] Another parent, Emiras, described being "blackballed" after refusing to sign HIPAA forms while her children were temporarily placed in foster care: "They got mad 'cause I refused to sign. So, then they lied [to the judge] and stopped my visits with my children."[25]

Some parents hoped signing the release would simply reduce the intrusion and intensity of their case. Returning to Kassy's experience, during subsequent visits, the caseworker explained that they were not concerned about her but her partner's actions. Yet Kassy continued to live under surveillance. She described signing a medical release for her child:

> They were basically just telling me . . . "Here's the HIPAA statement. We just wanted to sit down with you to see if…he's up to date with his medical and if he's gotten his shots." They just mainly kind of read it quickly to me . . . and then they made me sign the papers at the time. I didn't really look closely into it, because I just wanted them out of my face and out of my life, so I just wanted to sign it off.

ACS continued visiting her home, asking questions, and collecting information without investigating the father. "I got stuck with it! They came and investigated like me and my son were the abuser." Over the sixty-day investigation phase, families endure repeated home visits, case conferences, and mounting expectations to prove their adequacy. Furthermore, parents are frequently routed into counseling interventions like functional family therapy or child-parent psychotherapy. Though they are labeled voluntary, parents who decline face the possibility of court intervention. Kaye explained that, within days of her investigation, ACS gave her three options: "preventive services, preventive services with court supervision, or removal of the child." She accepted preventive services to avoid potentially losing her

child.

Throughout the services, caseworkers conduct a Family Assessment and Service Plan (FASP), including an inventory of health and mental health questions (see figure 1) using self-reported information, observations, drug tests, and medical documentation to assess coping, mental health and cognitive ability.[26] This assessment is central to the algorithm's predictions; at least seventy FASP data points are used to make predictions in the Repeat Maltreatment model. The model also captures the number of enrollments a family had in therapy-focused preventive interventions, accounting for at least twenty-one data points.[27] These interventions ranged from three to twelve months of intensive contact and ongoing assessment that parents experienced as soft surveillance.[28] Furthermore, none of the parents I interviewed knew that their information—over 260 data points of investigation history, demographic information, health, and other data—was used to calculate an AI-enabled risk score of their child's future safety.

Scale	Ratings
1. Caretaker Abused/Neglected as a Child	a. No childhood history of abuse or neglect
	b. Some childhood history of abuse or neglect
	c. Serious childhood history of neglect
	d. Serious childhood history of physical and/or sexual abuse
2. Physical Health (Mapped to RAP)	a. Good or excellent health
	b. Minor illness or physical disability
	c. Moderately serious illness or physical disability
	d. Debilitating illness or physical disability
3. Physical Health Care	a. Regular preventive health care is practiced
	b. Receives appropriate medical care for illness or condition
	c. Some unmet medical care needs
	d. Serious unmet medical care needs
4. Mental Health (Mapped to RAP)	a. No mental health concerns
	b. Minor mental health concerns
	c. Moderately serious mental health problems
	d. Serious mental health problems
5. Mental Health Care	a. No mental health concerns or able to self-monitor and take appropriate steps to stabilize emotional well-being
	b. Receives mental health care; fully complies with treatment recommendations
	c. Receives mental health care; partially complies with treatment recommendations
	d. Receives little or no mental health care or is non-compliant with treatment recommendations
6. Ability to Cope with Stress	a. Consistently uses effective coping skills to manage stress
	b. Uses adequate coping skills in most situations to manage stress
	c. Coping skills are not consistently used or effective in managing stress
	d. Coping skills are very limited or ineffective in managing stress
7. Cognitive Skills (Mapped to RAP)	a. Appears to have above average cognitive skills

Figure 1. Excerpt of family assessment data that maps to the algorithm. Source: Reproduced from

New York State Office of Children and Family Services, Family Assessment and Service Plan (FASP) Guide (2017), https://perma.cc/P9EA-4WZP.

Like Kaye, Kassy's case was unfounded for maltreatment, but she was still referred to ACS's preventive services. Kassy accepted, hoping to meet other new moms, but the experience felt more like being studied in a "social experiment" than support. During a session, she noticed a woman observing her son and other children in one room, and when Kassy shared about her experience as a Black mother, the group facilitator became upset, suggesting that race was irrelevant to the discussion. Kassy later noticed a sign on the door that read: "Children's Evaluation and Rehabilitation Center." She left the group infuriated and never returned.

> The program tried to make it seem like I was crazy for speaking out. I even told them, "Y'all have me signing papers that I didn't even see what I was signing. Can you guys email me a copy of what I signed?" I still haven't even received a copy of it. So, they violated so many rights! . . . They violated me and my son.

When she informed her caseworker that she no longer wanted to participate in the services, they pushed back and suggested that they were concerned about her well-being. She feared her disengagement would trigger more allegations, but her preventive case was closed shortly after she advocated for herself and threatened that she'd seek an attorney.

While a few parents found aspects of the counseling helpful, the support came with constraints on their employment, time, and psychological stability. When asked about the services offered through ACS, Kassy said, "They made my life a living hell! Literally, there was nothing that they have done that was beneficial to me or my son . . . while going through postpartum depression and domestic violence." Living under the oversight of child protection undermines parents' agency and humanity.[29] Parental agitation, missing a home visit, or frustration with the process could be interpreted and documented as signs of mental illness and therefore inadequate, "risky" parenting. Kassy described the surveillance and contradictions of preventive services: "You know, they were trying to catch me slipping with something, and they didn't find anything. They didn't care about me getting abused. They just wanted to take the child. That's what they wanted to do."

For Kassy, child-maltreatment risk assessment was not neutral. It was a systemic, racialized, and gendered algorithm—one intended to punish and discipline mothers like her. She said, "I'm a Black single mother living in the Bronx, right? I'm in a domestic violence relationship. There's already not a lot of resources in the Bronx as it is. They don't care about the environment out there in the Bronx, you get what I'm saying? These people are coming into your lives. They're trying to make it seem like you're a bad mom. They're watching every move that you do."

Child Welfare's Invisible Biomedical Surveillance Apparatus

In NYC's child welfare system, predictive analytics operate within an expansive ecosystem in which intervention is framed as support for families, but in practice functions to sort, judge, and monitor them.

This algorithmic ecosystem comprising systemic racism, poverty, and misogyny alongside the authority of mandated reporting policies, healthcare providers, nonprofits, evidence-based mental health models, and extractive data collection practices upholds institutional power through algorithmically guided care that coerces participation and compliance. As Kassy reflected, "Maybe if they would have gotten the families the resources they needed, they wouldn't need that technology."

Investigations are not just a pathway to services; they are a gateway into algorithms. Once inside, families are funneled through therapy interventions framed as voluntary but enforced through threat of court involvement. These programs become data-producing mechanisms that feed and sustain predictive models. Participation is tracked, personal information is mined, and compliance becomes a proxy for child safety. This demonstrates a tech-enabled biomedical surveillance apparatus in child welfare: a system where medical, psychological, and behavioral data are extracted without meaningful consent, interpreted, and used to justify intervention. As J. Khadijah Abdurahman powerfully writes, NYC's algorithms "calculate the souls" of Black families.[30] This captures precisely what my research shows—that algorithmic practices extend racialized surveillance under the guise of care, transforming families' most intimate data into tools of control.

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