Every child deserves an equal opportunity to grow up safe, healthy, and loved. A child’s race or ethnicity should never define how well or poorly our state systems offer that opportunity. However, when it comes to our child protective response, numerous studies have shown that racial disparities in how children and families are served occur throughout this system. Once involved in the child welfare system, children of color in Nebraska are more likely to be removed from their homes, spend longer periods of time in out-of-home care, experience separation from siblings, and be churned through multiple placements. Because the impacts of childhood trauma - including those caused by the system response itself - can last for a lifetime, the social cost of this inequity is devastating to children of color, their families, communities, and society.

The way we respond to children and families from the initial point of contact can make a significant difference in the impact that our child welfare system has on children and families. How nimble and culturally competent our system response is factors into how well we can ensure child safety. This data snapshot is intended to shine a spotlight on the front end of Nebraska’s child welfare system, and to foster a conversation about how our system can begin to produce more equitable results for all children.

2. Annie E. Casey Foundation, “Children 0 to 17 in Foster Care,” Kids Count Data Center.
3. Voices for Children analysis of data from AFCARS and the U.S. Census Bureau. Rate is calculated by comparing out-of-home placements of each subgroup with their overall population under 18.
In Nebraska, children of color are overrepresented among maltreatment reports when compared to the total youth population. Poverty is highly correlated with child welfare involvement: both by leading to increased rates of actual maltreatment, and by being frequently mistaken for neglect, resulting in increased rates of child maltreatment reports. The poverty experienced by families and children of color based on systemic historical barriers to opportunity may amplify their exposure to social service systems, such as financial or housing assistance, which may further increase their exposure to child welfare involvement. Even so, the data above suggest that poverty alone does not account for disproportionate reports by race and ethnicity. American Indian, Black, and Multi-racial or White Hispanic children, in particular, are overrepresented among reports at a rate higher than their share of both the overall child population and the population of children in poverty.

Types of maltreatment reported in calls to the hotline do not vary significantly by race or ethnicity. Physical neglect is by far the most common type of maltreatment reported for children of all races and ethnicities in Nebraska. American Indian and Hawaiian/Pacific Islander children are slightly more likely to be the subject of reports of physical neglect than children of other backgrounds. Hotline calls in which no alleged maltreatment is reported are slightly more common for children who are Asian, Black, or whose race or ethnicity is undetermined.

**Reports and Resulting Decisions (2017)**

<table>
<thead>
<tr>
<th></th>
<th>Reports to Hotline</th>
<th>Reports Substantiated by DHHS</th>
<th>Juvenile Court Petition filed</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>1,216</td>
<td>17.7%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>315</td>
<td>10.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Black</td>
<td>4,620</td>
<td>9.4%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Hawaiian or PI</td>
<td>20</td>
<td>15.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>2,772</td>
<td>13.2%</td>
<td>12.9%</td>
</tr>
<tr>
<td>White, Hispanic</td>
<td>3,294</td>
<td>12.0%</td>
<td>13.7%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>16,487</td>
<td>10.7%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>3,148</td>
<td>6.7%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Total</td>
<td>31,872</td>
<td>10.7%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

![Pie chart showing types of maltreatment](chart.png)

- No Alleged Maltreatment
- Emotional Abuse
- Sexual Abuse
- Medical Neglect
- Physical Neglect
- Physical Abuse
Nebraska law makes everyone a “mandatory reporter”: we each have a legal duty to report incidents of suspected maltreatment to the child abuse and neglect hotline.\(^7\) Universal mandatory reporting is intended to protect children, but it can result in overreporting. A large number of reports are screened out every year by our Department of Health and Human Services (DHHS). Of the total reports of maltreatment made to the hotline, reports documenting maltreatment of American Indian, Multi-racial, and Hispanic children were more likely to be substantiated by the agency and filed in the juvenile court. Reports of maltreatment of Black children and children whose race and ethnicity were undetermined were less likely to be substantiated or filed in juvenile court.

**System Response Timeliness**

When children and families come face to face with the child welfare system, they become involved with professionals who make important decisions about their futures. The timeliness of this response can help ensure safety and security for a child. Nationally, the average response time from report to investigation is 54 hours.\(^8\) In Nebraska, the response time from report to investigation is more than double the national response time: over five days on average. Black and Multi-racial children experience longer response times.

**Mean Days Between Report and Investigation by Race & Ethnicity (2017)**

![Bar chart showing mean days between report and investigation by race and ethnicity.]

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\(^7\) Neb. Rev. Stat. §28-711(1)


\(^9\) A very low number of reports involving Hawaiian or Pacific Islander children were reported and investigated in Nebraska in 2017, which may explain why some of their data appears outlying.
In 2017 from the time of report to the time of disposition in court, American Indian and Hawaiian/Pacific Islander children experienced longer response times. Given the impacts of child welfare system involvement, we must take swift, thoughtful action to ensure that all families receive equitable and timely treatment.

**Service Array**

The relationship between race, ethnicity, and child welfare services and outcomes is complex. Researchers have argued that racial disproportionality in child welfare systems can manifest in three ways—by the kinds of services developed, by inequitable treatment based on race within the service delivery system, and by incomplete efforts to change the system. Though it is difficult to pinpoint disproportionality in a particular institution, the number and array of interventions offered to and required of families may offer some insight.

**Percent of Reports with Recommended Intervention vs. Percent of Reports with Substantiated Maltreatment (2017)**

In 2017, 69.5% of reports to the hotline involving Black children were recommended for interventions, though maltreatment had been substantiated in only 9.4%. By comparison, only 48.3% of reports involving Asian and White, non-Hispanic children and their families were recommended interventions. These disparate responses raise a question: are families receiving the right number of interventions to maintain safety, and even if the number is correct, is our child welfare system the right system to be offering these interventions in cases where no substantiated maltreatment exists?

The services or interventions offered to children and families post-investigation should be related in type and intensity to the safety needs and risks identified. Wherever possible, the secondary trauma of removal should be avoided, to keep kids safely in their own homes and communities.

**Types of Interventions Offered Post-Investigation (2017)**

<table>
<thead>
<tr>
<th>Types of Interventions</th>
<th>American Indian</th>
<th>Asian</th>
<th>Black/African American</th>
<th>Hawaiian/Pacific Islander</th>
<th>Multi-Racial</th>
<th>White, Hispanic</th>
<th>White, Non-Hispanic</th>
<th>Undetermined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>13.1%</td>
<td>13.1%</td>
<td>9.4%</td>
<td>12.5%</td>
<td>11.8%</td>
<td>14.6%</td>
<td>14.0%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Basic/Financial Needs</td>
<td>37.0%</td>
<td>44.1%</td>
<td>44.2%</td>
<td>45.8%</td>
<td>40.9%</td>
<td>35.2%</td>
<td>35.9%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Family Function</td>
<td>20.8%</td>
<td>22.5%</td>
<td>28.9%</td>
<td>25.0%</td>
<td>26.4%</td>
<td>25.2%</td>
<td>24.5%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Removal/Court</td>
<td>29.2%</td>
<td>20.3%</td>
<td>17.5%</td>
<td>16.7%</td>
<td>21.0%</td>
<td>24.9%</td>
<td>25.6%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

11. Interventions are not mutually exclusive, and most children and families will receive more than one type of intervention. We have bucketed types of post-investigative services into the following categories:

**Removal/Court:** Removal/Court interventions are legal proceedings filed with the court overseeing matters affecting children. This category includes foster care, juvenile court petition, court appointed representative services, and adoption.

**Family Function:** Family function services assist families in obtaining community-based preventative activities and other supports necessary to address multiple needs in a culturally sensitive manner. This category includes family support services, family preservation, case management, and respite care.

**Basic/Financial Needs:** These are services aimed at assisting the family in meeting their children’s basic needs. This category includes assistance with daycare, education, employment, and housing.

**Health:** This category includes health-related interventions, including mental health services, family planning, special services for disabled individuals, counseling, and substance abuse services.
The data show that American Indian children are slightly more likely to be removed and go through court proceedings than their peers. Meanwhile, the families of Black children and children whose race or ethnicity are undetermined are slightly more likely to be offered family function interventions such as family support or preservation services, and slightly less likely to be offered health-related interventions (including mental health and substance abuse services).

**Conclusion**

Racial disproportionality and disparity are a fundamental concern for Nebraska’s child welfare system. The data suggests that there is clear disproportionality in relation to population and poverty at the very outset of cases, when they come in as reports. Types of maltreatment reported in those calls vary slightly by race and ethnicity, as does the likelihood of substantiation by the agency or filing by a county attorney in juvenile court. Children of color experience longer average response times for investigation and disposition, and the average number and type of service or intervention offered to children and their families in the first three months of a case also differs by racial or ethnic group.

The data does not paint a neat picture of either the causes of or solutions to racial and ethnic disparity, but when examined in context of longer-term outcomes for children of color in our child welfare system, it is clear that our system response is not setting up all children and families for success. We must work to identify specific operational changes, as well as broader policy and practice changes that are most likely to promote improved child and family outcomes for all children and families in Nebraska. Recognizing that children of color enter our system at disproportionate rates, and children of color have historically experienced the worst of our system, we should optimize our approach to ensure that the interventions and services offered to children and their families are culturally competent, easily accessible, and not a “cookie cutter” approach, but built on the individual characteristics, needs, and goals of each family unit.

Most importantly, we must go beyond the data, centering meaningful engagement, communication, and trust-building with the children, families and communities that are most affected by the policies and practices of the child welfare system. Children and families and are our state’s most valuable resource and equipping them with the tools and resources they identify as what they need to succeed is Nebraska’s key to a prosperous future.