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**FAMILY
EXPERIENCE**
SURVEY

NYC
Children

Prevention
Services

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I. ACKNOWLEDGEMENTS

ACS is pleased to acknowledge the many individuals who contributed to this annual *ACS Prevention Family Experience Survey*.

We thank New York City Council Member Stephen T. Levin who sponsored the legislation that led to the creation of the survey.

A special thank you to our contracted prevention provider agencies and their staff, and to the Council of Family and Child Caring Agencies (COFCCA) for their support and partnership in developing and disseminating the survey. Finally, a special thank you to the individuals and families who participated in completing this survey.

II. EXECUTIVE SUMMARY

The Administration for Children's Services (ACS), in partnership with our prevention provider agencies, conducted the annual *ACS Prevention Family Experience Survey* in accordance with Local Law 17 of 2018, which was adopted into the New York City administrative code on December 31, 2017. The legislation, which was introduced by City Council Member Stephen T. Levin, requires ACS to survey all families in contracted prevention programs about their experiences in prevention services. The purpose of the survey is to better understand the lived experiences of families while participating in prevention services. Please note that this survey is administered annually.

A collaborative workgroup led by the Community-Based Strategies (CBS) team within the Division of Prevention Services (DPS) at ACS designed the survey by building off of the previous 2019 *ACS Prevention Family Experience Survey*. The survey includes questions about the type and quality of services received; interactions with case planners; demographic information about families and household composition; and suggestions for how services may be improved. The survey had a high system-wide response rate of 33.2% ($n = 2,783$). Surveys of this type and scale typically have a response rate of 25%.

DPS contracts with over 40 nonprofit community-based organizations ("provider agencies") to provide services to approximately 20,000 families per year with the goals of child safety, promoting family stability, and reducing the need for foster care. ACS and its partner organizations seek to support the physical, psychological, and emotional needs of children by working closely with families and their communities. Families in prevention services have the opportunity to achieve economic mobility, build social connections, advance educationally, and improve their own overall well-being and that of their family. Prevention services address a spectrum of needs, depending on the prevention model, services may include case management, counseling, and clinical interventions in a manner that promotes child safety and family stability.

Type of Services Received

Survey participants were connected to family counseling (45% or 1216 participants); mental health counseling for adults and/or children (37% or 983 participants); and children's education and/or daycare while working with their prevention case planners (30% or 809 participants). These top three responses were selected when asked the question, "What services did your case planner help your family connect to? Please select all that apply." These findings align with agency expectations, as a majority of ACS prevention models/frameworks include family counseling and mental health services or referrals to outside counseling services as part of the service delivery approach. Furthermore, these findings on types of service received are similar to the findings from the 2019 *Prevention Family Experience Survey*.

Quality of Services Received

A large majority of survey participants indicated they are happy with the quality of services they received. More specifically, **91% (2480 participants) of participants agree services helped them achieve their goals; 93% (2523 participants) of survey participants agree that they are happy with the prevention services their families received;** 87% (2357 participants) of survey participants agree that they would recommend services to a friend and/or family member; and 87% (2378 participants) of survey participants agree that they would go to their prevention agency for help in the future. These findings are similar to the 2019 *Prevention Family Experience Survey*.

Household Income and Access to Basic Needs

To gather information on families' financial well-being, the survey asked, "In a typical month, what is the total combined income for your household?" This was a new question added to the survey to help inform ACS of the financial situations of families in prevention services. **Over half (65% of participants) reported a monthly income, as defined by the survey, as less than \$2000 per month.** Income was defined to include "wages, SSI, Social Security, unemployment benefits, and other cash assistance." In 2018, the New York City Mayor's Office for Economic Opportunity defined the annual NYC poverty threshold at \$35,044. It is difficult to compare the monthly income data from survey participants to the NYC poverty threshold given the way we defined income, the units of measurement being different, and having limited income data from survey participants. However, an approximate calculation shows that the majority of survey participants live at or near the NYC poverty threshold line.¹

In order to get a better understanding of the basic needs of families in prevention services, survey participants were asked about their access to adequate food, medical care, safe and secure housing, and household items (diapers, cleaning supplies, PPE, etc.) over the past three months. This new question was added to the survey to gather more information on families' needs. **The majority of survey participants (90%+)** responded that they have access to adequate food for three meals a day; they are able to access medical care when needed; they have safe and secure housing; and they are able to secure basic household items.

Both the income and family basic needs findings indicate that despite low-incomes and stressors of the COVID-19 pandemic, families in prevention services were able to meet their concrete needs. While it is impossible to draw definitive causal relationships, we believe that prevention services helped to ensure families had the necessary resources to promote safety and overall family well-being.

Interactions with Case Planners

Case planners are the primary staff members at the ACS-contracted provider agencies with whom service participants interact. They are crucial to the work we do, as they deliver services directly to parents/caregivers, children, young people, and families. Often, case planners work

¹ https://www1.nyc.gov/assets/opportunity/pdf/20_poverty_measure_report

with families to provide mental health support, identify and access resources in the community, and help families achieve service goals. Depending on the provider agency and the model of service being delivered, the title of a case planner might vary to include caseworkers, family therapists, prevention workers, service providers, and interventionists. For this report, we will use the title “case planner.”

A large majority of survey participants indicated they communicate with their case planners through phone calls and video calls, followed by texting and in-home meetings. In-home meetings are a foundational component of ACS prevention programs, however, given the COVID-19 pandemic, emergency policies were put in place to allow for some in-home contacts to be replaced with video calls, when safe and appropriate.

Survey responses demonstrate that families have positive interactions and relationships with their prevention case planners. A large majority of families that participated in the survey reported that their case planner is available; that they trust their case planner; feel safe telling their case planner about their family; feel listened to when setting goals for their family as part of their work with the case planner; and feel their case planner respects their cultural practices. These findings align with the 2019 *Family Experience Survey* findings. ACS and provider agencies have made extensive efforts to prepare case planners to develop positive relationships with families and overcome the tension that exists in child welfare between the need to monitor child safety and risk and the desire to build supportive relationships with families. Furthermore, the models/frameworks used in prevention services emphasize the importance of developing trusting and working partnerships between case planners and families to promote family-led goal setting and service planning.

Demographic Information about Families & Household Composition

In terms of gender identity and age, about **88% of survey participants identify as “Female”** and, on average, are 36 years old. **Nine percent of survey participants identify as “Male”** and, on average, are 40 years old. Additionally, the survey asked participants, “What is your role in your family?” **87% responded with “Mom”** and **10% responded with “Dad.”** The survey also asked participants to identify what race or ethnicity they identify with; the top five responses are below:

- Hispanic, Latinx, or Spanish: **45.8%**
- Black, African American, or African: **37.1%**
- White: **10.6%**
- Asian: **9.6%**
- Multiracial or Multiethnic²: **3.5%**

² Refers to individuals who specifically selected “Multiracial or Multiethnic.” Please also note that 10% of survey participants selected two or more answer choices.

The survey also asked participants what language(s) are spoken in their home – below are the top five responses. Please note that 33% of survey participants selected two or more answer choices, indicating multilingual households.

- English: **83.1%**
- Spanish: **34.7%**
- Chinese: **4.7%**
- Bengali: **2.2%**
- Arabic: **1.8%**

In terms of household composition, survey findings indicate that the **average household size is 4 individuals with an average of 2 kids (0-18 years old) in those households**. Household was defined to include the people that live in the same space (ex. residence, apartment, home) as survey participants and with whom they share living expenses with (ex. food, rent, utilities).

Suggestions for Improvements

Survey participants recommend providing more detailed information regarding prevention services to families; explaining the length of services; giving families more of a voice and choice in the services they receive; and continuing to have the option of meeting with their case planners over video. These recommendations are similar to the 2019 suggestions for improvements and ACS prevention services has made significant strides towards being a more family-driven system. The re-procured prevention services array started on July 1, 2020. Hallmarks of this new array include expansion of evidence-based and evidence-informed practices citywide, enhancing access to services regardless of where a family lives, and further requiring family feedback in service planning and programmatic decision-making. Additionally, ACS prevention services recently released an array of family-friendly materials that were co-designed with parent advocates, providers, and families and are intended to be used at the onset of a referral or service delivery to provide families with more detailed information about prevention services.

A majority of survey participants reported that the service referral from ACS was helpful for their families and that their opinion of ACS improved after receiving prevention services. When given the opportunity to provide additional information, the majority of families in prevention services who responded to this question ($n = 231$) in the survey wrote positive open-ended responses ($n = 140$). The most frequent themes that emerged from the positive response were positive impacts of prevention case planners, positive impact of prevention services, and effective communication. Less than half of families who answered this question in the survey wrote negative ($n = 37$), neutral ($n = 25$), or mixed (positive and negative) comments ($n = 29$). The top theme that emerged from the negative responses was poor communication, further demonstrating the importance of effective communication, followed by unmet needs.

Re-procurement of Prevention Services and Continuous Improvement of Services

ACS continues to transform its continuum of services to better meet the needs of children and families in New York City. In partnership with its provider agencies, ACS has achieved great success in serving some of NYC's most vulnerable and resilient families.

Recently, the Division of Prevention Services (DPS) underwent the process of re-procuring the entire prevention services system, and new contracts for services started on July 1, 2020, amid the COVID-19 pandemic. The Prevention Services Request for Proposal (RFP), released in June 2019, signaled ACS' intention to build upon its past success while modernizing the way it meets the changing needs of families across the city. Through the new prevention awards, ACS strengthened its investment in evidence-based and evidence-informed practices; expanded capacity to serve families with complex needs; and created universal access to services, so families can access the program that best meets their needs, irrespective of where they live. Prevention services also prioritize service delivery that is socially just and culturally competent.

The findings from the *Prevention Family Experience Survey* this year will be used to inform further program and practice improvements. For example, we heard that families need more information about prevention services, so DPS recently released a series of informational materials for families entering services and will continue to develop resources to support families. Feedback from a variety of stakeholders, such as provider staff, parent advocates, and families, were collected and helped inform the design of these materials. These handouts were designed to increase transparency and clarify ACS prevention services for families and caregivers. DPS believes that leveraging family feedback in practice adjustments is key to improving the experience of families in services and will continue to gather family feedback through future *Family Experience Surveys*, listening sessions with families, and co-design sessions with frontline provider staff who engage families on a daily basis.

III. INTRODUCTION

A. Background and Purpose of the Survey

The Administration for Children's Services (ACS) protects and promotes the safety and well-being of New York City's children and families by providing child welfare, juvenile justice, and early care and education services. The Division of Prevention Services (DPS) contracts with over 40 community based organizations who provide services in order to strengthen and stabilize families and reduce the need for foster care involvement. ACS and its provider agencies seek to support the physical, psychological, and emotional needs of children by providing mental health support and other services to families across New York City. ACS prevention services are provided to approximately 20,000 families per year and approximately 45,000 children. Prevention services address a range of family needs and may include case management, counseling, and clinical interventions offered primarily in a family's home and in a manner that embraces the rich cultural diversity of NYC families. ACS strives to match families with the most appropriate prevention service program to help strengthen and support them. Factors such as location, language, and service needs are considered when matching a family to a prevention program. If it is determined that a different program would better meet the needs of a family, the family can transfer to that program.

Required by Local Law 17 of 2018, ACS and its partners developed and disseminated the annual *ACS Prevention Family Experience Survey* in March of 2021. This survey aims to help ACS better understand the experiences of families receiving prevention services, especially as it pertains to their relationship with case planners, the types of services and support they perceive as most beneficial, and their perceptions of services provided.

The Community Based Strategies (CBS) team within the Division of Prevention Services at ACS collaborated with provider agencies to develop and co-design the survey. This collaborative approach allowed for important guidance on the survey design and content, improvements to survey drafts, and support on the development of a communication plan to maximize the number of survey participants. This began with reviewing the questions from the 2019 *Prevention Family Experience Survey* and collaborating with provider staff to make adjustments and develop new questions. Beginning in January 2021, the survey was piloted with families at three provider agencies to assess accessibility, measure the ease of participants' understanding of new survey questions and prompts, and to test the effectiveness of the survey platform. The survey launched to the full continuum of prevention programs on March 12th, 2021 and was open for ten weeks.

The survey team worked closely with provider agencies to implement a range of strategies to ensure that families were aware of the survey and able to access it, in addition to providing technical assistance in order to resolve any issues that staff or families encountered with the survey. The overall response rate was 33.2%, with 2,783 of 8,384 eligible families completing the survey. This is a very good response rate for surveys of this scale, which typically have response rates of 25% or below.

This survey was offered in 10 languages in addition to English. For reference, a copy of the English survey is provided in the appendix of this report. The languages in which the survey was available are listed below:

- English
- Spanish
- Chinese (traditional and simplified)
- Russian
- Bengali
- Haitian Creole
- French
- Korean
- Arabic
- Urdu
- Polish

B. Survey Methodology

Survey Development

Survey development followed a research-informed and participatory approach, including extensive collaboration between the ACS Survey Team and prevention provider agencies. The process began with reviewing the survey questions from the 2019 *ACS Prevention Family Experience Survey*. Adjustments to those questions and answer choices were made based on improvement findings from 2019 and to make the questions applicable in the virtual environment brought on by COVID-19. Additionally, the ACS Survey Team added six new questions to the survey. These questions were related to video meetings with case planners, household size, household income, and access to resources, such as food and medical care.

In order to make the survey as family friendly as possible, while also ensuring its validity and reliability, the Survey Team conducted five listening sessions with five provider agencies, including staff from varying levels. During listening sessions, provider agency staff, particularly case planners, applied their expertise from working directly with families to provide suggestions for survey improvements.

After incorporating feedback from the series of listening sessions with provider staff, the survey was piloted in English and Spanish with a sample of 60 families at three provider agencies. Feedback on the survey itself was solicited from pilot participants and the feedback was used to provide greater clarity for questions and directions within the survey. Overall, the majority of pilot participants reported that the new additional questions are not confusing.

Survey Dissemination

In collaboration with provider agencies, the *ACS Prevention Family Experience Survey* was offered to families receiving ACS prevention services. Provider agencies' staff asked the primary caregiver of each family unit to complete the survey. The assumption was that primary caregivers would respond in ways that would represent the views of the entire family. There was only one survey administered per family.

The survey was created and offered to families using the Survey Monkey online platform. Participation in completing the survey was voluntary and did not affect the prevention services that a family was receiving. All responses were kept confidential and all responses were combined and reported together, so that individuals could not be identified. The survey did not ask for names of survey participants. Additionally, all questions on the survey were optional – if a participant did not want to answer a particular question, then they were able to leave the answer choice blank and move on to the next question.

Similar to 2019 survey dissemination, unique survey links were created for each provider agency. In listening sessions for the first annual *ACS Prevention Family Experience Survey*, the ACS Survey Team heard that some families do not necessarily know the name of the provider agency they are receiving services from. Some families identify their service agency by program name, address, or case planner name. Unique links for each provider agency enabled response rates to be linked to each agency.

To make the survey accessible to families whose primary language is not English, the survey was offered in the 10 designated citywide languages. After the survey closed, the ACS Survey Team sent out a process improvement questionnaire for agency staff to complete regarding their experience with this survey. The majority (83%) of provider agency staff agreed that the survey was offered in the languages preferred by families.

In order to make the survey as accessible as possible, the ACS Survey Team created various strategies to increase survey participation. These strategies were based on lessons learned during the 2019 *Family Experience Survey* and provider staff feedback on necessary adjustments to the COVID-19 environment. Case planners at provider agencies spoke with families on their caseload about taking the survey and if individuals agreed to participate in the survey, case planners were encouraged to use the three strategies below to support survey completion. The three strategies were:

1. Case planners send the survey link to caregivers via text message for participants to access and take on their own devices.
2. If technology was a barrier, case planners offered the caregiver a paper version of the survey.
3. With caregiver consent, agency staff supported caregivers with literacy barriers by reading the survey questions to them, recording their responses, and submitting the survey on their behalf.

As a way to compensate families for their time, gift cards were distributed to provider agencies to offer as compensation for families' time spent completing the survey. Throughout the dissemination of the survey, the ACS Survey Team managed and monitored a dedicated survey inbox; attended provider staff meetings to give an overview of the survey; and provided general technical assistance to providers to address any issues or questions that came up.

C. Limitations of the Survey

This study is based on a New York City population of families who were enrolled in ACS Prevention Services at the time of launching the survey. As with all surveys, the findings are subject to nonresponse bias that stems from caregivers choosing not to complete the survey. Participant bias can also be influenced by individuals' experiences and outside factors. Furthermore, biases may have influenced the amount of effort expended to get a particular caregiver to complete the survey. All contracted provider agencies are represented in the survey responses.

Factors such as literacy barriers, limited English proficiency, and limited access to internet enabled devices were potential barriers to survey participation. The Survey Team worked with provider staff to phrase questions and answer choices with direct and simple wording. To address technology barriers, the survey was made available in paper form in all 11 languages. While the survey was available online in 11 languages, it is possible that there are caregivers receiving prevention services who do not read any of those languages. Furthermore, there are various dialects within the 11 languages that may not have been supported by the translations.

Another limitation is that the survey was administered on the family level. The survey was intended to be completed by primary caregivers. The assumption was that primary caregivers would respond in ways that would represent the views of the entire family unit.

A major limitation of the *ACS Prevention Family Experience Survey* this year is that it occurred in the context of the COVID-19 pandemic. This caused the ACS Survey Team to adapt methods for engaging providers in the survey development process, as those meetings and feedback sessions occurred via video conferencing. Moreover, the COVID-19 environment created added stressors on families and frontline staff, which may have impacted caregivers' desires or abilities to participate in the survey.

D. Survey Population and Response Rates

The survey included demographic questions on the family/household and survey participants. The findings below describe the population of survey participants and their families. This section is made up of two subsections to distinguish questions that asked about the family or household overall and those that asked about the individual completing the survey.

Household Demographics:

D.1. Length of Service

Approximately 54% of families who participated in the survey have been receiving services for 4 to 12 months. When asked how long participants' families have been receiving prevention services, 27% (734 participants) selected "4-6 months" and 27% (732 participants) selected "7-12 months." This is a similar trend observed in the 2019 *Family Experience Survey*. *Table D1* below includes more details on how survey participants responded to this question. This question was answered by 2730 survey participants and skipped by 53 participants.

Table D1: How long families have been receiving prevention services ($n = 2730$)

0-3 months	4-6 months	7-12 months	Longer than 12 months
24.8%	26.9%	26.8%	21.5%

D.2. Language Spoken at Home

A majority of survey participants reported speaking English in their home (83% or 2093 participants) and about one-third responded that Spanish is spoken in their home (35% or 875 participants). These language findings reflect similar trends seen in the 2019 *Family Experience Survey*. For a more detailed breakdown of languages spoken in the home, please refer to *Table D2* below. Please note that percentages do not sum to 100 because survey participants could select multiple languages. In fact, approximately 33% (834 survey participants) selected multiple languages, indicating that their households are multilingual. This question was answered by 2519 participants and skipped by 264.

Table D2: Languages spoken in families' homes ($n = 2519$)

Language	Percentage of Survey Participants
English	83.1%
Spanish	34.7%
Chinese	4.7%
Bengali	2.2%
Arabic	1.8%
French	1.7%
Haitian Creole	1.4%
Russian	1.2%
Urdu	1.1%
Polish	0.3%
Korean	0.2%
Other	2.9%

D.3. Household Size

Participants were asked how many people are in their household and how many children (ages 0 to 18 years old) are in the household. This was a new survey question, added this year to help give context to the household income question. **The average number of people in families' households is 4 and the average number of children in households is 2.** This is in alignment with ACS internal data that shows the average number of children in households is 2.³ The question on household size was answered by 2484 participants and skipped by 299. The question on how many children are in the household was answered by 2452 survey participants and skipped by 331.

Survey Participant Demographics:

D.4. Self-Identified Gender and Age

When survey participants were asked to select which gender they identify with, **88% selected "Female" (2237 participants) and 9% selected "Male" (234 participants).** The average age of survey participants is 36 years old for females and 40 years old for males. These findings are similar to the 2019 *Family Experience Survey*, where most participants identified as female and were in their mid-30s.

Table D4 below details how frequently each of the gender answer choices were selected and the average age of survey participants by gender identity. Gender percentages were calculated out of the total number of participants who answered the question, in this case 2531 people. The gender question was skipped by 252 participants. The question on age was answered by 2185 participants and skipped by 598.

Table D4: Survey participants' gender identity and average age

Female	Male	Non-Binary (Not Male or Female)	Prefer Not to Answer	Other
88.4%	9.2%	0.5%	1.6%	0.3%
Average age: 36 years old	Average age: 40 years old	Average age: 28 years old	Average age: 36 years old	Average age: 38 years old

D.5. Family Role

Survey participants were asked to identify their role in their families. **A large majority selected "Mom" (87% or 2203 participants), followed by "Dad" (10% or 248 participants).** These responses align with the 2019 *Family Experience Survey*. *Table D5* below summarizes responses to each answer choice. Percentages were taken out of the total number of responses for this question; please note that percentages may not sum to 100 because participants were

³ ACS Quarterly Report on Prevention Services Utilization, January-March 2021.
<https://www1.nyc.gov/assets/acs/pdf/data-analysis/2021/PreventiveServicesUtilizationQ1.pdf>

able to report identifying with multiple family roles. This question was answered by 2525 participants and skipped by 258.

Table D5: Survey participants' family role ($n = 2525$)

Answer Choice	Percentage of Survey Participants
Mom	87.2%
Dad	9.8%
Sister / Brother	2.9%
Grandparent	2.1%
Aunt / Uncle	1.0%
Stepmom	0.4%
Stepdad	0.3%
Other	1.3%

D.6. Self-Identified Race/Ethnicity

Individuals who participated in the survey were asked to select what races/ethnicities they identify as. The most frequently selected responses are “Hispanic, Latinx, or Spanish” (46% or 1143 participants) and “Black, African American, or African” (37% or 926 participants). This reflects the same findings as the 2019 *Family Experience Survey*. Furthermore, 4% (88 participants) of survey participants selected “Multiracial or Multiethnic” and 10% (253 participants) selected more than one race/ethnicity. *Table D6* below has more information on what races/ethnicities survey participants identify with. Percentages were taken out of the total number of individuals who responded to this question. Since participants were able to select more than one answer choice, the percentages do not sum to 100. This question was answered by 2498 individuals and skipped by 285.

Table D6: Survey participants' identified races/ethnicities ($n = 2498$)

Race/Ethnicity	Percentage of Survey Participants
Hispanic, Latinx, or Spanish	45.8%
Black, African American, or African	37.1%
White	10.6%
Asian	9.6%
Multiracial or Multiethnic*	3.5%
Middle Eastern or North African	1.6%
Native American or Alaska Native	1.0%

Native Hawaiian or Other Pacific Islander	0.5%
Other	2.6%

**Refers to individuals who specifically selected “Multiracial or Multiethnic.”*

D.7. Survey Language

The survey was offered in 11 languages: English, Spanish, Chinese, Russian, Bengali, Haitian Creole, French, Korean, Arabic, Urdu, and Polish. Surveys were completed in all of these languages except for Korean. Similar to the 2019 *Family Experience Survey*, a **large majority of surveys were completed in English** (81% or 2259 surveys), followed by Spanish (14% or 381 surveys), then Chinese (3% or 90 surveys). Each of the remaining languages were completed by less than 1% of survey participants. *Table D7* below includes a breakdown of surveys completed in each of the available languages.

Table D7: Survey language (*n* = 2783)

Survey Language	Percentage of Survey Participants
English	81.2%
Spanish	13.7%
Chinese (traditional and simplified)	3.2%
Arabic	0.7%
Bengali	0.4%
French	0.3%
Russian	0.3%
Urdu	0.1%
Haitian Creole	0.1%
Polish	0.04%
Korean	0.0%

IV. SURVEY FINDINGS

A. Type and Quality of Services

A.1. Type of Services

The majority of survey participants are connected to family counseling services, mental health counseling, and education and/or daycare support while working with their prevention case planners.

Understanding how families classify and describe the services they receive provides important policy and practice insight into how families experience prevention services. Participants were asked, **“What services did your case planner help your family connect to? Please select all that apply.”** Almost half of survey participants selected **“Family counseling” in response to this question (45% or 1216 participants)**. The majority of ACS’ prevention program models include family counseling services as a central part of the approach to working with families, so this finding aligns with the agency’s expectations. Recently, the Division of Prevention underwent the process of re-procuring the entire prevention services system, and new contracts for services started on July 1, 2020, amid the COVID-19 pandemic. One of the changes with the re-procurement of the prevention services system is an array of Family Support Programs with three different case management practice frameworks. These programs serve lower-risk families and offer traditional case management with the aim of stabilizing families by connecting them to concrete supports, community resources, and parenting skills.

The **second** most frequently selected service by survey participants was “Mental health counseling (for adults and/or children)” (37% or 983 participants). Through the new prevention contracts mentioned prior, ACS expanded its investment in evidence-based and evidence-informed therapeutic and treatment service models citywide while enhancing access to services and ensuring service delivery is socially just and culturally competent. A core component of these models is supporting the mental and behavioral health of caregivers, children, and youth.

The **third** most frequently selected services by survey participants was “Children’s education and/or daycare” (30% or 809 participants). Additionally, all models/frameworks in prevention services help to connect caregivers to child care support, including daycare vouchers for younger children.

The responses to this question are similar to the responses from the 2019 *Prevention Family Experience Survey*. In fact, the top three most frequently selected responses, described above, align with 2019 *Family Experience Survey* responses. However, please note that there was a higher percentage of survey participants this year who selected “Cash assistance and/or gift cards.” We correlate this with the added stressors and need caused by the COVID-19 pandemic.

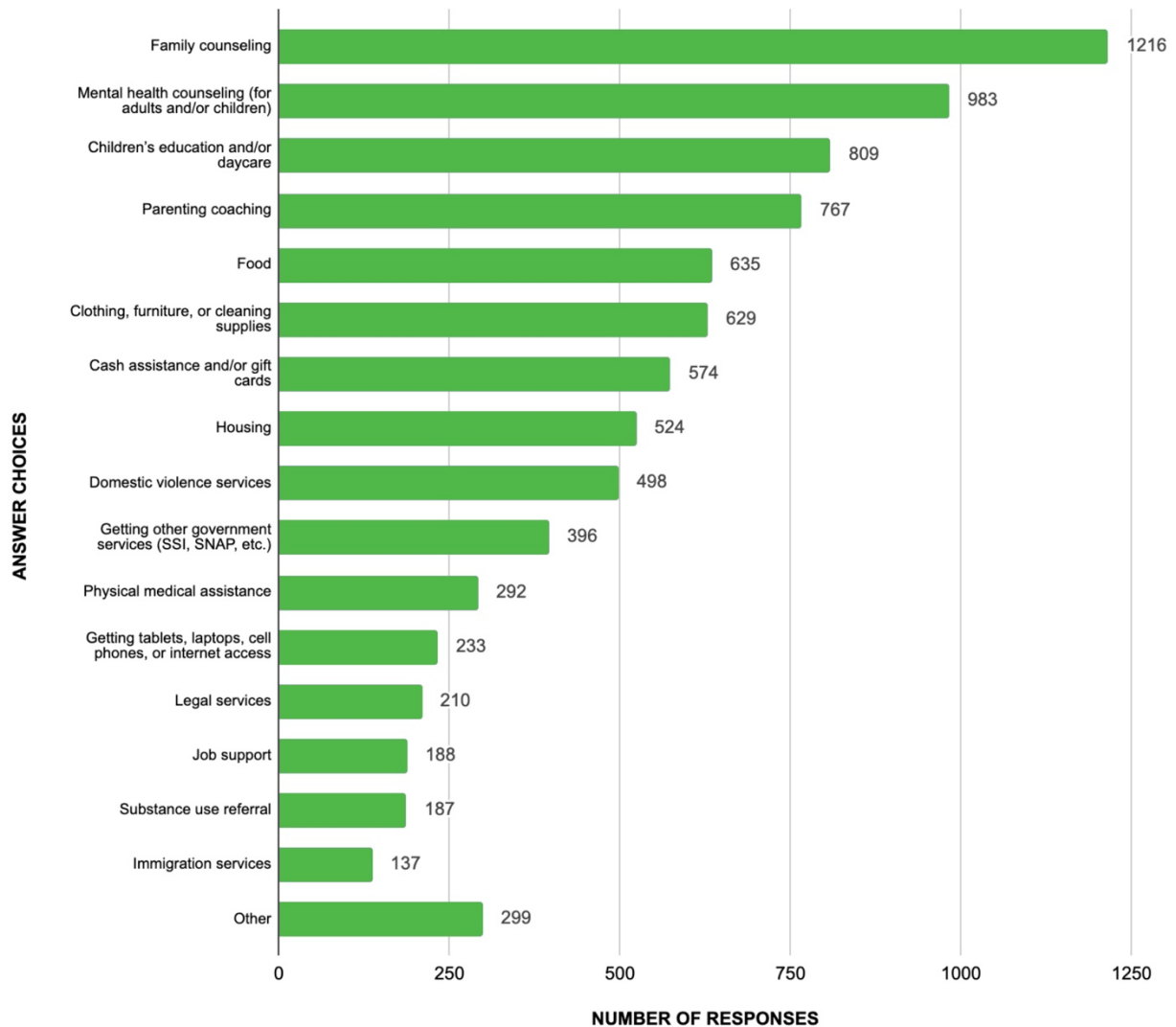
Below *Table A1* has additional information and details about other types of services that survey participants selected. The table includes the percentage of families that selected each answer

choice, which were calculated out of the total number of responses for this question. The percentages do not sum to 100% because families could select multiple answers to this question. A total of 2693 participants answered this question and 90 skipped it. Below *Table A1* is a bar chart, which visualizes the response data.

Table A1: Types of services ($n = 2693$)

Answer Choice	Percentage of Survey Participants
Family counseling	45.2%
Mental health counseling (for adults and/or children)	36.5%
Children's education and/or daycare	30.0%
Parenting coaching	28.5%
Food	23.6%
Clothing, furniture, or cleaning supplies	23.4%
Cash assistance and/or gift cards	21.3%
Housing	19.5%
Domestic violence services	18.5%
Getting other government services (SSI, SNAP, etc.)	14.7%
Physical medical assistance	10.8%
Getting tablets, laptops, cell phones, or internet access	8.7%
Legal services	7.8%
Job support	7.0%
Substance use referral	6.9%
Immigration services	5.1%
Other	11.1%

What services did your case planner help your family connect to?
Please select all that apply.



A.2. Quality of Services

The majority of survey participants are satisfied with the prevention services they have received, agree that prevention services are useful, and would recommend services to a friend or family member.

To collect data regarding caregivers' perceived quality of and general satisfaction with prevention services, survey participants were asked, **"For the services you selected above, how much do you agree or disagree with the following statements?"** The four statements that included in the question were:

- The services are helping me achieve my goals.
- So far, I am happy with the services my family received.
- I would recommend these services to a friend and/or family member.
- I would go to my prevention agency for help in the future.

The majority of survey participants responded to the four statements with “**Strongly Agree**” or “**Somewhat Agree**.” These trends are similar to what ACS observed in the 2019 *Family Experience Prevention Survey* findings. For example, 93% of survey participants agree that they are happy with the prevention services their families received (2523 participants). ACS and the network of contracted provider agencies are committed to delivering child welfare services in a socially just and culturally appropriate manner to ensure that children, young people, and caregivers are receiving the assistance they need. ACS will continue to work on refining practice and policy to achieve family satisfaction with prevention services.

Table A2: How much families agree or disagree with the following statements about services.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I Don't Know
The services are helping me achieve my goals. (n = 2723)	65.7%	25.3%	2.4%	2.2%	4.3%
So far, I am happy with the services my family received. (n = 2723)	71.8%	20.8%	2.2%	2.4%	2.8%
I would recommend these services to a friend and/or family member. (n = 2725)	68.0%	18.5%	2.6%	3.7%	7.2%
I would go to my prevention agency for help in the future. (n = 2727)	67.6%	19.6%	2.2%	3.2%	7.4%

B. Household Income and Access to Basic Needs

B.1. Household Income

To gather information on families’ income, the survey asked, “**In a typical month, what is the total combined income for your household?**” Income was defined to include “wages, SSI, Social Security, unemployment benefits, and other cash assistance.” This was a new question added to the survey to enhance understanding of the financial circumstances of families in prevention services.

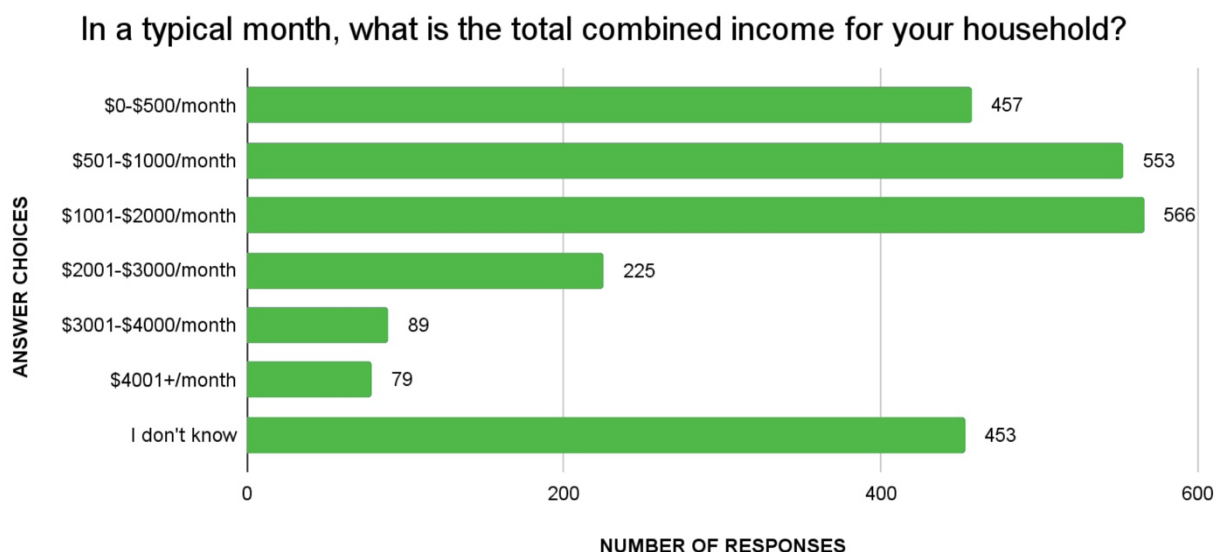
Over half (65% or 1576 participants) reported household monthly income, as defined by the survey, as less than \$2000 per month. In 2018, the New York City Mayor’s Office for Economic Opportunity defined the annual NYC poverty threshold at \$35,044. It is difficult to

compare the monthly income data from survey participants to the NYC poverty threshold given the definition of income used in this survey, differences in units of measurement, and having limited income data from survey participants. However, an approximate calculation shows that the majority of survey participants, and therefore families receiving prevention services, live at or near the NYC poverty threshold line.⁴

Table B1 below and the following bar chart have more detailed breakdowns of survey participants' responses to the income question. This question was answered by 2422 participants and skipped by 361 participants.

Table B1: Reported household income (*n* = 2422)

Answer Choice	Percentage of Survey Participants
\$0-\$500 per month (\$0-\$125 per week)	18.9%
\$501-\$1000 per month (\$126-\$250 per week)	22.8%
\$1001-\$2000 per month (\$251-\$500 per week)	23.4%
\$2001-\$3000 per month (\$501-\$750 per week)	9.3%
\$3001-\$4000 per month (\$751-\$1000 per week)	3.7%
\$4001+ per month (\$1001+ per week)	3.3%
I don't know	18.7%



⁴ https://www1.nyc.gov/assets/opportunity/pdf/20_poverty_measure_report

B.2. Household Access to Basic Needs

In light of COVID-19 and to better understand the degree to which concrete needs of prevention families are being met, survey participants were asked, **“How much do you agree or disagree with the following statements about your household’s situation over the past 3 months?”**

The five statements that participants responded to were:

- My household has been able to get enough food for 3 meals a day.
- My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.).
- My household has been able to get medical care when we needed it.
- My household has had safe and secure housing.
- My household has been able to get enough diapers, cleaning supplies, feminine hygiene products, and PPE (e.g., masks, hand sanitizer, etc.) that we need.

This question was added in this year's survey with the goal of collecting information about families' overall well-being, specifically in regards to the extent they are experiencing scarcity. As noted prior, the survey-responses are reflective of family circumstances during the COVID-19 pandemic. Responses to the statements above indicate survey participants and their families had access to basic needs in the context of COVID-19 and the added stressors caused by the pandemic. Overall, responses demonstrate that families in prevention services have been able to access adequate food, medical care, housing, and hygiene/cleaning products. It is especially meaningful that families have been able to meet their concrete needs even while living below the NYC poverty threshold and during the COVID-19 pandemic. All families receiving ACS prevention services, irrespective of program model, are assessed for unmet concrete needs. Case planners work with families to identify basic needs that are not being met and work with families to secure any concrete needs and services in order to promote child safety and well-being. *Table B2* below includes the number of participants who responded to each statement and a breakdown of those responses.

Table B2: Household situation over the past three months

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree ⁵	I Don't Know
My household has been able to get enough food for 3 meals a day. (n = 2521)	80.6%	15.7%	1.9%	1.0%	0.9%
My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.) (n = 2505)	72.8%	19.4%	3.0%	2.1%	2.8%
My household has been able to get medical care when we need it. (n = 2496)	84.7%	11.9%	1.0%	0.8%	1.5%
My household has had safe and secure housing. (n = 2494)	78.0%	14.6%	3.9%	2.4%	1.1%
My household has been able to get enough diapers, cleaning supplies, feminine hygiene products, and PPE (e.g., masks, hand sanitizer, etc.) that we need. (n = 2476)	73.8%	17.4%	3.7%	2.8%	2.3%

C. Interactions with Case Planners

The next section of the survey focused on families' experiences interacting with their prevention case planners. Case planners work for the provider agencies that contract with ACS and deliver prevention services directly to children and families. Often, case planners help families navigate challenges by offering services such as counseling, case management, and concrete support. Case planners go by various titles that can include caseworkers, family therapists, prevention workers, service providers, and interventionists. There is variation in expertise and training of case planners due to the different staff credentials required for different prevention models. For example, therapeutic and treatment prevention models require that all therapists have a master's degree with more clinical expertise. Other models, like our Family Support Programs, require that case planners who provide case management and referrals to auxiliary community services have a bachelor's degree.

⁵ Families were advised to contact their prevention case planner and/or supervisor if they have urgent service needs. Additionally, the ACS Office of Prevention Technical Assistance (OPTA) was offered as an additional resource for families.

C.1. Communication with Case Planners

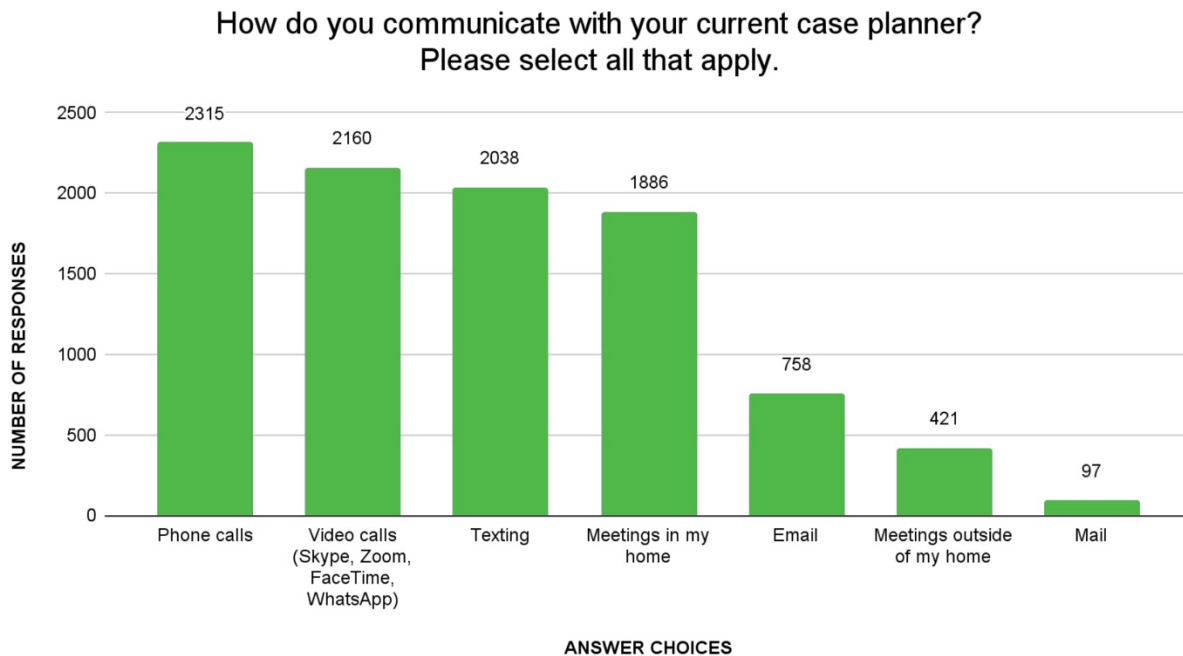
The majority of survey participants communicate with their case planner through phone calls, video calls, text messaging, and in-home meetings.

Survey participants were asked, “**How do you communicate with your current case planner? Please select all that apply.**” The most frequently selected answer was “phone calls” (86% or 2315 participants). The next most commonly selected answers were “Video calls (Skype, Zoom, FaceTime, WhatsApp)” (81% or 2160 participants), “Texting” (76% or 2038 participants), and “Meetings in my home” (70% or 1886 participants). Depending on the prevention model being delivered and the circumstances of the family, case planners engage families in their homes at least once every three months, and up to three or four times per week. However, due to the COVID-19 pandemic, New York State policy was adjusted to allow for virtual in-home meetings via video conferencing that aligns with guidance from the New York State Department of Health and the Office of Children and Family Services (OCFS). Case planners and therapists who were working with higher-risk families were still expected to make in-person home visits when necessary and took all precautions per OCFS guidance in order to do so safely. This explains the changes in responses to this question from the 2019 survey, where in-home meetings, phone calls, and texting were the most frequently selected answer choices.

For more details on how families responded to this question, please see *Table C1* below and the following bar chart. Percentages were calculated out of the total number of participants who answered this question. Percentages do not sum to 100 because participants could select multiple answer choices. This question was answered by 2678 families and skipped by 105.

Table C1: How families communicate with their case planners ($n = 2678$)

Answer Choice	Percentage of Survey Participants
Phone calls	86.4%
Video calls (Skype, Zoom, FaceTime, WhatsApp)	80.7%
Texting	76.1%
Meetings in my home	70.4%
Email	28.3%
Meetings outside of my home	15.7%
Mail	3.6%



C.2. Trust and Comfort with Case Planners

The majority of survey participants reported that they trust their care planners, feel safe speaking to their case planners about their families, and that their case planners respect their families' cultural practices.

Survey participants were asked, “**How much do you agree or disagree with the following statements about your current case planner?**” They were asked to respond to the following five statements:

- My case planner is available to me when I need them.
- I trust my case planner.
- I feel safe telling my case planner about my family.
- I feel my case planner listens to my ideas when we set goals.
- My case planner respects my family's cultural practices.

The majority of survey participants responded to the five prompts above with “**Strongly Agree.**” Similar to the 2019 survey, these responses demonstrate that families generally have strong relationships with their case planners. **Ninety-six percent** (96% or 2567 participants) of survey participants who responded to the question “**Strongly Agree**” or “**Somewhat Agree**” that their case planners respect their families' cultural practices. ACS and prevention provider agencies are mindful of the rich diversity of families in prevention services and the importance of supporting families in culturally responsive ways. Resources and trainings are provided to staff

at all levels in order to continuously improve engagement and practice approaches that respond to the specific social, cultural, and linguistic needs and values of families.

Ninety-seven percent (97% or 2581 participants) of survey participants **“Strongly Agree”** or **“Somewhat Agree”** that their case planners listen to their ideas when setting goals. Co-developing goals with families is part of the approach that case planners and therapists utilize when working with a family. ACS provides ongoing professional skill development for direct service staff and supervisors on a range of topics in order to better serve families, including Motivational Interviewing (MI), a strengths-based engagement technique. Case planners are taught to listen to clients by reflecting and summarizing their ideas, challenges, and goals.

“My social worker is very kind and assists *my* family with the resources available in my community. They also help with translating with doctors and school.”

– Survey Participant

“My case planner makes me feel heard and listens and tries to explore support for my daily struggles.”

– Survey Participant

Table C2 below includes additional details regarding responses to this question. Please note that percentages were calculated out of the total number of participants who responded to each statement, not out of the total number of surveys completed.

Table C2: How much families agree or disagree with the following statements

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I Don't Know
My case planner is available to me when I need them. (n = 2679)	84.2%	13.2%	0.9%	0.7%	1.0%
I trust my case planner. (n = 2655)	80.3%	14.8%	1.2%	0.9%	2.7%
I feel safe telling my case planner about my family. (n = 2667s)	82.1%	14.2%	0.9%	1.0%	1.9%
I feel my case planner listens to my ideas when we set goals. (n = 2669)	84.3%	12.4%	0.8%	0.8%	1.7%
My case planner respects my family's cultural practices. (n = 2662)	86.5%	9.9%	0.3%	0.5%	2.8%

C.3. Remote Meeting Frequency

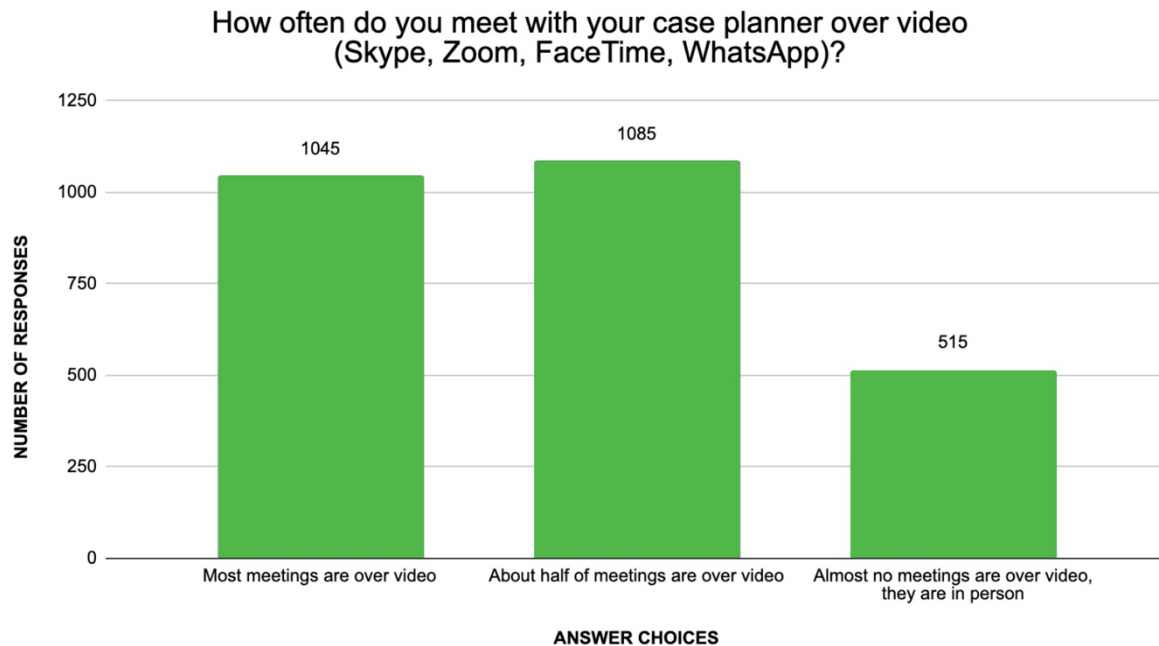
A majority of survey participants have remote video meetings with their case planners.

Survey participants were asked, “**How often do you meet with your case planner over video (Skype, Zoom, FaceTime, WhatsApp)?**” The most commonly selected answer choice was “About half of meetings are over video” (41% or 1085 participants), followed by “Most meetings are over video” (40% or 1045 participants). About 20% (515 participants) of survey participants selected “Almost no meetings are over video, they are in person.” As mentioned prior, New York State policy was adjusted to allow for virtual in-home meetings via video conferencing that aligns with guidance from the NY Office of Children and Family Services (OCFS). Case planners and therapists who were working with higher-risk families were still expected to make in-person home visits when necessary and took all precautions per OCFS guidance in order to do so safely.

The breakdown of responses to this question can be seen in *Table C3* below and the following chart. A total of 2645 participants who completed the survey answered this question, and 138 participants skipped this question.

Table C3: Video meeting frequency ($n = 2645$)

Answer Choice	Percentage of Survey Participants
Most meetings are over video	39.5%
About half of meetings are over video	41.0%
Almost no meetings are over video, they are in person	19.5%



C.4. Quality of Remote Meetings

A majority of families who are having video meetings with their case planner report that it is easy to communicate over video.

Survey participants were asked, “How much do you agree or disagree with the following statements about meeting with your current case planner over video (Skype, Zoom, FaceTime, WhatsApp)?” They were asked to respond to the following three statements:

- I find it easy to communicate with my case planner over video.
- I have a safe space to have private conversations with my case planner over video.
- I have the needed computer/phone/tablet and internet resources to communicate with my case planner over video.

A majority of survey participants responded to the three prompts above with “**Strongly Agree**” or “**Somewhat Agree**.” These responses indicate that video conference case planning sessions are perceived by families to be helpful, supportive, and accessible. Most survey respondents shared that they find it easy to communicate with their case planners over video, that they have a safe place to have video meetings, and that they have the necessary technology to meet virtually. We heard from our network of provider agencies that over the last year, case planners and therapists helped families obtain technology, such as tablets and laptops, so that children could attend school virtually and caregivers could access telehealth resources.

Table C4 below includes a more detailed breakdown of responses to this question. Please note that percentages were calculated out of the total number of participants who responded to each statement **and** responded that they are experiencing remote meetings with their case planner when answering the previous question (described above in C.3.). Percentages were calculated out of the total number of participants to respond to each prompt.

“I love my case planner. She is very sweet and helpful. I enjoy the video conferences more than in-person meetings because my apartment is small and there is always a lot going on in my home. Video conference is very easy and time efficient.”

– Survey Participant

Table C4: Quality of video meetings

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I Don't Know, N/A – This Doesn't Apply to Me
I find it easy to communicate with my case planner over video. (n = 2118)	80.2%	16.0%	1.6%	0.8%	1.5%
I have a safe space to have private conversations with my case planner over video. (n = 2112)	81.1%	14.7%	0.9%	0.7%	2.6%
I have the needed computer/phone/tablet and internet resources to communicate with my case planner over video. (n = 2100)	77.9%	14.2%	1.1%	0.9%	6.0%

D. Suggestions for ACS

One section of the survey focused on what suggestions and ideas survey participants had in order to improve prevention services.

D.1. Suggestions for Improvements

Survey participants recommend providing families with more detailed information on prevention services, including the length of services, and giving families more choice and voice in the services they receive.

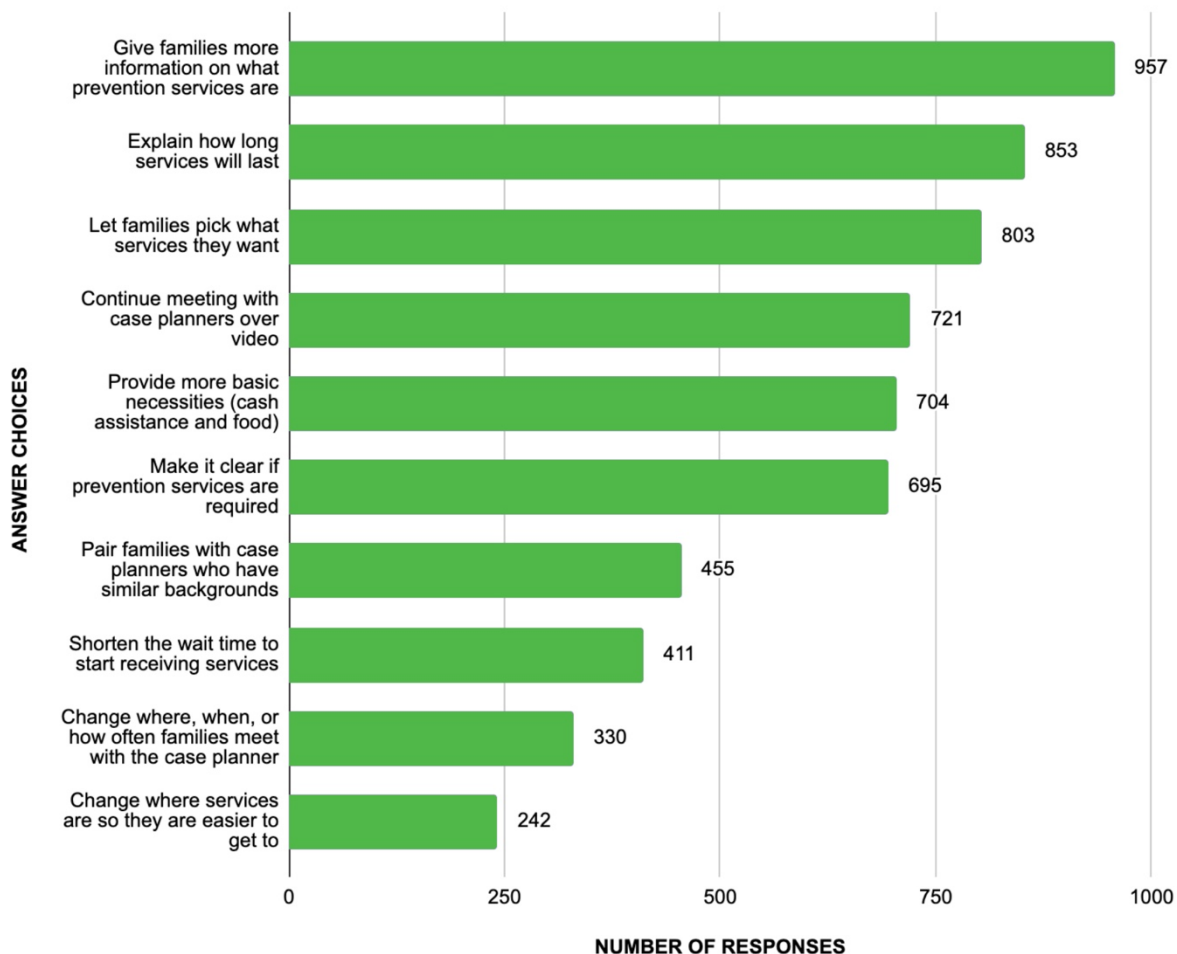
To gather survey participants' perception of improvement suggestions, they were asked, **“How do you think we could make prevention services better? Please select all that apply.”** The top three most frequently selected answer choices were “Give families more information on what prevention services are” (39% or 957 participants), “Explain how long services will last” (35% or 853 participants), and “Let families pick what services they want” (33% or 803 participants). These findings align with findings from the 2019 *Family Experience Survey* and feedback gathered in listening sessions. Based on this feedback, the Division of Prevention Services recently created informational, one-page handouts on prevention services that were co-designed with a variety of stakeholders, such as provider staff, parent advocates, and families. These handouts are intended to be used by ACS staff, service providers, and other child welfare stakeholders when engaging and/or referring families to prevention services. They were released in the Spring of 2021, so a large majority of families that participated in this 2021 survey likely did not receive one of these handouts.

Table D1 below includes a more detailed breakdown of how frequently each answer choice was selected. Percentages do not sum to 100 because participants could select multiple responses. The bar chart below *Table C1* visualizes the number of participants who selected each answer choice. This question was answered by 2433 participants and skipped by 350.

Table D1: How families think ACS could improve prevention services ($n = 2433$)

Answer Choice	Percentage of Survey Participants
Give families more information on what prevention services are	39.3%
Explain how long services will last	35.1%
Let families pick what services they want	33.0%
Continue meeting with case planners over video	29.6%
Provide more basic necessities (cash assistance and food)	28.9%
Make it clear if prevention services are required	28.6%
Pair families with case planners who have similar backgrounds	18.7%
Shorten the wait time to start receiving services	16.9%
Change where, when, or how often families meet with the case planner	13.6%
Change where services are so they are easier to get to	9.9%

How do you think we could make prevention services better? Please select all that apply.



D.2. Quality and Accessibility of ACS Services

A majority of survey participants reported that the referral to prevention services from ACS was helpful for their families and that their opinion of ACS improved after receiving prevention services.

Survey participants were asked, “**How much do you agree or disagree with the following statements?**” The two statements participants were asked to respond to were:

- The service referral from ACS was helpful for my family.
- My opinion of ACS has improved since my family began receiving prevention services.

About **87%** of survey participants reported that they “**Strongly Agree**” or “**Somewhat Agree**” that the service referral from ACS was helpful. The array of services within the prevention services continuum aims to meet the varying needs of families with high-quality services. Case planners partner with families to support connections to community resources. Prevention

services strive to safely keep children in their homes, strengthen families, and promote positive behavior. Families in prevention services can expect:

- Free, trauma informed services
- Partnerships with compassionate and trained case planners
- Family-led goal setting and service planning
- Culturally and linguistically responsive services
- Accessible services in every borough with flexible hours to accommodate families' schedules

Approximately **76%** of survey participants **“Strongly Agree”** or **“Somewhat Agree”** that their opinions of ACS improved after beginning prevention services. Historically, there is a stigma towards, and/or negative perception of, ACS broadly that often impacts families' decisions to participate in services or their engagement throughout service delivery.

ACS and prevention service providers continuously work towards improvements in building trust with families and ensuring they have positive, meaningful experiences while receiving services. We are committed to ensuring families in prevention services receive high-quality, strengths-based, trauma-informed, and family-driven support.

Additionally, the ACS Division of Prevention Services participates in Getting to Know ACS (formerly Demystify ACS) presentations offered by our Office of Community Engagement and Partnerships (OCEP) to individuals at schools, hospitals, faith-based organizations, and other community based organizations. These workshops aim to increase community members' awareness of available services, ACS policies and procedures, and how to access the services and resources provided by ACS.

Table D2 below shows the distribution of responses to the two statements included in this question. Percentages were calculated out of the total number of survey participants who responded to each prompt.

“I am thankful for all the help that the preventive agency and ACS has provided for our family.”

– Survey Participant

Table D2: Families level of agreement with the two following statements on ACS

	The service referral from ACS was helpful for my family. (n = 2600)	My opinion of ACS has improved since my family began receiving prevention services. (n = 2581)
Strongly Agree	61.7%	48.3%
Somewhat Agree	24.8%	27.2%
Somewhat Disagree	3.9%	7.4%
Strongly Disagree	4.2%	9.3%
I Don't Know	5.3%	7.8%

D.3. Opportunity to Share Additional Information

A small group of survey participants wrote open-ended responses when asked if they had additional information or feedback to share. Of those who responded, the majority of responses were positive.

Individuals who participated in the survey were asked **“Is there any additional information you would like to share? Please Explain.”** They were provided with an open text box to respond. The ACS Survey Team conducted a sentiment analysis to code each comment to assess if it was providing positive, negative, mixed, or neutral feedback. *Table C3* below includes the tone categories and the breakdown of responses by tone. The mixed tone refers to statements that had both positive and negative sentiment. The ACS Survey Team also coded the responses for themes, and descriptions of the major themes for each tone category are described below *Table D3*. This question was answered by 231 participants, skipped by 2429 participants, and 123 participants responded that they do not have additional information to share. Overall, findings from this open ended question are similar to the 2019 *Family Experience Survey* findings.

Table D3: Tone of responses to the open-ended question (n = 231)

	Percentage of Survey Participants	Number of Survey Participants
Positive	60.6%	140
Negative	16.0%	37
Mixed (Positive & Negative)	12.6%	29
Neutral	10.8%	25

Positive Responses

When the positive responses from survey participants who responded to this question were analyzed for themes, the most frequently presented themes were: 1) **positive impact of prevention case planners** (92 participants); 2) **positive impact of prevention services received** (53 participants); and 3) **effective communication** (25 participants). Descriptions of these themes and examples of responses that represent these themes are included below.

Positive Impact of Prevention Case Planners (92 participants)

This theme represents the importance of families' relationships with their prevention case planners. Responses often expressed that case planners are helpful, caring, and understanding. Below are four examples of responses that express positive impact of case planners.

- "My case planner has done a remarkable job for myself and my daughters"
- "My case worker was understanding and help she didn't pass judgment she went out of her way to see wat she can help with she asked question and she listen she didn't make me feel like I was on the stand"
- "My caseworker has been outstanding and reassuring great out comes and positive conversations moving forward my children look forward to the weekly meets and not only do we meet as a family we also have seperate meets so the children are not completely involved in the adult things im concerned about. Moving forward with more good and positive vibes conversations and pushing for Better outcomes. We are grateful for him. and the services provided. Thank you."

Positive Impact of Prevention Services (53 participants)

Responses with a positive tone often described the ways families were supported by prevention services. These responses highlight how ACS funded services help to strengthen and stabilize families and connect them to other community resources. Below are three examples of responses that include descriptions on how prevention services were helpful.

- "In the past few months the preventive team I have been working with are really great. They have put me in contact with people whom are normally unreachable. They have assist my family in getting through to people I was not able to get through to, we have used the tools they taught us and my kids and I are really grateful for everyone's assistance."
- "We have found this service very helpful."
- "My family has progressed so much with the help of Preventive Social Services. If my children and I were to need services again, I wouldn't hesitate reaching out to the Agency."

Effective Communication (25 participants)

The third most common theme for responses with an overall positive tone is effective communication. In these responses families describe positive interactions with staff, including case planners, regarding communication. This includes feeling heard, speaking in their preferred language, and getting questions answered. Below are three examples of responses that include effective communication.

- “I actually found a good friend and listener and enjoyed my services with my case planner”
- “Like the counseling and emotional supports and worker is able to speak my Chinese dialect”
- “My prevention worker has informed me on all programs and activities and things that are available to us. My worker also supports my family a great deal and I appreciate everything she does. My prevention worker has helped me in many ways.”

Negative Responses

Some of the open-ended responses from families had negative sentiments (37 responses). When these responses were analyzed for themes, four major themes emerged: 1) **poor communication**; 2) **unmet needs**; 3) **dissatisfaction with ACS**; and **dissatisfaction with prevention case planners**.

Poor Communication (14 participants)

This theme includes negative sentiment around communication, including feeling ignored or not receiving answers to questions. ACS strives to ensure that communication feedback loops between ACS staff, contracted prevention provider staff, and families are robust. Additionally, ACS has set the expectation that prevention providers treat families with dignity and respect, and that families have voice and choice in every aspect of their service experience, including goal setting and service plan development. ACS will continue to work on improving and exploring engagement and communication between families and staff members. Below are three examples of the types of responses received related to poor communication.

- “I would like them to work more on their communication skills with the clients. That person (initial ACS worker) did not have a good communication skill so that is why I don't praise them. They need to be more polite with the clients. The ACS worker was very smiley at the beginning but then after she asked me to move to the shelter she never asked me how I was doing. She did not reach out to me to check up on me.”
- “Need to do a lot better with communicating with families. Stop making people feel like they are being punished scrutinized. You all supposed to be helping families not bring them down and feel like worthless parents.”
- “Little empathy, very disinterested communication”

Unmet Needs (13 participants)

The unmet needs theme refers to responses that included a lack of assistance. Common unmet needs include housing and a general desire for more assistance. Over the last year, ACS is aware of the added stressors that COVID-19 had on families especially around housing. ACS Prevention partners with other City Agencies such as the Department of Homeless Services and the New York Housing Authority in order to address the range of challenges that children and families navigate. Below are three examples of responses from families that fall into this theme:

- “Acs need to help the preventative workers help families get more stable for example like help with housing that should be a number one priority if the family is homeless and keep in mind theses a pandemic some families don’t have to go to shelters they have children services to advocate and find permanent housing for the children”
- “I wish they would work more with my son”
- “We have received appointments, calls but still no help with the services required for the rent.”

Dissatisfaction with ACS (12 participants)

This theme refers to statements from families that express a negative perception of ACS. This often included interactions with and resources provided by the agency. The following three quotes are responses from families that depict dissatisfaction with ACS.

- “Acs is not good for the family because they do not understand life situations and what is best for families”
- “ACS workers need to stop threatening to take children out of the home especially when the children are teens and aren't being beaten or things of that nature. If it's things that are wrong with the home itself then ACS needs to be more about helping getting the home straight so the children aren't separated from the parents. Also when furniture is given its cheap furniture that breaks and when the worker is told (the ACS worker not the prevention worker) they don't do anything about it to replace it. And people can get seriously hurt. Maybe the companies for the furniture should have better made durable items so it doesn't break on anyone”
- “ACS Don’t help at all they just good for coming in Home and writing in pad messing up everyone records.”

Dissatisfaction with Prevention Case Planners (12 participants)

Responses that demonstrate dissatisfaction with case planners often spoke about a lack of assistance, and some implied a lack of sufficient communication. Below are three examples of responses from survey participants that include dissatisfaction with case planners.

- “Case planner is rude!”
- “I feel like the workers hold back on offering useful services. Aside from some web links I haven't received the services that I asked for”
- “I wish they would work more with my son”

Neutral Responses

Only 25 responses were categorized as having a neutral tone. This is a large decrease from the 2019 *Family Experience Survey* because, this year, responses that included both positive and negative sentiment were categorized as mixed and not included in the neutral category. The main theme that emerged from the neutral responses was **suggestions for policy improvements**. The suggestions for policy improvements theme includes directly or indirectly stated changes that families think should be incorporated into prevention services and/or ACS policy and practice. Below are three examples of neutral responses that fall into this theme.

- “Acs should provide housing vouchers because some families have them still have trouble paying rent or choosing either rent or food.”
- “I would like the agency to give updates on the services being received and progress made by both parties (husband and wife) in the case that an Order of Protection is in place.”
- “Yes, I would like to see more family events take place with each family.”

V. CONCLUSION

The *ACS Prevention Family Experience Survey* provided rich information regarding the lived experiences of individuals and families who received prevention services during the COVID-19 pandemic. The findings from the 2021 *Family Experience Survey* generally align with the findings from the 2019 *Family Experience Survey*. Similar to 2019, this year we heard that a majority of families who participated in the survey find services helpful and supportive. Additionally, and also in alignment with 2019, survey participants reported that they have trusting and respectful relationships with their case planners.

Based on the new questions added to the *Prevention Family Experience Survey* this year and adjustments to existing question responses, we learned more about changes in services due to the COVID-19 pandemic. For example, when comparing to 2019 findings, it seems that families are receiving more concrete services, including access to food, financial assistance, and household goods. However, the most frequently accessed services are still family counseling, education or daycare support, and mental health counseling. We also learned about families' perceptions of video conference meetings, an emergency policy adjustment to service delivery in response to the pandemic. Regardless of the shifts in service delivery, families' perceived value of services and quality of case planner interactions displayed the same sentiment as 2019 findings and were overwhelmingly positive.

Additionally, new questions collected information on household income and access to resources. We learned that most families in prevention services qualify as very low income relative to the NYC poverty threshold line,⁶ but are still able to access basic needs while in services, including food, housing, and medical services. We believe that prevention services help ensure that families have these necessary resources to promote child safety and overall family well-being.

While the survey indicates that families find services and case planners to be helpful and supportive, we know that there is still room for improvements, specifically in regards to providing more information to families about services. DPS will build upon current initiatives to support positive outcomes for families and use the results of this survey to continue informing system improvement work. More specifically, DPS will continue to develop and improve ACS prevention family-facing materials and co-designing these materials with provider staff, parent advocates, and families.

⁶ https://www1.nyc.gov/assets/opportunity/pdf/20_poverty_measure_report

VI. APPENDIX

The 2021 ACS Prevention Family Experience Survey, English version.

Welcome to the Family Experience in ACS Prevention Services Survey!

Thank you for taking the Family Experience in Prevention Services survey. The purpose of this survey is to have more family voice in prevention services. Here is some important information about the survey:

- There is **one survey per family** and the person who does the survey should be the primary child caregiver.
- Participation in this survey is voluntary - you are not required to take it and your decision to take it will not affect the services you and your family receive.
- **All questions are optional** - if you do not want to answer a question then leave it blank.
- The survey is confidential - answers will be combined and reported together, so individual families will not be connected to their answers. No one at your provider agency will know how you answered these questions.
- If you have questions or need help with the survey, you can email DPS.Survey@acs.nyc.gov.

This survey will ask you questions about:

- The services your family received
- Working with your case planner
- How to improve prevention services
- Your family's wellbeing
- An opportunity to provide ACS with additional information

As you answer questions in this survey, if your family has urgent service needs, contact your prevention case planner and their supervisor. If they are not able to assist you, contact ACS:

- Office of Prevention Technical Assistance (OPTA) Support Line
- 9am to 5pm, Monday to Friday
- (212) 676-7667

Tell us about the services your family received

1. What services did your case planner help your family connect to? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Family counseling |
| <input type="checkbox"/> Food | <input type="checkbox"/> Mental health counseling (for adults and/or children) |
| <input type="checkbox"/> Clothing, furniture, or cleaning supplies | <input type="checkbox"/> Substance use referral |
| <input type="checkbox"/> Physical medical assistance | <input type="checkbox"/> Job support |
| <input type="checkbox"/> Children's education and/or daycare | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Immigration services | <input type="checkbox"/> Getting other government services (SSI, SNAP, etc.) |
| <input type="checkbox"/> Cash assistance and/or gift cards | <input type="checkbox"/> Getting tablets, laptops, cell phones, or internet access |
| <input type="checkbox"/> Domestic violence services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Parenting coaching | |

If you selected other, please explain here:

2. For the services you selected above, how much do you agree or disagree with the following statements?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
The services are helping me achieve my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So far, I am happy with the services my family received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend these services to a friend and/or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would go to my prevention agency for help in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How long has your family been receiving these services?

- ☐ 0-3 months
☐ 4-6 months
☐ 7-12 months
☐ Longer than 12 months

Tell us about working with your current case planner

What is a case planner?

- Your case planner is the person who helps your family with services, such as counseling, referrals, and family support
- You may know them as your case worker, family therapist, prevention worker, service provider, or interventionist

4. How do you communicate with your current case planner? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Email |
| <input type="checkbox"/> Texting | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Meetings in my home | <input type="checkbox"/> Video calls (Skype, Zoom, FaceTime, WhatsApp) |
| <input type="checkbox"/> Meetings outside of my home | |

5. How much do you agree or disagree with the following statements about your current case planner?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
My case planner is available to me when I need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my case planner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe telling my case planner about my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my case planner listens to my ideas when we set goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My case planner respects my family's cultural practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How often do you meet with your case planner over video (Skype, Zoom, FaceTime, WhatsApp)?

- ☐ Most meetings are over video
- ☐ About half of meetings are over video
- ☐ Almost no meetings are over video, they are in person

7. How much do you agree or disagree with the following statements about meeting with your current case planner over video (Skype, Zoom, FaceTime, WhatsApp)?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know	N/A - This doesn't apply to me
I find it easy to communicate with my case planner over video.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a safe space to have private conversations with my case planner over video.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the needed computer/phone/tablet and internet resources to communicate with my case planner over video.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us how to improve ACS Prevention Services

8. How do you think we could make prevention services better? Please select all that apply.

- ☐ Give families more information on what prevention services are
- ☐ Explain how long services will last
- ☐ Make it clear if prevention services are required
- ☐ Shorten the wait time to start receiving services
- ☐ Let families pick what services they want
- ☐ Change where, when, or how often families meet with the case planner
- ☐ Pair families with case planners who have similar backgrounds
- ☐ Change where services are so they are easier to get to
- ☐ Provide more basic necessities (cash assistance and food)
- ☐ Continue meeting with case planners over video
- ☐ Other

If you selected other, please explain here:

9. How much do you agree or disagree with the following statements?

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree I don't know

The service referral from ACS was helpful for my family.

☐☐☐☐☐

My opinion of ACS has improved since my family began receiving prevention services.

☐☐☐☐☐

10. Is there any additional information you would like to share? Please explain.

Tell us about your family

Now that you have told us about your experience with Prevention Services, please tell us a little bit about yourself and your family.

11. What gender do you identify with?

- ☐ Female
- ☐ Male
- ☐ Non-binary (not male or female)
- ☐ Prefer not to answer
- ☐ Other

12. What is your age?

13. What is your role in your family?

- ☐ Mom
- ☐ Dad
- ☐ Stepmom
- ☐ Stepdad
- ☐ Grandparent
- ☐ Aunt / Uncle
- ☐ Sister / Brother
- ☐ Other

14. Please tell us what races or ethnicities you identify with. Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Hispanic, Latinx, or Spanish | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Multiracial or Multiethnic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

If you selected other, please explain here:

15. In your home, what languages are spoken? Please select all that apply.

☐ English

☐ Arabic

☐ Spanish

☐ Urdu

☐ Chinese

☐ Russian

☐ Bengali

☐ Korean

☐ Haitian Creole

☐ Polish

☐ French

☐ Other

If you selected other, please explain here:

Household includes the people that live in the same space (ex. residence, apartment, home) as you and whom you share living expenses with (ex. food, rent, utilities).

16. Including yourself, how many people are in your household?

17. How many kids (0 to 18 years old) are in your household?

18. How much do you agree or disagree with the following statements about your household's situation over the past 3 months?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
My household has been able to get enough food for 3 meals a day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My household has been able to get medical care when we needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My household has had safe and secure housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My household has been able to get enough diapers, cleaning supplies, feminine hygiene products, and PPE (ex. masks, hand sanitizer, etc.) that we need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In a typical month, what is the total combined income for your household?

Income includes wages, SSI, Social Security, unemployment benefits, and other cash assistance.

- ☐ \$0-\$500 per month (\$0-\$125 per week)
- ☐ \$501-\$1000 per month (\$126-\$250 per week)
- ☐ \$1001-\$2000 per month (\$251-\$500 per week)
- ☐ \$2001-\$3000 per month (\$501-\$750 per week)
- ☐ \$3001-\$4000 per month (\$751-\$1000 per week)
- ☐ \$4001+ per month (\$1001+ per week)
- ☐ I don't know

Thank you for participating in the Family Experience in ACS Prevention Services survey! Your thoughts and ideas are very important to us.