2025 Family Experience **Survey**

NYC Children | Family Services Division

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I. ACKNOWLEDGEMENTS

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

Thank you to former 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 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 its 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 charter on December 31, 2017. The legislation, which was introduced by former 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. This survey is administered annually.

The survey was designed by a collaborative workgroup within the Family Service Decision (FSD), formerly known as the Division of Prevention Services (DPS), at ACS. The survey includes questions about the type and quality of services received; interactions with case planners; demographic information; and suggestions for how services may be improved. The survey had a system-wide response rate of 35.3%. ACS received 2,470 surveys from the 7,003 families enrolled in services when the survey launched.[1]

FSD contracts with over 40 nonprofit community-based organizations ("provider agencies") to provide services to approximately 30,000 children[2] from 15,000 families per year, with the goals of ensuring 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 promote economic mobility, social connections, educational advancement, and overall well-being. Prevention services address a spectrum of needs and, depending on the prevention model, services may include case management, counseling, and clinical interventions in a manner that promotes child safety and family stability.

Key findings from the survey this year demonstrate similar trends to previous years, with families reporting positive sentiment towards services received and interactions with their case planners. The following sections provide a brief overview of survey findings.

Type of Services Received

Survey participants were connected to family counseling (41% or 981 participants); mental health counseling for adults and/or children (37% or 896 participants); clothing, furniture, or cleaning supplies (35% or 836 participants); and children's education and/or daycare (34% or 818 participants) while working with their prevention case planners. These were the top four

[1] Please note that all survey questions were optional, so the response rate for each question varies. The total number of responses for each question are included in the Survey Findings section of this report.
[2] Children* Served by Child Welfare Prevention Services by Home Borough/CD, CY 2024. https://www.nyc.gov/assets/acs/pdf/data-analysis/2024/PreventionServicesCY2024.pdf

selected responses to 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 programs include family counseling and mental health services or referrals to outside counseling services as part of the service delivery approach. These findings on types of services received are similar to trends from previous *Prevention Family Experience Surveys*.

Quality of Services Received

Most survey participants indicated satisfaction with the services they have received. For example, 94% (2282 participants) of participants agree services are helping them achieve their goals; **95% (2277 participants) of survey participants agree that they are happy with the prevention services their families received**; 92% (2227 participants) of survey participants agree that they would recommend services to a friend and/or family member; and 92% (2225 participants) of survey participants agree that they would go to their prevention provider for help in the future. These responses are similar to previous findings from past *Prevention Family Experience Surveys*.

Access to Basic Needs

To better understand families’ access to basic needs, survey participants were asked about their access to food, medical care, and safe and secure housing over the past three months. The majority of survey participants (90%+) responded that they have access to enough food for 3 meals a day, are able to access medical care when needed, and have safe and secure housing. Findings about families’ access to basic needs indicate that families in prevention services are able to meet these concrete needs. It is impossible to draw causal relationships, but ACS believes that prevention services help ensure families have access to necessary resources to enable family well-being.

Interactions with Case Planners

Case planners are the primary staff members at the ACS-contracted prevention provider agencies with whom service recipients interact. They are crucial to the work, as they deliver services directly to parents/caregivers, children, young people, and families. Often, case planners work with families to provide mental health support, identify and access resources in the community, and help families achieve service goals. Depending on the prevention 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, or interventionists. This report will use the title “case planner.”

A large majority of survey participants reported that they communicate with their case planners through in-home meetings (88% or 2122 participants), phone calls (87% or 2097 participants),

texting (84% or 2016 participants), and video calls (34% or 821 participants). In-home meetings are a foundational component of ACS prevention programs. Since the COVID-19 pandemic, video meetings have become a supplemental tool to support communication between families and case planners.

Survey responses demonstrate that families have positive interactions and relationships with their prevention case planners. Most families that participated in the survey reported that their case planner is available when needed (97% or 2337 participants); they trust their case planner (97% or 2238 participants); they feel safe telling their case planner about their family (97% or 2321 participants); **they feel listened to when setting goals for their family as part of their work with the case planner (97% or 2323 participants)**; and they feel their case planner respects their families' cultural practices (98% or 2341 participants). These findings align with findings from previous *Family Experience Surveys*. ACS and prevention 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 Survey Participants & Their Families

A majority of survey participants identify as "Woman" (90% or 2053 participants) and, on average, are 36 years old. About 9% of survey participants identify as "Man" (209 participants) and are, on average, 39 years old. The survey also asked participants to identify their role in the family. **A large majority selected "Mom"** (88% or 2003 participants) followed by "Dad" (9% or 212 participants). The survey asked participants to select the races/ethnicities they identify with, the top responses were:

- Hispanic, Latinx, or Spanish: 54%
- Black, African American, or African: 35%
- White: 7%
- Asian: 6%
- Multiracial or Multiethnic:[3] 3%

The survey asked what language(s) are spoken in the home. Below are the most frequently selected languages. Please note that 30% of participants selected multiple answer choices, indicating they live in multilingual households.

[3] Refers to individuals who specifically selected "Multiracial or Multiethnic." Please note that 11% of survey participants selected two or more answer choices to the race/ethnicity question.

- English: 75%
- Spanish: 44%
- Chinese: 3%
- Bengali: 1%

Suggestions for Improvements

When survey participants were asked about ways to improve prevention services, the most frequently selected suggestions were providing families with more information about services (41% or 887 participants), providing more basic necessities (33% or 700 participants), explaining the length of services (31% or 660 participants), and giving families more voice and choice in the services they receive (26% or 559 participants). These recommendations are similar to findings from previous *Family Experience Surveys*.

Continuous Service Improvements

ACS is committed to driving service improvement by elevating the voices of families served by its continuum of programs. For the first time ever, the Family Services Division (FSD) unveiled strategic priorities, intended to guide the Division's work over the next three years. Formerly the Division of Prevention Services, the Family Services Division embraced a name change along with a newly articulated mission, values, and priorities. This mission states "The Family Services Division and its partners work in service of families and children, connecting them with the support and resources they need to live safe, happy lives."[4] In service of this mission are Strategic Priorities including efforts to embed the perspectives of families into services; build the capacity of the system to be more flexible and responsive; expand community engagement efforts; position the division and provider partners as trusted resources for families; and maintain and build on the commitment to evidence-based models and continuous quality improvement.

The Support Line work initiated by the Pathways to Prevention team continues its goal of making mandated reporters and families aware of the supportive resources available without the need for a child welfare investigation. An examination of child protection hotline data showed that 87% of the more than 50,000 reports originating from New York City schools in 2024 did not result in findings of maltreatment[5]. For too long, mandated reporters have been using the SCR with the intent to get families access to resources. It is clear that, in many cases, an investigation isn't the most effective way to help. From January to September 2025, the Support Line and Connect Mailbox responded to 2,742 inquiries, a majority of which sought information on accessing preventive services. Over this same period of time, SCR intakes decreased by

[4] *Family Services Division: Mission, Values and Strategic Priorities 2025-2028.* https://www.nyc.gov/assets/acs/pdf/about/2025/strategic-priorities-2025-2028.pdf

[5] What are Two Examples of Helplines Operated by Child Protection Agencies?, Casey Family Programs, 10/23/25. Helpline Profiles – Casey Family Programs

2,788 calls, a 6.63% reduction. In 2024, ACS received support from Casey Family Programs to conduct an operational assessment of the line to further strengthen infrastructure and enhance customer service. The Support Line is also featured in a brief published by Casey Family Programs highlighting the work of warmlines around the country.

With a goal of building a more flexible system for both providers and families, FSD made modest reductions and identified $8 million to reinvest in the system, specifically to provide families' concrete needs and workforce support. Providers were able to develop their own strategies for allocated funds, including increasing workforce base salaries, offering direct assistance to families, and hiring new staff to support families' access to assistance. These reinvestment funds will meet an immediate need for families across FSD's services and bring stability to the provider workforce to more effectively meet families' needs over the long term.

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 Family Services Division (FSD), formerly known as the Division of Prevention Services (DPS), contracts with over 40 community-based organizations who provide services 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 15,000 families per year and approximately 30,000 children.[6] 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 disseminated the annual *ACS Prevention Family Experience Survey* from mid-July through September 2025. 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 support they perceive as most beneficial, and their perceptions of services provided.

Over the past five years, the Program Design and Implementation (PDI) team within the Division of Prevention Services (DPS), now the Family Services Division (FSD), at ACS has 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. Listening sessions with provider agency staff and pilot testing with prevention families were conducted between 2018 and 2021 to draft, revise, and improve the survey. The questions asked in the survey this year were also asked in the previous four surveys, which were disseminated in 2021, 2022, 2023, and 2024. Please note that some questions were removed from the survey this year in an attempt to lessen the workload on families to complete the survey and also to remove questions that are less relevant given environmental changes.

[6] Children* Served by Child Welfare Prevention Services by Home Borough/CD, CY 2024. https://www.nyc.gov/assets/acs/pdf/data-analysis/2024/PreventionServicesCY2024.pdf

B. Survey Methodology

Survey Development

The question and answer choices in the *2025 ACS Prevention Family Experience Survey* were also asked in the survey last year. No new questions were added, but some questions were removed because they were not as relevant to the changing environment that families experience. Development of the survey to date followed a research-informed and participatory approach, including extensive collaboration between the ACS Survey Team and prevention provider agencies. The goal of this collaboration was to make the survey as family friendly as possible, ensure response validity and reliability, and leverage lived experience expertise. Over the years, the survey team has conducted listening sessions with prevention provider staff and short pilots with families to collect feedback on, make improvements to, and finalize survey question wording.

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 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 previous years, unique survey links were created and disseminated to each prevention provider agency. In 2019 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 provider agency by program name, location, or case planner's name. Unique links for each provider agency enabled response rates to be tracked for each agency.

In order to support survey accessibility, the ACS Survey Team created various strategies to increase survey participation. These strategies were based on lessons learned during previous

Family Experience Surveys and provider staff feedback. Case planners at provider agencies spoke with families 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. 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.

To make the survey accessible to families whose primary language is not English, the survey was offered in the 10 additional designated citywide languages. Survey participants were prompted to select their language preference when they opened the survey link. Additionally, the ACS Survey Team created digital text-friendly flyers in these 11 languages to support case planners with engaging families in the survey.

Throughout the dissemination of the survey, the ACS Survey Team managed and monitored a dedicated survey inbox; provided regular updates on survey response rates; and provided general technical assistance to providers to address any issues or questions that came up. In total 2,470 surveys were completed, representing a 35% response rate.

C. Limitations of the Survey

This survey collected data from a New York City population of families who were enrolled in ACS Prevention Services. 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. 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.

D. Survey Population and Response Rates

The survey included demographic questions about survey participants and their households. 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 participant who completed the survey.

Family Demographics

D.1. Length of Service

Approximately 55% 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, 29% (721 participants) selected "4-6 months" and 24% (608 participants) selected "7-12 months." This is similar to the trends from previous *Prevention Family Experience Surveys*. *Table D1* below includes more details about the breakdown of how survey participants responded to this question. The question was answered by 2433 survey participants and skipped by 37 participants.

Table D1: How long families have been receiving prevention services (*n* = 2433)

0-3 months	4-6 months	7-12 months	Longer than 12 months
25.9%	29.2%	24.6%	18.8%

D.2. Language Spoken at Home

A majority of survey participants reported speaking English in their homes (75% or 1718 participants) and 44% reported speaking Spanish in their homes (998 participants). These language findings reflect similar trends from previous *Family Experience Surveys*. *Table D2* below has a more detailed breakdown of languages spoken in the home. Please note that percentages do not sum to 100 because survey participants could select multiple languages. In fact, 30% (684 participants) selected multiple languages, implying that their households are multilingual. This question was answered by 2288 survey participants and skipped by 182.

Table D2: Languages spoken in families' homes (*n* = 2288)

Language	Percentage of Survey Participants
English	75.1%
Spanish	43.6%
Chinese	3.2%
Bengali	1.3%
Haitian Creole	1.2%
French	1.0%
Arabic	0.9%
Russian	0.8%
Urdu	0.3%
Polish	0.2%
Korean	0.1%
Sign Language	0.6%
Other	1.9%

Survey Participant Demographics

D.4. Self-Identified Gender and Age

Survey participants were asked to select which gender they identify with. **A large majority selected "Woman"** (90% or 2053 participants) and 9% selected "Man" (209 participants). The average age of survey participants is 37 years old. These findings are similar to previous *Family Experience Surveys*. For further breakdown of how frequently each of the gender answer choices were selected and the average age of survey participants by gender identity, see *Table D4* below. The gender question was answered by 2287 participants and skipped by 183. Gender percentages were calculated out of the total number of participants who answered the question. The question asking for age was answered by 2048 survey participants and skipped by 422 participants.

Table D4: Survey participants' gender identity and average age

Woman	Man	Non-binary (not man or woman)	Prefer not to answer	Other

89.8%	9.1%	0.1%	0.9%	0.1%
Average age: 36 years old	Average age: 39 years old	Average age: 42 years old	Average age: 38 years old	Average age: 43 years old

D.5. Family Role

Survey participants were asked to identify their role in their families. **A large majority selected "Mom"** (88% or 2003 participants), followed by "Dad" (9% or 212 participants). Responses are similar to previous *Family Experience Surveys*. For a more detailed breakdown of how frequently each answer choice was selected, see *Table D5* below. Percentages were calculated out of the total number of responses to this question, in this case 2285 people. This question was skipped by 185 participants. Please note that percentages may not sum to 100 because participants were able to report identifying with multiple family roles.

Table D5: Survey participants' family role (*n* = 2285)

Answer Choice	Percentage of Survey Participants
Mom	87.7%
Dad	9.3%
Grandparent	2.7%
Sister / Brother	2.0%
Aunt / Uncle	1.0%
Stepmom	0.5%
Stepdad	0.2%
Other	1.0%

D.6. Self-Identified Race/Ethnicity

Survey participants were asked to select the races/ethnicities they identify as. **The most frequently selected responses were "Hispanic, Latinx, or Spanish" (54% or 1235 participants) and "Black, African American, or African" (35% or 803 participants).** Additionally, 3% (61 participants) of survey participants selected "Multiracial or Multiethnic" and 11% (238 participants) selected more than one race/ethnicity. These findings reflect similar trends from previous *Family Experience Surveys*. See *Table D6* below for further breakdown of what races/ethnicities survey participants identify as. Percentages were taken out of the total number of individuals who responded to this question. Percentages may not sum to 100

because participants were able to select more than one answer choice. This question was answered by 2269 participants and skipped by 201.

Table D6: Survey participants' identified races/ethnicities (*n* = 2269)

Race/Ethnicity	Percentage of Survey Participants
Hispanic, Latinx, or Spanish	54.4%
Black, African American, or African	35.4%
White	6.9%
Asian	6.2%
Multiracial or Multiethnic*	2.7%
Middle Eastern or North African	1.1%
Native American or Alaska Native	0.8%
Native Hawaiian or Other Pacific Islander	0.3%
Other	2.8%

**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. Families were able to select the language they wanted to proceed in. Surveys were completed in all languages except Polish. **A large majority of surveys were completed in English** (74% or 1836 surveys), followed by Spanish (22% or 546 surveys), then Chinese (3% or 63 surveys). This breakdown is similar to trends observed in previous *Family Experience Surveys*.

Table D7: Survey language (*n* = 2470)

Survey Language	Percentage of Survey Participants
English	74.33%
Spanish	22.11%
Chinese	2.55%
Russian	0.24%
Haitian Creole	0.20%
Arabic	0.16%
Bengali	0.16%
French	0.12%
Korean	0.08%

Urdu	0.04%
Polish	0.00%

IV. SURVEY FINDINGS

A. Type and Quality of Services

A.1. Type of Services

Survey participants reported receiving support with family counseling and mental health counseling 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." **The most frequently selected service was "Family counseling" (41% or 981 participants).** This finding aligns with ACS' expectations, as a majority of the ACS prevention program models include family counseling services as a central component of the approach to working with families.

The **second** most frequently selected service by survey participants was **"Mental health counseling (for adults and/or children)"** (37% or 896 participants). Through the re-procurement process, ACS prevention services expanded its investment in evidence-based and evidence-informed therapeutic and treatment service models citywide. A core component of these models is supporting the mental and behavioral health of caregivers, children, and youth. These programs began serving families in 2020.

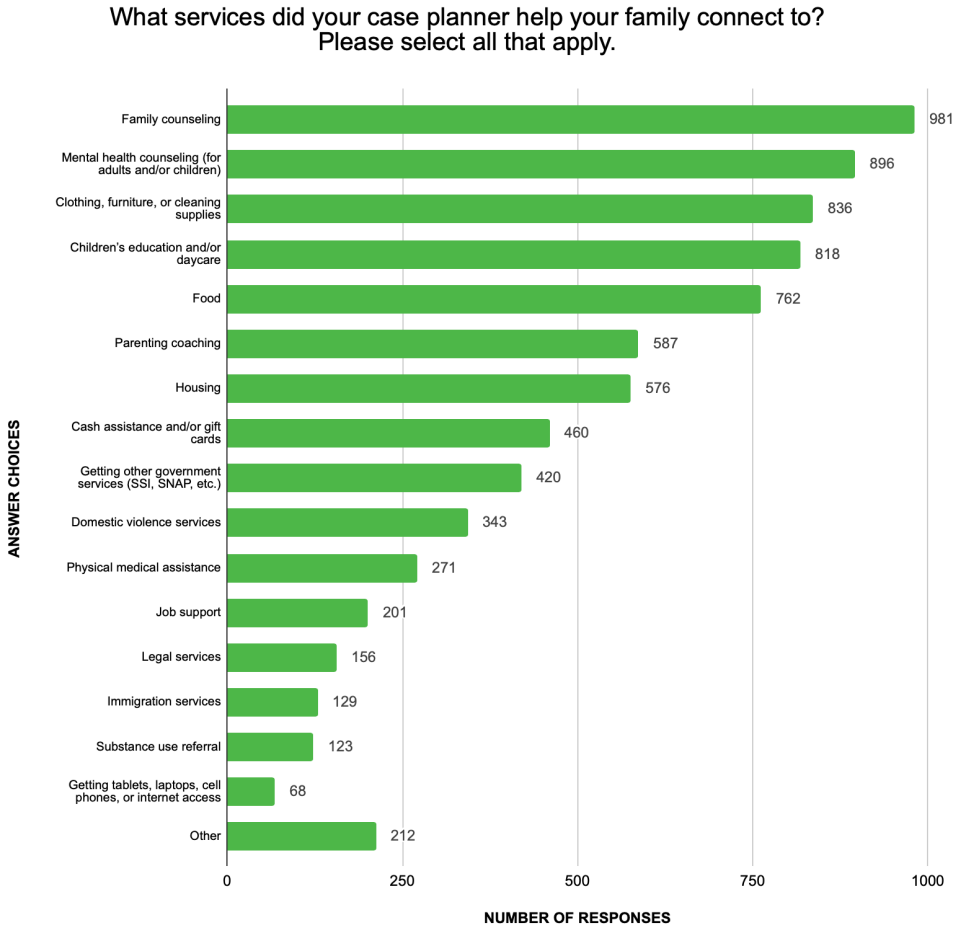
The **third** most frequently selected service was **"Clothing, furniture, or cleaning supplies"** (35% or 836 participants). Prevention services programs support families with meeting concrete needs, including but not limited to clothing, furniture, and cleaning supplies.

The **fourth** most frequently selected service was **"Children's education and/or daycare"** (34% or 818 participants). All ACS prevention services programs help to connect caregivers to child care support, including daycare vouchers for younger children.

The top four most frequently selected responses are the same as previous *Prevention Family Experience Surveys*. Below, *Table A1* and the following bar chart include additional details about the other types of services that survey participants selected. The table includes the percentage of survey participants who selected each answer choice. These percentages were calculated out of the total number of responses to this question. Please note that percentages do not sum to 100 because survey participants were able to select multiple answer choices. A total of 2423 survey participants responded to this question and 47 skipped it.

Table A1: Types of services (*n* = 2423)

Answer Choice	Percentage of Survey Participants
Family counseling	40.5%
Mental health counseling (for adults and/or children)	37.0%
Clothing, furniture, or cleaning supplies	34.5%
Children's education and/or daycare	33.8%
Food	31.4%
Parenting coaching	24.2%
Housing	23.8%
Cash assistance and/or gift cards	19.0%
Getting other government services (SSI, SNAP, etc.)	17.3%
Domestic violence services	14.2%
Physical medical assistance	11.2%
Job support	8.3%
Legal services	6.4%
Immigration services	5.3%
Substance use referral	5.1%
Getting tablets, laptops, cell phones, or internet access	2.8%
Other	8.7%



A.2. Quality of Services

The large majority of survey participants reported satisfaction with the prevention services they received and agreed they 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 were 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 large majority of participants responded to the four statements with “Strongly Agree” or “Somewhat Agree.” This is similar to the trends from previous *Prevention Family Experience Surveys*. **Most survey participants (95% or 2277 participants) agree they are happy with the services their families have received.** The continuum of community-based organizations providing ACS prevention services are committed to delivering services in an inclusive and culturally appropriate manner to ensure that children, young people, and caregivers are receiving the support they need. ACS will continue continuous quality improvement efforts to achieve family satisfaction with prevention services. *Table A2* includes the number of participants who responded to each prompt and the distribution of responses to each of the statements.

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* = 2432)	72.3%	21.5%	1.9%	1.2%	3.2%
So far, I am happy with the services my family received. (*n* = 2405)	76.4%	18.3%	1.7%	1.3%	2.4%
I would recommend these services to a friend and/or family member. (*n* = 2430)	76.0%	15.6%	1.8%	1.9%	4.7%
I would go to my prevention agency for help in the future. (*n* = 2425)	75.6%	16.1%	1.4%	1.8%	5.1%

B. Access to Basic Needs

B. Family Access to Basic Needs

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, and feminine hygiene products that we need.

Responses to the statements above **indicate that families in prevention services have been able to access adequate food, medical care, housing, and hygiene supplies.** For example, 93% of survey participants reported their households have enough food for three meals a day (2119 participants). These findings are in alignment with findings from previous *Family Experience Surveys*. All families in prevention services programs 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 wellbeing. *Table B2* below includes the number of participants who responded to each statement and the distribution of responses to the five statements included in this question.

Table B2: Household situation over the past three 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. (*n* = 2272)	71.7%	21.6%	4.1%	1.6%	1.0%
My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.) (*n* = 2269)	69.5%	22.1%	3.3%	2.7%	2.4%
My household has been able to get medical care when we need it. (*n* = 2259)	80.7%	15.0%	1.7%	1.1%	1.5%
My household has had safe and secure housing. (*n* = 2242)	71.0%	19.3%	4.8%	2.9%	2.0%

My household has been able to get enough diapers, cleaning supplies, and feminine hygiene products that we need. (*n* = 2237)	64.2%	21.9%	5.6%	4.1%	4.2%

C. Interactions with Case Planners

One section of the survey focused on families' experiences interacting with their 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, such as Family Support programs, require that case planners who provide case management and referrals to auxiliary community services have a Bachelor's degree.

C.1.Communication with Case Planners

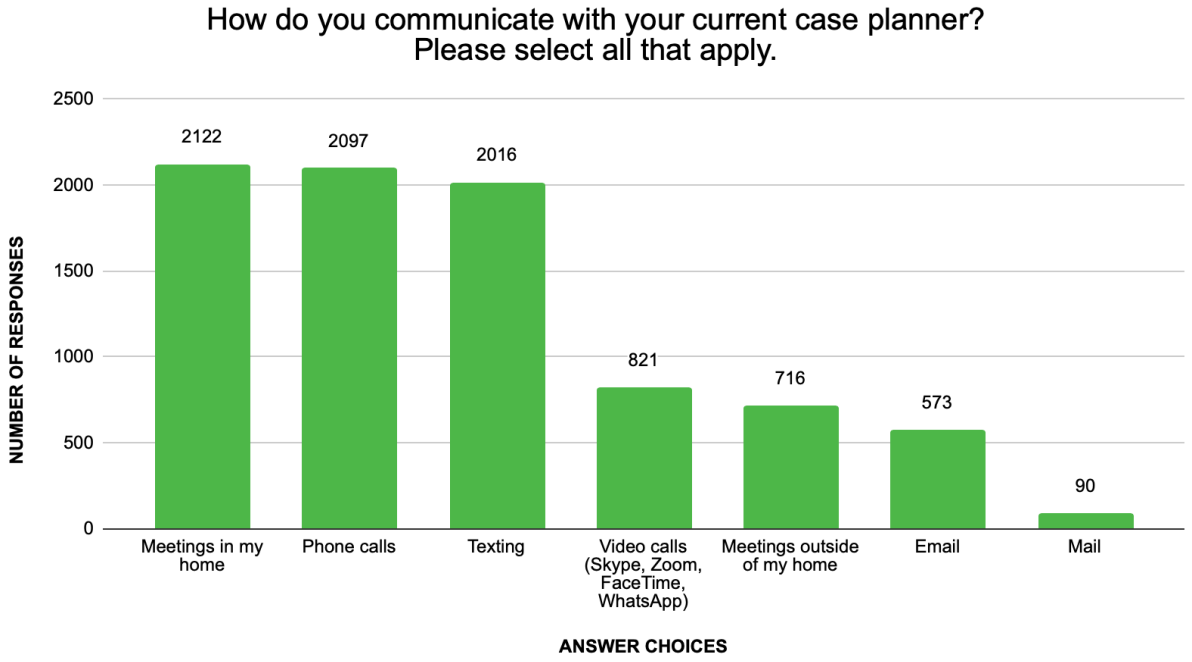
The majority of survey participants communicate with their case planners through phone calls, in-home meetings, texting, and video calls.

Survey participants were asked, "How do you communicate with your current case planner? Please select all that apply." The most frequently selected answer was "Meetings in my home" (88% or 2122 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. The next most commonly selected answers were "Phone calls" (87% or 2097 participants) and "Texting" (84% or 2016 participants).

Survey responses are similar to trends from the previous *2024 Family Experience Survey.* For more details on how families responded to this question, please see *Table C1* below. 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 2412 participants and skipped by 58. The bar chart below *Table C1* visualizes responses.

Table C1: How families communicate with their case planners (*n* = 2412)

Answer Choice	Percentage of Survey Participants
Meetings in my home	88.0%
Phone calls	86.9%
Texting	83.6%
Video calls (Skype, Zoom, FaceTime, WhatsApp)	34.0%
Meetings outside of my home	29.7%
Email	23.8%
Mail	3.7%



C.2. Trust and Comfort with Case Planners

The large majority of survey participants reported that they trust their case planner, feel listened to when goal setting, and feel their case planner respects 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 presented with the following five statements to respond to:

- 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 large majority of participants responded to the five prompts above with "Strongly Agree" followed by "Somewhat Agree." Responses are similar to findings from previous *Prevention Family Experience Surveys*. **Responses demonstrate that families generally have strong positive relationships with their case planners.** For example, the large majority of survey participants reported agreement that they trust their case planners (97% or 2238 participants) and that their case planners listen to their ideas when setting goals (97% or 2323 participants). Co-developing goals with families is an integral part of case planners and therapists work 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. This training focuses on teaching key MI skills for staff to support families on their paths toward change. This required instructor-led training consists of a half-day virtual prerequisite called "Foundations of Motivational Interviewing: Communicating to Build Partnerships" followed by a one-day in-person course titled "Foundations of Motivational Interviewing: Practicum." In these sessions, attendees build knowledge around the four fundamental tasks of MI: engagement, focusing, evoking and planning. Case planners are taught to apply these learnings when interacting with and listening to families. ACS is launching MI Connect, a resource that includes skill refreshers and practice labs to ensure that case planners are implementing this evidence-based approach to fidelity.

"I absolutely love my case planner, she is such a huge inspiration and help to me and my boys!"

- Survey Participant

"I enjoyed working with my case planner. She has helped me learn how to have more patience with my son, talk to my son in a productive, healthy way and how to handle his meltdowns in a loving and productive way."

- Survey Participant

Table C2 below includes additional details on participant responses and the number of participants who responded to each statement. Percentages were calculated out of the total number of participants who responded to each statement.

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* = 2408)	83.7%	13.3%	1.0%	0.7%	1.3%
I trust my case planner. (*n* = 2238)	83.0%	13.6%	0.7%	0.6%	2.0%
I feel safe telling my case planner about my family. (*n* = 2321)	84.0%	12.7%	1.0%	0.9%	1.4%
I feel my case planner listens to my ideas when we set goals. (*n* = 2323)	85.9%	11.3%	1.0%	0.4%	1.4%
My case planner respects my family's cultural practices. (*n* = 2341)	88.8%	8.8%	0.3%	0.3%	1.8%

D. Suggestions for ACS

D.1. Suggestions for Improvements

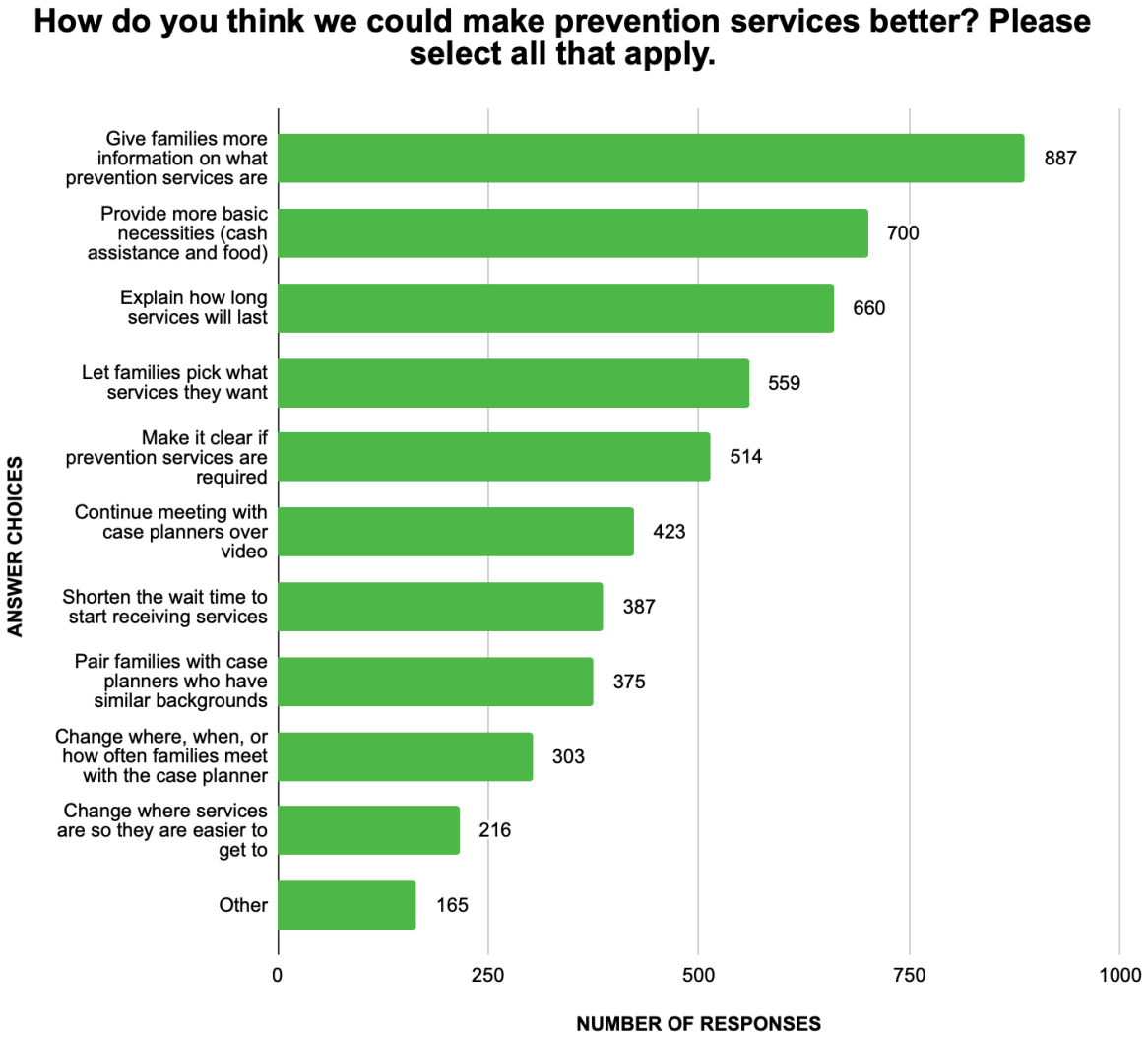
Survey participants recommend providing families with more detailed information on prevention services, including length of service.

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 most frequently selected answer choice was "Give families more information on what prevention services are" (41% or 887 participants) followed by "Provide more basic necessities (cash assistance and food)" (33% or 700 participants), "Explain how long services will last" (31% or 660 participants), and "Let families pick what services they want" (26% or 559 participants). These findings are similar to findings from previous *Family Experience Surveys*.

Further breakdown of responses can be seen in *Table D1* below and the following chart, which visualizes the number of participants who selected each answer choice. Please note percentages do not sum to 100 because participants could select multiple responses. This question was answered by 2148 survey participants and skipped by 322.

Table D1: How families think ACS could improve prevention services (*n* = 2148)

Answer Choice	Percentage of Survey Participants
Give families more information on what prevention services are	41.3%
Provide more basic necessities (cash assistance and food)	32.6%
Explain how long services will last	30.7%
Let families pick what services they want	26.0%
Make it clear if prevention services are required	23.9%
Continue meeting with case planners over video	19.7%
Shorten the wait time to start receiving services	18.0%
Pair families with case planners who have similar backgrounds	17.5%
Change where, when, or how often families meet with the case planner	14.1%
Change where services are so they are easier to get to	10.1%



D.2. Opportunity to Share Additional Information

A small group of survey participants wrote open-ended responses when provided the opportunity to share additional information, most of those responses were positive.

Survey participants were asked “Is there any additional information you would like to share? Please Explain.” They were provided with an open text box to type their response. The ACS Survey Team conducted a sentiment analysis to code each response to assess if it was providing positive, negative, mixed, or neutral feedback. The mixed tone refers to statements that had both positive and negative sentiment. *Table D2* below includes the tone categories and the breakdown of responses by tone. The ACS Survey Team also coded responses for themes,

and descriptions of the major theme(s) for each tone category are described below *Table D2*. This question was answered by 235 participants, skipped by 1987 participants, and 248 participants responded that they do not have additional information to share. Please note that the small sample size makes it difficult to generalize findings. Overarching trends from this open ended question are similar, but not identical, to findings from previous *Prevention Family Experience Surveys*.

Table D2: Tone of responses to the open ended question (*n* = 235)

	Percentage of Survey Participants	Number of Survey Participants
Positive	66.4%	156
Negative	6.0%	14
Mixed (positive & negative)	2.1%	5
Neutral	25.5%	60

Positive Responses

When the 156 responses with positive tones were analyzed, two top themes emerged. The top themes were positive impact of prevention provider staff (100 participants) and positive impact of prevention services (67 participants). Below are descriptions of each of these themes and examples of responses from survey participants that represent these themes.

Positive Impact of Nonprofit Prevention Provider Staff (100 participants)
This theme encaptures responses where families wrote positive statements about the staff at their prevention program. This could include case planners, family workers, counselors, therapists, case aids, and other similar roles. In the responses from families, they often describe having trusting relationships and express appreciation for the support they received. Below are a few examples of statements from families that demonstrate the theme positive impact of nonprofit prevention provider staff.

- “I absolutely love my case planner, I accomplished so much with her & she really helped me get & stay on the right path. 10/10 I would definitely recommend!”
- “This whole thing has been amazing and I wouldnt change anything I am very grateful for my case manager and everything she has done for me and my family.”
- “Our case planner was a blessing to have in our home and assist our family. It didn't feel like services, but more like an extended family member trying to help out their family build better communication and bonds.”
- “Sin duda algunas recomendaria la agencia son muy amables y ellos buscan la manera de resolver el problema”

- “My case manager is extremely amazing, she takes pride in her work!!”

Positive Impact of Prevention Services (67 participants)
This theme includes responses from survey participants that speak about prevention services being helpful or supportive. These positive responses highlight how ACS funded prevention services are helpful to families. Below are examples of responses written by families that speak positively about the prevention services they received.

- “The agency that provides my family services they work very closely with the family and ensure that the family are well care for.”
- “Honestly, prevention services are been great to me.”
- “Exelente servicio no tengo duda de recomendar la agencia son gracias”
- “Me siento a gusto con los servicios recibidos. He recibido mas ayuda a traves del programa preventivo que del albergue donde vivo.”

Negative Responses

Some survey participants wrote responses with negative sentiment. In total, 14 responses were coded for negative tone. This is a decrease from last year, when 30 survey participants wrote responses with negative sentiment; however, given the small sample size it is difficult to draw meaning from that slight change. When the 14 responses were analyzed for themes, the top theme that emerged was poor communication (9 participants). This theme includes negative sentiments around a family members’ communication with nonprofit prevention provider staff and/or ACS staff. It does not include poor communication within the family or with external individuals, such as a landlord or teacher. Below are two responses that demonstrate poor communication.

- “As I’ve stated things that bothered me or I felt was necessary to say and the worker would not reassure my feelings just that I should give whatever another try and it don’t work like that when I’m grieving at the time”
- “En mi experiencia Esta ayuda es más una simple visita. Que lo que hace es me quita el tiempo. No vienen con un plan de acción Solo hacer una preguntas ridiculas, que en mi opinión no ayudan en nada y es nada.:

Neutral Responses

In total 60 responses were coded as neutral tone because they did not include positive or negative sentiment. The main theme that emerged from these responses was suggestions for improvements. Below are two responses from families that include suggestions.

- “Having this information available to schools and school guidance counselors. Especially for children with behavioral issues”
- “Muchas familias no entienden lo que es el servicio preventivo y tienen entendido que es solo quitar niños y por eso hay personas que no buscan ayuda por temor a que le quiten los niños cuando en realidad no es así.”

Mixed Responses

This year, only 5 responses included both positive and negative sentiment. This is a decrease from last year, when 22 responses had mixed tones. Given the small sample size, it is difficult to draw meaning from that small shift. One common theme emerged from the responses with mixed sentiment. Four of the 5 responses demonstrated the theme positive impact of prevention services (4 participants). These responses also included details that were sub-optimal, such as inadequate communication, expressing frustration about a life situation, or sharing suggestions for improvements. Below is an example of a response that has both positive and negative sentiment.

- “Although I like my case planner, sometimes in the summer months it's difficult to plan because of many other things going on. Summer's only 1 visit should be mandatory.”

V. CONCLUSION

The *ACS Prevention Family Experience Survey* provided rich information regarding the lived experiences of individuals and families who received prevention services. The findings from the *2025 Family Experience Survey* generally align with the findings from previous *Family Experience Surveys*. ACS heard that a majority of families report generally positive sentiment towards services received and interactions with case planners. Additionally, a majority of survey participants reported that they feel listened to when setting goals for their family as part of their work with case planners.

The *Family Experience Survey* is the first step towards a more robust strategy for parent engagement. As part of FSD's Strategic Priorities, the first priority states that FSD will "embed family perspectives and individuals with lived experience more deeply across [FSD]'s work and the services [FSD] provides."[7] In service of this priority, FSD plans to hire a parent advisor as part of the Division leadership team to bring family perspectives to the strategic direction of the Division. In addition, the Research and Innovation team in partnership with researchers from MDRC, will be establishing a Council of Lived Expert Advisors to support their efforts to research the effectiveness of the Family Treatment and Rehabilitation model. ACS will also partner with providers to assess the degree to which services are family-centered and develop new ways to ensure alignment around family-centered practices through coaching and training supports.

The findings from the *2025 Family Experience Survey* will continue to inform further program and practice improvements. Families have shared what they want from ACS, mainly: concrete support, flexible services, and assistance navigating complex systems. FSD's strategic priorities seek to address these requests from families. This year's reinvestment initiative is just one example of the Division's work towards innovative and flexible solutions. With $8 million redirected towards families' concrete needs and workforce support for providers, providers will support material goods such as food, clothes, and housing for families as well as create new positions to help families navigate the resources available to them. As another example, in response to an expressed need for services targeted towards teens, the Office of Referral Management (ORM) partnered with the Division of Child Protection (DCP) to identify providers with specialized expertise for this population. ORM and DCP then created an expedited referral process to ensure these teens were swiftly enrolled in services.

The annual ACS Prevention Family Experience Survey provides vital insight into the interests and needs of families for service delivery improvements. While the survey indicates that families find services and case planners to be helpful and supportive, there is still room for

[7] *Family Services Division: Mission, Values and Strategic Priorities 2025-2028.* https://www.nyc.gov/assets/acs/pdf/about/2025/strategic-priorities-2025-2028.pdf

improvements. For example, one area for improvement is providing more information to families about services and their duration. FSD will build upon current initiatives to support positive outcomes for families and use the results of this survey to continue informing system improvement work. FSD is working closely with service providers to increase access to prevention services for families referred by community sources. This includes opening new pathways to prevention services for families that are referred by NYCPS, NYC Health & Hospitals, the Department of Homeless Services, and social service organizations. Additionally, FSD runs the Support Line, which is a central access point for families and mandated reporters seeking guidance and referrals. The Support Line's warmline model centers family perspectives and empowerment, and is an opportunity to provide information about available services to the community. Finally, FSD is hiring a Parent Advisor who will bring lived experience and a direct family perspective to decision-making for the division's initiatives, helping anchor strategies meaningfully to community needs. ACS is grateful to the families and provider staff who contributed their valuable time to this work.

VI. APPENDIX

Copy of the *2025 ACS Prevention Family Experience Survey* – English version.