



2024 FAMILY EXPERIENCE SURVEY

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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 led by the Community Based Strategies (CBS) team within 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 about families and household composition; and suggestions for how services may be improved. The survey had a system-wide response rate of 31%. ACS received 2181 surveys from the 6996 families enrolled in services when the survey launched. Surveys of this type and scale typically have a response rate of 25%.

DPS contracts with over 38 nonprofit community-based organizations (“provider agencies”) to provide services to approximately 30,000 children¹ 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 findings.

Type of Services Received

Survey participants were connected to family counseling (46% or 977 participants); mental health counseling for adults and/or children (42% or 889 participants); and children’s education and/or daycare (33% or 701 participants) while working with their prevention case planners. These were the top three selected responses to the question, “What services did your case

¹ Children* Served by Child Welfare Prevention Services by Home Borough/CD, CY 2023.
<https://www.nyc.gov/assets/acs/pdf/data-analysis/2023/PreventionServicesCY2023.pdf>

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. Furthermore, these findings on types of services received are similar to the findings from previous *Prevention Family Experience Surveys*.

Quality of Services Received

Most survey participants indicated satisfaction with the services they have received. For example, 93% (1995 participants) of participants agree services are helping them achieve their goals; **93% (1994 participants) of survey participants agree that they are happy with the prevention services their families received**; 91% (1944 participants) of survey participants agree that they would recommend services to a friend and/or family member; and 91% (1954 participants) of survey participants agree that they would go to their prevention provider for help in the future. These responses are similar to findings from previous *Prevention Family Experience Surveys*.

Household Income and Access to Basic Needs

To gather information on families’ financial situation, 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.” **Two thirds (66% or 1312 participants) of survey participants reported a monthly income, as defined in the survey, as less than \$2000 per month.** According to the New York City Government Poverty Measure 2021 report,² published by the Mayor’s Office for Economic Opportunity in May of 2024, the annual NYC poverty threshold for a two-adult, two-child family is \$40,288. Due to limitations including differences in income definition and units of measurement, it is difficult to compare the monthly income data collected in the survey to the NYC poverty threshold. However, an approximate calculation demonstrates that the majority of survey participants below the NYC poverty threshold.

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 (89%+) 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 from the income and access to basic needs questions indicate that despite low-incomes, families in prevention services are able to meet these concrete needs. It is impossible

² New York City Government Poverty Measure 2021. <https://www.nyc.gov/assets/opportunity/pdf/Poverty-2021.pdf>

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 (89% or 1888 participants), phone calls (83% or 1769 participants), texting (79% or 1678 participants), and video calls (32% or 673 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 (97% or 2055 participants); that they trust their case planner (96% or 2014 participants); feel safe telling their case planner about their family (97% or 2040 participants); **feel listened to when setting goals for their family as part of their work with the case planner (97% or 2058 participants)**; and feel their case planner respects their cultural practices (97% or 2051 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 Families & Household Composition

A majority of survey participants identify as “Woman” (90% or 1826 participants) and, on average, are 36 years old. About 8% of survey participants identify as “Man” (169 participants) and are, on average, 43 years old. The survey also asked participants to identify their role in the family. **A large majority selected “Mom” (89% or 1802 participants)** followed by “Dad” (9% or

186 participants). The survey asked participants to select the races/ethnicities they identify with, the top responses were:

- Hispanic, Latinx, or Spanish: 53%
- Black, African American, or African: 34%
- Asian: 8%
- White: 7%
- Multiracial or Multiethnic:³ 3%

In terms of household composition, survey findings demonstrate that the **average household size is 4 individuals with an average of 2 kids** (0-18 years old). Household was defined to include the people that live in the same space as survey participants (i.e., apartment) and with whom they share living expenses (i.e., rent). The survey also 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.

- English: 74%
- Spanish: 42%
- Chinese: 4%
- Bengali: 2%

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 (40% or 779 participants), providing more basic necessities (34% or 655 participants), explaining the length of services (29% or 562 participants), and giving families more voice and choice in the services they receive (29% or 557 participants). These recommendations are similar to findings from previous *Family Experience Surveys*.

Continuous Service Improvements

ACS continues to monitor its continuum of services to better meet the needs of children and families in New York City. For example, over the past few years, the Division of Prevention Services at ACS has redoubled efforts to provide information to the public, including mandated reporters and families, about the nature of prevention services and how to access them. Each year, the New York Statewide Central Register (SCR) receives more than 50,000 calls, and nearly 75% of those investigated do not show indicators of abuse or maltreatment. For too long, mandated reporters have been using the SCR with the intent to get families access to

³ Refers to individuals who specifically selected “Multiracial or Multiethnic.” Please note that 11% of survey participants selected two or more answer choices.

resources. It is clear that, in many cases, an investigation isn't the most effective way to help, cause undue anxiety, and create feelings of mistrust toward ACS. Through the Pathways to Prevention team and the Support Line, DPS is working to make mandated reporters and families more aware of resources available to support families without the need for a child welfare investigation, when they could benefit from community support and resources.

The Division's efforts are also focused on connecting families to concrete supports that may reduce risk and enhance child well-being. For families receiving prevention services, DPS provides beds and cribs, as well as support obtaining child care vouchers. Efforts are also ongoing to connect eligible families receiving prevention services who are also experiencing housing instability with vouchers and housing navigation to obtain permanent housing. DPS also uses data shared by the NYC Human Resources Administration (HRA) and Department of Homeless Services (DHS) to notify prevention provider partners of any potential disruptions to families' benefits so they may collaborate with them to promote stability. Finally, the Support Line has established linkages with food pantries, community-based organizations that support with concrete needs, and other service providers that can support families experiencing challenges without the need for further child welfare involvement. These efforts reflect ACS's ongoing commitment to ensuring that families have access to the support and resources they need.

The annual *ACS Prevention Family Experience Survey* provides insight into the perspectives and experiences of families receiving prevention services. While the survey indicates that families find services and case planners to be helpful and supportive, there is still room for improvements. For example, one area for improvement is providing families with more information about prevention services. ACS will continue expanding and enhancing current initiatives to improve families' experiences and use the results of this survey to inform continued system improvement work. ACS is grateful to the families and provider staff who contributed their valuable time to this work.

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 38 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.⁴ 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 October of 2024. 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.

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. 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 survey distributed this year included the same questions as the previous three surveys, which were disseminated in 2021, 2022, and 2023.

⁴ Children* Served by Child Welfare Prevention Services by Home Borough/CD, CY 2023.
<https://www.nyc.gov/assets/acs/pdf/data-analysis/2023/PreventionServicesCY2023.pdf>

B. Survey Methodology

Survey Development

The *2024 ACS Prevention Family Experience Survey* included the same questions and answer choices as the previous 2023 survey; no new questions were added. 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 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, address, or case planner 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; attended meetings with provider staff to give an overview of the survey; and provided general technical assistance to providers to address any issues or questions that came up. In total 2181 surveys were completed, representing a 31% 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.

Household 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% (610 participants) selected "4-6 months" and 27% (575 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 2143 survey participants and skipped by 38 participants.

Table D1: How long families have been receiving prevention services ($n = 2143$)

0-3 months	4-6 months	7-12 months	Longer than 12 months
25.2%	28.5%	26.8%	19.6%

D.2. Language Spoken at Home

A majority of survey participants reported speaking English in their homes (74% or 1506 participants) and 42% reported speaking Spanish in their homes (850 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% (603 participants) selected multiple languages, implying that their households are multilingual. This question was answered by 2034 survey participants and skipped by 147.

Table D2: Languages spoken in families' homes (*n* = 2034)

Language	Percentage of Survey Participants
English	74.0%
Spanish	41.8%
Chinese	3.6%
Bengali	1.8%
French	1.5%
Haitian Creole	1.2%
Arabic	0.7%
Urdu	0.5%
Russian	0.5%
Sign Language	0.5%
Korean	0.1%
Polish	0.1%
Other	2.9%

D.3. Household Size

Survey participants were asked how many people are in their household and how many children (ages 0 to 18 years old) are in their household. **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 families is 2.⁵ The question asking about household size was answered by 2010 survey participants and skipped by 171. The question asking how many children are in the household was answered by 1973 participants and skipped by 208.

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 1826 participants) and 8% selected "Man" (169 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*

⁵ ACS Quarterly Report on Prevention Services Utilization, July-September 2024. <https://www.nyc.gov/assets/acs/pdf/data-analysis/2024/PreventiveServicesUtilizationQ3.pdf>

D4 below. The gender question was answered by 2032 participants and skipped by 149. Gender percentages were calculated out of the total number of participants who answered the question. The question asking for age was answered by 1842 survey participants and skipped by 339 participants.

Table D4: Survey participants' gender identity and average age

Woman	Man	Non-binary (not man or woman)	Prefer not to answer	Other
89.9%	8.3%	0.2%	1.4%	0.2%
Average age: 36 years old	Average age: 43 years old	Average age: 34 years old	Average age: 37 years old	Average age: 45 years old

D.5. Family Role

Survey participants were asked to identify their role in their families. **A large majority selected “Mom”** (89% or 1802 participants), followed by “Dad” (9% or 186 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 2026 people. This question was skipped by 155 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 ($n = 2026$)

Answer Choice	Percentage of Survey Participants
Mom	88.9%
Dad	9.2%
Grandparent	1.9%
Sister / Brother	1.6%
Aunt / Uncle	0.9%
Stepmom	0.4%
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” (53% or 1069 participants) and “Black, African American, or African” (34% or 676 participants).** Additionally, 3% (57 participants) of survey participants selected “Multiracial or Multiethnic” and 11% (219 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 2015 participants and skipped by 166.

Table D6: Survey participants’ identified races/ethnicities (*n* = 2015)

Race/Ethnicity	Percentage of Survey Participants
Hispanic, Latinx, or Spanish	53.1%
Black, African American, or African	33.5%
Asian	7.7%
White	7.1%
Multiracial or Multiethnic*	2.8%
Middle Eastern or North African	1.1%
Native American or Alaska Native	0.6%
Native Hawaiian or Other Pacific Islander	0.5%
Other	3.7%

*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** (73% or 5191 surveys), followed by Spanish (22% or 488 surveys), then Chinese (3% or 64 surveys). This breakdown is similar to trends observed in previous *Family Experience Surveys*.

Table D7: Survey language (*n* = 2181)

Survey Language	Percentage of Survey Participants
English	72.95%
Spanish	22.38%
Chinese	2.93%
French	0.50%
Russian	0.41%
Arabic	0.28%
Haitian Creole	0.23%
Bengali	0.18%
Urdu	0.09%
Korean	0.05%
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, mental health counseling, and their children’s education/daycare 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” (46% or 977 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)**” (42% or 889 participants). Through a re-procurement process, DPS expanded its investment in evidence-based and evidence-informed therapeutic and treatment service models citywide, while enhancing access to and cultural sensitivity in services. 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.

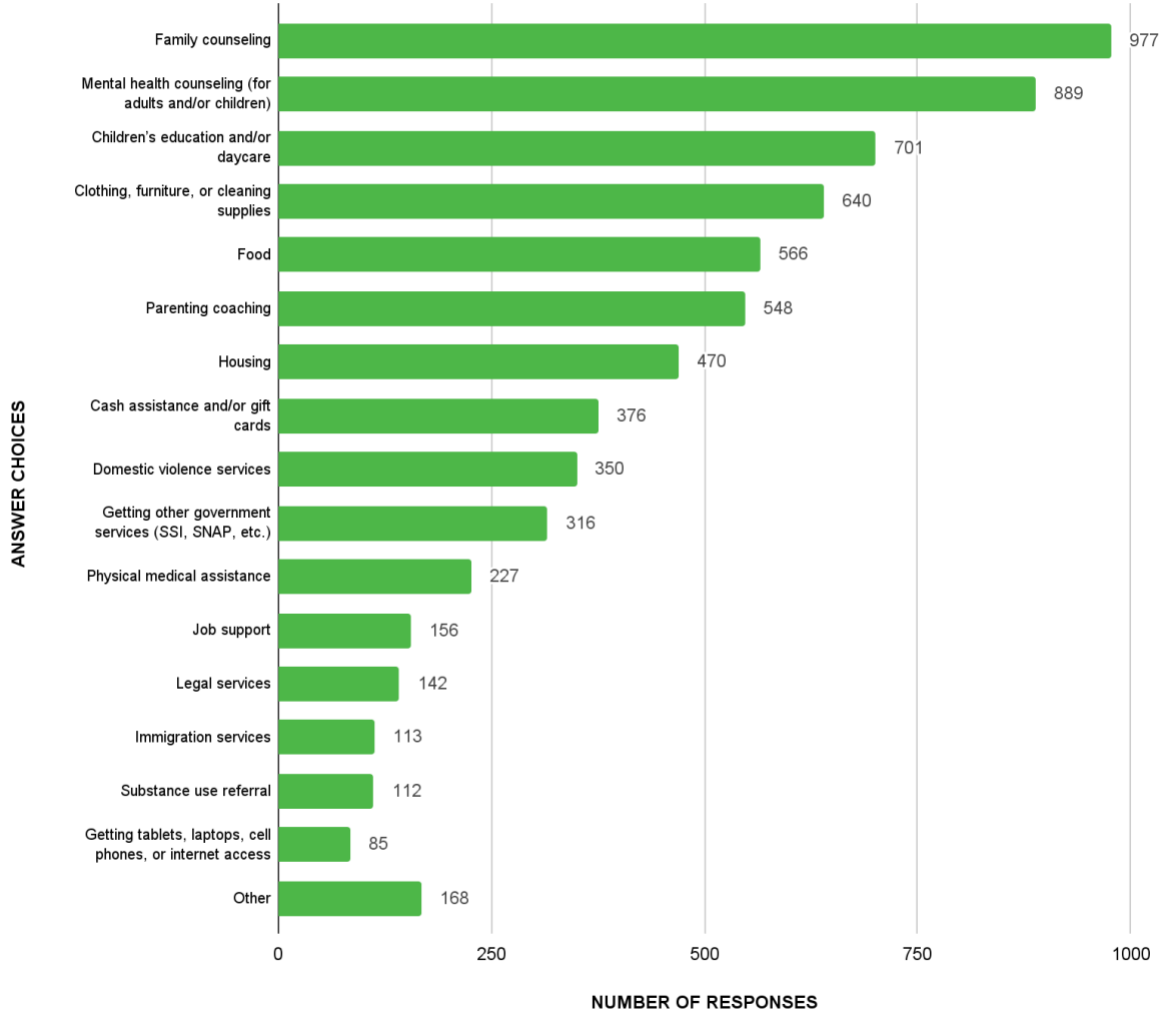
The **third** most frequently selected service was “**Children’s education and/or daycare**” (33% or 701 participants). All ACS prevention services programs help to connect caregivers to child care support, including daycare vouchers for younger children.

The top three 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 2137 survey participants responded to this question and 44 skipped it.

Table A1: Types of services (*n* = 2137)

Answer Choice	Percentage of Survey Participants
Family counseling	45.7%
Mental health counseling (for adults and/or children)	41.6%
Children’s education and/or daycare	32.8%
Clothing, furniture, or cleaning supplies	29.9%
Food	26.5%
Parenting coaching	25.6%
Housing	22.0%
Cash assistance and/or gift cards	17.6%
Domestic violence services	16.4%
Getting other government services (SSI, SNAP, etc.)	14.8%
Physical medical assistance	10.6%
Job support	7.3%
Legal services	6.6%
Immigration services	5.3%
Substance use referral	5.2%
Getting tablets, laptops, cell phones, or internet access	4.0%
Other	7.9%

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



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 (93% or 1994 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 = 2155)	68.8%	23.8%	2.0%	1.6%	3.8%
So far, I am happy with the services my family received. (n = 2135)	74.3%	19.1%	2.0%	1.6%	3.0%
I would recommend these services to a friend and/or family member. (n = 2143)	73.5%	17.2%	1.7%	1.7%	5.9%
I would go to my prevention agency for help in the future. (n = 2143)	74.7%	16.5%	1.5%	1.8%	5.5%

B. Household Income and Access to Basic Needs

B.1. Household Income

To gather information on families' financial well-being, 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 question was added to the survey in 2021 to collect information about families' financial well-being during the COVID-19 pandemic.

Two thirds (66% or 1312 participants) of survey participants reported a monthly income, as defined in the survey, as less than \$2000 per month. According to the New York City Government Poverty Measure 2021 report,⁶ published by the Mayor's Office for Economic Opportunity in May of 2024, the annual NYC poverty threshold for a two-adult, two-child family is \$40,288. It is difficult to compare the income data from survey participants to the NYC poverty threshold because of differences in the definition of income, differences in units of measurement, and limited relevant information. Regardless, an approximate calculation demonstrates that the majority of survey participants below the NYC poverty threshold line. This finding reflects similar trends to the *2023 Family Experience Survey*.

Below *Table B1* includes a more detailed breakdown of survey participants' responses to this question. Percentages were calculated out of the total number of participants to answer the question, in this case 1983. The question was skipped by 198 participants. The bar chart below *Table B1* visualizes the number of participants who selected each answer choice.

Table B1: Reported household income ($n = 1983$)

Answer Choice	Percentage of Survey Participants
\$0-\$500 per month (\$0-\$125 per week)	27.2%
\$501-\$1000 per month (\$126-\$250 per week)	20.7%
\$1001-\$2000 per month (\$251-\$500 per week)	18.3%
\$2001-\$3000 per month (\$501-\$750 per week)	9.1%
\$3001-\$4000 per month (\$751-\$1000 per week)	3.8%
\$4001+ per month (\$1001+ per week)	2.8%
I don't know	18.2%

⁶ New York City Government Poverty Measure 2021. <https://www.nyc.gov/assets/opportunity/pdf/Poverty-2021.pdf>

B.2. Household 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, 90% of survey participants reported their households have enough food for three meals a day (1810 participants). These findings are in alignment with findings from previous *Family Experience Surveys*. It is particularly meaningful that families have been able to meet their concrete needs even while living below the NYC poverty threshold.

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 = 2015)	65.0%	24.9%	5.4%	3.5%	1.3%
My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.) (n = 2010)	66.6%	21.8%	4.2%	4.4%	3.0%
My household has been able to get medical care when we need it.	79.4%	15.1%	1.8%	1.3%	2.4%

(n = 2003)					
My household has had safe and secure housing. (n = 1996)	69.4%	19.8%	4.7%	3.9%	2.3%
My household has been able to get enough diapers, cleaning supplies, and feminine hygiene products that we need. (n = 1986)	60.1%	22.5%	6.9%	5.0%	5.5%

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” (89% or 1888 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” (83% or 1769 participants) and “Texting” (79% or 1678 participants). Only 32% of participants selected “Video calls (Skype, Zoom, FaceTime, WhatsApp)” (673 participants).

Survey responses are similar to trends from the previous *2023 Family Experience Survey* and the pre-COVID-19 *2019 Family Experience Survey*. Due to the COVID-19 pandemic, in 2020/2021 New York State Office of Children and Family Services (OCFS) policy was adjusted to allow for virtual in-home meetings via video conferencing, for certain circumstances, after a safety assessment was conducted. Over the summer of 2023, OCFS ended COVID-19-related flexibilities for meeting casework contact requirements and issued guidance that video calls can only be supplemental to in-person contacts, but cannot replace in-person contacts. The *Family Experience Surveys* from 2020/2021 and 2022 showed an increased rate of video calls, which aligned with expectations given the policy adjustments. Findings this year seem to have reverted back to pre-COVID-19 trends. For example, in the 2019 survey the top three responses to this question were in-home meetings (88%), phone calls (87%), and texting (77%).⁷ Please note that video calls were not included as an answer choice in 2019.

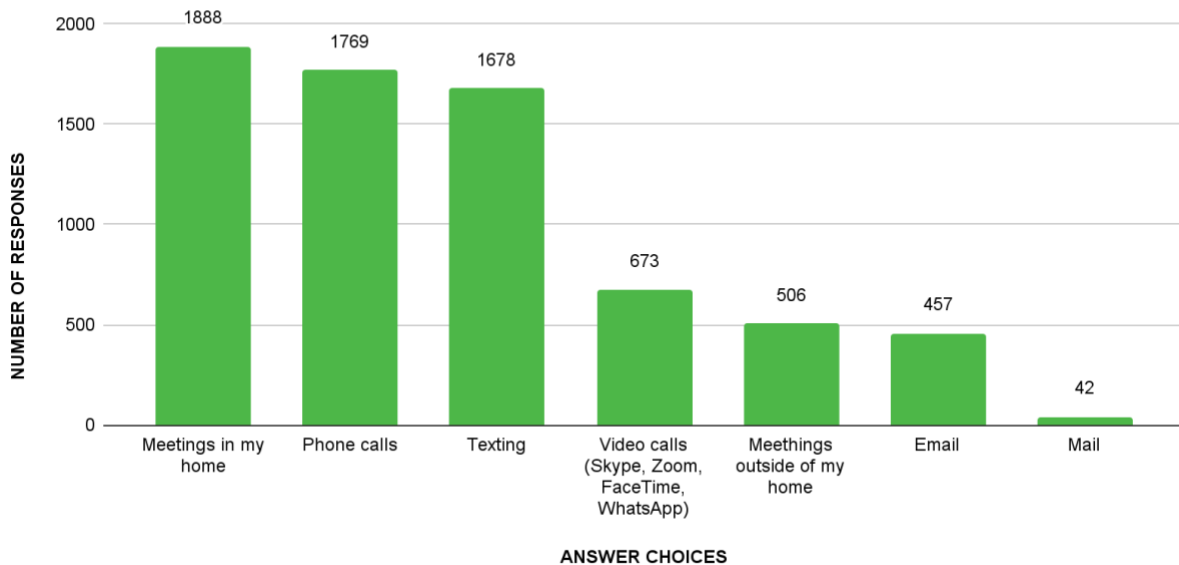
For more details on how families responded to this question, please see *Table C1* below. Percentages were calculated out of the total number of participants who answered this question. Percentages do not sum to 100 because participants could select multiple answer choices. This question was answered by 2123 participants and skipped by 58. The bar chart below *Table C1* visualizes responses.

Table C1: How families communicate with their case planners (*n* = 2123)

Answer Choice	Percentage of Survey Participants
Meetings in my home	88.9%
Phone calls	83.3%
Texting	79.0%
Video calls (Skype, Zoom, FaceTime, WhatsApp)	31.7%
Meetings outside of my home	23.8%
Email	21.5%
Mail	2.0%

⁷ *Prevention Services Family Experience Survey 2019*. <https://www.nyc.gov/assets/acs/pdf/data-analysis/2019/PreventionSurveyLL17Report.pdf>

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



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 (96% or 2014 participants) and that their case planners listen to their ideas when setting goals (97% or 2058 participants).

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. ACS recently redesigned its MI training to focus on key MI skills for staff to support families on their paths toward change. This required instructor-led training now 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. In the coming year, ACS will also build out skill refreshers and practice labs to ensure that case planners are implementing this evidence-based approach to fidelity.

“My case planner is attentive and truly makes my daughter and I feel she truly cares for those she is serving”
 - Survey Participant

“Me siento en confianza con mi trabajadora social, ella entiende mis necesidades y me brinda apoyo emocional.”
 - 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 = 2122)	82.8%	14.0%	1.0%	0.7%	1.5%
I trust my case planner. (n = 2093)	82.1%	14.1%	0.9%	1.0%	2.0%
I feel safe telling my case planner about my family. (n = 2114)	83.9%	12.6%	0.9%	1.2%	1.4%
I feel my case planner listens to my ideas when we set goals. (n = 2114)	85.3%	12.1%	0.6%	0.7%	1.4%

My case planner respects my family’s cultural practices. (n = 2116)	87.7%	9.2%	0.4%	0.6%	2.1%
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C.3. Remote Meeting Frequency

A majority of survey participants are meeting with their case planners in person.

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 “Almost no meetings are over video, they are in person” (84% or 1735 participants). Only 12% selected “About half of meetings are over video” (237 participants) and 5% selected “Most meetings are over video” (96 participants).

These findings continue a trend observed over the past two *Family Experience Surveys*, where the use of virtual meetings is decreasing. This question was first asked in the *2020/21 Family Experience Survey*, when the most frequently selected answer choices were “About half of meetings are over video” (41%) and “Most meetings are over video” (40%).⁸ In comparison, “Almost no meetings are over video, they are in person” was the most commonly selected answer choice in the 2022 (54%)⁹ and 2023 (74%)¹⁰ surveys. This shift aligns with and can be explained by the policy changes about meeting method guidance that were described in section C.1. above.

Table C3 below and the following chart show a breakdown of responses from this year. Percentages were calculated out of the total number of participants to respond to this question. A total of 2068 survey participants answered the question and 113 skipped it.

Table C3: Video Meeting Frequency (n = 2068)

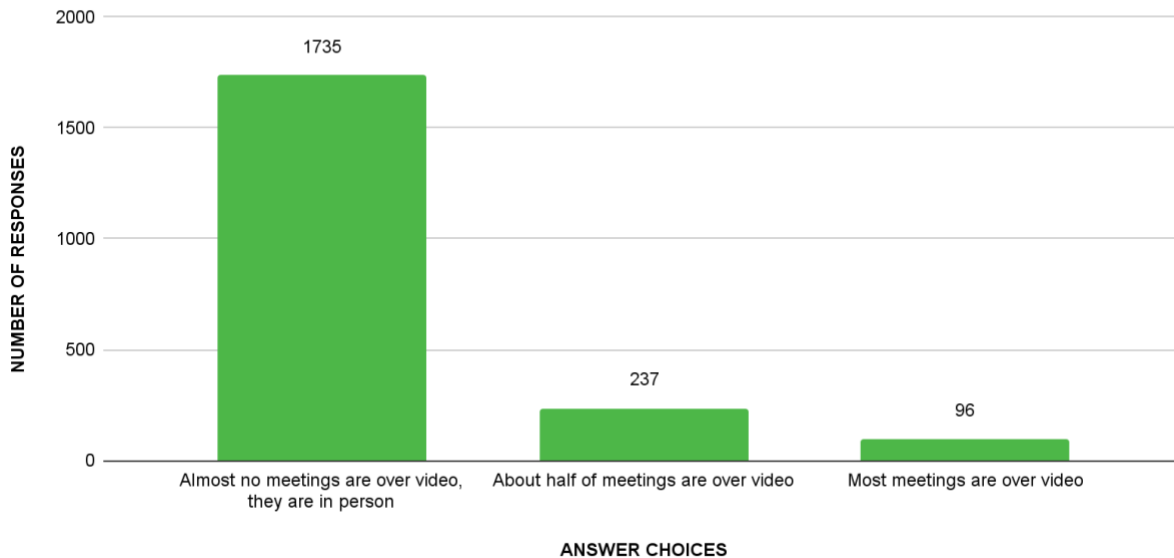
Answer Choice	Percentage of Survey Participants
Almost no meetings are over video, they are in person	83.9%
About half of meetings are over video	11.5%
Most meetings are over video	4.6%

⁸ *Prevention Services Family Experience Survey 2020/21.* <https://www.nyc.gov/assets/acs/pdf/data-analysis/2021/PreventionSurveyLL17Report.pdf>

⁹ *Prevention Services Family Experience Survey 2022.* <https://www.nyc.gov/assets/acs/pdf/data-analysis/2022/PreventionSurveyLL17Report.pdf>

¹⁰ *Prevention Services Family Experience Survey 2022.* <https://www.nyc.gov/assets/acs/pdf/data-analysis/2023/PreventionSurveyLL17Report.pdf>

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



C.4. Quality of Remote Meetings

The majority of survey participants reported that it is easy to communicate with their case planners 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.

The majority of participants responded that they agree with the three statements above.

Responses demonstrate that video calls are perceived by families who use them to be helpful, supportive, and accessible. This is similar to the findings from previous *Prevention Family Experience Surveys*. Most survey participants shared they find it easy to communicate with their case planners over video (62% or 1309 participants), that they have a safe place to have video meetings (70% or 1471 participants), and that they have the necessary technology to meet virtually (65% or 1370 participants).

Table C4 below includes how many participants responded to each prompt and a more detailed breakdown of survey responses. Percentages were calculated out of the total number of participants who responded to each prompt.

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 = 2104)	46.1%	16.2%	2.9%	1.7%	33.3%
I have a safe space to have private conversations with my case planner over video. (n = 2100)	55.6%	14.5%	1.3%	1.3%	27.3%
I have the needed computer/phone/tablet and internet resources to communicate with my case planner over video. (n = 2099)	51.7%	13.6%	2.4%	3.1%	29.3%

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" (40% or 779 participants) followed by "Provide more basic necessities (cash assistance and food)" (34% or 655 participants), "Explain how long services will last" (29% or

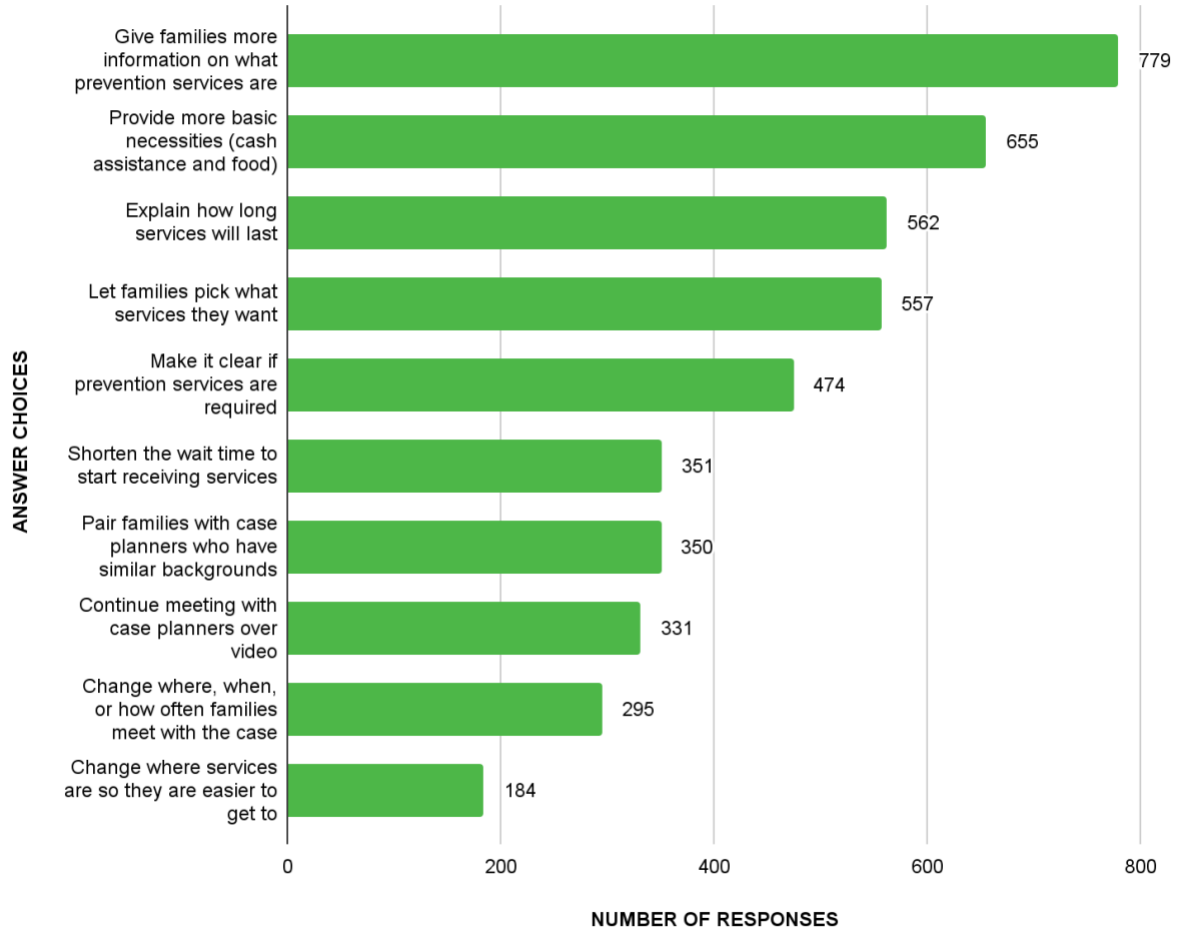
562 participants), and “Let families pick what services they want” (29% or 557 participants). These findings are similar to findings from previous *Family Experience Surveys*.

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 1943 survey participants and skipped by 238.

Table D1: How families think ACS could improve prevention services (*n* = 1943)

Answer Choice	Percentage of Survey Participants
Give families more information on what prevention services are	40.1%
Provide more basic necessities (cash assistance and food)	33.7%
Explain how long services will last	28.9%
Let families pick what services they want	28.7%
Make it clear if prevention services are required	24.4%
Shorten the wait time to start receiving services	18.1%
Pair families with case planners who have similar backgrounds	18.0%
Continue meeting with case planners over video	17.0%
Change where, when, or how often families meet with the case planner	15.2%
Change where services are so they are easier to get to	9.5%

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



D.2. Quality and Accessibility of ACS 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 88% of survey participants reported they agree the service referral from ACS was helpful (1821 participants). The continuum of prevention services programs aims to meet the varying needs of families. Case planners partner with families to develop shared goals and support



navigating community resources and other government supports. Prevention services strive to keep children safely in their homes, strengthen family stability, and promote positive behaviors. Families can expect services to be free, trauma informed, and culturally responsive while also having flexible hours to accommodate families' schedules.

A majority of survey participants (81% or 1655 participants) agreed that their opinions of ACS improved after beginning prevention services. In past listening sessions, caregivers and community members highlighted how the historical stigma and negative reputation of ACS can broadly impact families' decisions to participate in services and/or their engagement in service delivery. ACS and prevention provider staff work on continuous quality improvements to support building trusting relationships with families and ensuring families have positive, helpful experiences in prevention services. ACS is committed to ensuring families in prevention services receive high-quality, strengths based, trauma-informed, and family-driven support.

To address the stigma of ACS, the ACS Office of Community Engagement and Partnerships (OCEP) organizes Getting to Know ACS (formerly Demystify ACS) presentations to individuals at schools, hospitals, faith-based entities, and other community based organizations. These workshops aim to increase awareness of available services, ACS policies and procedures, and how to access available services. The ACS Division of Prevention Services (DPS) participates in these workshops by presenting an overview of prevention services programs.

Below *Table D2* includes a more detailed breakdown of responses to these two statements and how many participants responded to each. Percentages were calculated out of the total number of survey participants who responded to each prompt.

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

	The service referral from ACS was helpful for my family. (n = 2070)	My opinion of ACS has improved since my family began receiving prevention services. (n = 2055)
Strongly Agree	65.2%	54.3%
Somewhat Agree	22.8%	26.3%
Somewhat Disagree	3.3%	5.2%
Strongly Disagree	2.5%	5.8%
I Don't Know	6.3%	8.4%

D.3. 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. *Table D3* 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 250 participants, skipped by 1809 participants, and 122 participants responded that they do not have additional information to share. Please note the small sample size. Overall trends from this open ended question are similar to findings from previous *Prevention Family Experience Surveys*.

Table D3: Tone of responses to the open ended question (*n* = 250)

	Percentage of Survey Participants	Number of Survey Participants
Positive	60.4%	151
Negative	12.0%	30
Mixed (positive & negative)	8.8%	22
Neutral	18.8%	47

Positive Responses

When the 151 positive responses from survey participants were analyzed, the top two themes were positive impact of case planner (85 participants) and positive impact of prevention services (45 participants). Below are descriptions of each of these themes and examples of responses from survey participants that represent these themes.

Positive Impact of Prevention Case Planners (85 participants)

This theme demonstrates the importance of families’ relationships with their case planners while receiving prevention services. In responses, families expressed caring and trusting relationships with their case planners. Below are a few examples of responses that included positive statements about families’ experiences working with their case planners.

- “My caseworker is amazing and I would be lost without her”
- “[My case planner] is an awesome family therapist. She makes me feel comfortable to talk about my abuse with no judgement. Always comes to my home with an open mind, heart of gold and making sure she accomplish whatever goals we set up together. She

helps give me a peace of mind and that I am worthy. Absolutely love her and would recommend her to any and everyone!”

- “[My case planner] is very patient, understanding and knowledgeable about his work. He is able to communicate effectively and is a tremendous help.”
- “Mi trabajadora social ha sido muy amable con nosotros y me ha ayudado a abrirme en el sentido de conversar mis cosas y eso es muy bueno porque he sacado muchas cosas que tenía guardadas y ahora estoy mejor me da mucha confianza”

Positive Impact of Prevention Services (45 participants)

This theme captures responses from survey participants that described how prevention services have been supportive. These positive responses highlight how ACS funded prevention services are helpful to families. Below are examples of responses families wrote that included how prevention services are helpful.

- “All the [nonprofit] staff working with have been extremely supportive and helped with whatever needs I requested”
- “I entered the services because 3 family members passed away it was very hard for my children and myself, thanks for the therapy we have been able to cope, I wish this information was more public and not so much go through Acs”
- “Me siento mejor mi estado de animo mejorado, y mi familia se siente mejor las terapias han ayudado a mis hijas definitivamente sí lo recomendaría a familiares y amistades.”

Negative Responses

Some of the open-ended responses from families included negative sentiment (30 participants). When those responses were analyzed for themes, the top two themes that emerged were dissatisfaction with ACS (14 participants) and suggestions for improvements (9 participants). Descriptions of these themes and a few responses from survey participants that demonstrate these themes are included below.

Dissatisfaction with ACS (14 participants)

This theme includes statements from families that express a negative perception of ACS. This included comments about interactions with and resources provided by the agency. Below are examples of responses from survey participants that depict dissatisfaction with ACS.

- “Acs doesn’t help”
- “ACS is extremely unhelpful and bias with poor judgment and misleading reporting. The system is broken and flawed. Sadly under resourced and poorly trained employees with limited experience and basic common sense.”

Suggestions for Policy Improvements (9 participants)

This theme refers to statements that included changes families think should be incorporated into prevention services and/or ACS processes to improve families’ experiences. These suggestions include both direct and indirect policy and practice improvements. Below are examples of

responses from survey participants that include suggestions for improvements.

- “Case workers need to be objective and have empathy. They need to be trained more consistently, a client is not going to trust a passive aggressive case worker. That’s not the best approach, specially if the family members have trust issues and have experience trauma.”
- “Le cambiaron por segunda ves de terapeuta y mi hija no se adapta ala nueva persona! Porque con ella solo son 30 minutos y en ese tiempo no se hace nada”

Mixed Responses

This category refers to responses that included both positive and negative sentiment. In total 22 responses from families were coded for mixed tone. The two major themes that were identified when these responses were analyzed were positive impact of case planner (13 participants) and dissatisfaction with ACS (12 participants). Below are a few responses from survey participants that include both of these themes.

- “My experience with Preventive has been great so far. My opinions on ACS has not changed. I do not trust them.”
- “Acs workers do not help. The preventive worker has helped my family more.”

Neutral Responses

A total of 47 responses were coded as neutral because they did not include positive or negative sentiment. The two main themes that emerged from the neutral responses were unmet needs (14 participants) and suggestions for policy improvements (13 participants). Below are examples of neutral responses that demonstrate these themes.

- “I wish there was additional assistance with the job search and support in continuing my education.”
- “I feel like single mothers without help should qualify for longer time with home makers because it is not easy and people that have two parents in the household should have less time just my opinion”

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 *2024 Family Experience Survey* generally align with the findings from previous *Family Experience Surveys*. ACS heard that a majority of families who participated in the survey find services helpful and supportive. Additionally, a majority of survey participants reported that they have trusting and respectful relationships with their case planners.

ACS is committed to ensuring that lived experience guides this critical work. To support the centering of family voice at the programmatic level, the Division of Prevention Services (DPS) is partnering with the parent advocacy organization RISE to identify those providers currently employing parent advocates in order to more effectively support them, and to assist providers with recruitment and training of additional parent advocates. RISE will also offer training and coaching to providers to help them build internal capacity to more effectively integrate family voice into practice and agency operations. Finally, DPS and RISE will develop a short video series with the support of the ACS Workforce Institute to help implement family-centered practice at scale.

The findings from the *2024 Family Experience Survey* will continue to inform further program and practice improvements. DPS and Health + Hospitals are currently piloting tools to help facilitate referrals directly to prevention services by hospital staff. The goal is to make mandated reporters aware that support is available for families without calling the SCR, especially when a child is not at imminent risk. These efforts build on continued work with City partners, such as the Department of Homeless Services (DHS), Humanitarian Emergency Response and Relief Centers (HERRCs), and New York City Public Schools. These collaborative efforts have led to a decrease in SCR calls and an increase in referrals directly to prevention services from school personnel. Lastly, ACS has invested significant time and resources into educating mandated reporters and families about the resources ACS can provide without a child welfare investigation, as well as what types of resources may be available outside of child welfare. For example, since 2023, the Pathways to Prevention team has completed over 200 presentations to mandated reporters across New York City.¹¹ The Support Line and Connect mailbox have received over 3,600 inquiries.¹² ACS expects these numbers to increase.

Findings from past *Family Experience Surveys* also informed ACS's redesign of the Beacon Prevention program. The new School-Based Early Support programs, launched in July 2024, aim to avoid unnecessary child welfare investigations by more easily connecting families in

¹¹ This number reflects the period January 2023-December 2024.

¹² The Support Line was launched in its current form in November 2023. From November 2023-November 2024, the Support Line and Connect mailbox received 3654 inquiries.

need to services and resources. The programs provide an array of flexible supports to families, including concrete supports, caregiver support groups, case management, and co-designed school-based offerings. These services are aligned with what families have shared they want from ACS, mainly: concrete support, flexible services, and assistance navigating complex systems.

ACS continues to prioritize meeting families' concrete needs through strong partnerships with provider partners. DPS is currently building the capacity of the Support Line to maintain an up-to-date library of community-based supports and resources for families. DPS staff will continue to respond to providers' inquiries on behalf of families for beds, cribs, child care vouchers, and housing resources. The Pathways to Prevention team will continue to consult with Health + Hospitals staff as they make referrals directly to prevention services, therefore reducing unnecessary reports to the SCR. In addition to building internal capacity for this critical work, ACS is committed to ensuring providers are aware of what is available to families outside the child welfare system. For example, ACS has disseminated information about the new Social Care Networks made possible through New York State's 1115 waiver and continues to host presentations from community-based organizations and other City and State agencies at regular provider convenings. These efforts reflect ACS's ongoing commitment to ensuring that families have access to the support they need, both within and beyond the child welfare system.

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 improvements. For example, one area for improvement is 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. ACS is grateful to the families and provider staff who contributed their valuable time to this work.

VI. APPENDIX

Copy of the 2024 ACS Prevention Family Experience Survey – English version.