



# 2022 FAMILY EXPERIENCE SURVEY

**NYC**  
Children

Prevention  
Services

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## I. ACKNOWLEDGEMENTS

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

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

## II. EXECUTIVE SUMMARY

The Administration for Children’s Services (ACS), in partnership with our prevention provider agencies, conducted the annual *ACS Prevention Family Experience Survey* in accordance with Local Law 17 of 2018, which was adopted into the New York City 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. Please note that 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 high system-wide response rate of 33%. We received 2528 surveys from the 7587 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 45 nonprofit community-based organizations (“provider agencies”) to provide services to approximately 20,000 families per year with the goals of child safety, promoting family stability, and reducing the need for foster care. ACS and its partner organizations seek to support the physical, psychological, and emotional needs of children by working closely with families and their communities. Families in prevention services have the opportunity to achieve economic mobility, build social connections, 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.

Among the key findings of the survey are the following:

### Type of Services Received

Survey participants were connected to family counseling (44% or 1081 participants); mental health counseling for adults and/or children (43% or 1043 participants); and children’s education and/or daycare (32% or 795 participants) while working with their prevention case planners. These top three responses were selected when asked the question, “What services did your case planner help your family connect to? Please select all that apply.” These findings align with agency expectations, as a majority of ACS prevention models/frameworks include family counseling and mental health services or referrals to outside counseling services as part of the service delivery approach. Furthermore, these findings on types of 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% (2303 participants) of participants agree services are helping them achieve their goals; **94% (2306 participants) of survey participants agree that they are happy with the prevention services their families received**; 90% (2216 participants) of survey participants agree that they would recommend services to a friend and/or family member; and 89% (2190 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." **Over half (63% or 1413 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 Policy Measure 2019 report,

<sup>1</sup> published by the Mayor's Office for Economic Opportunity in 2021, the annual NYC poverty threshold is \$36,262. 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 live at or near 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 (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 from the income and access to basic needs questions indicate that despite low-incomes and the impacts of the COVID-19 pandemic, families in prevention services are able to meet these concrete needs. It is impossible to draw causal relationships, but we believe that prevention services help ensure families have access to necessary resources to enable family well-being.

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<sup>1</sup> New York City Government Poverty Measure 2019. [https://www1.nyc.gov/assets/opportunity/pdf/21\\_poverty\\_measure\\_report.pdf](https://www1.nyc.gov/assets/opportunity/pdf/21_poverty_measure_report.pdf)

## 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. For this report, we will use the title “case planner.”

A large majority of survey participants reported that they communicate with their case planners through phone calls (89% or 2155 participants), in-home meetings (87% or 2124 participants), texting (81% or 1971 participants), and video calls (66% or 1597 participants). In-home meetings are a foundational component of ACS prevention programs. Due to the COVID-19 pandemic, video meetings have become a tool to support communication between families and case planners. A majority of survey participants (80%+) reported that it’s easy to communicate with their case planner over video and that they have a safe space and necessary resources to enable video meetings.

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 2358 participants); that they trust their case planner (96% or 2287 participants); feel safe telling their case planner about their family (96% or 2339 participants); **feel listened to when setting goals for their family as part of their work with the case planner (97% or 2346 participants)**; and feel their case planner respects their cultural practices (96% or 2321 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/therapists 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 2079 participants) and, on average, are 35 years old.** About 9% of survey participants identify as “Man” (199 participants) and are, on average, 39 years old. The survey also asked survey participants to identify their role in the family. **A large majority selected “Mom” (87% or 2021 participants)** followed by “Dad” (9% or 205 participants). The survey asked participants to select the races/ethnicities they identify with, the top responses were:

- Hispanic, Latinx, or Spanish: 49%
- Black, African American, or African: 37%
- White: 9%
- Asian: 8%
- Multiracial or Multiethnic:<sup>2</sup> 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 31% of participants selected multiple answer choices, indicating they live in multilingual households.

- English: 83%
- Spanish 37%
- Chinese 6%
- 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 (41% or 883 participants), explaining the length of services (34% or 741 participants), providing more basic necessities (33% or 716 participants), and giving families more voice and choice in the services they receive (32% or 708 participants). These recommendations are similar to findings from previous *Family Experience Surveys*.

## Re-Procurement of Prevention Services and Continuous Improvement of Services

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

The Division of Prevention Services (DPS) underwent the process of re-procuring the entire prevention services system, and new contracts for services started on July 1, 2020, amid the COVID-19 pandemic. The Prevention Services Request for Proposal (RFP), released in June 2019, signaled ACS’ intention to build upon its past successes while modernizing the way it meets the changing needs of families across the city. Through the new prevention awards, ACS expanded its investment in evidence-based and evidence-informed practices citywide while

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<sup>2</sup> Refers to individuals who specifically selected “Multiracial or Multiethnic.” Please note that 9% of survey participants selected two or more answer choices.

enhancing access to services and ensuring service delivery is socially just and culturally competent. To support this work, ACS has invested in the expansion of practice frameworks and programmatic supports necessary to sustain high-quality implementation at a citywide scale.<sup>3</sup>

Findings from the *ACS Prevention Family Experience Survey* this year will continue to inform further program and practice improvements. One example of how survey findings have been used to improve service delivery is the partnership between DPS, Casey Family Programs, Rise, and the NYU McSilver Institute for Poverty Policy and Research to develop the “Enhancing Family Partnership in Organizational Decision-Making: A Toolkit for ACS Prevention Agencies.” This toolkit was designed to provide information, tools, and suggestions that agencies may employ to advance family-driven organizational decision making. It is an adaptive resource intended to assist the wide variety of prevention providers with continuous improvements to promote family voice and choice and ensure services are high quality. Additionally, this group led a learning community comprised of 10 prevention provider agencies to test, implement, and provide feedback on the developed toolkit. Learnings from this inter-agency learning community will be incorporated into improvements to the toolkit before it is disseminated to the entire prevention services continuum.

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<sup>3</sup> The terms “evidence-based,” “evidence-informed,” and “promising practice” are defined by the amount of research that has been conducted on the model. **Evidence-based models (EBMs)** are services that have been shown to be effective through documented, rigorous scientific evidence. Sometimes EBMs are adapted so they are more suitable for a population. Adaptations must be done without compromising the core components that have been researched as being effective. Adaptations are considered **evidence-informed** until more rigorous research is conducted. **Promising practices** are services that have shown good results but do not have as rigorous data as the EBMs. Promising practices are comprehensive service delivery models that utilize specific interventions to improve the family’s level of functioning.



## 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 45 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 20,000 families per year and approximately 45,000 children. Prevention services address a range of family needs and may include case management, counseling, and clinical interventions offered primarily in a family’s home and in a manner that embraces the rich cultural diversity of NYC families. ACS strives to match families with the most appropriate prevention service program to help strengthen and support them. Factors such as location, language, and service needs are considered when matching a family to a prevention program. If it is determined that a different program would better meet the needs of a family, the family can transfer to that program.

Required by Local Law 17 of 2018, ACS and its partners developed and disseminated the annual *ACS Prevention Family Experience Survey* in May of 2022. This survey aims to help ACS better understand the experiences of families receiving prevention services, especially as it pertains to their relationship with case planners, the types of services and support they perceive as most beneficial, and their perceptions of services provided.

The Community Based Strategies (CBS) team within the Division of Prevention Services at ACS collaborated with provider agencies to develop and co-design the survey. This collaborative approach allowed for important guidance on the survey design and content, improvements to survey drafts, and support on the development of a communication plan to maximize the number of survey participants. 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 survey, which was disseminated in 2021.

### B. Survey Methodology

#### Survey Development

The *2022 ACS Prevention Family Experience Survey* included the same questions as the previous 2021 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. In total, the survey team conducted 16 listening sessions with prevention provider staff and two 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 linked to each agency.

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

In order to make the survey as accessible as possible, the ACS Survey Team created various strategies to increase survey participation. These strategies were based on lessons learned during 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.

As a way to compensate families for their time, gift cards were distributed to provider agencies to offer as compensation for families' time spent completing the survey. Throughout the dissemination of the survey, the ACS Survey Team managed and monitored a dedicated survey inbox; attended provider staff meetings to give an overview of the survey; and provided general technical assistance to providers to address any issues or questions that came up. In total 2528 surveys were completed, representing a 33% 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. Furthermore, another limitation of the survey is that it occurred in the context of the COVID-19 pandemic recovery. Residual impacts of the COVID-19 pandemic created added stressors on families and frontline staff, which may have impacted caregivers' desires or abilities to participate in the survey.

# D. Survey Population and Response Rates

The survey included demographic questions 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, 28% (695 participants) selected “4-6 months” and 27% (666 survey 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 2486 survey participants and skipped by 42 participants.

**Table D1:** How long families have been receiving prevention services (*n* = 2486)

0-3 months	4-6 months	7-12 months	Longer than 12 months
22.2%	28.0%	26.8%	23.0%

### D.2. Language Spoken at Home

**A majority of survey participants reported speaking English in their homes** (83% or 1898 participants) and over a third reported speaking Spanish in their homes (37% or 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, 31% (718 participants) selected multiple languages, implying that their households are multilingual. This question was answered by 2300 survey participants and skipped by 228.

**Table D2:** Languages spoken in families' homes ( $n = 2300$ )

Language	Percentage of Survey Participants
English	82.5%
Spanish	37.0%
Chinese	3.5%
Bengali	2.3%
Haitian Creole	1.6%
Arabic	1.2%
Russian	0.9%
French	0.8%
Sign Language	0.7%
Urdu	0.6%
Korean	0.3%
Polish	0.2%
Other	1.9%

### 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 households is 2.<sup>4</sup> The question asking about household size was answered by 2279 survey participants and skipped by 249. The question asking how many children are in the household was answered by 2264 participants and skipped by 264.

## 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 2079 participants) and 9% selected "Man" (199 participants). The average age of survey participants is 35 years for women and 39 years for men. 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 2320 participants

<sup>4</sup> ACS Quarterly Report on Prevention Services Utilization, April-June 2022. <https://www1.nyc.gov/assets/acs/pdf/data-analysis/2022/PreventiveServicesUtilizationQ2.pdf>

and skipped by 208. Gender percentages were calculated out of the total number of participants who answered the question. The question asking for age was answered by 2089 survey participants and skipped by 439 participants.

**Table D4:** Survey participants’ gender identity and average age

Woman	Man	Non-binary (not man or woman)	Prefer not to answer	Other
89.6%	8.6%	0.3%	1.4%	0.1%
Average age: 35 years old	Average age: 39 years old	Average age: 34 years old	Average age: 38 years old	Average age: 31 years old

**D.5. Family Role**

Survey participants were asked to identify their role in their families. **A large majority selected “Mom”** (87% or 2021 participants), followed by “Dad” (9% or 205 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 2312 people. This question was skipped by 216 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 = 2312)

Answer Choice	Percentage of Survey Participants
Mom	87.4%
Dad	8.9%
Sister / Brother	2.6%
Grandparent	2.5%
Aunt / Uncle	1.2%
Stepmom	0.6%
Stepdad	0.4%
Other	0.8%

**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” (49% or 1117 participants) and “Black, African American, or African” (37% or 842 participants).** Additionally, 3% (73 participants) of survey participants selected “Multiracial or Multiethnic” and 9% (200 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 2299 participants and skipped by 229.

**Table D6:** Survey participants’ identified races/ethnicities (n = 2299)

Race/Ethnicity	Percentage of Survey Participants
Hispanic, Latinx, or Spanish	48.6%
Black, African American, or African	36.6%
White	9.0%
Asian	7.8%
Multiracial or Multiethnic	3.2%
Middle Eastern or North African	1.1%
Native American or Alaska Native	0.7%
Native Hawaiian or Other Pacific Islander	0.6%
Other	3.0%

*\*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 Haitian Creole. **A large majority of surveys were completed in English** (81% or 2052 surveys), followed by Spanish (16% or 401 surveys), then Chinese (2% or 55 surveys). This breakdown is similar to trends observed in previous *Family Experience Surveys*.

**Table D7:** Survey language ( $n = 2528$ )

Survey Language	Percentage of Survey Participants
English	81.17%
Spanish	15.86%
Chinese	2.18%
Russian	0.24%
Bengali	0.20%
French	0.12%
Urdu	0.12%
Arabic	0.04%
Korean	0.04%
Polish	0.04%
Haitian Creole	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” (44% or 1081 participants).** This finding aligns with the ACS’ expectations, as a majority of the ACS prevention program models include family counseling services as a central part 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)”** (43% or 1043 participants). In 2020 new contracts that resulted from the re-procurement of the prevention services continuum began serving families. Through the re-procurement process, DPS expanded its investment in evidence-based and evidence-informed therapeutic and treatment service models citywide while enhancing access to services and ensuring service delivery is socially just and culturally competent. A core component of these models is supporting the mental and behavioral health of caregivers, children, and youth.

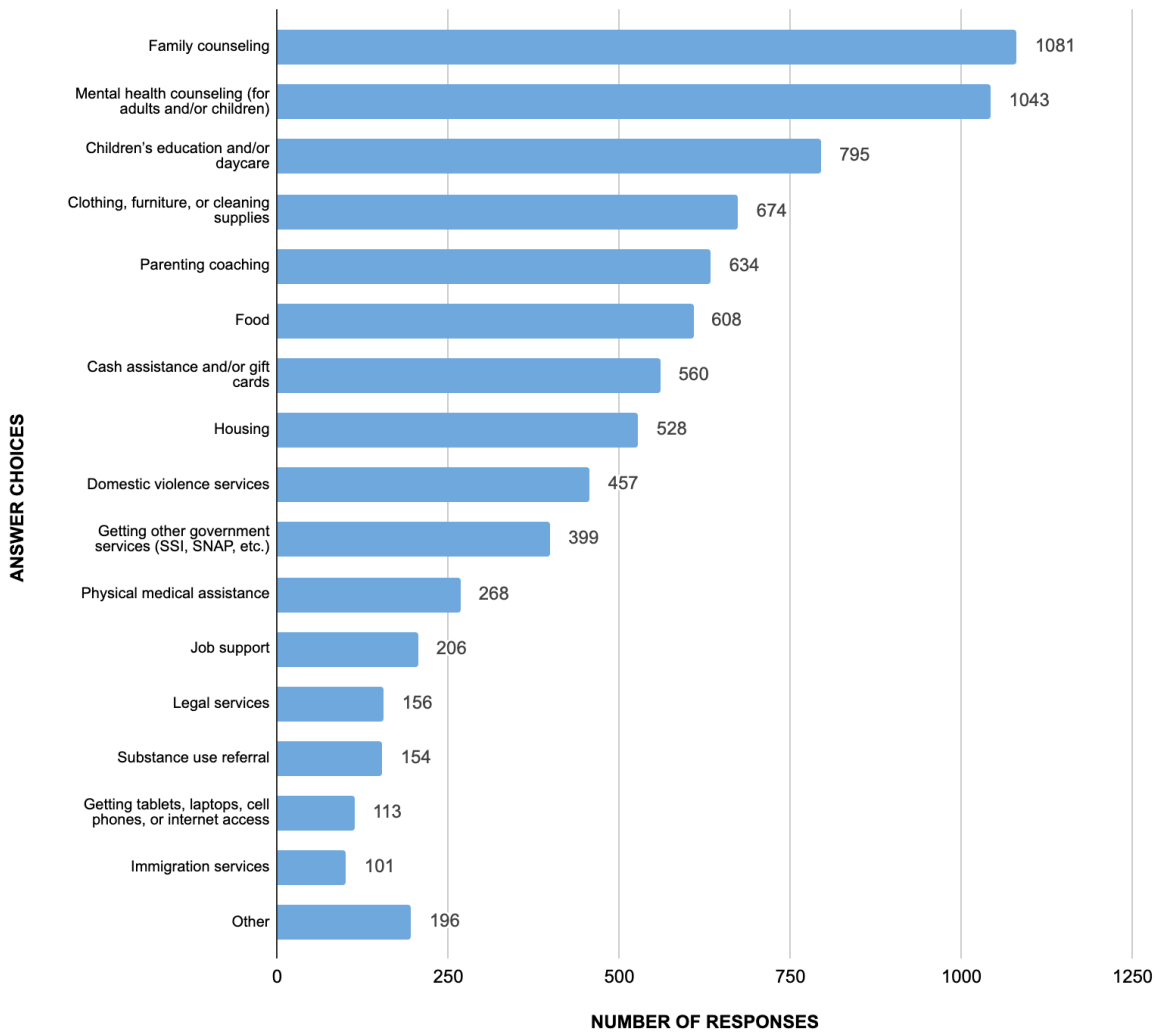
The **third** most frequently selected service was **“Children’s education and/or daycare”** (32% or 795 participants). All prevention services programs help to connect caregivers to child care support, including daycare vouchers for younger children.

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 2454 survey participants responded to this question and 74 skipped it.

**Table A1:** Types of services (*n* = 2454)

<b>Answer Choice</b>	<b>Percentage of Survey Participants</b>
Family counseling	44.1%
Mental health counseling (for adults and/or children)	42.5%
Children's education and/or daycare	32.4%
Clothing, furniture, or cleaning supplies	27.5%
Parenting coaching	25.8%
Food	24.8%
Cash assistance and/or gift cards	22.8%
Housing	21.5%
Domestic violence services	18.6%
Getting other government services (SSI, SNAP, etc.)	16.3%
Physical medical assistance	10.9%
Job support	8.4%
Legal services	6.4%
Substance use referral	6.3%
Getting tablets, laptops, cell phones, or internet access	4.6%
Immigration services	4.1%
Other	8.0%

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 (94% or 2306 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 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 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
<b>The services are helping me achieve my goals.</b> (n = 2480)	70.1%	22.7%	1.6%	1.6%	4.0%
<b>So far, I am happy with the services my family received.</b> (n = 2464)	74.6%	19.0%	2.2%	1.8%	2.4%
<b>I would recommend these services to a friend and/or family member.</b> (n = 2469)	71.7%	18.1%	2.2%	2.3%	5.7%
<b>I would go to my prevention agency for help in the future.</b> (n = 2456)	71.1%	18.0%	2.3%	2.5%	6.0%

## 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.

**Over half (63% or 1413 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 Policy Measure 2019 report,<sup>5</sup> published by the Mayor's Office for Economic Opportunity in 2021, the annual NYC poverty threshold is \$36,262. 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 live at or near the NYC poverty threshold line. This finding reflects similar trends to the *2021 Family Experience Survey*.

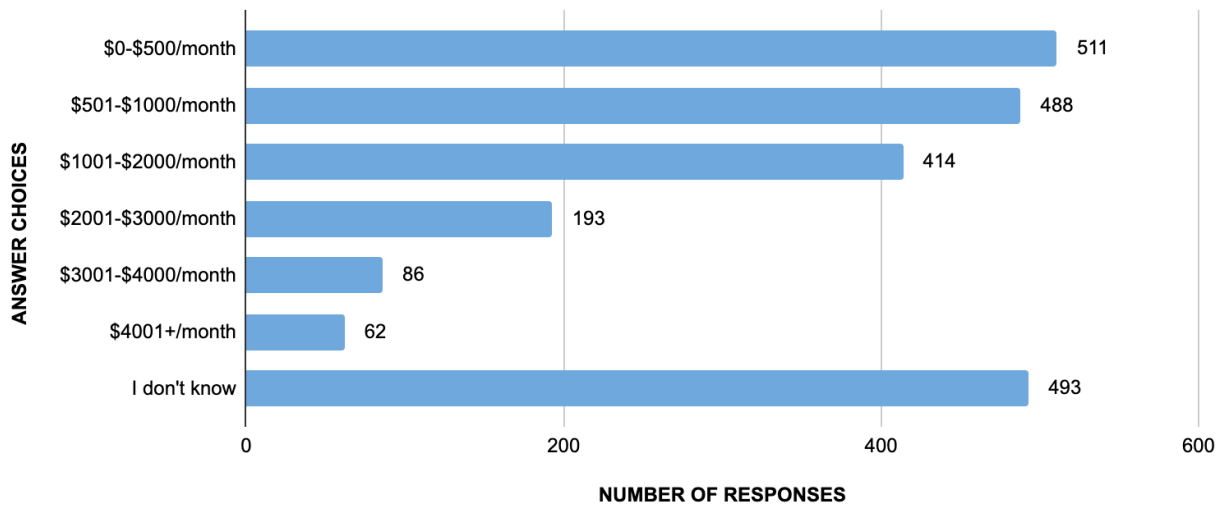
Below *Table B1* includes a more detailed breakdown of survey participants' responses to this question. Percentages were calculated out of the total number of participants to answer the question, in this case 2247. The question was skipped by 281 participants. The bar chart below *Table B1* visualizes the number of participants who selected each answer choice.

**Table B1:** Reported household income (n = 2247)

Answer Choice	Percentage of Survey Participants
\$0-\$500 per month (\$0-\$125 per week)	22.7%
\$501-\$1000 per month (\$126-\$250 per week)	21.7%
\$1001-\$2000 per month (\$251-\$500 per week)	18.4%
\$2001-\$3000 per month (\$501-\$750 per week)	8.6%
\$3001-\$4000 per month (\$751-\$1000 per week)	3.8%
\$4001+ per month (\$1001+ per week)	2.8%
I don't know	21.9%

<sup>5</sup> New York City Government Poverty Measure 2019. [https://www1.nyc.gov/assets/opportunity/pdf/21\\_poverty\\_measure\\_report.pdf](https://www1.nyc.gov/assets/opportunity/pdf/21_poverty_measure_report.pdf)

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



### B.2. Household Access to Basic Needs

In light of the ongoing impact of the COVID-19 pandemic and to better understand the needs of families in prevention services, survey participants were asked, “How much do you agree or disagree with the following statements about your household’s situation over the past 3 months?” The five statements that participants responded to were:

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

This question was added to the survey in 2021 to collect information about families’ overall well-being amid the ongoing COVID-19 pandemic, specifically in regards to the extent they are experiencing scarcity. 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 (2142 participants). These findings are in alignment with findings from the *2021 Family Experience Survey*. It is particularly meaningful that families have been able to meet their concrete needs even while living below the NYC poverty threshold and facing the ongoing impact of the COVID-19 pandemic.

All families in a prevention services program 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
<b>My household has been able to get enough food for 3 meals a day.</b> (n = 2303)	74.9%	18.1%	3.8%	1.7%	1.5%
<b>My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.)</b> (n = 2297)	70.4%	20.8%	3.4%	2.6%	2.7%
<b>My household has been able to get medical care when we need it.</b> (n = 2292)	82.6%	13.7%	1.6%	0.5%	1.5%
<b>My household has had safe and secure housing.</b> (n = 2278)	74.6%	17.3%	4.1%	2.9%	1.1%
<b>My household has been able to get enough diapers, cleaning supplies, feminine hygiene products, and PPE (ex. Masks, hand sanitizer, etc.) that we need.</b> (n = 2287)	67.9%	20.5%	4.9%	3.5%	3.1%

### 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 like our 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 "Phone calls" (89% or 2155 participants). The next most commonly selected answers were "Meetings in my home" (87% or 2124 participants), "Texting" (81% or 1971 participants), and "Video calls (Skype, Zoom, FaceTime, WhatsApp)" (66% or 1597 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.

Survey responses are similar to trends from previous *Family Experience Surveys* when the larger societal context is taken into consideration, particularly in regards to COVID-19. For example, in the 2019 survey the top three responses were in-home meetings, phone calls, and texting. Video calls were not included as an answer choice in 2019. It's important to note that policies in 2019 required regular in-home contacts. The most frequently selected answer choices in the 2021 survey were, in order of frequency, phone calls, video calls, texting, then in-home meetings. Due to the COVID-19 pandemic, in 2020/2021 New York State policy was adjusted to allow for virtual in-home meetings via video conferencing, for certain circumstances, after a safety assessment was conducted, in alignment with guidance from the New York State Department of Health and the Office of Children and Family Services (OCFS). These policies have been updated and provide guidance for more in-home meetings with families, which accounts for the shift in responses to this question.

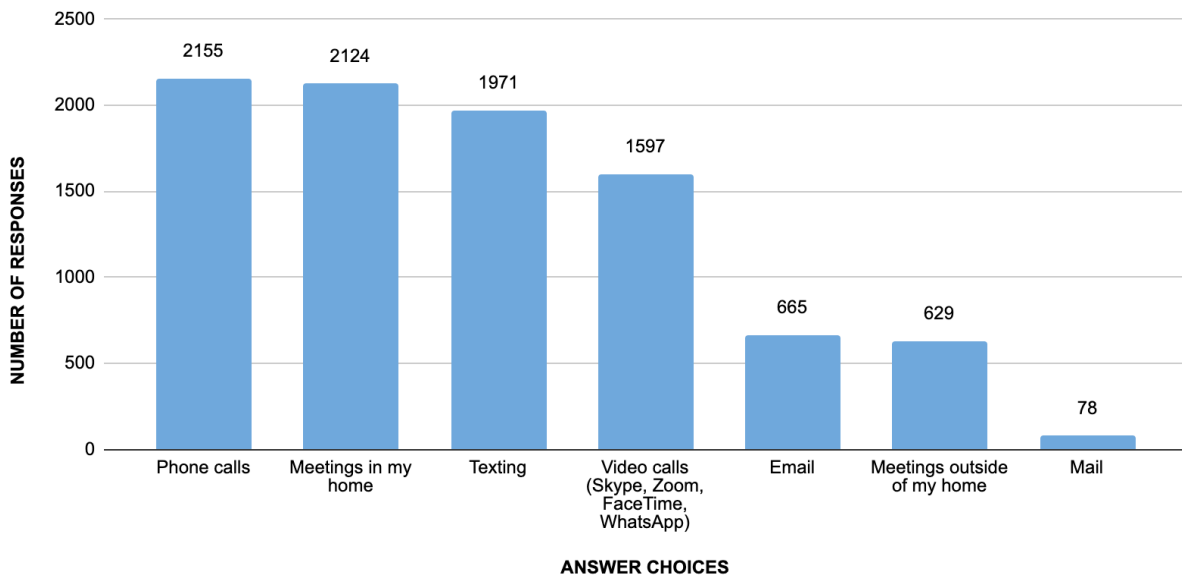
For more details on how families responded to this question, please see *Table C1* below and the following bar chart. Percentages were calculated out of the total number of participants who answered this question. Percentages do not sum to 100 because participants could select multiple answer choices. This question was answered by 2433 participants and skipped by 95.



**Table C1:** How families communicate with their case planners (*n* = 2433)

Answer Choice	Percentage of Survey Participants
Phone calls	88.6%
Meetings in my home	87.3%
Texting	81.0%
Video calls (Skype, Zoom, FaceTime, WhatsApp)	65.6%
Email	27.3%
Meetings outside of my home	25.9%
Mail	3.2%

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 asked to respond to the following five statements:

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

The 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 2287 participants) and that their case planners listen to their ideas when setting goals (97% or 2346 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. Case planners are taught to listen to clients by reflecting and summarizing their ideas, challenges, and goals.

*“My family trusts and has confidence in our case planner, she does not judge us, she respects and listens to us and gives us the best advice within guideline that she can give to us and for that we are very appreciative.”*

- 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
<b>My case planner is available to me when I need them.</b> (n = 2433)	84.2%	12.7%	0.8%	0.7%	1.6%
<b>I trust my case planner.</b> (n = 2386)	82.6%	13.3%	1.0%	0.8%	2.4%
<b>I feel safe telling my case planner about my family.</b> (n = 2428)	82.2%	14.2%	1.4%	0.5%	1.7%
<b>I feel my case planner listens to my ideas when we set goals.</b> (n = 2430)	85.4%	11.2%	1.1%	0.6%	1.8%
<b>My case planner respects my family's cultural practices.</b> (n = 2422)	87.0%	8.9%	0.7%	0.3%	3.2%

### C.3. Remote Meeting Frequency

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

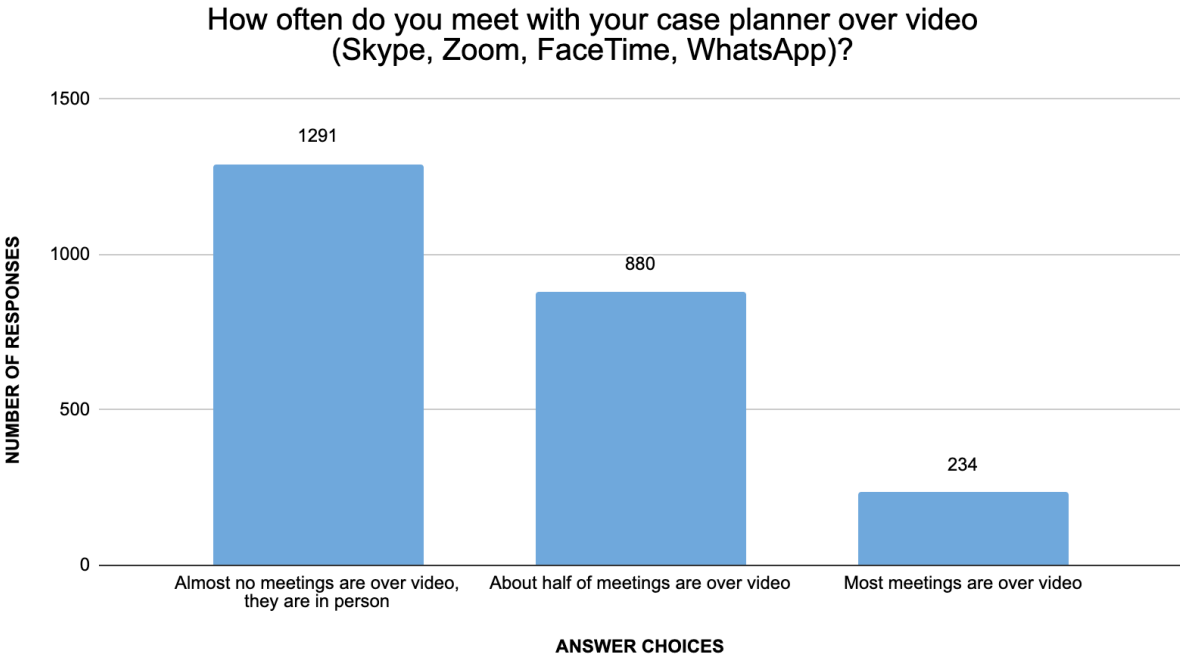
Survey participants were asked, “How often do you meet with your case planner over video (Skype, Zoom, FaceTime, WhatsApp)?” The most commonly selected answer choice was “Almost no meetings are over video, they are in person” (54% or 1291 participants), followed by “About half of meetings are over video” (37% or 880 participants). Only 10% selected “Most meetings are over video” (234 participants). These findings are different from the 2021 ACS Prevention Family Experience Survey; last year, 40% of participants reported that half their meetings are over video, 41% reported half of meetings over video, and only 20% reported that almost all meetings were in person.<sup>6</sup> This shift in responses can be explained by the policy changes about meeting methods that were described in section C.1. above.

<sup>6</sup> Prevention Services Family Experience Survey 2021. <https://www1.nyc.gov/assets/acs/pdf/data-analysis/2021/PreventionSurveyLL17Report.pdf>

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 2405 survey participants answered the question and 123 skipped it.

**Table C3:** Video Meeting Frequency (*n* = 2405)

Answer Choice	Percentage of Survey Participants
Almost no meetings are over video, they are in person	53.7%
About half of meetings are over video	36.6%
Most meetings are over video	9.7%



## C.4. Quality of Remote Meetings

***The majority of survey participants reported that it is easy to communicate with the 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 large majority of participants responded that they agree with the three statements above.

**Responses demonstrate that video conference case planning sessions are perceived by families to be helpful, supportive, and accessible.** This is similar to the findings from the *2021 Prevention Family Experience Survey*. Most survey participants shared they find it easy to communicate with their case planners over video (81% or 1958 participants), that they have a safe place to have video meetings (85% or 2054 participants), and that they have the necessary technology to meet virtually (80% or 1924 participants).

*“It is helpful to have the option of video calls because of work sometimes i cannot always meet my case planner at home.”*

- Survey Participant

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
<b>I find it easy to communicate with my case planner over video.</b> (n = 2417)	62.7%	18.3%	2.7%	1.2%	15.1%
<b>I have a safe space to have private conversations with my case planner over video.</b> (n = 2413)	72.4%	12.7%	1.9%	0.9%	12.1%
<b>I have the needed computer/phone/tablet and internet resources to communicate with my case planner over video.</b> (n = 2396)	66.1%	14.2%	1.9%	1.8%	16.0%

## 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 883 participants) followed by "Explain how long services will last" (34% or 741 participants), "Provide more basic necessities (cash assistance and food)" (33% or 716 participants), and "Let families pick what services they want" (32% or 708 participants). These findings are similar to findings from previous *Family Experience Surveys*.

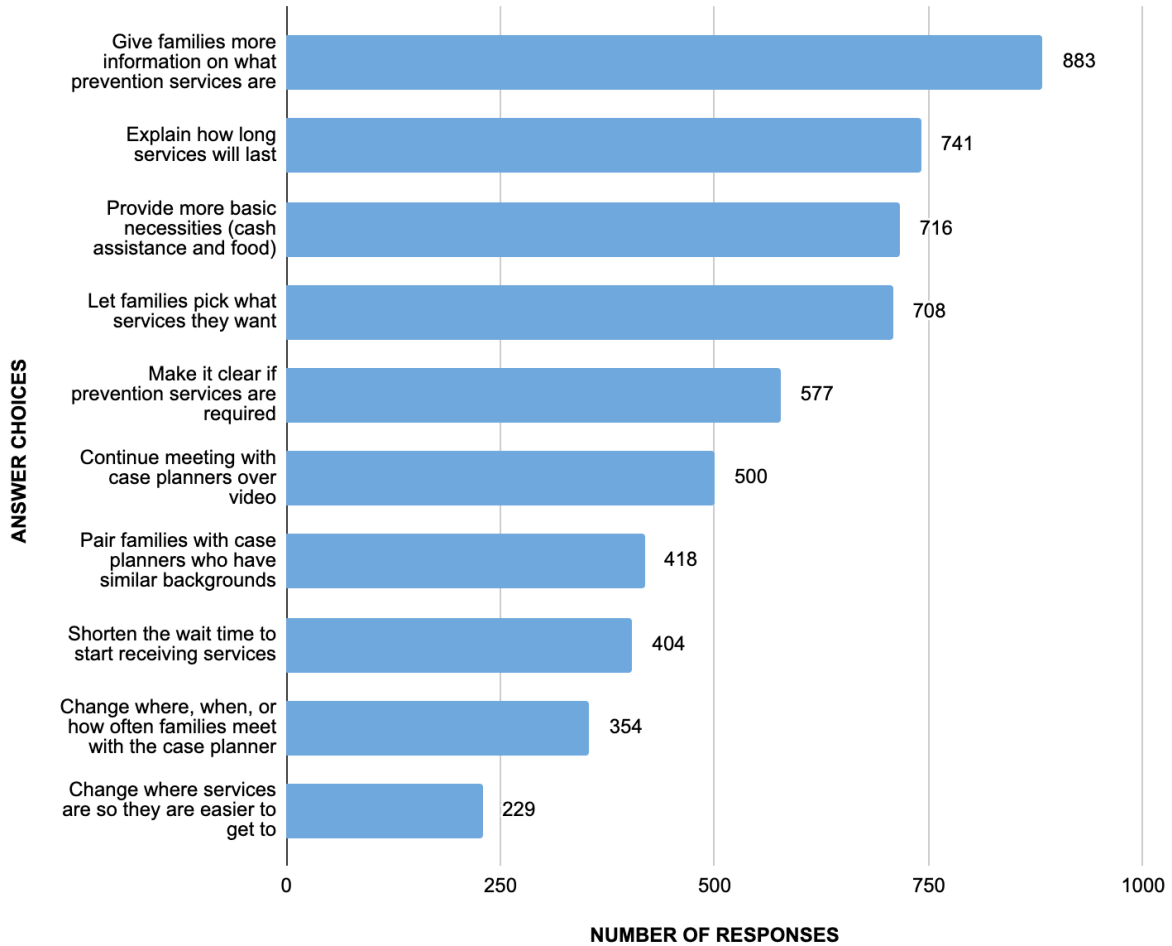
The Division of Prevention Services at ACS partnered with Casey Family Programs, Rise, and the NYU McSilver Institute for Poverty Policy and Research in 2021-2022 to develop the “Enhancing Family Partnership in Organizational Decision-Making: A Toolkit for ACS Prevention Agencies.” This toolkit is intended to support prevention providers in their efforts to engage family members with lived experience at an organizational level as part of their commitment to address racial equity, promote family voice and choice, and ensure services are high quality and inclusive of the diverse cultures and identities of the communities they serve.

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 2182 survey participants and skipped by 346.

**Table D1:** How families think ACS could improve prevention services (n = 2182)

Answer Choice	Percentage of Survey Participants
Give families more information on what prevention services are	40.5%
Explain how long services will last	34.0%
Provide more basic necessities (cash assistance and food)	32.8%
Let families pick what services they want	32.4%
Make it clear if prevention services are required	26.4%
Continue meeting with case planners over video	22.9%
Pair families with case planners who have similar backgrounds	19.2%
Shorten the wait time to start receiving services	18.5%
Change where, when, or how often families meet with the case planner	16.2%
Change where services are so they are easier to get to	10.5%

**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 90% of survey participants reported they agree the service referral from ACS was helpful (2110 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 (79% or 1849 participants) agreed that their opinions of ACS improved after beginning prevention services. We have heard that the historical stigma and negative reputation of ACS broadly impacts 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

	<b>The service referral from ACS was helpful for my family.</b> (n = 2361)	<b>My opinion of ACS has improved since my family began receiving prevention services.</b> (n = 2352)
<b>Strongly Agree</b>	64.6%	50.7%
<b>Somewhat Agree</b>	24.8%	27.9%
<b>Somewhat Disagree</b>	3.8%	6.9%
<b>Strongly Disagree</b>	2.7%	7.8%
<b>I Don't Know</b>	4.2%	6.6%

### 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 234 participants, skipped by 2122 participants, and 172 participants responded that they do not have additional information to share. Please note the small sample size. Overall, findings 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* = 234)

	Percentage of Survey Participants	Number of Survey Participants
<b>Positive</b>	63.7%	149
<b>Negative</b>	12.8%	30
<b>Mixed (positive &amp; negative)</b>	11.1%	26
<b>Neutral</b>	12.4%	29

#### Positive Responses

When the positive responses from survey participants were analyzed, two themes frequently emerged. They were: 1) positive impact of prevention case planners (100 participants) and 2) positive impact of prevention services (58 participants). Descriptions of these themes and examples of responses from survey participants that represent these two themes are included below.

*Positive Impact of Prevention Case Planners (100 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 with their case planners.

- “My case manager is amazing she is helpful caring and friendly she is very understanding and we all love her! i would recommend her to any family”
- “I just appreciate the patience and time my Case Planner has given me and the children”
- “Mi trabajadora es muy paciente y me ayuda en todo”

#### *Positive Impact of Prevention Services (58 participants)*

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

- “Preventive has changed my life!”
- “Excelente servicios muy agradecida con toda la ayuda que he recibido”
- “This program has been amazing”

### **Negative Responses**

Some of the open-ended responses from families included negative sentiment (30 participants). When those responses were analyzed for themes, the three top themes that emerged were: 1) dissatisfaction with ACS (16 participants), 2) suggestions for policy improvements (10 participants), and 3) poor communication (9 participants). Below are descriptions of these themes and examples of families’ responses.

#### *Dissatisfaction with ACS (16 participants)*

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

- “I feel like acs can do more of helping families and children then meeting there quotas”
- “acs never helped me and my family they were rude obnoxious and not helpful at all.”

#### *Suggestions for Policy Improvements (10 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 direct and indirect policy and practice improvements. Below are examples of responses from survey participants that include suggestions for improvements.

- “I think a family should have the right to choose if they want the services not force them to have to accept the services. Not everybody needs services when their case's are closed with ACS and the court system”
- “I wish they would give us more options for virtual meetings as we go out of town in summers and not always available throughout the week. Also they don't have much knowledge on the government assistance programs when I needed help.”

#### *Poor Communication (9 participants)*

This theme captured responses with negative sentiment around communication with prevention

provider staff and/or ACS staff. ACS strives to ensure that communication feedback loops between ACS staff, contracted prevention provider staff, and families are robust. ACS will continue to explore improvements to engagement and communication practices between families and staff. Below are examples of responses from families that included comments on poor communication.

- “I feel like ACS do not listen to my opinion or my concerns.”
- “My case planner has been extremely unavailable and has not been as informative as we need them to be.”

### **Mixed Responses**

This category refers to responses that included both positive and negative sentiment. In total 26 responses from families were coded for mixed tone. The two major themes that were identified when these responses were analyzed were 1) dissatisfaction with ACS (19 participants); and 2) positive impact of prevention services (14 participants). Below are some examples of mixed responses that included both of those themes.

- “Preventive services have been helpful for my family, however my CPS worker I did not get along with.”
- “I would rather work with the preventive agency than ACS. ACS is intrusive.”
- “My experience with ACS has been bad but good with preventive.”

### **Neutral Responses**

A total of 29 responses were coded as neutral because they did not include positive or negative sentiment. The main theme that emerged from the neutral responses was suggestions for policy improvements (13 participants). Below are examples of neutral responses that include suggestions for policy improvements.

- “Please keep Virtual visits an option for preventive services.”
- “Prevention services should be known, accessible and available to all families in need with out ACS attachments.”
- “Allow the worker to go out with the family once every few months for a slice of pizza or something take the edge off of the case worker relationship sometimes I don’t want to feel like I’m meeting with a worker sometimes I want to feel normal like I’m meeting with a friend. [...] just a suggestion”

## 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 *2022 Family Experience Survey* generally align with the findings from previous *Family Experience Surveys* when the context is taken into consideration. We 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.

The Division of Prevention Services at ACS partnered with Casey Family Programs, Rise, and the NYU McSilver Institute for Poverty Policy and Research in 2021-2022 to develop the **“Enhancing Family Partnership in Organizational Decision-Making: A Toolkit for ACS Prevention Agencies.”** This toolkit is intended to support prevention providers in their efforts to engage family members with lived experience at an organizational level as part of their commitment to address racial equity, promote family voice and choice, and ensure services are high quality and inclusive of the diverse cultures and identities of the communities they serve. It is adaptive and flexible so as to be a helpful resource to the variety of agencies that deliver prevention services. Importantly, the toolkit was informed by listening sessions with families, prevention provider staff, and parent advocates.

This toolkit resource is part of a two-pronged comprehensive approach to support agencies committed to continuously improving quality of services by adopting a family-driven approach to policy and practice development. In addition to developing the toolkit, the team led a **learning community** comprised of 10 prevention providers committed to advancing a family-driven approach to organizational decision making. The learning community started in March of 2022 and concluded in September. The team incorporated learnings and feedback provided by the participating prevention providers to improve the toolkit before it is distributed as a resource for the tenure continuum of prevention services. We anticipate that full scale implementation of this toolkit will help move our continuum of prevention providers towards family-driven decision making.

This survey provides vital insight into the interests and needs of our families for service delivery improvements. While the survey indicates that families find services and case planners to be helpful and supportive, we know that there is still room for improvements. 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. We are grateful to the families and provider staff who contributed their valuable time to this work.

## VI. APPENDIX

### 2022 ACS Prevention Family Experience Survey (English)

#### Welcome to the Family Experience in ACS Prevention Services Survey!

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

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

This survey will ask you questions about:

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

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

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

## Tell us about the services your family received

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

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

If you selected other, please explain here:

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

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

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

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

## Tell us about working with your current case planner

### What is a case planner?

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

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

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

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

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

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

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



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

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

## Tell us how to improve ACS Prevention Services

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

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

If you selected other, please explain here:

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

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
The service referral from ACS was helpful for my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My opinion of ACS has improved since my family began receiving prevention services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

## Tell us about your family

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

11. What gender do you identify with?

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

12. What is your age?

13. What is your role in your family?

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Mom     | <input type="checkbox"/> Grandparent      |
| <input type="checkbox"/> Dad     | <input type="checkbox"/> Aunt / Uncle     |
| <input type="checkbox"/> Stepmom | <input type="checkbox"/> Sister / Brother |
| <input type="checkbox"/> Stepdad | <input type="checkbox"/> Other            |

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

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

If you selected other, please explain here:

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

- |   |  |
|---|--|
| <input type="checkbox"/> English        | <input type="checkbox"/> Urdu          |
| <input type="checkbox"/> Spanish        | <input type="checkbox"/> Russian       |
| <input type="checkbox"/> Chinese        | <input type="checkbox"/> Korean        |
| <input type="checkbox"/> Bengali        | <input type="checkbox"/> Polish        |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> French         | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Arabic         |  |

If you selected other, please explain here:

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

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

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

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

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

19. In a typical month, what is the total combined income for your household? *Income includes wages, SSI, Social Security, unemployment benefits, and other cash assistance.*

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

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