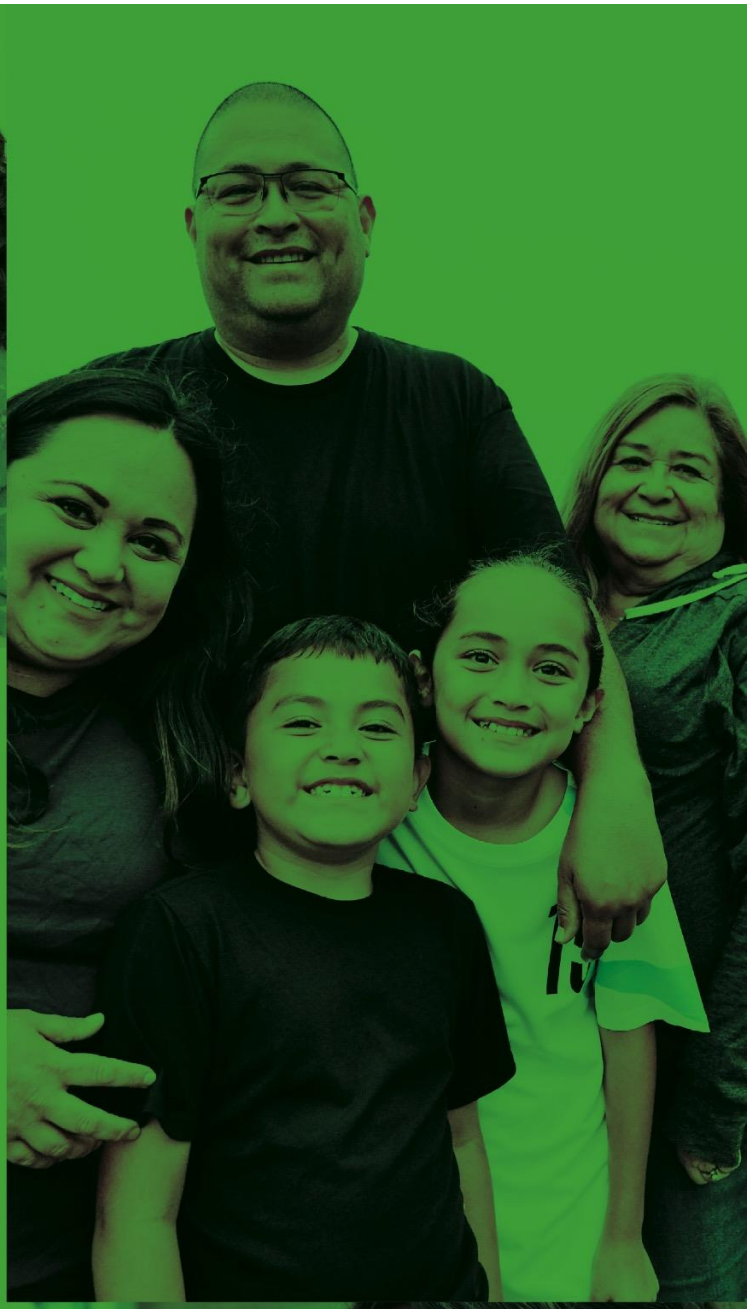
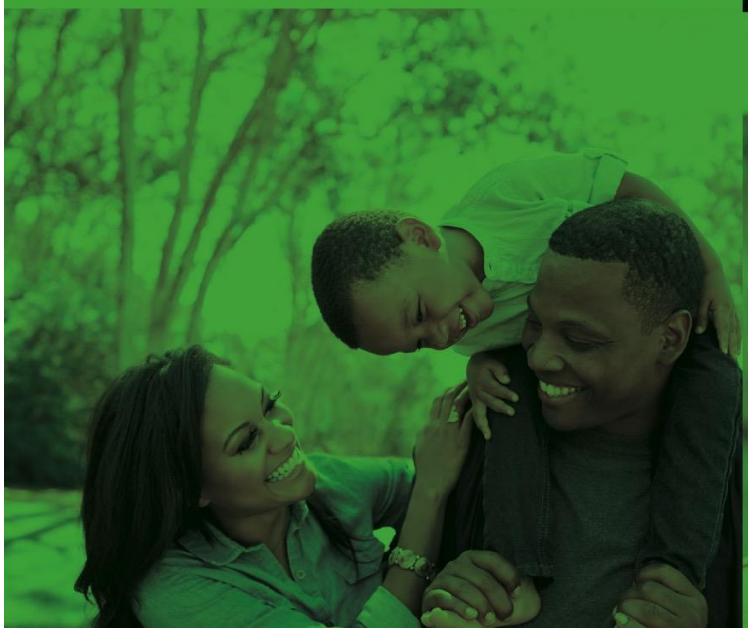


NYC Children | Prevention Services

FAMILY EXPERIENCE SURVEY 2019



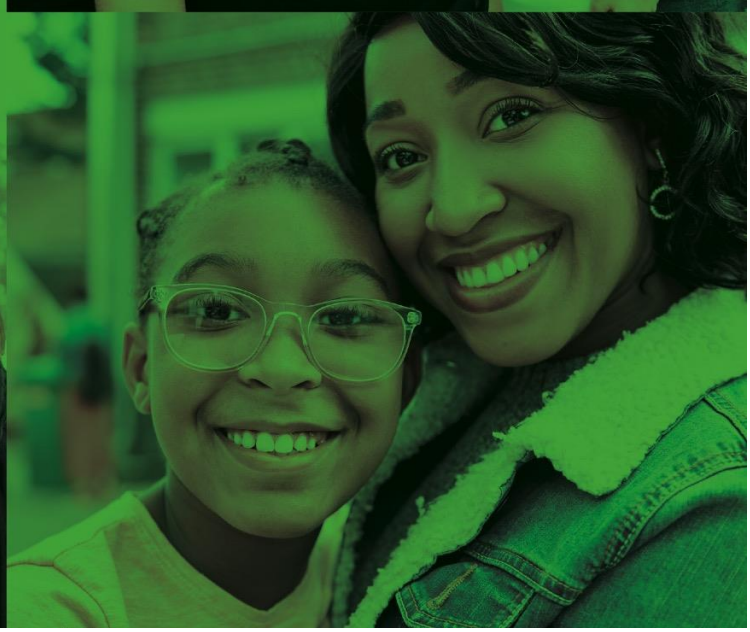


TABLE OF CONTENTS

I. ACKNOWLEDGEMENTS

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

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

A special thank you to our partners in the Mayor's Office for Economic Opportunity, to our 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 first annual *Family Experience Survey: ACS Prevention Services,* 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 City Council Member Stephen T. Levin, requires ACS to survey 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 programs. The survey will be conducted annually hereafter.

A collaborative workgroup led by the Community Based Strategies (CBS) team within the Division of Prevention Services (DPS) designed the survey to include questions about the type and quality of services received; interactions with case planners; and suggestions for how services may be improved. The survey had a high response rate of 34% (*n*=3,721). Surveys of this type and scale typically have a response rate of 25%.

DPS contracts with over 50 nonprofit community-based organizations ("provider agencies") to provide services to approximately 20,000 families per year with the goal of strengthening and stabilizing families and preventing 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, 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.

Type and Quality of Services Received

The majority of survey participants are connected to family counseling services; education supports and/or daycare; and mental health counseling, while also working with their prevention case planners. Family counseling was the most frequently selected response to the question "What services did your case planner help your family connect to? Please select all that apply." Given the majority of ACS' prevention models include family counseling services as part of their approach, this finding aligns with agency expectations.

The majority of survey participants responded that they are satisfied with the prevention services they received; agree that prevention services are useful; would recommend them to a friend or family member; and would return to their provider agency for help in the future. DPS is committed to providing high-quality, socially just services that support and stabilize families' experiencing challenges.

Interactions with Case Planners

Case planners are staff members at the contracted provider agencies that ACS partners with and are crucial to the work we do, as they deliver services directly to parents, children, young people and families. Often, case planners work with families to identify and access resources in the community, provide concrete support, and offer counseling. Depending on the provider agency and the model of service being delivered, the title of a case planner might vary to include caseworkers, family therapists, prevention workers, service providers, and interventionists. For this report, we will be using the title "case planner."

The majority of families in prevention services who completed the survey primarily communicate with their case planners through in-home meetings, phone calls, and text messaging. In-home meetings are a foundational component of ACS prevention program models.

Overall, survey responses indicate that families have positive interactions and strong relationships with their case planners. The majority of survey participants reported that they trust their case planner; feel safe speaking with their case planner about their family; and that their case planner respects their families' cultural practices. ACS and provider agencies have made extensive efforts to provide case planners with the understanding and skills needed to develop positive relationships 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.

Suggestions for Improvements

Survey participants recommend providing more detailed information regarding prevention services to families; explaining the length of services; and giving families more of a voice and choice in the services they receive. These responses demonstrate that providing families with more information on prevention services would improve their experiences with ACS. In 2018, the Division of Prevention Services partnered with the Mayor's Office for Economic Opportunity's Service Design Studio to better understand the lived experiences of families in prevention services and explore ways to improve family experiences. As a result of this partnership, DPS is co-designing and prototyping informational materials for families and stakeholders to address the very same recommendations participants of this survey offered.

A majority of survey participants reported that the service referral from ACS was helpful for their families and that their opinion of ACS improved after receiving prevention services. ACS and provider agencies constantly strive to meet the variety of needs and challenges of families with high-quality services and compassionate case planners.

When given the opportunity to provide additional information to ACS, the majority of families in prevention services who responded to this question in the survey wrote positive open-ended responses. Less than half of

families who answered this question in the survey wrote neutral comments, and even fewer negative comments.

ACS is currently implementing a range of programs and initiatives to improve family experiences in ACS prevention 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. In 2017, Casey Family Programs and the National Implementation Research Network completed an assessment of ACS' prevention services continuum and concluded, "The work of ACS contributes tremendously to the field of evidence-based practice by finally being able to answer the question of 'what works.' It brings evidence-based practice and implementation science firmly into child welfare." ACS is a national leader in the implementation of evidence-based, evidence-informed, and promising practice[1] prevention programs. Over the past six years, these research-based programs have demonstrated success in meeting ACS' goals of reducing the likelihood of a child entering foster care or experiencing abuse or neglect, often in a shorter timeframe than traditional case management services.

Currently, the Division of Prevention is in the process of re-procuring the entire prevention services system, with new contracts for services starting on July 1, 2020. The Prevention Services Request for Proposal (RFP), released in June 2019, signaled ACS' intention to build upon its past success while modernizing the way it meets the changing needs of families across the city. Through the new prevention awards, ACS will expand its investment in evidence-based and evidence-informed practices citywide while enhancing access to services and ensuring service delivery is socially just and culturally competent. To support this work, ACS will invest in the expansion of practice frameworks and programmatic supports necessary to sustain high-quality implementation at a citywide scale.

[1] 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 50 provider agencies who provide services in order to strengthen and stabilize families and prevent a child's placement in foster care. ACS and its provider agencies seek to support the physical, psychological, and emotional needs of children by working closely with families in their communities. 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 first annual *Family Experience Survey: ACS Prevention Services* in May of 2019. This survey aims to help ACS better understand the experiences of families receiving prevention services, especially as it pertains to the relationship between families and case planners, the types of services and support families perceived as most beneficial, and families' opinions of services provided.

The Community Based Strategies (CBS) team within the Division of Prevention 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. Beginning in April 2019, the survey was piloted with select case planners at nine provider agencies to assess accessibility, measure the ease of participants' understanding of questions and prompts and to test the effectiveness of the survey platform. The official survey launched May 31, 2019 and was open for nine weeks.

The survey team worked closely with provider agencies to implement a range of strategies to ensure that families were aware of the survey, able to access it, and to provide technical assistance in order to resolve any issues that staff or families encountered with the survey. The overall response rate was 34.1%, with 3,721 of 10,902 eligible families completing the survey. This is a very good response rate for surveys of this scale, which typically have response rates of 25% or below.

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

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

B. Survey Methodology

Survey Development

Survey development followed a research-informed and participatory approach, including extensive collaboration between the ACS Survey Team, the Service Design Studio at the Mayor's Office for Economic Opportunity, and provider agencies. The process began with an extensive review of the literature on best survey practices, methodology, and design. Findings from desktop research were used to inform the approach to survey design.

In order to make the survey as family-friendly as possible, while also ensuring its validity and reliability, the Survey Team conducted 11 listening sessions at nine provider agencies with staff from varying levels. During listening sessions, provider agency staff, particularly case planners, applied their expertise from working directly with families to provide suggestions for survey improvements. The survey underwent eight iterations during this co-design phase.

After a series of listening sessions, the survey was piloted in English and Spanish with a small sample of families at nine provider agencies. Feedback was solicited from participants of the pilot survey and this feedback was used to provide greater clarity for questions and directions within the survey.

Survey Dissemination

In collaboration with provider agencies, the *Family Experience Survey: ACS Prevention Services* was offered to all families receiving ACS prevention services. Provider agencies asked the primary caregiver of the 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 unit. There was only one survey administered per household.

The survey was administered 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. 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 it blank.

A unique survey link was created for each provider agency. In listening sessions, the ACS Survey Team heard that some families do not necessarily know the name of the provider agency they are receiving services from. Some families identify their service agency by program name, address, or case planner name. Unique links for each provider agency enabled response rates to be linked to each agency.

To make the survey accessible to families whose primary language is not English, the survey was offered in the 10 designated citywide languages. After the survey closed, the ACS Survey Team sent out a process improvement questionnaire for agency staff to complete regarding their experience with this survey. Ninety-two (92%) 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 with the fewest barriers, the ACS Survey Team created various strategies to increase survey participation. These strategies were based on lessons learned during the pilot phase of the survey. Case planners at provider agencies spoke with families on their caseload about taking the survey and if an individual agreed to participate then a case planner was encouraged to use the three strategies below to help ensure accessibility. The three strategies were:

1. Case planners send the survey link to caregivers via text message.
2. Case planners share a link to the survey at their in-person meeting and provide a device with internet to access the survey, if not already available to the family.
3. Provider agencies make devices available to take the survey at family-focused events hosted by their agency.

Additionally, some provider agencies were able to offer incentives to individuals for completing the survey, such as gift cards.

C. Limitations of the Survey

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

Factors such as limited literacy, limited English proficiency, lack of participant incentives, and limited access to internet enabled devices were potential barriers to survey participation. In an attempt to make the survey available to caregivers with limited literacy, the readability of the English survey was checked using the Flesch-Kincaid Grade level assessment. The Flesh-Kincain Grade level calculated that the survey required a 6th grade reading level. Additionally, the Flesch Reading Ease score is 64 out of 100 (high scores indicate easy readability). Upon request, a case planner could also schedule the ACS Survey Team to administer the survey over the phone. Due to limited internal capacity, this was only available in English, Spanish, and French. 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 on the family and on survey participants. The below findings describe the population of survey participants.

D.1. Length of Service

Approximately 51% of survey participants answered that their families have been receiving prevention services for "4-12 months" (1851 participants). The remaining half was evenly split between families who had been receiving services for "0-3 months" (920 participants) or "Longer than 12 months" (868 participants). A total of 3639 participants answered this question and 63 skipped it.

Table D1: How long families have been receiving prevention services (*n* = 3639)

0-3 months	4-12 months	Longer than 12 months
25.3%	50.9%	23.9%

D.2. Language spoken at home

Approximately 92% of survey participants report speaking either English or Spanish in their home. Additionally, 22% (720 participants) of survey participants report speaking two or more languages within their home. For more details and information on languages spoken in the home, see *Table D2* below. This question had an open textbox response, so that families could type in their responses and not be limited to answer choices. The language(s) spoken at home question was answered by 3291 participants and skipped by 411.

Table D2: Languages spoken in families' homes (*n* = 3291)

Language	Percentage of Survey Participants
English	64.1%
Spanish	27.8%
Chinese	3.9%
Bengali	1.1%
French	0.8%
Haitian Creole	0.8%
Arabic	0.5%
Urdu	0.5%
Russian	0.2%
Korean	0.1%
Polish	0.1%

D.3. Self-identified gender and age

When survey participants were asked what gender they identify with, **87% selected "Female" (3007 participants) and 10% identify as "Male" (361 participants).**

Table D3 below details how frequently each of the gender answer choices were selected and the average age of survey participants by gender identification. Gender percentages were calculated out of the total number of participants who answered the question, in this case 3472. The gender question was skipped by 75 participants. The question on age was answered by 2893 participants and skipped by 809.

Table D3: Survey participants' gender identification and average age (*n* = 3472)

Female	Male	Non-binary (not male or female)	Prefer not to answer	Other
86.6%	10.4%	0.6%	2.2%	0.2%
Average age: 35 years old	Average age: 40 years old	Average age: 34 years old	Average age: 36 years old	Average age: 42 years old

D.4. Role in family

Survey participants were also asked to identify their role in their family. **A large majority selected "Mom" (85% or 2914 participants), followed by "Dad" (9% or 319 participants)**. *Table D4* below summarizes response data; percentages were taken out of the total number of responses for this question. This question was answered by 3440 participants and skipped by 262.

Table D4: Survey participants' role in the family (*n* = 3440)

Answer Choice	Percentage of Survey Participants
Mom	84.7%
Dad	9.3%
Sister / Brother	2.1%
Grandparent	2.0%
Other	1.3%
Aunt / Uncle	0.4%
Stepmom	0.2%
Stepdad	0.1%

D.5. Self-identified race/ethnicity

Approximately 82% of survey participants self-identified as either Latinx or Black. Additionally, approximately 3.3% (103 participants) of survey participants self-identified with two or more races/ethnicities and/or wrote in "multi-racial".

For more details and information on race/ethnicity, see *Table D5* below. This question had an open textbox response, so that families could type in their responses and not be limited to answer choices. It was answered by 3151 families and skipped by 551.

Table D5: Races/ethnicities that families identify as (*n* = 3151)

Race/Ethnicity	Percentage of Survey Participants who self-identify as this race/ethnicity
Latinx	46.7%
Black	35.7%
Asian	7.8%
White	5.8%
Multi-racial*	3.3%
Not ascertained	2.7%
Middle Eastern	0.73%

This refers to individuals who wrote in "multi-racial" and includes individuals who wrote more than one race/ethnicity

D.6. Survey Language

The survey was offered in 11 languages: English, Spanish, Chinese, Russian, Bengali, Haitian Creole, French, Korean, Arabic, Urdu, and Polish. Surveys were completed in all of these languages except for Polish. **78% of the surveys were completed in English (2886 surveys**), 17% in Spanish (627 surveys), and 4% in Chinese (148 surveys). The remaining languages were completed by less than 1% of survey participants. *Table D6* below includes percentages of surveys completed in each of the available languages.

Table D6: Language the surveys were completed in (*n* = 3721)

Survey Language	Percentage of Survey Participants
English	78.0%
Spanish	16.9%
Chinese (traditional and simplified)	4.0%
French	0.3%
Arabic	0.3%
Bengali	0.2%
Haitian Creole	0.1%
Russian	0.1%
Korean	0.1%
Urdu	0.03%
Polish	0.0%

IV. SURVEY FINDINGS

A. Type and Quality of Services

A.1. Type of Services

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

Understanding how families classify and describe the services they receive provides important policy and practice insight into how families experience services. Participants were asked, **"What services did your case planner help your family connect to? Please select all that apply." Fifty percent of survey participants selected "Family Counseling" (1781 participants).** The majority of ACS' prevention models include family counseling services as part of our approach to working with caregivers and children so this finding aligns with our agency expectations. For example, the Brief Strategic Family Therapy (BSFT) model is a brief family intervention for children and youth with serious behavior problems and/or drug use. The BSFT intervention works well for families with challenging behavior management and relationship dynamics. The intervention identifies patterns of family interaction and strengthens them to restore effective parental leadership and involvement with the youth.

The **second** most frequently selected services by survey participants were: **(a)** "Children's education and/or daycare" (35% or 1246 participants) *and/or* **(b)** "Mental health counseling (for adults and/or children)" (35% or 1245 participants). One of the prevention models that is used to help families navigate educational challenges is Functional Family Therapy (FFT). FFT is a family therapy intervention for the treatment of violent, criminal, behavioral, school, and conduct problems with youth and their families. Both intra-familiar and extra-familial factors are addressed. An FFT belief is that the motivation of a family is also the responsibility of the therapist, not just the family. This intervention is home-based and the frequency of contacts between therapist and the family depends on the stage of treatment, with more frequent contacts in the beginning of the intervention.

Additionally, many of the prevention clinical models include mental health counseling as a core component of their model. For example, the Family Treatment/Rehabilitation (FT/R) intervention is appropriate for families where the primary issue is a caregiver or child's substance use or mental health challenge. The intervention is organized in treatment phases with the support of a Clinical Diagnostic Team.

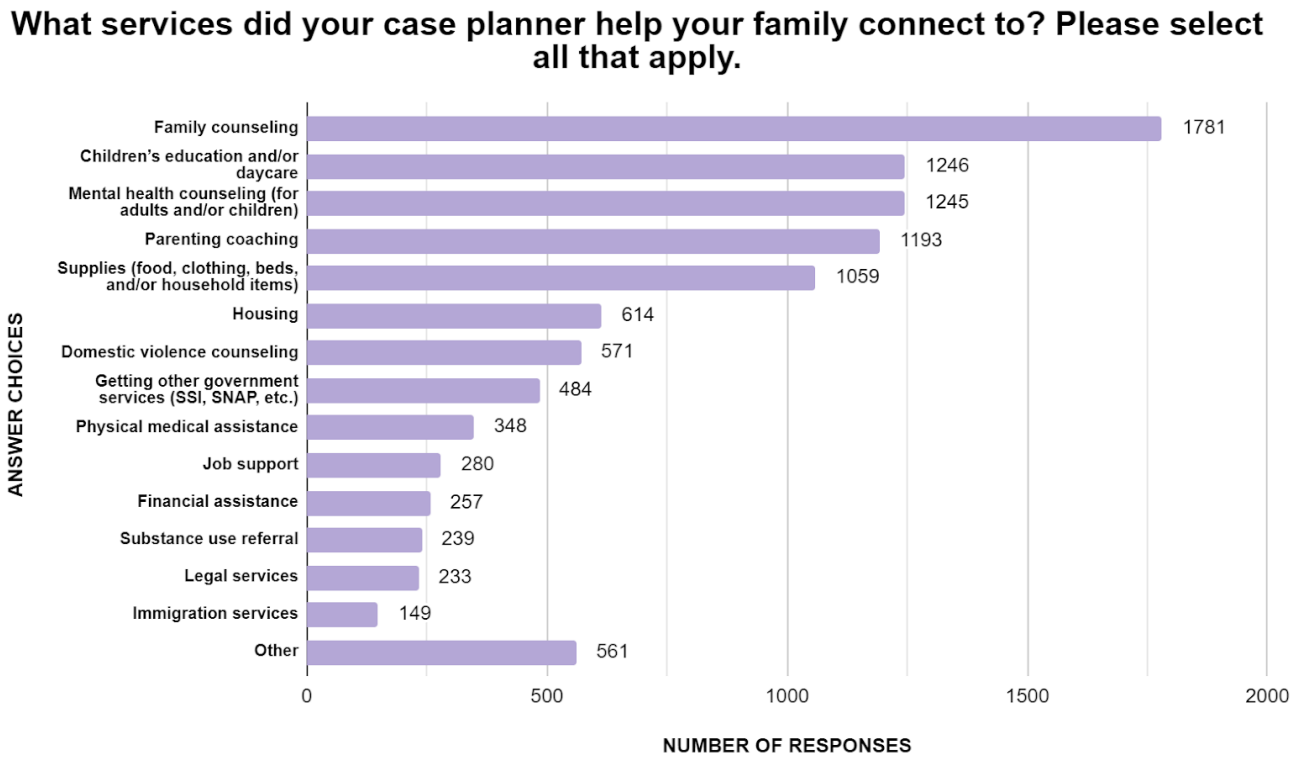
The **third** and **fourth** most frequently selected services by survey participants were: "Parenting coaching" (33% or 1193 participants) and "Supplies (food, clothing, beds, and/or household items)" (29% or 1059 participants). Our trained case planners and clinicians approach their service planning work with every family through a strengths-based approach. This means caregivers are seen as partners and engaged in such a way to help them

navigate parenting challenges. Often times the clinician or case planner may be perceived as a coach or mentor who helps lead individuals towards achievement of their goals. General Prevention (GP) is ACS' most widely offered prevention model and offers traditional case management with the aim of stabilizing families by connecting them to concrete supports, community resources, and parenting skills. Additionally, the Office of Prevention Technical Assistance (OPTA) within the Division of Prevention Services at ACS provides concrete services such as beds and cribs to many families annually.

In *Table A1* below, you will find additional information and details about other services that were selected by survey participants. The table includes percentages of families that selected each answer choice. Percentages were calculated out of total responses for this question, and percentages do not sum to 100 because families could select multiple answers to this question. A total of 3601 participants answered this question and 101 skipped it. Below *Table A1* is a bar chart which visualizes this data.

Table A1: Types of services (*n* = 3601)

Answer Choice	Percentage of Survey Participants
Family counseling	49.5%
Children's education and/or daycare	34.6%
Mental health counseling (for adults and/or children)	34.6%
Parenting coaching	33.1%
Supplies (food, clothing, beds, and/or household items)	29.4%
Housing	17.1%
Domestic violence counseling	15.9%
Getting other government services (SSI, SNAP, etc.)	13.4%
Physical medical assistance	9.7%
Job support	7.8%
Financial assistance	7.1%
Substance use referral	6.6%
Legal services	6.5%
Immigration services	4.1%
Other	15.6%



A.2. Quality of Services

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

In order to collect data regarding caregivers' perceived quality of and general satisfaction with 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 were:

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

The **majority of survey participants answered the four prompts above with "Strongly Agree."** For example, approximately 74% of survey participants strongly agree that they are happy with the prevention services their families received. ACS and its network of contracted provider agencies are committed to delivering child welfare services in a socially just and culturally appropriate manner to ensure that children, young people, and families

are receiving the help they need. We will continue to work on refining practice and policy to continue to achieve client satisfaction with prevention services.

For more details and information about the data for this question, please see *Table A2* below. This table includes percentages of responses selected for each of the four statements. Percentages were calculated out of the total number of participants who responded to a statement, *not* out of the total number of surveys completed.

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* = 3621)	68.0%	24.2%	2.2%	1.8%	3.8%
So far, I am happy with the services my family received. (*n* = 3614)	73.6%	20.6%	2.0%	1.7%	2.1%
I would recommend these services to a friend and/or family member. (*n* = 3607)	70.6%	18.8%	2.2%	2.9%	5.6%
I would go to my prevention agency for help in the future. (*n* = 3600)	71.8%	18.9%	1.9%	2.7%	4.8%

B. Interactions with Case Planners

The next 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 and 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, evidence-based models require that all therapists have a Master's degree with more clinical expertise. Other models like our General Prevention intervention require that case planners who provide case management and referrals to auxiliary community services have a Bachelor's degree.

B.1. Communication with Case Planners

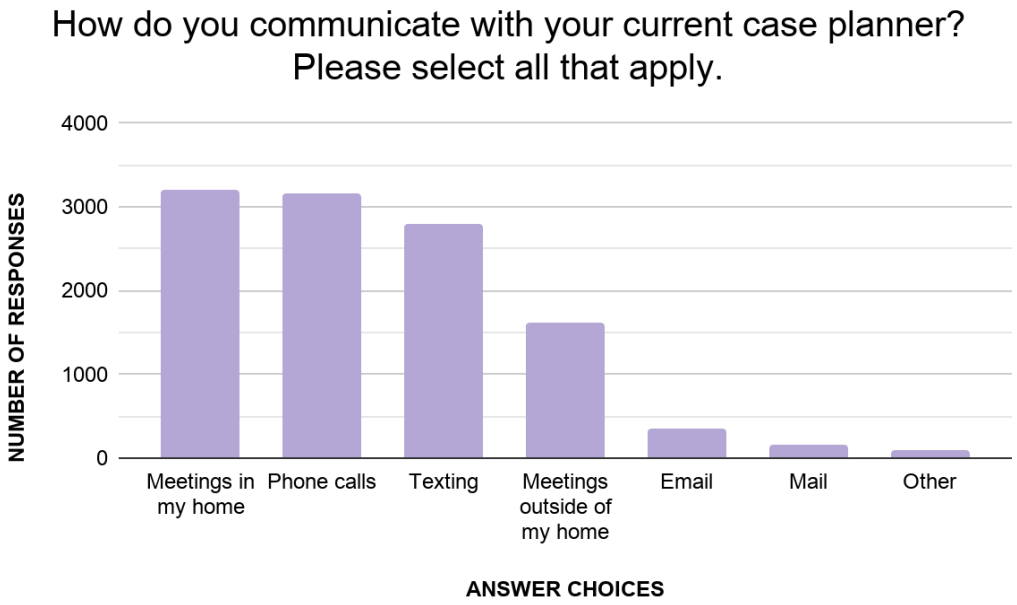
The majority of participants who completed the survey primarily communicate with their case planner through in-home meetings, phone calls, and text messaging.

Survey participants were asked: **"How do you communicate with your current case planner? Please select all that apply."** The **most commonly selected answer** was, "Meetings in my home" (88% or 3200 participants), followed by "Phone calls" (87% or 3165 participants), and "Texting" (77% or 2789 participants). Depending on the prevention model being delivered and the circumstances of the family, case planners engage families in their home at least twice a month, but up to 3-4 times a week. The Division of Prevention has also observed a significant increase over the past few years in the use of technology to engage and communicate with families. This trend is expected to increase as technology becomes more widely accessible to communities across NYC. As it does so, ACS will continue to explore new opportunities with emerging technologies to use in service delivery to ensure ongoing high-quality family engagement and case practice.

For more information and details about how participants answered this question, see *Table B1* below. Percentages were calculated out of the total number of families that answered the question. Percentages do not sum to 100 because participants could select multiple answer choices. Additionally, *Table B1* below visualizes the number of families who selected each of the answer choices. This question was answered by 3630 families and skipped by 72.

Table B1: How families communicate with their case planners (*n* = 3630)

Answer Choice	Percentage of Survey Participants
Meetings in my home	88.2%
Phone calls	87.2%
Texting	76.8%
Meetings outside of my home	44.7%
Email	9.9%
Mail	4.7%
Other	2.9%



B.2. Trust and Comfort with Case Planners

The majority of participants who completed the survey report that they trust their case planner, feel safe speaking with their case planners about their families, and that case planners respect families' cultural practices.

Survey participants were asked: **"How much do you agree or disagree with the following statements?"** Survey participants were asked to respond to the following five statements:

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

The majority of survey participants answered the four prompts above with **"Strongly Agree."** Responses to these statements indicate that families generally have strong relationships with their case planners. **Ninety-seven percent (97%) of survey participants "Strongly Agree" or "Somewhat Agree" that their case planner respects their family's cultural practices.**

One survey participant described their experience with their case planner as the following:

FAMILY VOICE

"*My case worker is excellent to handle my case. She understand my language and culture background. And she always offer supportive advise and service our family with love and care*."

-Survey Participant

ACS and our provider agencies are mindful of the diversity across New York City and of the families that we serve so resources and trainings are provided to staff at all levels in order to continuously improve practice and policy. ACS provides ongoing professional skill development for direct service staff and supervisors on a range of topics in order to better serve families. One example of a professional development training ACS offers to direct service staff, such as case planners, is 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.

Ninety-seven percent (97%) of survey participants "Strongly Agree" or "Somewhat Agree" that their case planner listens to their ideas when setting goals. One survey participant described their experience with their case planner as the following:

FAMILY VOICE

> "*It is good to have this service because it promotes healthy relationship with your family and there is some one who can help you to meet your short term and long term goals*."
>
> ***-Survey Participant***

Table B2 below includes additional information and details regarding this question. Please note that percentages were calculated out of the total number of participants who responded to a statement, *not* out of the total number of surveys completed.

Table B2: 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* = 3613)	82.8%	14.4%	1.1%	0.8%	1.0%
I trust my case planner. (*n* = 3583)	81.6%	14.6%	0.9%	1.2%	1.7%
I feel safe telling my case planner about my family. (*n* = 3595)	81.9%	14.6%	1.0%	1.0%	1.5%
I feel my case planner listens to my ideas when we set goals. (*n* = 3606)	84.6%	12.7%	0.8%	0.8%	1.2%
My case planner respects my family's cultural practices. (*n* = 3594)	87.3%	9.5%	0.4%	0.6%	2.3%

C. Suggestions for ACS

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

C.1. Suggestions for Improvements

Participants who completed the survey recommend providing more detailed information regarding prevention services to families, explaining the length of services, and giving families more voice and choice in services.

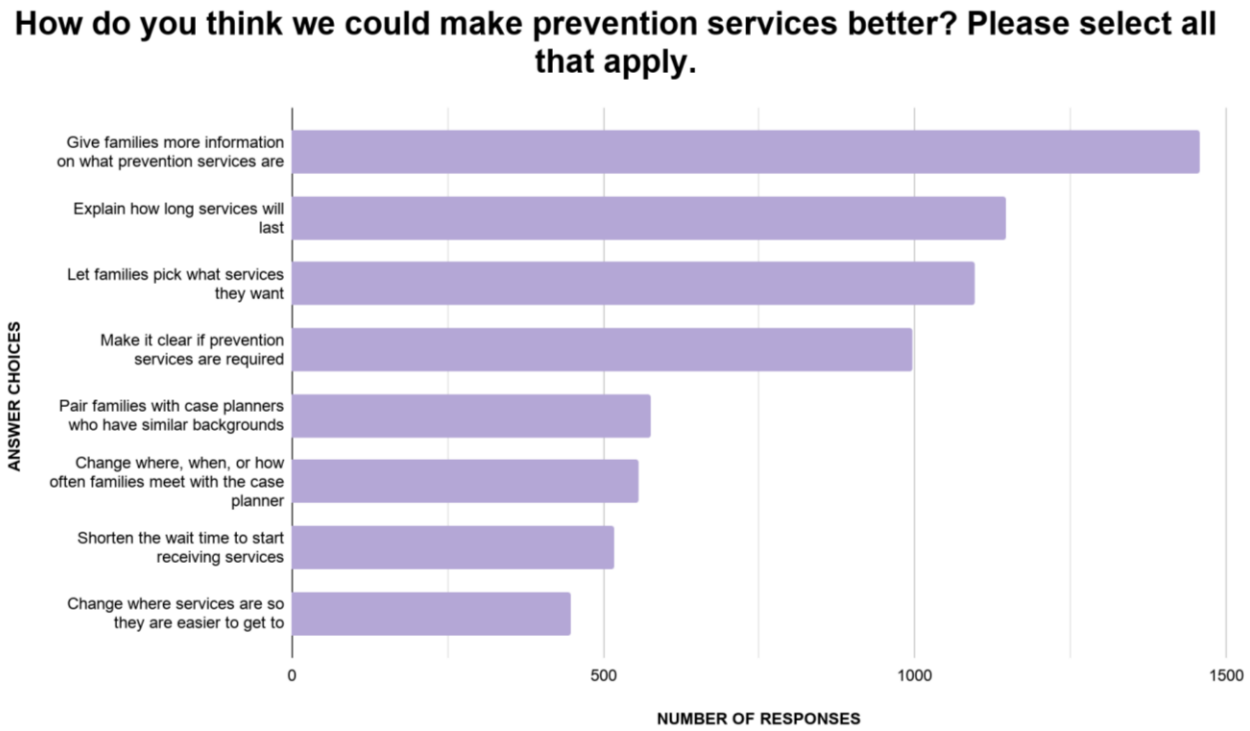
To gather survey participants' perception of improvement suggestions, they were asked: "How do you think we could make prevention services better? Please select all that apply." The top three most selected responses were: **(1)** "Give families more information on what prevention services are" (44% or 1458 participants), **(2)** "Explain how long services will last" (35% or 1147 participants), and **(3)** "Let families pick what services they want" (33% or 1097 participants). These responses indicate that families feel like they do not receive enough information about what it means to participate in prevention services. This demonstrates that providing families with more information on prevention services might improve their experiences with ACS. Additionally, this finding aligns with 2018 feedback gathered from interviews and focus groups with families and case planners who shared similar sentiments around how ACS could improve prevention services.

In 2018, the Division of Prevention Services partnered with the Mayor's Office for Economic Opportunity's Service Design Studio, the nation's first municipal design studio dedicated to improving services for low-income residents. The Service Design Studio, the Division of Prevention Services, contracted provider agencies, and prevention caregivers collaborated on the **Pathways to Prevention project**, a one-year partnership with the goals of **(1)** Understanding the journey and lived experience of caregivers in prevention services and **(2)** Exploring ways to improve the caregiver and family experience, with better information and opportunities for choice in prevention services. As a result of this partnership, the Division of Prevention is co-designing solutions with community members, families, and child welfare professionals in order to fill in these gaps within our system. For example, the Division of Prevention is currently prototyping some materials that will give more information to caregivers and other ACS staff about what prevention services are (including length of services) in a family-friendly way. ACS is committed to improving the lived experiences of caregivers and children who receive prevention services and making prevention services more effective and efficient for all clients.

Table C1 below outlines how frequently each of the answer choices were selected. Percentages do not sum to 100 because participants could choose multiple answers. The bar chart below *Table C1* depicts the numbers of participants who selected each of the answer choices. This question was answered by 3310 participants and skipped by 392 participants.

Table C1: How families think ACS could improve prevention services (*n* = 3310)

Answer Choice	Percentage of Survey Participants
Give families more information on what prevention services are	44.1%
Explain how long services will last	34.7%
Let families pick what services they want	33.1%
Make it clear if prevention services are required	30.1%
Pair families with case planners who have similar backgrounds	17.4%
Change where, when, or how often families meet with the case planner	16.8%
Shorten the wait time to start receiving services	15.7%
Change where services are so they are easier to get to	13.5%



C.2. Quality and Accessibility of ACS Services

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

Survey participants were asked was: **"How much do you agree or disagree with the following statements?"** Survey participants were asked to respond to the following statements:

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

Approximately 88% of survey participants **"Strongly Agree"** or **"Somewhat Agree"** that the service referral from ACS was helpful for their families. The Division of Prevention Service's array constantly strives to meet the variety of needs and challenges of families with high-quality services. When families receive prevention services, they can generally expect the following:

- Access to prevention providers in every borough.
- Services offered in multiple languages.
- Services that are open for families of any immigration status - documented or undocumented.
- Services that are free.
- Flexible hours to accommodate families' schedules.

In addition to working with compassionate case planners, families who receive prevention services have the opportunity to connect with other families through classes and parenting groups. Prevention services ultimately strives to safely keep children in their homes, strengthen families and communities, and promote positive behavior change.

Approximately 75% of survey participants **"Strongly Agree"** or **"Somewhat Agree"** with the statement: **"My opinion of ACS has improved since my family began receiving prevention services."**

One of the challenges we face as an agency is the historical negative perception that some communities have about ACS. Extensive efforts have been invested in improving families' experiences with our agency. Ensuring that all families in prevention services are offered high-quality, strength-based, and family-driven support is a priority of ACS. In doing so, we hope to continue to improve the perception of ACS within communities as an agency that is committed to child safety and family wellbeing.

Additionally, ACS' Office of Community Engagement and Partnerships (OCEP) offers Demystifying ACS Workshops to community based organizations, schools, hospitals and faith-based organizations. These

workshops increase community members' awareness of ACS services, ACS' policies and procedures, and offer information about how to access the range of resources and services ACS provides.

Table C2 below shows the distribution of responses to the above statements as a percentage of the number of participants that responded to the statement.

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

	The service referral from ACS was helpful for my family. (*n* = 3531)	**My opinion of ACS has improved since my family began receiving prevention services. (*n* = 3508)**
Strongly Agree	61.3%	47.4%
Somewhat Agree	26.5%s	27.5%
Somewhat Disagree	4.1%	8.5%
Strongly Disagree	3.9%	9.8%
I don't know	4.2%	6.8%

C.3. Opportunity to Share Additional Information

A small number of families in prevention services who completed this survey wrote open-ended responses when asked if they had additional information or feedback to share (n=383). Of those that responded, the majority were positive.

Participants who took the survey were provided with an open text box and asked: **"Is there any additional information you would like to share? Please Explain."**

The ACS Survey Team performed a sentiment analysis on the open-ended responses. This involved qualitative coding and categorizing of all open-ended responses within the following three categories: "Positive," "Negative," and "Neutral." The percentage breakdown for each of those categories is listed below (*n*=383):

- **Positive:** 55% (210 respondents)
- **Neutral:** 34% (132 respondents)
- **Negative:** 11% (41 respondents)

This question was answered by 383 participants, skipped by 3161 participants and 158 participants indicated that they did not have additional information to share.

Positive comments

The majority of the 210 positive open-ended responses aligned with one of two themes: 1) the positive impact of case planners on the family and 2) the positive impact of the services and supports received.

Positive Impact of Case Planners

Most commonly, these responses expressed the importance and impact of the survey participants' relationship with their case planner. They highlighted the importance of a case planner's ability to give caregivers and their families attention, build trust, listen, and refer to the right services and supports. Below are two examples of the types of responses received related to survey participants' relationships with their case planners.

- *"I would like to say my family worker has been the biggest and best support I've had in my life. I wish every worker could listen the way she did. I had bad thoughts about ACS but my family preventive service worker has changed my mind and my life. I would recommend her to anyone. She was always on time, she respects my children; spouse; and home, she listened to me, she gave me her undivided attention and time even when I kept talking. She made it about me and let me get everything off of my chest. We could change a lot with more people like her. I thank her I thank her I thank her! She needs a promotion."*
- *"My family case planner has been a great asset to me and my child. She takes her job very seriously, something you rarely see in this day and age. She has made referrals to services that have changed my life and my sons for the better. To date I strongly believe the only positive thing ACS has accomplished in bettering the life of my sons was connecting me to my family case planner."*

Positive Impact of Services and Supports

Positive open-ended responses also often communicated the positive ways families were impacted by services and supports. These responses highlight how ACS services and supports help to strengthen and stabilize families, promote positive change, and connect families to the resources that they need. Below are two examples of the types of responses received related to how services and supports positively impacted survey participants.

- *"It is good to have this service because it promotes healthy relationship with your family and there is someone who can help you to meet your short-term and long-term goals."*
- *"Happy with services as they brought more knowledge regarding things I needed to rejuvenate regarding parenting."*

Neutral comments

The majority of the 132 neutral open-ended responses did not have a strongly expressed sentiment and were therefore coded as neutral comments. Often, these responses were purely descriptive. Below are a few examples of the neutral responses that were received:

- *"I wish to have Preventive Services for a longer time than 6 months"*
- *"I would like to know more solutions for similar cases in other families."*
- *"More information on what services are available to families"*

Negative comments

A small minority of open-ended responses, 41 out of 383, were negative in sentiment. Most of these negative responses aligned with one of two themes: 1) dissatisfaction with ACS services and 2) poor communication from ACS.

Dissatisfaction with ACS Services

The most predominant theme among the negative responses was dissatisfaction with ACS services. Most of these responses were directed at ACS broadly and lacked detail, making it difficult to document the precise causes of dissatisfaction. Some responses, however, noted specific unmet needs. ACS prioritizes regular feedback from families and will continue to seek more detailed input from families who feel their needs have not been met by ACS services. Our agency recognizes that every family we serve has unique needs and challenges with varying complexity. ACS and its contracted provider agencies will continue to refine our practice and policy to address emerging challenges and ensure that all the needs of children and families are being met. Below are several examples of these type of responses.

- *"This service is pointless to my family"*
- *"I am so disappointed with the outcome for my family"*
- *"ACS is no help"*
- *"I wish there was more housing help provided"*

Poor Communication from ACS

Poor communication from ACS was also a common theme across the negative responses. As one of the largest child welfare systems in the nation, ACS constantly strives to ensure that communication feedback loops between staff, our contracted provider agencies, and families are robust. ACS will continue to explore new opportunities with communication protocols and with emerging technologies to achieve ongoing engagement and communication with clients. Below are two examples of the types of responses received related to poor communication with ACS.

- *"I wished there would be better communication with the ACS staffs"*
- *"Have better communication with the families and be respectful"*

As an agency, we will continue to invest in community-based efforts to improve families' experiences when referred to and receiving services, paying particular attention to communication with and service needs of families.

V. Conclusion

The *Family Experience Survey: ACS Prevention Services* provided rich information regarding the lived experiences of individuals and families who receive prevention services. Building upon current initiatives to support positive outcomes for families, the results of this survey will help inform the future strategy, planning and innovation at ACS and the Division of Prevention.

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. In 2017, Casey Family Programs and the National Implementation Research Network completed an assessment of ACS' prevention services continuum and concluded, "The work of ACS contributes tremendously to the field of evidence-based practice by finally being able to answer the question of 'what works.' It brings evidence-based practice and implementation science firmly into child welfare." ACS is a national leader in the implementation of evidence-based, evidence-informed, and promising practice[2] prevention programs. Over the past six years, these research-based programs have demonstrated success in meeting ACS' goals of reducing the likelihood of a child entering foster care or experiencing abuse or neglect, often in a shorter timeframe than traditional case management services.

Currently, the Division of Prevention is in the process of re-procuring the entire prevention services system, with new contracts for services starting on July 1, 2020. The Prevention Services Request for Proposal (RFP), released in June 2019, signaled ACS' intention to build upon its past success while modernizing the way it meets the changing needs of families across the city. Through the new prevention awards, ACS will expand its investment in evidence-based and evidence-informed practices citywide while enhancing access to services and ensuring service delivery is socially just and culturally competent. To support this work, ACS will invest in the expansion of practice frameworks and programmatic supports necessary to sustain high-quality implementation at a citywide scale.

While ACS has made significant gains in addressing the needs of children, young people, and families, important opportunities remain to improve the lived experience within prevention services. ACS will use the results of *Family Experience Survey: ACS Prevention Services* to analyze and build upon our existing strategies and identify opportunities to improve services and supports provided to children, young people, and families across New York City.

[2] 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.

VI. Appendix

COPY OF THE FAMILY EXPERIENCE SURVEY: ACS PREVENTION SERVICES - ENGLISH VERSION

Welcome to the Family Experience in ACS Prevention Services Survey!

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

- There is **one survey per family** and the person who does the survey should be the primary child caregiver.
- Participation in this survey is voluntary - you are not required to take it and your decision to take it will not affect the services you and your family receive.
- **All questions are optional -** if you do not want to answer a question then leave it blank.
- The survey is confidential - answers will be combined and reported together, so individual families will not be connected to their answers. No one at your provider agency will know how you answered these questions.
- If you have questions or need help with the survey, you can call 212-442-2482 or email DPS.Survey@acs.nyc.gov.

This survey will ask you questions about:

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

1

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.

- [ ] Housing
- [ ] Supplies (food, clothing, beds, and/or household items)
- [ ] Physical medical assistance
- [ ] Children's education and/or daycare
- [ ] Immigration services
- [ ] Financial assistance
- [ ] Domestic violence counseling
- [ ] Parenting coaching
- [ ] Family counseling
- [ ] Mental health counseling (for adults and/or children)
- [ ] Substance use referral
- [ ] Job support
- [ ] Legal services
- [ ] Getting other government services (SSI, SNAP, etc.)
- [ ] Other

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.	○	○	○	○	○
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.	○	○	○	○	○

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

- ○ 0-3 months
- ○ 4-12 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.

- ☐ Phone calls
- ☐ Texting
- ☐ Meetings in my home
- ☐ Meetings outside of my home
- ☐ Email
- ☐ Mail
- ☐ Other

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.	○	○	○	○	○
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.	○	○	○	○	○

Tell us how to improve ACS Prevention Services

6. 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
- [ ] Other

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

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
The service referral from ACS was helpful for my family.	○	○	○	○	○
My opinion of ACS has improved since my family began receiving prevention services.	○	○	○	○	○

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

4

Tell us about yourself

9. What gender do you identify with?

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

10. What is your age?

11. What is your role in your family?

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

12. Please tell us what race or ethnicity you identify with (for example: Black or African American, Asian, Hispanic or Latino, etc.).

13. In your home, what language(s) are spoken?

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