



The State of NYC Child Welfare Prevention Services:

Findings from the 2025 CCC and COFCCA Survey of Child Welfare Prevention Service Providers



**Citizens' Committee
for Children of NEW YORK**

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SUMMARY

In the winter of 2025, Citizens' Committee for Children of New York (CCC) and the Council for Family and Child Caring Agencies (COFCCA) surveyed prevention services providers to better understand the challenges facing families involved in the child welfare system and the nonprofit providers that serve them.^[1] A total of 301 survey responses from case planners, supervisors, program directors, and senior management across New York City organizations have informed our findings and recommendations for how to strengthen the provision of prevention services. This report builds on CCC/COFCCA's previous statewide provider survey, which identified family challenges driven by the COVID-19 pandemic.

BACKGROUND

In New York City, the child welfare system is managed by the Administration for Children's Services (ACS). At the State level, the New York State Office of Children and Family Services (OCFS) is responsible for supporting children and families' well-being, safety, and permanency.

ACS provides services to children, youth, and families through a variety of systems, including child welfare, early childhood education, and juvenile justice. Despite significant recent child welfare reforms, many children and families still face trauma resulting from child welfare investigations and family separations. Families living in poverty continue to be disproportionately subjected to child welfare investigations, largely due to inadequate community and family resources. Moreover, numerous studies – including a 2024 Report of the New York Advisory Committee to the U.S. Commission on Civil Rights – document the deep racial disparities within New York's child welfare system, impacting families at every stage of child welfare involvement. [2]

These data underscore the urgent need for primary prevention investments: housing supports, cash assistance, child care, and nutritional services – to meet families' needs and prevent child welfare system involvement.

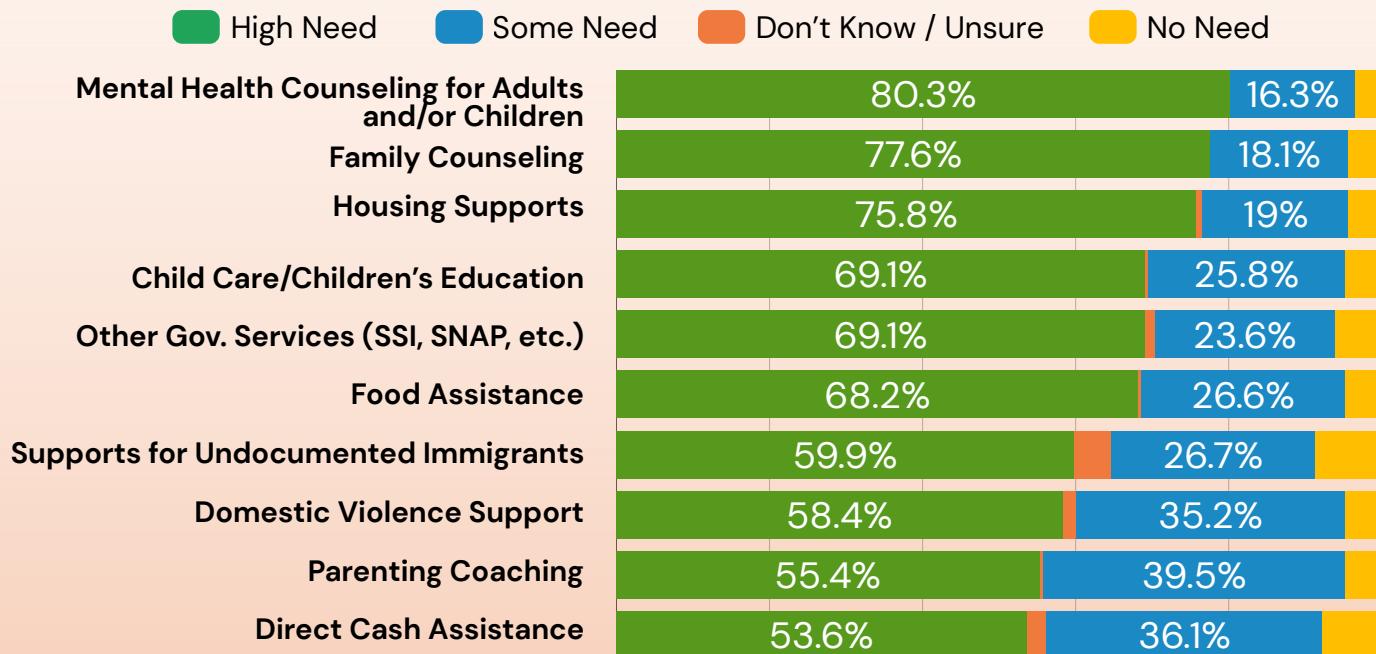
When families are involved in the child welfare system, they should be met with robust services tailored to meet their specific needs. Unfortunately, structural challenges facing the child welfare system often prevent families' needs from being met. Factors such as contract delays, inadequate salaries, large caseloads, and high turnover have made it challenging for child welfare prevention staff to fully support the families on their caseload. New requirements that prioritize the use of evidence-based models have also introduced challenges for families and workers, including less flexibility to meet family needs. Below, we uplift findings and recommendations emerging from the CCC-COFCAA survey that can help inform critical steps providers, advocates, and policy-makers can take to reduce child welfare involvement and improve outcomes for child-welfare involved families.

SURVEY RESULTS & RECOMMENDATIONS

CHILD WELFARE PREVENTION SERVICES ARE LIMITED IN ABILITY TO MEET FAMILIES' ESSENTIAL AND MATERIAL NEEDS

When asked to measure the severity of families' need for basic necessities, providers focused attention on mental health and family counseling, housing, food assistance, child care, supports for undocumented immigrants, domestic violence supports, parent coaching, and cash assistance.

Report on the Level of Need for Services Amongst the Families Served



However, the vast majority of providers reported that the volume and complexity of needs exceeded their capacity. Families' most urgent needs are driven by structural issues that significantly limit housing and economic security, and that cannot be resolved within the child welfare prevention system alone. With the persistent housing crisis, worsening affordability, and unemployment rates on the rise, providers increasingly struggle to support families with unmet basic necessities like food, clothing, and cash assistance.

Family unmet needs most frequently reported by service providers

Basic/Primary Needs (61)	Housing (49)	Financial Supports (30)	Other (27)
<ul style="list-style-type: none">• Food• Clothes• Furniture• Hygiene products• Household supplies	<ul style="list-style-type: none">• Getting out of shelter• Finding sustainable housing• Rental arrears• Poor living conditions	<ul style="list-style-type: none">• Cash assistance• Job search & employment• Inability of organization's flexible funding to support families	<ul style="list-style-type: none">• Resources for undocumented families• Timely mental health services• Early Intervention programs• Language access for resources

Too often, reports of child neglect are driven by unmet needs due to poverty and economic insecurity, resulting in investigations instead of necessary supports to mitigate hardship. New York leaders must recognize the urgent need for critical investments in upstream family supports to prevent child welfare involvement.

RECOMMENDATIONS

- Invest in primary prevention and upstream services that do not require Child Protective Services (CPS) involvement, such as housing, child care, and cash assistance. The Child and Family Wellbeing Fund, designed to provide support for families without involving the child welfare system, can be an effective vehicle for primary prevention at the state level. State leaders should also look to the recommendations of the New York Can End Child Poverty coalition to address structural challenges facing families across New York.
- Ensure ACS and prevention services providers include benefit supports specialists during the prevention intake process to connect families to all eligible services and benefits.
- City and State leaders must help mitigate the harm of recent federal cuts to Medicaid, SNAP, and other social service programs, including reducing administrative barriers and directly funding services for those impacted by cuts.

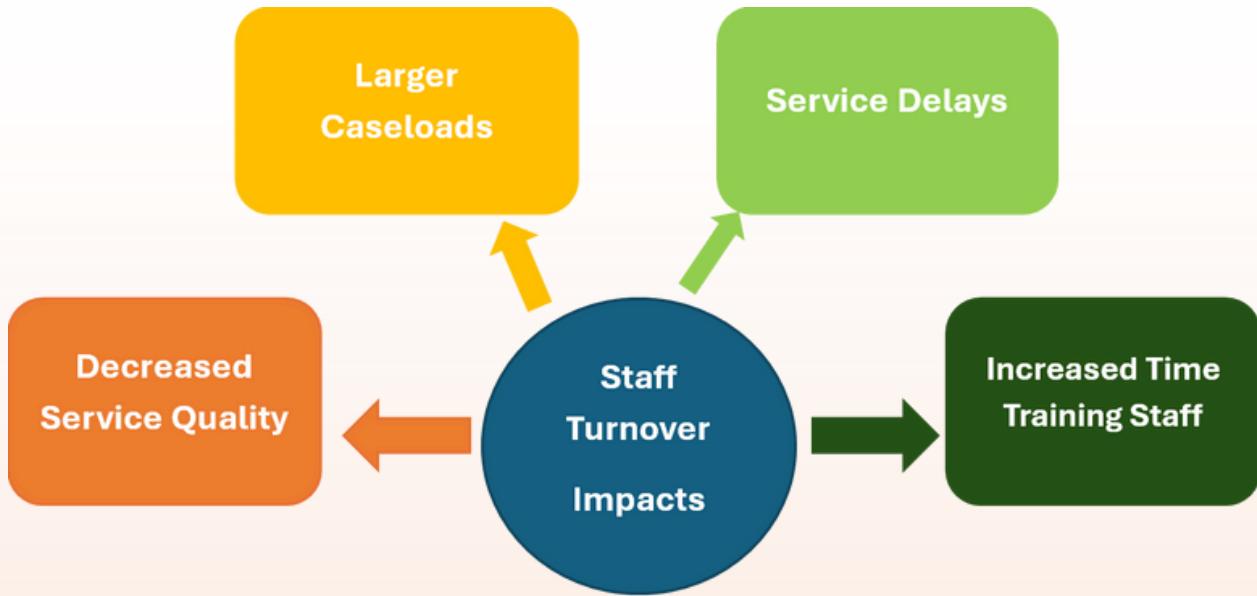
UNDERFUNDDED PREVENTION SERVICES RESULT IN SIGNIFICANT CHALLENGES FOR FAMILIES AND PROVIDERS

Chronic late contract payments have exacerbated a history of inadequate investments in the sector. These delays have greatly destabilized a sector already marked by low salaries, high caseloads, burnout, and high turnover rates.

44% of surveyed staff reported that they did not believe their agency had adequate funding to recruit and retain staff. Nearly half (45%) also reported that the number of employees has decreased since July 2020, while the number of clients has increased. Staff cited low salaries, stress and burnout, and high caseloads as major contributors to staff turnover.



Staff turnover can have a detrimental impact on the sector's ability to serve families. Large caseloads and delays in service delivery were the most often cited impacts of staff turnover among respondents. Survey respondents also uplifted their top recommendations for addressing the workforce crisis, including increasing pay, improving the workplace environment, and reducing caseloads.



RECOMMENDATIONS

- Increase salaries and support loan forgiveness programs to incentivize participation.
- Passage of S8377A / A9082 to raise the base pay of 665,000 human service workers to \$29 per hour— to better reflect the true cost of living in NY.
- Ensure effective coordination across city agencies to deliver on-time payments for services rendered and minimize service disruption.
- Ensure timely COLAs for all staff levels; with a statewide 2.7% targeted inflationary increase for the Human Services sector.
- Passage of S1580/A2590 or S3669 to include programs that have been left out of typical budget increases in the past to ensure all State-contracted human services programs receive this increase.

EVIDENCE-BASED MODELS (EBM) HAVE RESULTED IN NEW OPPORTUNITIES AND CHALLENGES

Prior to July 2020, when ACS shifted to evidence-based models (EBMs), contracted CBOs provided a broad range of general prevention services such as parenting classes, job training and education opportunities, substance use support, and connecting families to food, clothes, and household supplies.

The EBM preventive services system consists of ten service models. Nine of these models are Therapeutic and Treatment Case Models, and one is a Family Support Case Model comprised of three distinct approaches: Family Connections, Mobility Mentoring, and Solutions-based Casework. Family Connections is the only approach that is not evidence-based.[3]

The shift to more evidence-based models has created both opportunities and challenges for the child welfare sector. EBMs are more intensive therapeutic programs that require fidelity of the model, with less flexibility for providers to respond to families' basic needs. As survey results demonstrate, families' needs are extensive and span multiple systems. For example, families' financial and housing circumstances often change unexpectedly, and EBMs are not designed to respond to those crises in real-time.

EVIDENCE-BASED MODELS (EBM) HAVE RESULTED IN NEW OPPORTUNITIES AND CHALLENGES (CONT.)

Providers also reported that the increase in required trainings, paperwork, caseloads, and travel time that comes with EBMs has further strained staff. According to survey respondents, contract funding is insufficient to operate EBMs and comply with requirements including intensive documentation and 80% utilization goals. Ultimately, the increase in time spent for travel and documentation takes time away from meeting the needs of families.

However, even with these implementation challenges, most providers (65%) reported that the shift to EBMs provides flexibility to meet families' clinical needs. According to survey respondents, the EBMs have resulted in opportunities for parents and children to address traumas and heal. One provider reported nonexistent rates of repeat maltreatment or placement after EBM intervention. The EBMs have also shown success in meeting the needs of families where substance use and mental illness are prevalent, with some programs having on-site specialists for support. Significantly, providers who reported meeting families' clinical needs extremely effectively through EBMs were also able to meet families household needs and provide additional financial support. This indicates that EBMs may be most effective when providers are also given the flexibility and resources to address families' financial hardships.

Given these findings, continued monitoring of EBM outcomes is necessary to ensure positive impact on the families served and the workforce delivering services.

RECOMMENDATIONS

We recommend ACS:

- Streamline documentation processes for NYC providers with ACS contracts.
- Continue monitoring and measuring the efficacy of EBMs to determine impact on family stability (reunification, likelihood of subsequent investigation, etc.).
- Increase available training offerings to ensure all staff can access the required trainings.

CONCLUSION

Results of CCC and COFCCA 2025 Child Welfare Preventive Services Provider Survey underscore the urgent need for state and local investments to address both the foundational economic and social challenges confronting NYC families and the challenges faced by the service providers that serve them. Additional investments are also critical in the face of pervasive federal funding cuts, increasingly dangerous immigration enforcement, and a worsening affordability crisis. With targeted investments and administrative reforms, the City can take important steps towards preventing child welfare involvement and ensuring family stability and well-being.

[1] Citizens' Committee for Children of NY and Council of Family and Child Caring Agencies. (2025). COFCCA Provider Survey. [Accessed here.](#)

[2] New York Advisory Committee to the U.S. Commission on Civil Rights. (2024). Examining the New York Child Welfare System and Its Impact on Black Children and Families. [Accessed here.](#)

[3] Citizens' Committee for Children of New York. *NYC's Preventive Services Landscape: Meeting Children and Family Needs During COVID-19.* (2021) [Accessed here.](#)