**FAMILY TEAM MEETING SATISFACTION SURVEY – FOR USE WITH FAMILIES**

**CODEBOOK**

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| Survey  Question # | Variable  (Abbreviated) | Variable Description/Name | Coding Scheme/Values | Level of Measurement |
|  | ASM\_F | Agency sponsoring meeting | N/A | Nominal |
|  | CaseNum\_F | Case Number | N/A | Nominal |
|  | ChildID\_F | Child ID Number | N/A | Nominal |
|  | MtgFac\_F | Meeting Facilitator | N/A | Nominal |
|  | Date\_F | Date | ddmmyyyy | Nominal |
|  | AgenCon\_F | Sponsoring Agency Contact | N/A | Nominal |
|  | Role\_F | What is your role in the process of Family Finding? | 1. Mother 2. Father 3. Child 4. Sibling 5. Maternal Relative 6. Paternal Relative 7. Other | Nominal |
|  | ChildAge | Child Age | N/A | Nominal |
|  | ChildGen | Child Gender | 1. Male 2. Female | Nominal |
|  | LengthCare | How long has your child/youth been in care? | 1. 0 – 6 months 2. 7 months – 2 years 3. 2.5 years to 5 years 4. 5.5 years to 10 years 5. 10+ years | Ordinal |
|  | LengthCont | How long since you were first contacted by child welfare? | 1. 1 – 3 days 2. 4 – 10 days 3. 11 – 20 days 4. 21 – 60 days 5. 61 – 90 days 6. 91+ days | Ordinal |
|  | DiscusImp | Were you able to discuss what you thought was important | 1. Yes 2. No | Nominal |
|  | ImpNo | If no, why not? | N/A | Nominal |
|  | NeedsDis\_F | Were the needs of the child(ren) discussed? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | SafetyDis\_F | Were the child(ren)’s safety concerns discussed? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | WellDis | Were the long-term concerns for the child/ youth’s well-being and future discussed | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | NewInfo\_F | Did you hear any new information that you had not previously heart at the meeting – related to FFE? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | Values\_F | Did you feel like the family’s values were respected and considered when decisions were being made? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | BevPatt\_F | Did you feel like the family’s ways of doing things (behavior patterns) were respected and considered when decisions were being made? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | PeopInv\_F | Do you think the appropriate people were involved in making decisions? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | ChildSafe\_F | Do you think the plan will keep the child(ren) safe and give them good care? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | WhoInv | Who were the main people involved in making decisions regarding the plan? | N/A | Nominal |
|  | AddCons | Does the plan that was made during the meeting adequately address your concerns? | 1. Yes 2. No | Nominal |
|  | ConsNo | If no, why not? | N/A | Nominal |
|  | ResOff\_F | Were resources offered that fit the needs of the family (help with money, help from agencies, bed, or other material goods, etc.? | 1. Yes 2. No | Nominal |
|  | ResNeed | If no, what is needed that was not offered | N/A | Nominal |
|  | PlanDev | What kind of plan was developed at the meeting? | 1. Service Plan 2. Modification to Service Plan 3. Permanency Plan 4. Modification to Permanency Plan | Nominal |
|  | UndExp\_F | Do you understand what is expected of your in the action plan? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | PlanReal\_F | Do you feel the plan developed is realistic? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | LegTime\_F | Did this meeting help you understand that there are legal time lines that affect planning for the child’s/children’s safe, permanent living situation? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | PlanNeed\_F | Did this meeting help you in planning to meet the needs of your child(ren) | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | RecMtg\_F | Would you recommend this type of meeting to others? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Ordinal |
|  | NextStep | Do you know and understand what will be happening next (next steps)? | 1. Not at all 2. A Little 3. Somewhat 4. Yes | Nominal |
|  | Com\_NextStep | Do you have any comments about what will be happening next (next steps)? | N/A | Nominal |
|  | ChgMtg\_F | What could be changed to make for a better meeting? | N/A | Nominal |
|  | Comm\_F | Do you have any other comments? | N/A | Nominal |