

FAMILY TEAM MEETING SATISFACTION SURVEY—FOR USE WITH FAMILIES

INTRODUCTION AND PURPOSE

The purpose of a Family Team Meeting is to include family members in the creation and execution of the service and permanency plans for children or youth. It is hoped that family members will:

1. Feel satisfied with the team meeting,
2. Feel they have been heard during the team meeting,
3. Feel that their concerns have been addressed during the team meeting,
4. Feel that the plan is consistent with their values and capacities, and
5. Feel they will receive the necessary support during the team meeting to carry out the work plan developed during the meeting.

The purpose of this survey is to assess whether the meeting has met these goals. The data collected from these surveys will inform the process of assessment, replication and refinement of family finding and engagement.

The data from these surveys can serve another purpose as well. The y may be used to alert professionals to immediate concerns that were not voiced at the meeting. If the survey is used in this way, procedures should be put into place that insures transmittal of this information to the necessary people involved. Administrators of the surveys should see to it that both evaluators and case managers receive copies of the surveys, and case managers should check the surveys as soon as possible for any urgent issues needing attention.

If the surveys are used only for evaluation purposes, this should be made clear to the family. Families should then be encouraged and empowered to raise issues with the case manager as they emerge.

If each of several family members fills out a survey after a Family Team Meeting, data will be entered into a database for each individual family member. Thus, if during the course of a month your agency has held Family Team Meetings in three cases, one with 7 family members present, one with 5 members present, and one with 4 members present, you will have a database with 16 individual responses.

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INSTRUCTIONS FOR COMPLETING THE SURVEY

The multi- dimensional survey consists of 36 items. Some questions require a typed response. Some questions require making a selection by clicking a check-box. Other questions may require your best response based on selections on a scale. Please answer them to the best of your ability. There are no right or wrong answers.

To be Completed by the Meeting Administrator

1. Agency sponsoring meeting: _____
2. Case number: _____
3. Child ID Number: _____
4. Meeting facilitator: _____
5. Date: _____
6. Sponsoring Agency contact: _____

To be Completed by the Family Member

7. What is your role in the process of family finding:
 Mother Father Child Sibling
 Maternal Paternal Other
Relative Relative
8. Child Age: _____
9. Child Gender: Male Female
10. How long has your child/youth been in care?
 0–6 months 7 months–2 years 2.5–5 years
 5.5–10 years 11+ years
11. How long since you were first contacted by the child welfare system?
 1–3 days 4–10 days 11–20 days
 21–60 days 61–90 days 91+ days
12. Were you able to discuss what you thought was important?
 Yes No
13. If *No*, why not?

Question	Not at all	A little	Some-what	Yes
14. Were the needs of the child(ren) discussed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Were the child(ren)s' safety concerns discussed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Were the long-term concerns for the child/youth's well-being and future discussed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Did you hear any new information that you had not previously heard at the meeting—related to FFE?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Did you feel like the family's values were respected and considered when decisions were being made?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Did you feel like the family's ways of doing things (behavior patterns) were respected and considered when decisions were being made?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Do you think the appropriate people were involved in making decisions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Do you think the plan will keep the child(ren) safe and give them good care?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

22. Who were the main people involved in making decisions regarding the plan?

23. Does the plan that was made during the meeting adequately address your concerns?

Yes No

24. If *No*, why not?

25. Were resources offered that fit the needs of the family (help with money, help from agencies, bed or other material goods, etc.)?

Yes No

26. If *No*, what is needed that was not offered?

27. What kind of plan was developed at the meeting

Service Plan

Modification to Service Plan

Permanency Plan

Modification to Permanency Plan

Question	Not at all	A little	Some-what	Yes
28. Do you understand what is expected of you in the action plan?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. Do you feel the plan developed is realistic?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. Did this meeting help you understand that there are legal timelines that affect planning for the child's/children's safe, permanent living situation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. Did this meeting help you in planning to meet the needs of your child(ren)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32. Would you recommend this type of meeting to others?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. Do you know and understand what will be happening next (next steps)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

34. Please provide any comments you may have about what will be happening next (next steps)?

35. What could be changed to make for a better meeting?

36. Please provide any other comments you may have.

Thank you for your time in completing this survey.