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SOCIAL WORKERS' PERCEPTIONS ON THE USEFULNESS OF THE STRUCTURED DECISION-MAKING TOOL IN ASSESSING SAFETY AND RISK

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SOCIAL WORKERS' PERCEPTIONS ON THE USEFULNESS OF THE
STRUCTURED DECISION-MAKING TOOL IN ASSESSING SAFETY
AND RISK

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Erika Nwugo and Carol Castillo

June 2019

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ABSTRACT

In child welfare agencies, the Structured Decision-Making (SDM) Safety and Risk Assessment tools are utilized to support social workers in assessing families and make informed decisions while investigating child abuse and neglect. In the past, numerous studies have evaluated the strengths and weaknesses the SDM safety and risk assessment tools; however, studies have neglected social workers' perspectives on using the tools during their investigations.

Using a quantitative approach, this study examines social workers' perceptions on the usefulness of the SDM safety and risk assessment tools during their investigations. IS social work participants from one California county agency completed an online questionnaire using Qualtrics software. The data was analyzed using statistical tests including frequencies, independent samples t-tests, and ANOVA. In order to compare groups of participants' perceptions of the SDM safety and risk tool, we created a composite score to reflect participants' overall perceptions of the tool.

The results revealed no statistically significant differences in social workers' perceptions about the tool based on participants' work experiences (more or less than 5-years' experience) or by participants' job titles (social worker III, IV, and V). Because these findings cannot be generalized to social workers in other counties, future research should survey social workers from various counties in California to obtain more generalizable results.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

The introduction will discuss the framework of the Structured Decision-Making (SDM) tool, the problem to be addressed in the study and the practice context that describes the impact the SDM safety and risk assessments tool has on a social worker level. The second half of the introduction will describe the purpose of the study and its significance to the social work profession.

Problem Statement

Social worker decision making has been a re-occurring and debated topic. According to Gillingham (2011), social worker decision-making has been a frequent theme in the review of serious cases that have led to the death of children. Decision-making is a crucial factor in child welfare as these decisions impact the lives of families and children's safety. Additionally, social workers are required to make quick decisions on how to respond effectively to a specified case.

Munro (1999) suggested that the common reasoning errors in child welfare include making decisions with insufficient information about the family, being biased towards remembering only the most recent information and not including historical information in the investigation, selectively remembering

topics that support the social worker's beliefs, and recalling information that is emotionally charged, intensely detailed, specific, abstract and dismal. Other common reasoning errors include being unwilling to change one's mind and/or to revise previous assessments, fixating on one explanation and conclusion by (1) searching for specific information that confirms it or (2) quickly dismissing new information that doesn't support it, rather than further testing the information and failing to detect errors in communication such as hearing others and writing records inaccurately. These re-occurring factors that have contributed to the decision-making abilities of social workers have led to the development and implementation of the Structured Decision-Making (SDM) tool.

The SDM tool integrates evidence-based assessment tools and decision-making guidelines with the purpose of delivering a high level of consistency and validity in evaluating families and decision-making. Additionally, the SDM tool is used for identifying limited resources to families who are most likely to later abuse and/or neglect their children (Children's Research Center [CRC], 2008). The goals of the SDM tool include reducing consequent harm to children, families having re-referrals, re-substantiation, injury, foster placement and the length of time in placement (CRC, 2008). According to the National Council on Crime and Delinquency (NCCD) (2018), the SDM tool consists of several assessments that help reduce harm to children and work towards permanency. The screening of intake assessments helps child abuse hotline workers determine if the current report requires the attention of child protective services. Safety assessments help

workers at all points in the case determine if the child can safely remain in the home with or without a safety plan in place and if there is immediate danger in the home. Risk assessments estimate the likelihood of future harm to the child in the household and assist investigative services social workers in determining whether cases should continue for ongoing services or be closed at the end of the investigation.

The California Department of Social Services (CDSS) initiated the Structured Decision Making (SDM) Project in 1998 to help assist California child welfare social workers in crucial decision making and critical assessments (The California Department of Social Services [CDSS], 2018). CDSS (2018) specified that several states across the United States utilize the SDM tool in addition to California such as Alaska, Michigan, Oklahoma, Wisconsin, Rhode Island, Indiana, Georgia, New Mexico, New York, Washington, D.C., Colorado, Minnesota, Ohio, New Hampshire, Missouri, Vermont, Virginia, Florida, New Jersey, Tennessee, Connecticut, Massachusetts, Washington, Louisiana, Nevada, North Carolina, Maryland, Kansas, Nebraska, Utah, Delaware, Arizona, and Texas. In July 2016, all 58 counties in California began using the SDM assessment tool (CDSS, 2018). The County of study currently utilizes the SDM tool in all areas of assessment to help social workers detect safety and risk concerns for all the families they come into contact with and through the duration of the case. The use of the SDM tool is a pivotal component in keeping children safe and addressing families' needs from allegations of abuse and/or neglect.

This study examines social workers' perceptions of the strengths and limitations of SDM safety and risk assessment tools, as well as social workers' attitudes towards using the tool. Social workers are overwhelmed by large caseloads, the need to accurately determine which cases based on the referral type need to be investigated, which children need to be removed from their homes immediately and the types of services that need to be provided to families (CRC, 2008). Kim et al, (2008) stated that social workers were often called upon to investigate and untangle difficult cases with insufficient information, time, and resources. These types of cases can cause limitations and impair a caseworker's capacity for good decision making. The consequences for poor decision making can lead to broken families and in worst case scenarios further child endangerment and death (Drury-Hudson, 1999). In the county of study, the SDM tool has been utilized for roughly 10 years; to date no study has been done to assess social workers perception of the tool. This research will evaluate the SDM training and the use in the agency, the SDM process, and its usefulness in fulfilling the County of study's goals. This research will serve as a resource for the evaluation of how social workers perceive the SDM safety and risk assessment tools and what the next steps are regarding the results within the agency.

Practice Context

In the county of study, social workers are required to complete the SDM Safety and Risk assessment tools within specific time constraints after the initial contact with clients. In the Safety assessment, social workers are required to assess for any immediate danger to the child which in turn requires a protective intervention. The protective intervention will be in relation to the characteristics of the case. If it is determined that the family has a protective intervention in place for the child, the social worker will determine how that intervention should be maintained effectively. Additionally, social workers may update the SDM safety assessment if there are new updates about the family, the family has found a way to reduce the safety threat within the home and/or found ways to improve the safety interventions. Social workers have five business days to finish the assessment after contacting the family. In the Risk assessment, social workers assess for low, moderate, high, or very high risk of future maltreatment may occur in the home. Social workers must take an objective approach and observe all aspects of the family and the case to determine if in the next eighteen to twenty-four months will abuse reoccur. The SDM risk assessment must be completed within thirty days of when the social worker initially visited the family.

According to Brooks and colleagues (2005), previous studies have identified time burden as being a major issue for social workers when using the SDM tool. One-third of social workers reported that there was no difference in their decision-making while using the SDM while three percent of social workers

indicated that their decision-making abilities worsened. Nash (2017) indicated that social workers found issues on responding to SDM risk levels of high or very high, but the referral allegations resulted in unfounded or inconclusive. It has been recommended that the Department of Children Family Services (DCFS) create a policy to address this issue.

Purpose of the Study

The purpose of the study is to assess child welfare social workers' perceptions of the SDM safety and risk assessment tools in their everyday practice. It is important to understand and examine the decisions social workers are required to make and the improvement of decision-making on both the individual and organizational level (Kim et al., 2008). This study will investigate the level of training social workers received in being able to implement the SDM tool, how often they agree with the levels assigned by the tool, and other important aspects that affect their overall decision-making process in the field.

The research design for this study will be a survey design administered through a web-based questionnaire service provider called Qualtrics. Ponto (2015) described survey research as "a useful and legitimate approach to research that has clear benefits in helping to describe and explore variables and constructs of interest" (p.171). Non-probability purposive sampling will be utilized in this research because we are specifically using IS social workers for the purpose of the study. The questionnaire will evaluate social workers' experiences and perceptions on the usefulness of the SDM tool, and any changes in their

overall decision-making techniques (Kim et al., 2008). The online questionnaire will consist of seventeen questions and will take between 10-15 minutes to complete. The sample size goal is to have 80-100 Investigative Services social workers complete the survey. The data gathered by this study will be useful in understanding what social workers' attitudes towards the SDM tool as well as the strengths and limitations of the tool.

Significance of the Project for Social Work Practice

This research can assist county child welfare agencies and individual social workers. Findings in this study will help social workers because although there is an abundance amount of literature regarding the strengths and limitations to the Structured Decision-Making tool, however, there is a lack of research on social workers' views on the tool and its level of usefulness in practice. As Bosk (2018) stated, there has been insufficient research on how actuarial-based SDM risk assessments link with child welfare social workers' own perspective in application, and to what result.

In terms of social work practice at the agency level, administration will be able to take notice on how social workers in the county of study view the Structured Decision-Making tool and how they use it in their assessments. Getting a clear perspective on how social workers utilize the tool, can allow the agency to decide what steps to take to improve and/or change the SDM tool where it is user-friendly and used efficiently for everyone. This can also allow for more trainings to take place to increase the level of competency for social

workers to use the tool. In terms of a social work policy level, the data obtained from this study can implement new changes on how the SDM safety and risk assessment tools should be used in investigations and/or other aspects in the social work practice. The county of study's policies can incorporate the findings found in the study that better suit social workers to keep children safe and provide efficient services to families. In terms of the social work research, this study can help the agency to become more data-informed with how effective the SDM safety and risk assessment tools is utilized in the decision-making processes and reducing re-substantiation, time in permanency, reentry, and other facets. Additionally, this can help the agency take a closer look at how the SDM tool is promoting safety, permanency and well-being for children and families and how social workers are using the tool in the field.

This study is relevant to child welfare practice because the Structured Decision-Making tool is a major component to how child welfare agencies make their decisions and how their resources to the families they serve are used (CRC, 2008). This study seeks to answer: "What are social workers' perceptions on the usefulness of the Structured Decision-Making Tool in assessing safety and risk?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

“Public child welfare agencies have long struggled with issues such as reducing the number of foster placements for children, preventing re-entry into the system, and providing permanent placements for children” (Brooks et al., 2005, p.3). This issue is largely due to agencies being unable to accurately assess for safety and risk within the home during the initial investigation and/or providing the appropriate services to families while children are placed in out-of-home care. In the county of study, the most common reports of child abuse and neglect are general neglect at 67.9% followed by physical abuse at 24.2%.

According to the Child Welfare Indicators Project (2018), the recurrence of maltreatment, repetition of any form of abuse, inflicted on a child for report period July 1, 2016 to June 30, 2017, was 14.2%, which was much higher than the National standard of 9.1%. Permanency in 12 months (children exiting to reunification, adoption, and/or guardianship) performance for report period July 1, 2016 to June 30, 2017 was 34%, which is lower than the National standard of 40.5%. This data showcases the need to make change whether by the social work level or agency level in order to follow the county of study’s mission of safety, permanency and well-being for the children and families they serve. This section of the report examines the strengths and weaknesses of the Structured

Decision-Making tool, the strengths and weaknesses of predictive analytics, social workers' perceptions of investigative processes, and theories that are incorporated into the tool.

Strengths of the Structured Decision-Making Tool

The SDM has been evaluated and determined to be a valid and reliable tool in the categorization level of families' future referral for risk and identifying families who need further assessment. The tool is implemented within a structure that provides good supervisory and management support and high-quality comprehensive training (Barlow et al., 2012). The strongest identified benefit provided by the SDM is that it is a data driven tool and has more objectivity than professional judgment (Nash, 2017). The SDM is an assessment tool that can help assist the social worker with factors of the case that are more complex and unclear. Johnson and colleagues (2015) stated that the SDM's risk assessment tool could improve the risk assessment accuracy in child protection when used correctly. Concurringly, Dawes and colleagues (1989) indicated that when the SDM tool was used correctly it weighs the information inputted into the assessment system uniformly and was not subject to human biases and stereotypes. Furthermore, Nash (2017) stated that it was likely to help address the issues of disproportionality by assessing case characteristics, such as risk factors and family functioning equally across families of diverse social backgrounds.

Additionally, the National Council on Crime & Delinquency (NCCD) did not intend for the SDM tool to make decisions for the social workers. Rather, it is intended to be a guide for the assessment process and be another piece of data to be properly weighted against the client's perspective and case worker's judgment (Nash, 2017). The SDM tool helps the social worker in deciding how quickly they should respond to a new referral assigned to them and makes sure that during the initial investigation pivotal case characteristics are not missed (CRC, 2008). In a recent study completed in Michigan, a 12-month evaluation of the SDM tool was conducted and it was reported that counties that utilized the tool had "27 percent fewer new referrals, 54 percent fewer new substantiated allegations, 40 percent fewer children removed to foster care, and 42 percent fewer child injuries that required medical assistance than did formerly treated cases in non-SDM counties" (California Department of Social Services [CDSS], 2008, p.1). Concurrently, a 2015 annual report of the SDM tool in California reported that children were less likely to have a reoccurrence of maltreatment if the social worker properly followed the suggestions made by the SDM risk assessment (CDSS, 2008).

Weaknesses of the Structured Decision-Making Tool

According to Nash (2017), the most cited weakness of the SDM tool were that because the tool was trademarked, there was a lack of transparency about how its procedures were constructed and how the various factors were weighted, which showcased the SDM to be a "black box" model. The "black box" was

referred to as the SDM tool not having any explanation to how its decision-making capabilities were being influenced and if any “systemic biases were inherent in the tool” (Nash, 2017, p.4). Furthermore, Nash (2017) suggested that it is the fault of the users of the tool for not incorporating the full story of what is happening with the family into the assessment, rather focusing on the broad information of abuse/neglect (Nash, 2017). Nash (2017) suggests that social workers that use the SDM tool are solely focused on the negative characteristics and behaviors of the caregiver and do not consider the strengths of the whole family. The “black box” model perpetuates a belief that the factors weighing the tool are unfairly biased towards poor families, and do not properly take into consideration all the relevant information. Workers have initially resisted abandoning their decision-making power due to viewing the SDM tool as a threat to their professional judgement (Kim et al., 2008).

Another weakness indicated by Nash (2017) is that the SDM tool relied on manually entering information that can lead to a multitude of operator errors. This means that the SDM tool can produce information that is inaccurate or incomplete, be inputted incorrectly, or be manipulated and/or skewed to support predetermined thinking. The information must be inputted correctly by the social worker in order for it to be accurate and useful. Furthermore, although it was stated as a strength, Nash (2017) indicated that if the tool can be overridden it can be considered a weakness as it must be used for good professional judgment and consultation with a supervisor.

Strengths of Predictive Analytics

One useful technique demonstrated by the SDM tool is its ability to provide predictive analytics. Predictive analytics is the use of data, algorithms, and computer learning techniques that detect the probability of future outcomes based on historical data (SAS Institute, n.d.). This technique does not simply look at what is happening now based on the data that is inputted but provides an ideal assessment of what may happen in the future. In a recent report by Nash (2017), he explained the benefits of including predictive analytics model to practice which agencies could make factual and consistent recommendations about what to do next regarding a case based on the complex information from the investigation. This ensures that social workers are not being biased by their emotions to make objective decisions for the family. Using this model helps to control for unconscious assumptions and biases social workers may be unaware they have for making informed decisions. Additionally, with the use of predictive analytics, it removes social workers from having to input more data entry when new information arises.

The SDM tool has the ability to quickly analyze various types of risk factors based on the information provided by the social worker and quickly adapts to information provided to the system in order to identify future occurrences of abuse/neglect within the home (Nash, 2017). With this feature, it allows the information provided to be concise and current as possible. As stated by Nash (2017), this tool has had successes in other areas besides child welfare

such as health care, retail, marketing, and insurance. Parker (2017), discussed additional benefits to having predictable analytics. Because the SDM tool is evidenced-based, it gathers vital information of what future steps should take place based on what is inputted by the social worker. It looks at “when concluding an initial investigation or assessment: Would this family benefit from intensive, ongoing intervention?”, “If building a long-term plan: What are the most important things for this family to work on?”, “If a child has been removed: Can this child be safely returned home, or should alternative permanency become the goal?” and “When getting ready to end CPS involvement: If we close the case, will the child remain safe?” (Parker, 2017, p,1).

Predictive analytics helps to foresee pivotal possible outcomes that may happen within the family based on the investigation and what decisions the social worker must make based on the information provided by the SDM tool. “The SDM risk assessment includes only those items that have the strongest statistical relationship to a future occurrence of abuse/neglect. Based on these statistical relationships, the assessment classifies the family by likelihood of repeat maltreatment” (Parker, 2017, p.1). *NC Division of Social Services and the Family and Children's Resource Program* (2017), described the Structured Decision-Making tool as being “effective to improve the outcomes of families. It has been shown that this tool used in agencies has reduced referral rates, removal rates, substantiated rates, and children injuries” (p.3).

Weaknesses of Predictive Analytics

Although the use of predictive analytics in making decisions has its strengths, there have been concerns utilizing it in a risk assessment. Nash (2017) explained one of the concerns utilizing this tool was how predictive analytics was generated. For example, there has been a concern that “caregivers’ due-process rights becoming compromised by their being less equipped to dispute “scientific” findings and caseworkers relying less on their professional judgment and experience and more on blindly trusting the systems’ results even in the face of conflicting information” (Nash, 2017, p.9). This is a big concern because when social workers arrive to a home to investigate, they are responsible for observing the dangers and risks of the home, how the family and child interact with one another, if the minimum sufficient level of care is being provided and if there are any suspected bruises or neglect inflicted on the child. Once they input their findings into the SDM tool, it will provide them with the predictive analytics of safety and risk within the home and what actions need to take place. If social workers are only relying on the information the SDM tool provides and not also accounting for other factors that the tool may have missed, this could be a huge safety concern for the child.

Another concern was social workers unconscious racial, socioeconomic and other biases that may impact the data and would cause the predictive analytics model to form its decisions based on those biases. For instance, a study was done by ProPublica on the predictive analytics tool in the criminal

justice system. In the sample study, it found that 61% of inmates were likely to reoffend on the act they demonstrated that got them into jail (Nash, 2017). However, the data also showed that African Americans were twice as likely than whites to be a high risk in the criminal justice system but did not actually reoffend while Caucasians were more likely than African Americans to be placed as lower risk although they did commit other crimes (Nash, 2017). This reveals that the racial biases that are included in the predictive analytics tool can cause unjust actions to be made. Heimpel (2016) described the use of the SDM tool and the predictive analytics as being limited to only providing social workers information on the families that need more services than others in the future, but not if and when a child could be a victim of critical and/or fatal abuse.

Social Workers' Perceptions of Investigative Processes

Evaluating the usefulness of the SDM safety and risk assessment tools is vital in any agency that decides to incorporate it into their practice. It is beneficial to examine what strengths and weaknesses the SDM tool demonstrates when social workers use it in the field, if it is reducing re-substation, time in permanency, reentry rates, and accurately predicting families with high risk and low risk of harming their children. However, research also needs to be done on how social workers feel about using the tool, whether it be an Investigative Services Social Worker or a Continuing Services Social Worker. Being able to assess how social workers perceive the SDM tool will not only help gather important data about how effective social workers utilize the tool, but if any

necessary trainings or changes need to be made to the SDM. In a study conducted in LA county, numerous social workers were asked about the usefulness of the tool and concerns they had utilizing it. Social workers reported that the SDM tool was effective when used correctly in practice while others stated that the tool was “only good as the person using it” and the “quality of the information being assessed” (Nash, 2017, p.4).

On the contrary, other social workers from Los Angeles County reported that the SDM tool was not used as a decision-making guide, but instead documentation of what the social worker had already perceived from the case (Nash, 2017). Others have reported that they use the tool because it is a requirement from their agency, however, do not believe it is beneficial to their work with families. The majority of social workers concerns regarding the SDM tool centered around the tool not helping or refining social workers critical thinking skills. Additionally, the tool was incapable of helping social workers build rapport with families, knowing the type of questions to ask or how to appropriately assess the information they receive regarding the case (Nash, 2017). This illustrates that many social workers are simply using the tool because it is policy, but do not see the usefulness of it during their assessments, nor do they feel trained enough to utilize it.

Similarly, another study was conducted with child protective services workers regarding “perspectives on the elements and context of a quality investigation, barriers that hinder effective investigations, and the policies and

procedures that facilitate effective investigations, with the broader goal of informing professional development of new and current child welfare workers” (Lee et. al, 2013, p. 634). Participants in this study were recruited via email from their regional supervisors. They were asked a series of questions in a semi-structured interview format which included identifying the quality of CPS investigations, identifying challenges in conducting a CPS investigation, and to make recommendations regarding tools (safety and risk assessments) they were using and staff development. All the responses collected from the participants were audio recorded and transcribed. After the study was conducted, there were many key themes the CPS workers reported on during the study. One in particular was risk assessments. Social workers reported having a negative perception to using the tool during investigations. Many workers felt that the tool was biased, unclear, needed to be restructured, and was overall ineffective due to not reflecting the specific circumstances of the family’s they assessed (Lee et al., 2013). Other workers reported that the tool did not affectively determine if children were at risk in the home and disagreed with the results provided by the assessment tool. The findings in this study coincide with the previous study in which social workers perceptions of the SDM tool being ineffective in their investigations and not having complete understanding in how to utilize the tool.

In the research conducted by Lee and colleagues (2013), there were some limitations regarding the overall findings. One being the lack of generalizability of the study findings due to the study being tested in one specific

geographical location. The findings “may be somewhat unique in that this geographical region is one of a few states that, in the last decade or so, have experienced legal intervention to remedy problems within the child welfare system” (Lee et al., 2013, p. 641). Additionally, because the study was only conducted in a specific region within the United States, the social workers may have different experiences and perspectives of how they utilize the SDM safety and risk assessment tools which may not be generalizable to other social workers in different geographical areas.

Theories Guiding Conceptualization

Two theories that best guide conceptualization of the Structured Decision-Making tool are Maslow’s Theory of Hierarchy of Needs and Decision Theory. Maslow’s Theory of Hierarchy of Needs is a motivational theory composed of a five-tier model of human needs. An individual must satisfy their lower needs in order to work their way up to the hierarchy. The five-tier model of human needs include physiological needs: food, water, warmth, and rest, safety needs: security and safety, belongingness and love needs: intimate relationship, and friends, esteem needs: prestige and feeling of accomplishment and self-actualization needs: achieving one’s full potential including creative activities (McLeod, 2017). The SDM tool incorporates a safety and risk assessment in order for social workers to assess for immediate and future dangers in the home depending on the type of investigation.

Maslow's hierarchy of needs is used by child welfare workers in the first-tier by assessing for basic needs being met for the child (e.g. food, water, clothing, heating/cooling of residence); are there any safety/danger issues (i.e. exposed wiring, evidence of sanitation issues: rancid food, piles of unwashed clothes, pest/vermin, weapons, child access to drug paraphernalia, young child access to unfenced pools/bodies of water). Additionally, the report CRC (2008), illustrated the Safety Assessment and what specific questions social workers must address and observe in the home in the initial investigation, such as (1) caregiver caused serious physical harm to the child or made a plausible threat to cause physical harm in the current investigation, (2) physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. Maslow's Hierarchy of Needs recognizes these questions in both the physiological and safety needs of an individual.

The Decision Theory "provides a framework for the development of tools and protocols that can enhance the efficacy of child welfare case decisions" (Children's Research Center [CRC], 2008, p. 8). Decision theory is composed of three branches: normative decision theory, on the technique on how to make best decisions; descriptive decision theory that analyzes how existing possible irrational agents make decisions; and perspective decision theory which guides the procedures on to make best decisions (Steele and Stefánsson, 2015). According to the CRC (2008), decision theory provides an outline for the development of tools and procedures that can improve the usefulness of child

welfare case decisions. The first step which is crucial in making decision is breaking up the large complex decision making into smaller components. This step is the central design of the SDM tool in which the tool gathers large bodies of information inputted from the social worker and breaks it down to make objective recommendations for the family.

Summary

This study will assess social workers' perceptions of the SDM safety and risk assessment tools in the county of study. Additionally, it will examine the strengths and weaknesses of the Structured Decision-Making tool and predictive analytics. Although there is limited research of social workers perception of the SDM safety and risk assessment tools, two studies were conducted to measure social workers' attitudes and believes regarding the tool. The two theories that best encompass the SDM tool are Maslow's Hierarchy of Needs and Decision theory. The understanding of both theories can provide insight in the mechanics of the SDM tool and how it can support social workers. This research seeks to add social workers' perceptions of the usefulness of the SDM safety and risk assessment tools to the literature, and future improvement of the SDM tool.

CHAPTER THREE

METHODS

Introduction

In this section of the paper, we present an overview of the research methods utilized in the study of social workers' perceptions on the usefulness of the structured decision-making tool in assessing safety and risk. This includes the study's design, the sampling methods, the and data collection process. Additionally, we discuss the procedures, the protection of human subjects, and the data analysis which was presented and discussed in detail.

Study Design

This study aimed to examine social workers' perceptions of the usefulness of the structured decision-making safety and risk assessment tools in their everyday practice. The data obtained in this study was useful in understanding social workers' attitudes and behaviors in using SDM safety and risk assessment tools as well as the strengths and limitations of the tool. This was done through the use of a quantitative survey design. The specific survey design used was a web-based questionnaire service provider called Qualtrics. According to the Qualtrics website, the use of this provider is to remove heavy manual work and aid universities to comprehend key experience drivers. It also improves the time and quality of research ("Qualtrics", 2018). This study seeks to answer: What are

social workers' perceptions on the usefulness of structured decision-making tool in assessing risk and safety?

One of the limitations of this study was the sample size and recruitment from only a few child welfare agencies. The relatively small sample size limits our ability to generalize to the broader population of all Investigative Services social workers in the county of study. In addition, because social workers are only being surveyed in one specific county, our sample may not be representative of other social workers at other agencies or in other geographic locations. Another limitation of the study was that it relies on self-reports from the social workers, which may be subject to biases and social desirability. Data can be susceptible to bias, demand characteristics, and respondents answering in a manner that is favorable to others which all affect the legitimacy of the findings (Leonard, 2010). Specifically, participants may not always report truthfully in their opinions and feelings which may skew the overall research findings. According to Glasow (2005), survey designs are inclusive of the numbers of variables being studied, they are inexpensive, require minimal investment to develop and administer, and are fairly easy to generalize. Furthermore, the use of a survey design can be dependable; as participants may feel more comfortable completing an anonymous web-based questionnaire.

Sampling

A staff list of Investigative Services (IS) social workers was provided by the study agency to send out a mass email to participants to complete the survey. A non-probability purposive sampling will be utilized in this research because we are specifically using IS social workers for the purpose of the study. IS social workers were the only participants used in the study because the study focuses on social workers that utilize the SDM safety and risk assessment tools during the time of a referral. Approximately 38 IS social workers were utilized from different offices within the county of study agency. The desired sample size was 100 participants. Participants excluded from this study were Continuing Services (CS) social workers, Supervisor social workers, and other administrative workers.

Data Collection and Instruments

An existing instrument was used to examine social workers' attitudes and behaviors using the SDM safety and risk assessment tools. The Structured Decision Making and Child Welfare Service Delivery Project questionnaire was developed by Kim and colleagues (2008) and focused on the implementation and impact of the SDM tool on social workers' delivery and outcomes in DCFS, LA County. This study used a nine-item Likert-type scale to assess how satisfied IS social workers are in using the SDM safety and risk assessment tools. A four-point Likert scale will be used with responses such as "never", "sometimes", "often", and "almost always". The questionnaire included demographics, social

workers' levels of training in using the SDM safety and risk assessments, the SDM process, strengths and barriers, and the usefulness of the SDM assessments in the field. The reliability and validity of the instrument according to Kim and colleagues (2008) "was developed from firsthand, conceptual, and practice literatures applicable to the Structured-Decision Making tool and decision making in child welfare" (p.59). The questions were also discussed in meetings with the agency administrator and agency research staff, who provided feedback regarding the content and conciseness of the questionnaire.

Participants were asked to respond to questions regarding the amount of training they received in utilizing the SDM safety and risk assessment tools, the accuracy of the SDM assessment tools in reporting safety and risk for a family, and the usefulness of the tool. Additionally, IS social workers were asked to answer various demographic questions such as gender, age, ethnicity, highest level of education, current job level, and the number of years they have worked in their current position. This survey questionnaire was emailed to all IS social workers within the county of study during the month of January 2019. The survey took between 5-10 minutes to complete and consisted of 17 questions. There were no direct benefits for the participants that partook in the study and it was voluntary.

Procedures

The survey questionnaire was a self-administered, online survey that was emailed to Investigative Services social workers employed in the county of study. Permission was obtained through the partnering agency approval and after a careful review of the study. The survey was administered directly through a web-based service provider called Qualtrics in which the IS social workers received a link through their county email to access the survey. Completion of the survey took no longer than 10 to 15 minutes.

Participants were provided with a short introduction of study, an informed consent, and confidentiality statement prior to taking the survey. The informed consent consisted of the purpose of the study, description of the survey, voluntary participation, confidentiality of participants, duration of the survey, risks, benefits, and contact information for any questions regarding the study and where to obtain the results of the study. If the participants agree to the terms presented in the consent form, they would click on the answer choice: Yes, I have read the above information and wish to proceed to the survey. Once the participants have consented to partaking in the survey, they would be directed to the survey questions. After completing the survey, participants were provided with a debriefing statement at the end of their survey which informed the participants information regarding what the survey was about and indicating that no deception was involved. There were no additional emails sent to the

participants after their completion of the survey. The time frame for the data collection was from January 2019 – March 2019.

Protection of Human Subjects

The protection of confidentiality of the IS social workers was a primary concern of the researchers. In order to protect the confidentiality of the participants involved in the study, the following precautions were taken. First, the researchers did not ask participants for any identifying information that could link their survey responses to the individual. For example, questions such as name, date of birth, and income were not asked in order to protect the anonymity of the participants. This was accomplished by assigning case identification numbers to each participant who clicked on the emailed link to complete the survey. In the informed consent procedures, participants were informed of the major aspects of the study such as a brief description of the study, the purpose of the study, voluntary participation, confidentiality, duration of the survey, risks, benefits, contact person for any questions regarding the study, and where to obtain the results of the study. Additionally, when signing the informed consent form, participants were asked to click on the answer choice to consent to participate instead of signing with their name to further protect their confidentiality and anonymity.

Second, the data obtained from the survey was limited to the number of individuals that could review the results. The only individuals that would have access to the participants data were the researchers and the faculty advisor. The

data was kept on a password protected computer in which only the researchers had access to. Once the data was collected and analyzed, it will be destroyed by the researchers after 2-3 years. Furthermore, participants were informed in the introduction of the survey that they have the right to refuse to take the survey. Participants were informed about the confidential nature of their answers so that they could respond honestly.

Data Analysis

In the study, a quantitative analysis involved a non-probability sampling and the use of a survey design which was analyzed upon completion of the survey. In the data analysis, descriptive statistics was used to provide simple summaries regarding the characteristics of the IS social workers. The research findings dealing with the level of usefulness of the SDM safety and risk assessment tools were presented using descriptive statistics. Specifically, the descriptive statistics included univariate statistics such as frequency distributions, measures of central tendency (i.e. mean, median, mode), and measure of variability (i.e. standard deviation).

The data analysis also utilized inferential statistics to generalize the findings from the sample to the population from which it was drawn. Inferential statistics assessed the relationship between the tested variables using the independent t-test and ANOVA as needed to determine the level of usefulness of the SDM safety and risk assessment tools for the group of Investigative Services social workers.

Summary

This study explored the perceived levels of usefulness regarding usage of the SDM safety and risk assessment tools as experienced by Investigative Services social workers in the County of study. This study furthered our understanding of the usefulness of the SDM safety and risk assessment tools by this group of social workers and the importance of such information.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the overall findings from the Qualtrics questionnaire. First, we discuss the demographics of the social worker participants. Next, we report on the participants' responses to the questions about the SDM training and use, the SDM process, and the usefulness of the SDM tool. Finally, we discuss the analysis conducted using bivariate statistics to evaluate differences in perceptions between groups of participants.

Data Results

Demographics

The current study consisted of 38 participants. The majority of the participants identified as female with 34 (89.5%), whereas 3 (7.9%) identified as male and 1 (2.6%) identified as other. The participants' ages ranged from 25-63 years old. The median age of the 38 participants was 37 years old. Participants were asked to identify their ethnicity and had the option to self-identify as more than one ethnicity. Ten (26.3%) participants identified as Black or African American, 16 (42.1%) participants identified as White, 7 (18.4%) identified as Hispanic or Latino, 3 (7.9%) participants self-described as other, and 2 (5.3%) participants identified as Asian or Pacific Islander (see Table 1).

Table 1.

Demographics of the Participants

Variables	Frequencies (n)	Percentages (%)
Age		
25-30	8	23
31-36	9	23
37-42	14	36
43+	7	20
Gender		
Male	3	8
Female	34	90
Other	1	3
Ethnicity		
Asian/Pacific Islander	2	5
Black or African American	10	26
Hispanic or Latino	7	18
White	16	42
Other	3	8

Participants were also asked about their highest level of education completed, current job level, and the number of years in their current job level. In response to their highest level of education completed, 36 (94.7%) participants completed graduate or professional school and 2 (5.3 %) completed some college. No one reported as a high school graduate, college graduate, or as having a doctorate. For current job level, 27 (71.1%) participants reported as a

social worker V, 5 (13.2%) reported as a social worker IV, 4 (10.5%) reported as a social worker III, and 2 (5.3%) reported as other. In response to how long the participants have worked in their current job level, 14 (36.8%) participants reported 3-4 years, 14 (36.8%) reported 5 years or more, 9 (23.7%) reported 1-2 years, and 1 (2.6%) reported less than 1 year (see Table 2).

Table 2.

Additional Demographics of the Participants

Variables	Frequencies (n)	Percentages (%)
Highest level of education		
Graduate or professional school	36	95
Some college	2	5
Current job level		
CSSW III	4	11
CSSW IV	5	13
CSSW V	27	71
Other	2	5
# of years in current job level		
>1 year	1	3
1-2 years	9	24
3-4 years	14	37
5+ years	14	37

Structured Decision-Making Training and Use

The questionnaire had one question with a Likert-scale response to help the researchers gain an understanding of social worker's overall preparedness in utilizing the SDM safety and risk assessment tools after receiving training. The question asked, *At the end of the SDM training, how prepared were you to start implementing the SDM safety and risk assessment tool?* The question order went from not at all prepared to very prepared. Out of the 38 participants, zero answered not at all prepared, 16 (42.1%) answered prepared, 14 (36.8%) answered somewhat prepared, and 8 (21.1%) answered very prepared.

Structured Decision-Making Process

The questionnaire had four Likert scale questions that measured the IS social worker's perspective on the accuracy and consistency of the SDM tool. The first question asked, *In general, how ACCURATE do you find the SDM safety and risk assessment tools to be?* Out of the 38 participants, 2 (5.3%) answered not at all accurate, 18 (47.4%) answered somewhat accurate, 18 (47.4%) answered accurate, and zero responded to very accurate. The second question asked, *In general, how well do the SDM safety and risk assessment tools help you to arrive at the same decisions for similar types of cases?* Out of the 38 participants, 3 (7.9%) responded not well at all, 21 (55.3%) responded somewhat well, 13 (34.2%) responded well, and 1 (2.6) responded very well.

The third question asked, *After completing the SDM safety and risk assessment tool, how often do you agree with the levels that are assigned (prior*

to overrides)? Out of the 38 participants, zero answered never, 12 (31.6%) answered some of the time, 24 (63.2%) participants answered most of the time, and 2 (5.3%) answered all of the time. For the two participants that answered all of the time, they were not eligible to answer the fourth question. The fourth question asked, *In situations when you DO NOT agree with the assigned levels (prior to overrides), do you usually think that the levels are too HIGH or too LOW?* Out of the 38 participants, 2 (5.3%) reported does not apply-- I usually agree with the SDM safety and risk assessment levels, 5 (13.2%) reported too low, 9 (23.7%) reported average, and 20 (52.6%) reported too high.

Usefulness of Structured Decision-Making

In this section of the questionnaire, 4 out of the 38 participants exited out of the survey. The questionnaire had four Likert-scale response questions and two open-ended questions to help the researchers determine the effectiveness of the SDM tool as perceived by the participants. The first question asked, *Please indicate how EFFECTIVE you think the SDM safety and risk assessment tool is in helping to achieve the goals listed below.* This question involved a list of responses from a-i that participants had to indicate as not at all effective to very effective.

a. Protecting children. Out of the 38 participants, 15 (39.5%) answered somewhat effective, 13 (34.2%) answered effective, 6 (15.8%) answered not effective at all, and zero answered very effective. *b. Reducing the rate of subsequent abuse/neglect complaints and substantiations.* Out of 38 participants,

14 (36.8 %) answered not effective at all, 10 (26.3%) answered somewhat effective, 10 (26.3%) answered effective, and zero participant answered very effective. *c. Reducing the severity of subsequent abuse/neglect complaints or allegations.* Out of 38 participants, 17 (44.7%) answered somewhat effective, 11 (28.9 %) answered not effective at all, 6 (15.8%) answered effective, and zero participant answered very effective. *d. Reducing the rate of foster care placement.* Out of 38 participants, 14 (36.8%) answered somewhat effective, 14 (36.8%) answered not effective at all, 6 (15.8%) answered effective, and zero participant answered very effective. *e. Reducing the length of stay for children in foster care.* Out of 38 participants, 14 (36.8%) answered not effective at all, 13 (34.2%) answered somewhat effective, 7 (18.4%) answered effective, and zero participant answered very effective. *f. Improving assessments of family situations.* Out of 38 participants, 20 (52.6%) answered somewhat effective, 11 (28.9%) answered effective, 3 (7.9%) answered not effective at all, and zero participant answered very effective. *g. Increasing consistency in case assessment and case management.* Out of 38 participants, 15 (39.5%) answered somewhat effective, 13 (34.2%) answered effective, 5 (13.2%) answered not effective at all, and 1 (2.6%) participant answered very effective. *h. Increasing the efficiency of child protection operations by making the best use of available resources.* Out of 38 participants, 14 (36.8%) answered somewhat effective, 10 (26.3%) answered effective, 10 (26.3%) answered not effective at all, and zero participant answered very effective. *i. Providing management with data that is*

needed for program administration, planning, evaluation, and budgeting. Out of 38 participants, 16 (42.1%) answered somewhat effective, 12 (31.6%) answered effective, 4 (10.5%) answered not effective at all, and 2 (5.3%) participants answered very effective.

The second question asked, *What effect has using the SDM safety and risk assessment tools had on YOUR decision making?* Out of the 38 participants, 17 (44.7%) reported my decision making has not really changed, 15 (39.5%) reported my decision making has improved slightly, 2 (5.3%) reported my decision making has improved significantly, and zero participants reported my decision making has gotten worse.

The third question asked, *Please indicate how HELPFUL you find the SDM safety and risk assessment tools to be when making decisions about the following:* This question involved a list of responses from a-g that participants had to indicate as not at all helpful to very helpful. *a. Whether a child is currently safe.* Out of 38 participants, 15 (39.5%) answered helpful, 14 (36.8%) answered somewhat helpful, 4 (10.5%) answered not at all helpful, and 1 (2.6%) answered very helpful. *b. Whether to promote a referral to a case.* Out of 34 participants, 14 (36.8%) answered somewhat helpful, 12 (31.6%) answered helpful, 8 (21.1%) answered not at all helpful, and zero participants answered very helpful. *c. Whether to recommend a particular service or intervention to a client.* Out of 38 participants, 13 (34.2%) answered not helpful at all, 11 (28.9%) answered helpful, 10 (26.3%) answered somewhat helpful, and zero participants answered

very helpful. *d. Whether to remove a child.* Out of 38 participants, 15 (39.5%) answered somewhat helpful, 12 (31.6%) answered helpful, 7 (18.4%) answered not at all helpful, and zero participants answered very helpful. *e. Whether to return a child to her/his family.* Out of 38 participants, 13 (34.2%) answered somewhat helpful, 11 (28.9%) answered helpful, 9 (23.7%) answered not at all helpful, and 1 (2.6%) answered very helpful. *f. Whether to terminate parental rights.* Out of 38 participants, 16 (42.1%) answered not helpful at all, 12 (31.6%) answered somewhat helpful, 6 (15.8%) answered helpful, and zero participants answered very helpful. *g. Whether to close a case.* Out of 38 participants, 15 (39.5%) answered somewhat helpful, 9 (23.7%) answered not at all helpful, 8 (21.1%) answered helpful, and 2 (5.3%) answered very helpful.

The fourth question asked, *Overall, how satisfied are you with SDM safety and risk assessment tools?* Out of 38 participants, 22 (57.9%) answered satisfied, 7 (18.4%) answered dissatisfied, 3 (7.9%) very dissatisfied, 2 (5.3%) very satisfied.

The last two questions in the survey were open-ended and allowed the participants to share, in their own words, their perspectives in utilizing the SDM safety and risk assessments and if they believed any changes needed to be made. Due to the nature of the questions, we broke down each participant's response and coded it into a thematic format.

The first question asked: *What parts of SDM safety and risk assessments do you feel are the most effective?* A majority of the participants reported that

the SDM safety assessment tool was the most effective as it looked for immediate risks. Some participants indicated that “for people in need of the assistance performing a global assessment, this tool can be helpful. However, with years of education and experience, most of what SDM walks you through is something you already do.” Other participants reported that the SDM tool helped them to make good decisions, what they should be assessing and providing them with the big picture. On the contrary, some participants revealed that although the SDM tool could be effective, it is not always accurate to their decision-making process.

The second question asked: *Do you have any suggestions on how to improve the SDM safety and risk assessment process or is there anything else you would like to share with us about SDM?* A majority of participants reported that the SDM tool needed some upgrades such as “adding drug use as a safety factor for children”, “the risk assessment taking into account historical data for determining the risk level”, and “minimizing the number of category selection within the tool”. Some participants believed that the tool should not be used to make decisions for the family and that the risk assessment level does not coincide with the circumstances of the case.

Presentation of the Bivariate Statistics

In order to compare groups of participants’ perceptions of the SDM safety and risk tool, we created a composite score to reflect participants’ overall perceptions. Using SPSS, we recoded participants’ responses to questions

seven through fifteen, with the most positive responses coded as 4 and least positive responses coded as 1. We added each participant's scores for questions seven through fifteen to create a composite score in which higher scores (maximum 36) represented more positive views of the SDM tool and lower scores represented more negative views of the tool.

An independent samples t-test was conducted to analyze the relationship between participants' composite scores by years' experience with the agency. We recoded participants' responses to question 6 (How long have you worked at your current position?) into two categories: those with less than 5 years' experience and those with 5 or more years' experience. The t-test showed no statistically significant difference in the composite scores between participants with less than 5 years of experience in their role ($M=49.33$, $SD=11.18$) and participants with more than 5 years of experience in their role ($M=53.53$, $SD=9.51$) conditions; $t(32) = (-1.125)$, $p=.269$.

A one-way between subject's ANOVA was conducted to compare participants' composite scores based on current job level. The test revealed no statistically significant differences in the mean composite scores of participants across their job titles, CSSW III, CSSW IV, and CSSW V; $f(3,34) = .291$, $p=.832$.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter provides a discussion of the major findings from the questionnaire responses obtained in this research study. This chapter also compares our findings to the literature on the SDM safety and risk assessment tools. Additionally, the study's limitations and strengths, implications for social work practice, and recommendations for future research are discussed in this chapter.

Discussion

Our study sought to answer the question: What are social workers' perceptions on the usefulness of the SDM decision-making tool in assessing safety and risk? After analyzing the results in the study, we found that social workers perceived the Structured Decision-Making tool to be useful in assessing safety and risk during an investigation. The results revealed that social workers in the county of study felt that after completing the SDM training, they were prepared to utilize the tool in practice, found the tool to be accurate in making decisions, agreed with the levels showcased in the tool (i.e. very high to low), and were overall satisfied with the SDM safety and risk assessment tools. However, the results also indicated that social workers did not believe that the SDM tool had any affect in their decision-making process when it came to

deciding the fate of the children and families. In the qualitative piece of the survey, many social workers indicated that the SDM safety assessment was the most effective tool during their initial investigations. In terms of what needed to be changed within the SDM tool, social workers reported that the risk assessment needed improvements as it either did not take into account the current circumstances of the family and utilized past history of the family which could impact the levels indicated in the SDM tool.

When comparing our study's overall results to the literature review, our results seemed to be somewhat inconsistent with the literature. Our study suggests that social workers were not particularly concerned about systemic biases that can be attained while using the tool; yet, the literature review indicated that "systemic biases were inherent in the tool" (Nash, 2017, p.4). Social workers may not have identified systematic bias as a concern because it was not specifically asked within the questionnaire, however, the concern was also not mentioned in what needs to be improved within the SDM safety and risk tools. Furthermore, our study suggests that social workers' decision-making had not really changed when using the SDM safety and risk assessment tools. The literature review indicated that social workers have initially resisted abandoning their decision-making power due to viewing the SDM tool as a threat to their professional judgement (Kim et al., 2008). This finding suggests that social workers in our study still utilized their own decision-making skills while using the tools.

The literature review also indicated that one of the strengths the SDM tool possesses is that it is implemented within a structure that provides good supervisory and management support and high-quality comprehensive training (Barlow et al., 2012). This aligns with both our quantitative and qualitative data in which social workers felt prepared after completing the SDM training and that the SDM safety and risk assessments can be used as a support for IS social workers who need the support or refresher.

The literature review detailed that the SDM risk assessment tool could improve the risk assessment accuracy in child protection when used correctly (Johnson et al., 2015). This is, to some extent, supported by our findings which suggest the social workers felt that that the SDM safety and risk assessment tool was accurate. However, it did not align with the qualitative data, in which some social workers revealed that although the SDM tool could be effective, it was not always accurate to their decision-making process. Additionally, the literature review suggested that many workers felt that the risk assessment tool was biased, unclear, needed to be restructured, and was overall ineffective due to not reflecting the specific circumstances of the family's they assessed (Lee et. al, 2013). A majority of the social workers in the study reported the same findings in which they believed the risk assessment tool needed to be restructured and take into account the family's current circumstances rather than including historical data which may affect the levels within the tool.

Our study expanded on prior SDM safety and risk assessment research by analyzing Investigative Services social workers' perceptions on the tool based on their years of experience within the agency and their job title (social worker III, social worker IV, and social worker V). Although we found no statistically significant difference in perspectives between these groups, our qualitative data suggests that there might be some relation between IS social workers years of experience within the agency and their perceptions of the SDM safety and risk assessment tools. One strength found in our study was the qualitative data survey responses. The detailed responses obtained from the open-ended questions were unexpected and showcased the strengths, limitations, and modifications that needed to be made to the SDM tool for the participants to utilize during their investigations. Although existing literature on this topic does not address social workers' years of experience or job title, this study expanded our knowledge on this topic.

Limitations

One limitation of this study is its small, convenience sample, which limit our ability to generalize to other IS social workers within the county of study and in other agencies and geographic locations. We cannot assume that all IS social workers working in this county are representative to all IS social workers in California or that their views extend to all IS social workers in general. This small sample size may also have limited the usefulness of our bivariate analysis. Our qualitative data suggest some relationship between social workers' years of

experience and their perceptions of the SDM safety and risk assessment tools; however, our small sample may have impacted our ability to detect this difference in our quantitative responses.

Additionally, as participation was not required to partake in the study the participants self-selected to participate in the study, which may have led to voluntary response bias which refers to participants only participating in the study due to feeling strongly about the topic, potentially skewing the results of the survey.

Future Research

As stated in previous chapters, the purpose of this study is to examine social workers' perceptions of the strengths and limitations of SDM safety and risk assessment tools, as well as social workers' attitudes towards using the tool. The study had a large number of qualitative responses in our open-ended survey response section which was unexpected. Our study did not provide the participants with follow up questions to ask furthering questions based on their responses. The anonymity could have been a contributing factor towards why our study had such a lengthy commentary on the qualitative open-ended questions of the survey.

Future research should conduct a mixed methods approach study; where both qualitative and quantitative data is collected. By using a mixed methods approach, researchers can gain more valuable information regarding IS social workers views on the usefulness of the SDM safety and risk assessment tools

based on the unexpected number of participants who answered the qualitative open-ended questions on the SDM safety and risk tools. This approach could also lead to extending the survey questions to include face-to-face interviews with the county of study's IS social workers.

Another recommendation is future quantitative research should also obtain a larger sample size. For this study, the desired sample size was 80-100 participants and the study reached to only 38 participants. Future studies should obtain a larger sample size of about 180-200 participants in order to make the results more generalized to social workers as a whole if only wanting to collect data from one specific county.

Lastly, future research should survey social workers from various counties within California and perhaps across the country. This study only surveyed one county but surveying multiple counties could enrich the data by comparing how social workers from neighboring counties perceive the SDM safety and risk assessment tools and if their perceptions are similar or different.

Conclusion

This chapter covered the findings of the study and their relationship to the existing literature on the SDM safety and risk tool. Our findings suggest that the social workers perceived the SDM safety and risk assessment tools as useful which aligned somewhat to the literature review; however, the qualitative data suggested that social workers believed that the risk assessment tool needed improvement and the tool included historical data of the family and not the

current circumstances the family was presenting. Limitations and recommendations for future research were also discussed which could be helpful to expand on the findings identified in this study.

APENDIX A

INSTITUTIONAL REVIEW BOARD APPROVED INFORMED CONSENT FORM

INFORMED CONSENT

The study in which you are asked to participate is designed to survey child welfare social workers perceptions on the usefulness of the Structured Decision-Making tool in assessing safety and risk in a California County. The study is being conducted by Erika Nwifo and Carol Castillo, MSW students under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to assess how child welfare social workers perceive the usefulness of the SDM safety and risk assessment tools in their everyday practice. It is important to understand and examine the decisions social workers are required to make and the improvement of decision-making on both the individual and organizational level (Kim et al., 2008).

DESCRIPTION: Participants will be asked questions regarding their current position in the agency, level of training on the SDM safety and risk tools, the SDM process, and the usefulness of the SDM safety and risk assessments.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take 10 to 15 minutes to complete the survey.

RISKS: There will be no foreseeable immediate or long-term risks to participants who participate in the study. One minor risk to the participants could be some discomfort resulting from the nature of the questions asked in the survey. In such event, participants will be informed in the beginning of the survey that they may feel free to withdraw from the study at any time without any consequences. After the completion of the survey questionnaire, participants will be directed to a debriefing statement in which the faculty advisor's contact information is provided in case any questions regarding the study arise.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Deirdre Lanesskog at 909-537-7222 (email: Dlanesskog@csusb.edu).

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2019.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here _____

_____ Date

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED L. 12/1/2019 VOID AFTER L. 12/1/2020
IRB# 5601909 CHAIR [Signature]

APPENDIX B
SURVEY QUESTIONS

Social Workers' Perceptions on the Usefulness of the Structured Decision-Making Tool in Assessing Risk and Safety for Masters of Social Work (MSW) Students at California State University, San Bernardino (CSUSB)

Background

1. What is your gender?
 - a. Male
 - b. Female
 - c. Other (please specify)

2. What is your age? _____

3. What is your race/ethnicity?
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American
 - d. Native American or American Indian
 - e. Asian / Pacific Islander
 - f. Other (please specify)

4. What is the highest level of education you completed?
 - a. High school graduate
 - b. Some college
 - c. College graduate
 - d. Graduate or professional school
 - e. Doctorate

5. What is your current job level?
 - a. CSSW III
 - b. CSSW IV
 - c. CSSW V
 - d. Other (please specify)

6. How long have you worked in your CURRENT position?
 - a. Less than 1 year
 - b. 1-2 years
 - c. 3-4 years
 - d. 5 years or more

SDM Training and Use

7. At the end of the SDM training, how prepared were you to start implementing the SDM safety and risk assessment tool?
- 1= Not at all prepared
 - 2= Somewhat prepared
 - 3= Prepared
 - 4= Very prepared

SDM Process

8. In general, how ACCURATE do you find the SDM safety and risk assessment tools to be?
- 1= Not at all accurate
 - 2= Somewhat accurate
 - 3= Accurate
 - 4= Very accurate
9. In general, how well do the SDM safety and risk assessment tools help you to arrive at the same decisions for similar types of cases?
- 1= Not well at all
 - 2= Somewhat well
 - 3= Well
 - 4= Very well
10. After completing the SDM safety and risk assessment tool, how often do you agree with the levels that are assigned (prior to overrides)?
- 1= Never
 - 2= Some of the time
 - 3= Most of the time
 - 4= All of the time (skip question 11) and click the NEXT>> on the bottom of the page)
11. In situations when you DO NOT agree with the assigned levels (prior to overrides), do you usually think that the levels are too HIGH or too LOW?
- 1= Does not apply- I usually agree with the SDM safety and risk assessment levels
 - 2= Too low
 - 3= Average
 - 4= Too high

Usefulness of SDM

12. Please indicate how EFFECTIVE you think the SDM safety and risk assessment tool is in helping to achieve the goals listed below:

(Answer choices: 1= Not at all effective, 2= Somewhat effective, 3= Effective, 4= Very Effective)

- a. Protecting children
 - b. Reducing the rate of subsequent abuse/neglect complaints and substantiations
 - c. Reducing the severity of subsequent abuse/neglect complaints or allegations
 - d. Reducing the rate of foster care placements
 - e. Reducing the length of stay for children in foster care
 - f. Improving assessments of family situations
 - g. Increasing consistency in case assessment and case management
 - h. Increasing the efficiency of child protection operations by making the best use of available resources
 - i. Providing management with data that is needed for program administration, planning, evaluation, and budgeting
13. What effect has using the SDM safety and risk assessment tools had on YOUR decision making?
- 1= My decision making has gotten worse
 - 2= My decision making has not really changed
 - 3= My decision making has improved significantly
 - 4= My decision making has improved significantly
14. Please indicate how HELPFUL you find the SDM safety and risk assessment tools to be when making decisions about the following:
(Answer choices: 1= Not at all helpful, 2= Somewhat helpful, 3= Helpful, 4= Very Helpful)
- a. Whether a child is currently safe
 - b. Whether to promote a referral to a case
 - c. Whether to recommend a particular service or intervention to a client
 - d. Whether to remove a child
 - e. Whether to return a child to her/his family
 - f. Whether to terminate parental rights
 - g. Whether to close a case
15. Overall, how satisfied are you with SDM safety and risk assessment tools?
- 1= Very dissatisfied
 - 2= Dissatisfied
 - 3= Satisfied
 - 4= Very Satisfied
16. What parts of SDM safety and risk assessments do you feel are the most effective?

17. Do you have any suggestions on how to improve the SDM safety and risk assessment process or is there anything else you would like to share with us about SDM? If so, please write your comments in the box below

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ASSIGNED RESPONSIBILITIES

This was a two-person project where the authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort by Erika Nwufo and Carol Castillo

2. Data Entry and Analysis:

Team Effort by Erika Nwufo and Carol Castillo

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort by Erika Nwufo and Carol Castillo

b. Methods

Team Effort by Erika Nwufo and Carol Castillo

c. Results

Team Effort by Erika Nwufo and Carol Castillo

d. Discussion

Team Effort by Erika Nwufo and Carol Castillo

4. Creating the survey in Qualtrics:

By Carol Castillo

5. Collecting the social workers emails

By Erika Nwufo