

1997

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### Recommended Citation

Walton, Elaine and Denby, Ramona W. (1997) "Targeting Families to Receive Intensive Family Preservation Services: Assessing the Use of Imminent Risk of Placement as a Service Criterion," *Journal of Family Strengths*: Vol. 2 : Iss. 2 , Article 8.

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# To Receive Intensive Family Preservation Services: Assessing the Use of Imminent Risk of Placement as a Service Criterion

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Elaine Walton and Ramona W. Denby

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*The process for targeting families to receive intensive family preservation services was examined for 71 child welfare agencies in the United States. The focus of this exploratory/descriptive study was the concept of imminent risk of placement as a criterion for providing services. Findings indicated that agencies had difficulty defining imminent risk and were unable to successfully restrict services to imminent risk cases. Several factors besides imminent risk were identified in relation to the targeting process.*

**Key words:** *Decision making; Imminent risk; Intensive family preservation services; Targeting*

Intensive family preservation services (IFPS) are generally designed for families with children at imminent risk<sup>1</sup> of out-of-home placement. There is evidence, however, that even when imminence of risk of placement is set as the primary criterion for inclusion in IFPS programs, decision makers are inconsistent in adhering to that policy (Schuerman, Rzepnicki, & Littell, 1994). Moreover, the criteria used for targeting families for services are unclear. The purpose of this study was to examine those issues.

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*Family Preservation Journal* (Volume 2, Issue 2, 1997)  
Family Preservation Institute, New Mexico State University

<sup>1</sup> The term "risk" in this article refers to the risk of out-of-home placement and should not be confused with the generic

## Background

### Intensive Family Preservation Services

Programs that provide IFPS generally focus on family preservation through the short-term application of family therapy, communication skills training, and assistance in addressing basic needs such as food, employment, and housing. The elements common to most programs based on this approach are that the caseworkers: (a) accept only families at immediate risk of child placement; (b) meet with families as soon as possible after referral; (c) provide services 24 hours a day, 7 days a week; (d) deal with the family as a unit; (e) provide services primarily in the home; (f) provide services based on need rather than on categories; and (g) provide intensive services on a short-term basis.

### Targeting Families for Intensive Services

"Targeting" is the term used to describe the decision making process in determining which families should receive IFPS. That decision-making process is important for several reasons. First, although family preservation programs are considered cost-effective (in comparison to substitute care), they are still relatively costly (Yuan, 1990). Agencies simply cannot afford to provide intensive services indiscriminately to vast numbers of families. Second, IFPS programs were not designed to serve the full range of families in need of assistance (Whittaker, 1991). Third, by not targeting, IFPS programs may miss groups of families who most need services (Feldman, 1990). Fourth, the lack of targeting can result in "net-widening" (i.e., services are delivered to groups of families who may function well without them) (Feldman, 1990). Finally, targeting allows IFPS programs to be more precise and scientific in their service delivery (Feldman, 1990).

In general, the objective of IFPS programs is placement prevention--hence the imminent risk of placement criterion. When imminent risk cases are not the target, services need not be as intensive (Kinney, Haapala, Booth, & Leavitt, 1988; Nelson, 1988). Customarily, measurement of success in IFPS programs rests on the assumption that, in the absence of service, all families referred would experience placement. Consequently, the way in which agencies target families for service is crucial to any comparative analyses of a program (Feldman, 1990; Littell et al., 1993; Rossi, Schuerman, & Budde, 1979; Schuerman et al., 1994).

### Imminent Risk of Placement

As the criterion for targeting families for IFPS, the use of imminent risk of placement is a practice whereby services are directed to families who would have a child placed into substitute care unless something were done to improve the family situation. Circumstances commonly



associated with imminence of placement include legal status of the child (e.g., declaration of dependency) and the decision of a worker, supervisor, or placement committee to remove a child from the home (Feldman, 1990, p. 29).

### **Is Imminent Risk of Placement Used as a Targeting Criterion?**

Although imminent risk of placement is the stated service criterion in most IFPS programs, researchers have found that "relatively few . . . families served would have had a child placed in substitute care in the absence of service" (Schuerman et al. 1994, p.22). Moreover, Rossi et al. (1994) concluded that, when presented with 50 case histories, a panel of 20 child welfare experts did not use imminent risk as a criterion to define a target for either "ordinary services" or IFPS. It appears from these findings that imminent risk may not be a primary service criterion and that imminent risk cases are not the cases exclusively served by IFPS programs. If IFPS programs are not serving imminent risk families as they are intended to, the next logical question is "why not?" Arguably, IFPS programs cannot be expected to reduce placement rates if they are not actually serving those families who are on the verge of placement.

### **Decision-Making and Imminent Risk**

It is not known why some IFPS programs do not use imminence of risk as a criterion. However, an exploration of the decision-making process surrounding imminent risk reveals some clues. Five issues directly linked to decision-making theory may be attributable to the nonuse of imminent risk: (a) difficulty in predicting risk (Meddin, 1985), (b) exactness in projecting placement time periods (Denby, 1995), (c) designation of who determines risk (Denby, 1995), (d) vagueness associated with the process of decision making (Nasuti, 1990; Stein, 1984), and (e) feasibility and threat to successful program outcomes (Berry, 1991; Berry 1993).

Many authors have attempted to understand and document the decision-making process in child welfare (for example, Boehm, 1967; DiLeonardi, 1980; Giovannoni & Becarra, 1979; Phillips, Shyne, Sherman, & Haring, 1971; Rosen, 1981; Stein & Rzepnicki, 1983; Streshinsky, Billingsley, & Gurgin, 1966; Wolock, 1982). Denby (1995) identified some of the factors involved in making decisions on whether to deliver IFPS. These include risk assessment, eligibility or statutory criteria, the decision makers themselves, parental and child characteristics, and the ambiguity associated with a clinical/theoretical framework. According to Berry (1993) there is no conclusive, uniform decision-making information to guide workers in choosing the appropriate target groups for IFPS, and there exists a scant literature base which has considered directly the relationship between program success and imminent risk. Even more limited is research which concerns the decision-making process employed by IFPS workers in relation to imminent risk (Rossi et al. 1994).



## Method

In spite of negative reports on the routine use of imminence of risk such as those provided by Rossi et al. (1994), child welfare agencies continue to declare the use of the criterion in practice (Feldman, 1990). In order to examine more closely actual current practice and policy, a survey of agencies providing IFPS was undertaken. An exploratory/descriptive design was employed involving both qualitative and quantitative research methods. The design was a cross-sectional, interview, survey research method, using a parallel sampling technique. The *Imminent Risk Survey* (Lewis & Walton, 1993) combined closed- and open-ended questions in exploring agencies' use of the concept imminent risk. The survey was designed to collect information in six categories: (a) importance of the concept, (b) definition of the concept, (c) success in using the concept as a service criterion, (d) hindrance to its use, (e) who determines the level of imminence, and (f) mechanisms used for determining imminent risk.

## Sample

A nationwide sample of 100 agencies that provide IFPS was randomly selected from the *Annotated Directory of Selected Family-Based Services Programs* (National Resource Center on Family-Based Services, 1991). It was discovered that 25 agencies were not appropriate for the study because: (a) they no longer operated an IFPS program or did not regard their current services as IFPS; (b) they never were an IFPS program to begin with; (c) they were not abreast of the issues surrounding imminent risk and therefore an unreliable or unknowledgeable respondent; or (d) the address and phone number was incorrect or untraceable. In addition, four agencies received the initial cover letter and were scheduled for a phone interview but at the established time (and after repeated attempts) were too busy to complete the survey. Data were collected from the remaining 71 agencies. By chance 50 of the agencies contacted were contract agencies (i.e., agencies who provide the actual service to families) and 21 were referring agencies (i.e., agencies who screen and refer cases to contracted agencies to provide intervention). The respondents were all supervisors or administrators.<sup>2</sup>

## Data Quality and Reliability

A pre-test was conducted in order to provide an initial assessment of the validity of the *Imminent Risk Survey*. The following guidelines, as specified by Babbie (1993) were used: (a) The entire instrument was tested to ascertain the applicability of all questions; (b) the instrument was pre-tested in the manner intended for the actual study (i.e., a cover letter followed by a telephone interview); and (c) the selection of subjects was non-random and kept

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Supervisors and administrators were selected for the sample because they are responsible for making the targeting decisions, and the objective of the study was to learn more about the decision making process. Nevertheless, it is acknowledged that supervisors and administrators may lack firsthand experiences with practice.

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flexible. (In this case, a sample of respondents from three family preservation agencies located in Columbus, Ohio, was purposively selected and administered the instrument.)

The pre-test respondents assessed the clarity and organization of the instrument, comprehension, and appropriateness and applicability of questions. For the most part, issues of design, length of time to complete interviews, and content validity were the focus.

Inconsistencies were found to be largely the result of incorrectly categorizing respondents. This observation lead the researchers to re-categorize respondents by "referring" and "contract" workers in the actual study. In short, the pre-testing lead to refinements in the interview format, changes in survey questions, and alterations in the selection of the sample.

### Data Collection and Analysis

Telephone interviews lasting an average of 45 minutes were conducted with agency respondents. One interviewer, trained in the use of survey methods, gathered all data. A pre-test was conducted with local agency personnel to provide an initial assessment of the survey instrument (e.g., to examine mechanical problems or ambiguities). Data collection began the summer of 1993 and extended through the summer of 1994.

Responses to the qualitative portions of the survey form were analyzed using content analysis whereby themes emerging from interview responses were identified and subsequently organized. Specifically, the data analysis process involved: (a) data reduction, (b) data displays, and (c) conclusion drawing/verification (Miles & Huberman, 1984). Quantitative data were analyzed using (a) descriptive statistics to express the characteristics of the sample and the relationships among variables, (b) t-tests to examine the potential differences by agency status (i.e., referring versus contract), and (c) chi-square to examine the relationship between referring and contract agencies on selected variables.

## **Results**

### Description of the Sample

Although all the agencies in the sample described their programs in terms of family preservation services, they differed in many respects. About one-half of the agencies surveyed represented private, nonprofit agencies and another 38% included public child welfare agencies. Moreover, 70% of the respondent agencies were considered contract agencies, and the remaining 30% were referring agencies.

One-third of the sample served fewer than 50 families yearly. Conversely, 42% of the sample served over 100 families per year. The largest source of referrals (i.e., 50%) for the entire sample was the local Child Protective Services unit. Forty-six percent of the families served



each year were referred from either other professional agencies (23%) or the community at large (23%). Sixty-three percent of the agencies employed six or fewer therapists. Few (20%) employed more than twelve therapists. In terms of caseload size, the findings were consistent with what was expected, given the number of workers employed. A relatively low therapist-client ratio was maintained, with nearly one-third of the sample reporting that no more than four cases were handled by each worker at any given time. Of the remaining sample, 30% reported carrying 5-8 cases at a time, 30% carried 9-10 cases, and only 13% carried caseloads of more than 14. Nearly one-half (47%) of the sample typically kept a case open for 12 weeks or less. For the other half of the sample, cases remained open anywhere from 13 weeks to over 6 months.<sup>3</sup>

The majority (77%) of the IFPS programs sampled began operation between 1980 and 1990. In terms of the treatment model used, a family systems approach was the treatment model of choice for 35% of the sample. However, another 35% of the sample reported a varied choice in the type of intervention models used (e.g., a combination of approaches, "agency-specific" methods, or no identifiable approach at all). Seventy-three percent of the respondents identified child abuse and neglect as the presenting problem in at least one-half of the cases.

### **Emergent Themes**

Several themes emerged in response to the open-ended questions--the most predominant of which are presented herein. It should be noted, however, that the tables only reflect the number of times a particular response was given. For some questions multiple responses were possible, and there has been no attempt to insure that every agency was represented in the tally.

**Definition of imminent risk.** In response to the question, "How does your agency define imminent risk?" a variety of conditions and criteria were provided (Table 1). Most noteworthy were the responses "no working definition" and "we do not use imminent risk." Other responses included criteria or conditions such as: (a) "a child who is about to be placed immediately," (b) "placement that occurs within 3-7 days," (c) "potential for placement, time-frame unspecified," and (d) "definition of imminent risk is decided by referring agencies."

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Normally IFPS is crisis oriented with interventions of 4-8 weeks. Agencies who provided longer-term interventions were included in the study because: (a) they described their services as IFPS, (b) the referring agencies designated IFPS as the treatment of choice, or (c) either agency ostensibly subscribed to the "imminence of risk" criterion for service.

**Table 1****Definition of Imminent Risk**

RESPONSE	TALLY	
	Referring Worker	Contract Worker
A child who is about to be placed immediately due to a neglectful or abusive home	7	4
Abused, neglected, or delinquent child where all community resources have been exhausted and placement will occur within next three months	1	2
Child who will be removed within next 30 days because of severe home conditions	2	1
No working definition	4	7
A child who will be placed within 1-2 days because of abuse and neglect	1	4
We do not use imminent risk as a service criterion	2	5
Defined by a risk assessment scale	1	-
A child with a potential for placement, time-frame unspecified	3	7
Depends on referring agency's definition	-	10
Placement will occur within 3-7 days	-	8
Definition varies worker-to-worker	-	2
Risk of placement within 15 days	-	1

Note: Multiple responses were possible, and not all respondents are represented.

Criteria used for accepting a family into service. The eligibility criteria used in agencies is displayed in Table 2. When respondents were asked to identify the criteria used to decide case eligibility, five primary themes emerged: (a) "parent must be a voluntary participant," (b) "child must be at imminent risk," (c) some sort of "age specification," (d) "residence restriction," and



(e) "loosely defined criteria." Contract workers identified a greater variety of criteria than referring workers, and referring workers more frequently reported imminent risk as a criteria (39% of respondents) than contract workers (23% of respondents).

**Table 2**  
**Criteria Used for Accepting a Family into Service**

RESPONSE	TALLY	
	Referring Worker	Contract Worker
Parent must be voluntary	7	19
Child must be at imminent risk	12	21
Age specification	4	9
The parent or care giver must be the alleged maltreater	3	0
Residence/catchment area restriction	4	7
Very loosely defined eligibility criteria	3	8
All community resources have been exhausted	-	5
Services are expected to remedy the family situation	-	5
No mental illness/pathology	-	3
Must be referred by the Dept. of Human Resources	-	7
Criteria specified by referring source/funder/grant	-	4
Family must be nonviolent (safety issues for workers)	-	3

Note: Multiple responses were possible, and not all respondents are represented.

Strategies used to restrict referrals to imminent risk. Respondents were asked to identify strategies employed by their agencies in order to restrict referrals to cases at imminent risk of placement (Table 3). Respondents frequently reported that no particular strategy was used to restrict cases. In cases where respondents were able to identify a restriction strategy, screening

teams were most often the identified method in preference to the use of rating instruments or the restriction of service to those cases with some sort of placement action (i.e., shelter care, foster care, placement court order).

**Table 3**  
**Strategies/Procedures Used to Restrict Referrals to Cases  
at Imminent Risk of Placement**

RESPONSE	TALLY	
	Referring Worker	Contract Worker
Screening teams composed of contract and referring workers	7	6
No strategy	9	19
Rating instruments used		
- yes	7	13
- no	14	38
A particular placement action		
- yes	2	8
- no	19	43

Factors hindering agencies from limiting cases to imminent risk. In response to the question, "What hinders your agency from limiting IFPS caseloads to imminent risk cases?" five key factors emerged (Table 4). First, respondents stated that the need to do "prevention work" hinders them from targeting imminent risk cases. Second, respondents identified the lack of services to families who are troubled as another factor which prevents them from limiting cases to imminent risk. One respondent commented: "The need is too great to just serve imminent risk cases." Third, agency philosophy was identified as a factor which hinders the use of imminent risk as a service criterion. The focus on prevention provides for the perspective that "everyone is imminent risk." Fourth, the fact that there is no specific way of defining imminent risk hinders agencies from limiting services to this client population. A final factor for contract workers was the "clash" of sorts between contract and referring agencies. Repeatedly, contract agency respondents stated that their contract with the county or state forced them to serve whomever is referred.



**Table 4****Factors Which Hinder Agencies From Limiting Their Cases to Families Truly at Imminent Risk of Placement**

RESPONSE	TALLY	
	Referring Worker	Contract Worker
Our definitions of imminent risk are not clear -- we need more specific criteria	5	-
Sometimes there's a need for us to do "prevention work" -- though a case is not imminent risk now, it will eventually explode if something isn't done	6	11
Services just aren't available to families who need services badly but fall out of definitions of imminent risk. Imminent risk is only a small percent of the total service need	4	7
Our agency philosophy that says -- "you don't let a case get to its worse shape. Everyone is imminent risk, everyone deserves service"	5	4
Contract with the county forces us to serve whomever they want us to	-	14
Court orders -- mandates imposed by judges	3	-
Misuse of our services by other professionals -- not understanding what we are about	-	3
Reunification work/foster care work	-	3

Note: Multiple responses were possible, and not all respondents are represented.

Strategies to assure that IFPS are not bypassed. One survey question focused on the procedures agencies used to make sure children were not inappropriately bypassed for IFPS (Table 5). It was determined that both groups of agencies make a concerted effort to maintain open lines of communication with one another about availability to receive referrals. Several contract workers reported that they do not feel that making such assurances falls under the auspices of their service delivery. Nevertheless, there was a variety of responses from contract workers.

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By contrast, the referral workers most frequently indicated all recommendations for placement must go before a staffing team which assesses a case to determine if IFPS has been considered.

<b>Table 5</b> <b>Strategies/Procedures Used to Make Sure Family Preservation Services are Not Bypassed</b>		
RESPONSE	TALLY	
	Referring Worker	Contract Worker
"Reasonable efforts" -- all recommendations for placement must go before a staffing team	10	7
Close communication between the Dept. Of Human Resources and the service providers	6	21
Child welfare advocacy at the legislative level	-	4
Multitude of community services -- there are various layers of services. Some type of service is offered to everyone	-	3
Not our role -- we are just service providers, that's the lead agency's responsibility	-	8
Resource building -- timely evaluation of all referrals and ongoing monitoring of cases on waiting lists -- referral where necessary -- referring worker works with case until we get to it	-	6
None	-	4
Multi-disciplinary teams screen referrals	-	4

Note: Multiple responses were possible, and not all respondents are represented.

Cases inappropriate for family preservation. Displayed in Table 6 is a report of the criteria for determining which cases would be ineligible for IFPS and referred directly to substitute care. Most frequently mentioned were: (a) "severe/life threatening abuse" and (b) "noncompliant/uncooperative parent." A variety of other criteria (e.g., chemical dependency, mental health, or mental retardation) were considered by contract workers but not mentioned by referring workers.



**Table 6****Cases Deemed Inappropriate for Family Preservation  
and Referred Directly to Substitute Care**

RESPONSE	TALLY	
	Referring Worker	Contract Worker
Serious/severe, life threatening abuse -- child in danger - - we cannot assure safety -- high level of aggression and violence	14	24
Noncompliant, uncooperative parents	3	12
Perpetrator with severe chemical dependency concerns -- especially if in denial	-	14
There is no such case -- our philosophy is that all cases are family preservation cases	-	5
This type of decision is not up to us, it's up to the referring agency	-	6
Long history of abuse -- numerous and lengthy past placements -- usually involves older children and previously tried services -- unresponsiveness to services	-	5
Mental health or mental retardation involvement (parent or child)	-	9
Sex perpetrator in the home -- parent cannot protect child from abuse	-	6
Service provider in danger	-	5
Significant behavior problem on the part of the child	-	4

Note: Multiple responses were possible, and not all respondents are represented.

Factors hindering agencies from receiving cases referred directly to placement where placement could have been prevented through IFPS. The final category of emergent themes is presented in Table 7. The lack of resources, worker subjectivity, and the lack of awareness on the part

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of referring agencies as to the type of services that can be provided, all hinder agencies from receiving those cases in which placement might have been prevented.

**Table 7**

**Factors Which Hinder Agencies From Receiving All of the Cases  
Referred Directly to Placement Where Placement Could Have  
Been Prevented by Providing Family Preservation Services**

RESPONSE	TALLY	
	Referring Worker	Contract Worker
Lack of service availability -- lack of resources	10	32
Worker subjectivity -- workers will refer case for substitute care without considering other viable alternatives	6	-
This type of case would be the exception in our locality -- we do a good job of providing services; therefore, I cannot think of specific factors	5	-
Family lives in an area where services aren't provided. Geographically inaccessible	-	3
Lack of awareness on the part of the referring agency as to what services we can provide/the need to better train workers to refer cases	-	7
Referring worker doesn't believe home-based services are appropriate	-	3
Communication problems between us and the referring division	-	3
We are a fee-for-service agency -- referring departments decide who will receive services	-	3

Note: Multiple responses were possible, and not all respondents are represented.



### **Differences Between Contract and Referring Agencies**

The contract and referring agencies were compared on five variables (Tables 8 and 9). As indicated by the mean scores in Table 8, the differences between the two groups are negligible on all but one variable. The referring workers felt much more confident than the contract workers that they had been successful in assuring that appropriate cases were given services and not bypassed. Contract and referring agency respondents agreed that the use of imminent risk is only "somewhat important" in service delivery. Likewise, both groups of respondents indicated that they are only slightly-to-moderately successful at restricting intensive services to those cases at imminent risk. There was also no difference between the two groups on the percentage of families served who have at least one child at imminent risk of placement (i.e., 51% to 75%).

<b>Table 8</b> <b>Attitudes of Referring and Contract Workers on the Use of the Service Criterion "Imminent Risk"</b>						
Response	Referring Worker (n=21)		Contract Worker (n=50)		<i>t</i>	<i>p</i>
	Mean	SD	Mean	SD		
Importance of concept "imminent risk" <sup>a</sup>	2.09	1.22	2.00	1.24	.298	.767
Success at restricting referrals to just those cases at imminent risk <sup>b</sup>	2.48	1.32	2.68	1.27	.598	.553
What percent of families you serve have at least one child at imminent risk <sup>c</sup>	2.90	1.54	3.16	1.26	.668	.509
Success at assuring that appropriate cases are given family preservation services and not bypassed <sup>b</sup>	1.57	1.60	3.30	2.75	.330	.002

<sup>a</sup>Scale values ranged from 1 (very important) to 4 (not needed)

<sup>b</sup>Scale values ranged from 1 (highly successful) to 4 (not at all successful)

<sup>c</sup>Scale values were as follows: 1=0-25%; 2=26-50%; 3=51-75%; 4=76-100%

The two groups of workers differed in response to the question, "who determines imminent risk" (Table 9). Respondents from contract agencies indicated that referring agencies decide which cases are at imminent risk of placement, while respondents from referring agencies believe that it is contract agencies and screening groups who equally decide a case's imminence of risk ( $p < .001$ ).

Table 9

**Referring and Contract Workers' Perception of Who Determines  
the Level of Imminent Risk by Percent in Each Category**

Variable	Total	Referring Workers n=21	Contract Workers n=50	Chi- square	p
<i>Who Determines Imminent Risk</i>					
<u>Referring Agencies</u>					
Contract agencies	51%	14	66		
Screening group	24%	43	16		
	25%	<u>43</u>	<u>18</u>	15.860	.000
		100	100		

*Note:* Screening groups included representatives from both referring and contract agencies

### Discussion

The results of this study are consistent with the findings of previous researchers who determined that imminent risk, as a criterion for targeting families for IFPS is fraught with problems. First, the difficulty associated with predicting imminent risk was noted. Second, who determines imminent risk was identified as a significant factor, and there were conflicting viewpoints (e.g., contract workers generally felt inappropriately excluded from that decision-making process). Third, there was a great deal of vagueness and imprecision associated with decision making, and that vagueness seemed related to a desire to incorporate various criteria (e.g., the desire to do early prevention work) into service delivery decisions.

Based on the findings it appears that contract and referring agencies' service motivation can sometimes conflict, producing diverse perceptions of the target population and differing viewpoints on what actually constitutes an imminent risk case. Referring agencies appear to have more rigid criteria and are often responding to community pressure or court order. Contract agencies are often motivated by program success and may be reluctant to take imminent risk cases because they are often viewed as the most difficult. Moreover, contract workers seem to have a desire to provide "true" intensive services to those they believe will benefit most.

Both referral agency respondents and contract agency respondents agreed that imminent risk, as a service criterion, was only somewhat important in making service delivery decisions.



Moreover, they agreed that agencies were largely unsuccessful at restricting cases to an imminent risk population. In fact, nearly one-third of the cases served were not imminent risk cases. Respondents reported that services are delivered to some imminent risk cases, early prevention cases, cases in which workers are attempting to document "reasonable efforts," and cases of reunification and potential placement disruption. This variety in the types of cases served makes the impact of IFPS on out-of-home placement rates unclear and clouds results from program evaluations that are based on out-of-home placement as a primary outcome variable.

### Conclusions

It seems disheartening, if not strange, that after so much emphasis in the literature, so few agencies have defined imminent risk for themselves--let alone used it. Perhaps the use of imminent risk as a criterion is untenable and impractical and should be abandoned. Practitioners and researchers are still struggling to answer the question "What are IFPS programs really good for?" These programs have been traditionally presented as a way to cut costs through preventing out-of-home placements--hence the imminent risk criterion. They might more appropriately be presented as merely effective ways to help troubled families. The question then remains, "Which troubled families are likely to benefit most from these services?" The answer may be elusive because of the way in which practitioners, administrators, and researchers conceptualize the question. For some decision makers, selecting families for special services is an issue of dividing up a limited resource--a little bit like the process of selecting only a few of the starving masses to receive an adequate diet rather than equally distributing a few crumbs to everyone. Perhaps a more appropriate model for conceptualizing the decision making would be to compare it to the process of identifying the specific nutritional needs of each person--given their unique strengths, deficiencies, and set of circumstances. Then treatments would be designed to match the specific needs--acknowledging that some treatments would be more intensive or costly than others. Although IFPS may not be measured and analyzed as simply as vitamins and minerals, it appears at times that the families in need of child welfare services are much like the "starving masses." In fact, service providers may feel so overwhelmed by the needs that they lose motivation for designing a rational decision making process for determining which families get help. The challenge for future research is to accurately measure families' "nutritional" deficiencies along with their strengths and resources so that specific treatments can be tailored to fit. When we have accomplished that task, we will know what IFPS programs are good for.

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