BIOLOGICAL PARENTS EXPERIENCES IN THE CHILD WELFARE SYSTEM

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Abstract

This qualitative inquiry explores perspectives of biological parents who have had their children removed into foster care due to substantiated maltreatment. Biological parents, who were court-referred to the Families in Transition (FIT) community-based therapy program, were contacted to participate in semi-structured interviews about their experiences in the child welfare system and their perceptions related to their benefit from services. Some of the participating parents were reunified with their children, and some had their parental rights terminated. Qualitative themes that emerged from the interview data were analyzed and discussed for their contribution to the scholarly literature and to prevention program/campaign development.

Introduction

Child abuse and neglect crosses all social and demographic boundaries and is functionally defined as whatever childrearing behaviors a given society at a given point in history believes warrant societal intrusion on behalf of children’s welfare (Chaffin, 2006). Today’s concern about child abuse & neglect is the result of a broad social movement and historic moral transformation that has transitioned from a position of attention to prevalence, awareness & advocacy; towards research about program and practice effectiveness that is now dealing with organized opposition (Finkelhor, 2002). Mental health professions may functionally define child maltreatment according to their own professional interests, activities, values and priorities. This may mean emphasizing types of maltreatment that are viewed as more relevant to traditional mental health issues and for which traditional clinical practice offers relevant treatment (Chaffin, 2006).

Researchers estimate that 800,000 children in the United States reside in out-of-home care each year (Casey Family Programs, 2005). A parent’s cumulative risk, including economic, educational, and health disadvantages as well as criminal, substance-abuse, and partner violence histories, predicts children’s out-of-home placements and loss of custody due to child maltreatment (Larrieu, Heller, Smyke, & Zeanah, 2008). For the public, opinions about child maltreatment are generally shaped by patterned media coverage. Media analysis shows that child maltreatment is often covered as a criminal atrocity, a conflict between discipline and maltreatment, a failure of child protective services, and having a focus on child sexual maltreatment (Wrisley, 2005). Public attention continues to be aimed primarily at cases of physical assault or injury; or the observable physical effects of neglect, in spite of the fact that the most prevalent type of maltreatment, child neglect, may leave no physical marks, yet nonetheless have a devastating effect upon children’s development (Erickson & Egeland, 2002).

Ending child maltreatment requires a cultural change in which most persons come to recognize the problem and wish to see it ended. Following this recognition, political will and a carefully designed combination of effective prevention, intervention and services are required (Chadwick, 2002). Recommendations for more effective public discourse about child maltreatment include: use of strength-based language to highlight positive factors of family life; a focus on stressful situations in which many parents find themselves; and bridging connections between parent education, and family support interventions to address these situations (Wrisely, 2005). The stories people tell and hear from others form the substance and texture of who they are and what they do; shaping identity, guiding action, and constituting our mode of being (Smith & Sparkes, 2006). Therefore the impetus of change to prevent child maltreatment must come from the work and the public statements of persons who have been affected by child maltreatment in their personal lives as well as from involved professionals (Chadwick, 2002).

To facilitate this type of empowerment for families affected by child maltreatment, it is imperative to consider the experiences of biological parents to inform prevention and intervention services that address maltreatment issues which brought their children into foster care (Jager et al., 2009; Jager & Carolan, 2009; Koren, DeChillo & Friesen, 1992). The current lack of biological parents’ maltreatment perspectives presents barriers to family and community empowerment.
Through the social alienation of maltreating parents (Wrisley, 2005) their omitted experiences present barriers to gaining valuable insight into strength-based, family-centered, prevention and reunification models of care and intervention.

The purpose of this inquiry was to explore the experiences of biological parents who were charged with child maltreatment, and subsequently had their children placed in foster care. Some of the participating parents were reunified with their children and some had their parental rights terminated. The researchers invited parents, who had participated in a specific family-based program of therapy, to participate in brief, semi-structured interviews following the close of their foster care case. Following Alpert’s (2005) qualitative analysis protocol, case records and feedback directly from parents were used to inform this project. Feminist interview method (Reinharz, 1992) was used to collect the qualitative data. Following participant interviews, clinical case files were reviewed for qualitative themes to validate interview data as well as for evidence of therapist collaboration within the community system of care (Ferguson, 2007). Qualitative themes that emerged from the interview data were analyzed and discussed for their contribution to the scholarly literature and to prevention program/campaign development.

**Literature Review**

The foundation of this study is based in child welfare scholarship. Ironically in child welfare, science to service has long been viewed as a passive process by which information is diffused and disseminated (Fixsen, Naoom, Blase & Wallace, 2007). While this inquiry is constructed to address the dissemination of child maltreatment information pertinent to the design of public campaigns, it is imperative to recognize that in child welfare, there is also a gap in the dissemination of the literature between science and practice. In human services, the practitioner is the intervention and so science and quality must be incorporated into the performance of tens of thousands of practitioners situated in a variety of provider organizations that function within their uniquely configured local, state and federal services systems. In human services the challenge in making the best use of science is to find the most effective means of integrating evidence into the work of child welfare practitioners that include: social workers, foster parents, group care workers, psychologists, mental health providers, psychiatrists, legal and medical professionals (Fixsen et al., 2007).

This inquiry was constructed to specifically address the lack of scholarship that explores the experiences of biological parents who have children in out-of-home care (Alpert, 2005) and what such information could potentially contribute to public discourse. Existing literature that includes parents’ experiences as a primary focus typically investigates parents’ service experience or their experience with the child welfare system. The phrase, “parents’ service experiences” refers to parents’ perceptions of and involvement in the various services to which they are mandated to regain custody of their children from foster care (Alpert, 2005; Kapp & Propp, 2002). Parents’ experiences with the child welfare system are documented to include parents’ frustration and confusion with the structure of the system, in addition to feelings of powerlessness and despair (Gockel, Russell, & Harris, 2008).

**Parents’ Service Experiences**

The majority of research that has sought biological parents’ service experiences is typically from family preservation services (Alpert, 2005; Kapp & Propp, 2002) rather than from child welfare. Gockel et al. (2008) hypothesized that once a child is placed in out-of-home care it becomes more difficult to uphold the values of family centeredness, further isolating parents from participating in service planning and delivery. Relational aspects of the service interventions, such as quality of communication, trust and caring in the caseworker-parent relationship, are purported to be the most effective and meaningful to the parents. Parents described that the ways in which the attitudes, beliefs and behaviors were communicated to them by their caseworker was significant. Programs helpful to parents had staff members who utilized communication patterns that conveyed messages of respect, care and value to the parents; making it easier for them to receive assistance and take the necessary risks to make changes (Gockel et al., 2008). Service providers who had characteristics such as a sense of being genuine, collaborative, and empathic, and who focused on parents’ strengths with respect parent’s autonomy were identified as helpful by parents to be engaging and helpful (Gockel et al., 2008). These findings are indicative of the necessity of examining the impact of the service provider-parent relationship as an indicator of case outcome (Alpert, 2005).
Experience with the Child Welfare System

Parents have described their early experiences in the child welfare system with state interventions as traumatic and demoralizing; expressing that these experiences left them with the added stigma of being singled out as poor parents (Kapp & Propp, 2002). Feelings of isolation, stigmatization and powerlessness were also prevalent among parents (Gockel et al., 2008). These experiences resulted in parent’s defensiveness about sharing information about themselves and their parenting for fear of the ramifications and a reluctance to engage further in child welfare services. Parents identified worker/agency communication and availability as two important avenues that contributed to feeling a greater sense of involvement, respect and understanding (Kapp & Propp, 2002). Yet a lack of response from workers and inconsistent communication among and between the different professionals was of primary concern (Gockel et al., 2008). This may be a result of the lack of understanding of each other’s roles and responsibilities as service providers and case-workers (Forrester, McCambridge, Waissbein, & Rollnick, 2008). This type of interpersonal fragmentation among professionals may lead to a parent’s inability to comply or fully benefit from a service (Alpert, 2005).

Another area that requires the voices of the biological parents is that of parents’ involvement in service planning and delivery processes. It has been documented that parental involvement in visitation and the decision-making process has an impact on case outcome (Kapp & Propp, 2002). Parental involvement in terms of visitation and contact with their children in particular, has been documented to have positive effects for both children and the parents (Jinvanjee, 1999; Sanchirico & Jablonka, 2000). However, parents have expressed feeling left out of important decision making processes (Gockel et al., 2008). Workers have expressed frustration over lack of parent involvement, however, the barriers that are often cited relate to problems with the child welfare system (e.g., worker’s limited time; program philosophy, organizational factors, etc.) and not necessarily the parents themselves (Jivanjee, 1999; Zell, 2006).

Families in Transition (FIT) Program Description

In our Mid-Michigan community, biological parents may be referred to the FIT Program at the MSU Family & Child Clinic by the Department of Human Services Child Welfare Division (DHS), when family reunification is the case goal. FIT is able to provide a variety of therapeutic services based on the identified needs of each individual family. The FIT Program works with biological parents with several goals in mind: our primary goal is to support the safety and best interests of the children. A separate, but connected goal is to construct a safe relationship with parents to facilitate experiences that support mental health and well-being for all family members as we work toward mending those dynamics that led to the initial removal of the children. Objectives inherent to these goals include generating healthy parent-child connections, providing holistic assessment, increasing protective factors to support children’s development, facilitating strategies to promote trauma recovery, and providing systemic intervention to address difficulties with structure, dynamics and stress (Jager, 2002; Jager et al., 2009; Jager & Carolan, 2009; Lindblad-Goldberg, Dore, & Stern, 1998).

Based on the suggestions from the articles in the literature review, and an earlier qualitative analysis of the FIT therapists’ experiences (Jager et al., 2009) the authors were interested in the service experience of the parents who had been through the FIT program. As with other articles that have looked at the parents’ service experiences, parents included descriptions of their experiences with the child welfare system. In addition, the authors were also interested in providing a space for parents to discuss how they felt they were perceived by their family, community, and society as parents who had children in the foster care system. We felt this was an important aspect to consider as an indicator of empowerment.

Research Design

It has been recognized that the effectiveness of human service programs is closely linked with flexibility, adaptability, and individualization (Schweigert, 2006). It is important to recognize that intervention programs commonly hold the assumption that different clients will experience different outcomes (Shaw, 2003). It became necessary to construct a process of inquiry that would maintain the integrity of the FIT program’s commitment to issues of social justice and allow for flexibility to accommodate the complexities of the provision of community-based services. In 2008, the FIT program received grant funding to establish an ongoing program of research to develop a process for evaluating behavioral, psychosocial, and developmental changes for children and their families involved in FIT through referral from the DHS. One of the objectives of this larger ongoing project was to collect pilot data from parents through case file review, and semi-
structured interviews to describe the trajectory of service engagement and benefit for parents and children engaged in the FIT program. The purpose was to offer parents the opportunity to give voice to their experience with the child welfare system and participation in the FIT program at least three months following the close of their foster care case.

A qualitative feminist interview method offered a particularly viable option for gaining a more in-depth understanding of how intervention efforts influenced the attitudes, beliefs, actions and needs of FIT clients (Anastas, 2004; Fernandez, 2004; Moro, Cassibba, & Constanti, 2007; Patton, 2002; Shaw, 2003; Reinharz, 1992; Spath & Pine, 2004). Interviewing offers qualitative access to participants’ ideas, thoughts, and memories in their own words, rather than in the words of the researcher (Jager, 2002; Reinharz, 1992). In order to do this, feminist qualitative researchers work in close proximity with participants and establish collaborative relationships where both researchers and participants work together to understand social problems (Denzin & Lincoln, 2005; Marshall & Rossman, 2006; Olesen, 1994, 2005). The feminist interview method acknowledges issues of power, hierarchy, race, culture, gender, and affords the opportunity to build a trusting relationship that supports giving voice to the neglected experience of parents in the child welfare system (Reinharz, 1992). Ultimately, the emphasis on the centrality of relationships and context allow both staff and clients of human services programs to feel as though their input is respected and considered an important part of the research process (deMarrais, 2004; Lincoln, 1995; Patton, 2002).

Data Collection

Parents whose foster care case had been closed for a minimum of 3 months were contacted via recruitment letter. These parents were invited to participate in an interview as part of an effort to learn more about parents’ experiences in the FIT Program. Parents were asked to indicate their willingness to participate and provide current contact information on a self-addressed, postage paid postcard enclosed with the recruitment letter. Due to the multi-stressed nature of the families referred to FIT, it is not uncommon for addresses and/or phone numbers to change frequently. To ensure confidentiality, the postcards did not include any identifying information and were labeled with an ID number that corresponded to a master list of parent names kept in a secure location. Once a postcard was returned, the parent was contacted via phone by one of the researchers in order to arrange for an interview.

Brief, semi-structured interviews were conducted with each parent as the primary data-gathering tool. A semi-structured interview guide was used. Interview questions were developed to give voice to and reflect parents’ realities of the child welfare system and participation in the FIT program. Questions regarding involvement with the child welfare system encompassed coming to the attention of child welfare, removal, placement of children in foster care, and steps to get children back. Questions pertaining to the FIT program attended to the degree to which services were helpful in supporting attainment of DHS goals, management of stress, trust, access to resources, parenting, collaboration, and suggestions. Questions in both dimensions allowed parents the opportunity to reflect on level of connection felt with their community and ways in which they believed to be perceived by others. Interviews were conducted in the community and at the university outpatient training clinic where the FIT program is located and lasted between 40-60 minutes. Parents were given a $15 gift card for their participation. Each interview was audio recorded and subsequently transcribed verbatim by the researcher who had conducted the interview. Clinical case files were reviewed to validate interview data and provide a frame of reference for comparing parent perceptions of what was expected of them vs. goals outlined by DHS at the time of referral to FIT.

Participants

A total of 27 parents were contacted through a letter that was sent to their last known address. Six letters were returned to the researchers noting that the parent did not reside at their last reported address. At the time of preparing this manuscript 12 parents had indicated willingness to participate and seven interviews had been completed. Of the seven participants, five mothers and two fathers were interviewed; four of the parents had been reunified with their children, while three had their parental rights terminated. Collectively the child welfare cases were focused on 13 minor children. Nine children were Caucasian, three were of mixed race, and one was African American. Eight children were reunified; while five Caucasian children had moved towards the adoption process. Two women were single mothers, two women were a lesbian couple, one man was a single father, and one mother/father couple was married.
Data Analysis

Qualitative data analysis considers a respect for the uniqueness of each individual case. Researchers are called to think holistically; considering the implications of social, cultural, and historical context for findings. We immersed ourselves in the data, carefully exploring and confirming details, specifics, themes, patterns, and relationships. Through a process of constant comparison, we reviewed clinical case files, interview transcripts, and met to discuss emerging themes (Lincoln & Guba, 1985). During our ongoing collaborative discussions we refined patterns and major dimensions of interest (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995). We worked toward developing an integrative interpretation of themes; often weighing reflexivity, context, and the importance of using the language chosen by the parents we interviewed (Marshall & Rossman, 2006). Throughout every aspect of the qualitative inquiry process, especially analysis, we sought to balance reflexivity about our own voices and perspectives while striving to present findings authentically and with trustworthiness (Marshall & Rossman, 2006; Reinharz, 1992).

Findings

Child Welfare Experience

Caseworker turnover.

In the child welfare system it is common for families to have several case workers due to the high rates of turnover. Parents described how frustrating this process was for them.

“I’d be at over-nights and then I’d get a new caseworker and I’d be back to supervised visits and not do anything wrong.”

“Nope. They said nothing. They just would, I’d come to court and there’d be a different caseworker. And I’d be like, ‘Who’s this lady?’ and it’d start all over again.”

“My parenting class helped. …a couple of caseworkers tried to help, but they kept changing them.”

One parent described how he felt that the changes in the case workers were related to the system trying to keep his child away from him: “I thought they was trying to keep me from giving me my baby, you know. And so that’s why they was changing up all those caseworkers … give me different caseworkers, you know?”

Communication with their caseworker - requirements for reunification.

Parents were under the impression that if they did everything they were “supposed” to do they would have their children returned to them; however, some parents felt that there were other things the caseworker wanted them to do, but were not up front about it. Parents described having to go to various classes, but did not mention what it was their caseworker was looking for them to learn or benefit from those classes. Parents commonly believed that as long as they were attending the required classes they would have their children returned to their care. It became evident that the concept of benefit of service was often not mentioned or explained to the parents as a “requirement.”

Well I had to take some classes, parenting classes, cooking classes. Umm job classes, like stuff to do. Some was required even though that it …I mean I didn’t have to, but to make things better you know, just to try.

One mother had goals of: “Develop appropriate parenting skills; learn coping skills; and develop appropriate anger management skills.” However, when asked what she had to do in order to have her children returned she listed only classes she had to complete.

I: So, when the kids were first taken, what, what did your caseworker tell you that you had to do to get them back?

P: Stay clean, and do everything I was supposed to do.

I: And what was everything you were supposed to do?

P: Parenting classes, AA, drug tests, things like that.

Another parent talked of the various “parenting classes” he was required to attend, but was unable to articulate what he was expected to learn from those classes.

Everything that they required of me to do to get (my son) I did it… I had to drop 4 times a week (mmhmm). I had to go to parenting classes. I just finished a program out here, then I had ahh…go to parenting classes downtown.

Parents and families who are referred to the FIT Program are accompanied by a set of goals that are outlined by the caseworker. Many times parents described not knowing what the FIT Program was or why they were referred to it.
Despite having these goals written by their caseworkers, they were not shared with the parents. One mother described her experience:

They never really…explained the…its like, ok, you know we had that…that, ok, its just another therapist… we got to go to get our kids. It’s just -- get it over with. And, you know it was nothing against you guys, it was just, alright here we go again.

The goals for this particular mother were to have “marital and parenting” counseling, yet she did not know why she was there. Another parent described her initial knowledge of the FIT Program as it was another “parenting class”.

*I:* So why do you think she, or told you, well why is it you were referred here?

*P:* Cause I had parenting skills. I don’t know…to help.

*I:* She didn’t tell you anything about the program, it was just another thing you had to come to?

*P:* Yeah.

**Trust.**

The confusion about why they were referred to the FIT program affected the therapist’s relationship with the parents from the beginning. Some parents indicated that it made it more difficult to trust and feel that the FIT program would be beneficial to them because they had already been through other “parenting classes.”

“Yeah, I didn’t trust nobody then. I didn’t know, I didn’t know you guys so…”

“I guess talking to somebody else besides my therapist or anybody else. It kinda helped talking about it and making me feel like somebody was, that wasn’t in the system, or writing down exactly what they felt should be or what the judge wanted to hear.”

One parent described his overall lack of trust in the system by saying, “You’re basically caught… Lie … I guess the best way I can put it is that if somebody’s holding a gun to your head, you’ll say what they want.”

**FIT Service Experience**

**Advocacy & empowerment.**

In a previous paper FIT therapists described their experiences working in the FIT program (Jager et al., 2009). One area the therapists spoke about was that of advocating for and working to empower their clients. The interviews with the parents revealed that they felt that their therapists worked to advocate and empower them by giving them a voice when they didn’t feel they had any.

It was horrible… because they didn't know the whole story. And I am glad because, the help with you guys because if I didn't have that you know the truth would not come out. And the truth came out when I would talk with (FIT therapist) and she would figure out how I am and how they (DHS) didn't look up all my records and they did and that's good. They (FIT) found out that I wasn't the bad guy.

Well, with what (FIT therapist) said I needed a voice and I didn’t have it. I wasn’t even allowed to talk. And really I was supposed to and it wasn’t fair so (FIT therapist) made sure of that. And that’s why I think that is also a good thing because you know to get at least the other person’s side of the story instead of what they have only seen or heard from other people.

Clients described their FIT therapists’ having hope and respect for them as helpful in empowering them to be better parents.

“Like, I don’t know how to describe it, what they gave me to help, but, they had faith in me and they trusted me, and thought I was a good parent…and nobody else did…..”

*I:* So, how did the believing in you help you?

*P:* Cause nobody else did. Everybody else just put me aside.

*I:* So what do you think was different about FIT that they were able to believe in you?

*P:* Well, they were open-minded. Nicer people….Different….different than DHS.

“Kinda. Not out to get me, out to keep my kids. They (DHS) didn’t give a shit about me. I felt like FIT gave a shit about me.”
**Relational aspects.**

The relational aspects refer to the qualities or characteristics of the FIT therapists that communicate to the parents the attitudes and beliefs the program. Parents spoke of not feeling as if they were being judged by the therapists and how they felt the FIT therapists were “open” to different ways of doing things, such as where therapy would take place. These were identified as qualities that were helpful to the parents.

“Well, when I couldn’t make it in they offered to come to my house to come do FIT at my apartment. And not many others would do that. I thought that was real nice.”

I know you guys don’t judge, you don’t. You listen to our side and you say if they are doing something bad, you say well shouldn’t you change or you’re not going to get your child back. And you guys do, you don’t judge. You just give advice and you do say well you do need to change or you’re never gonna succeed.

“Well, when I started coming here they would give me time alone with the kids and then if I did anything wrong or if I had any questions they’d answer them. Really open to everything.”

**Identity**

As indicated earlier one of the primary purposes of this inquiry was to provide parents an opportunity to talk about how they felt others within the child welfare system and the community in general perceived them. Parents spoke of the perception that they were “bad” parents:

I felt like I was like the bad person when I really wasn’t. I felt like everyone is going to think that you know gonna like I really thought that I was like when I first started, I was really afraid and I knew you guys said it wasn’t my fault until like I remember like they kept getting deeper into everything and like oh yeah its really not her fault. Her family is just lying.

[at the time I didn’t feel like I was a bad parent, you know? I felt like I’m just starting out a single parent of four kids… I’m not, I didn’t do anything wrong, or I felt I didn’t do anything wrong, but now looking back…

I was just going through a rough time during that time… you know they did not know about me. DHS did not know and it’s just like you know, cause you take away a kid and it’s just like depressing and they try to do what they can to help. There’s mothers worse than I am cause I’m not bad.

Other parents spoke of the stigma of having their children in foster care and the meaning behind that. One mother spoke of how she felt other professionals in the child welfare system treated at her.

*P:* Yeah. They treated me a little different I think. I think everybody gets treated differently with kids in foster care.

*I:* How so?

*P:* Because it means you can’t take of your kids. It means you fucked up, messed up. I must have messed up.

*I:* So how did, how did the community respond to you having kids in foster care, like, other therapists or, like lawyers and… you know, how do you think they saw you?

*P:* As a bad mom.

*I:* Yeah?

*P:* As I didn’t care about my kids. Um, now I can’t remember exactly what he said. The judge… um, but I took away from his, his insults as I was being selfish. I wasn’t thinking about my kids, I wasn’t thinking about my husband, but yeah at the time I was trying to get away because I knew abuse was not a good thing. And for him to say that it made me feel like I only… already felt worthless. Like I wasn’t anybody…”

**Discussion**

The voices of biological parents are often left out of public and academic discourses regarding foster care and the child welfare system in general. This study provided a space for parents who participated in the FIT program to describe their impressions and experiences of the child welfare system of care. Parents also discussed the meanings they attached to having children in foster care and how this experience informed their identity as parents. The experiences expressed in this preliminary analysis are congruent with the myths presented in outdated public media campaigns that inform societal discourses about child maltreatment. From an ecological perspective it is apparent that the societal beliefs, values and attitudes about parents with children in the child welfare system have a reciprocal influence upon parent and professional experiences, as well as the larger child welfare system design and organization.

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This analysis provides further support for the suggested shift to a family-centered approach both to public awareness campaigns (Wrisely, 2005) and to how the child welfare system operates (Ferguson, 2007).

Literature in the child welfare field has long discussed and called for a shift in the way that the system is operated from an individual focus to a more family-centered approach that includes tenets of empowerment and parent involvement (Kapp & Propp, 2002). Studies have looked at the impact of having families involved in the decision making process, and having biological parents stay connected to their child while they are in foster care (Sanchirico & Jablonka, 2000), however a true shift has yet to occur. This may be due to the necessity of not only changing the approach of the child welfare system, but also changing the perception of the child welfare system and its purpose from the current societal view. One way to begin to shift the public’s perception of the child welfare system is to change the focus of public awareness campaigns for child abuse and neglect. Wrisley (2005) suggests that awareness campaigns begin to focus on all parents and not only those who are charged with maltreatment; doing so will support a community-focused view of raising children rather than an individually-based view that is isolating of parents.

**Limitations**

One limitation of the current study is the low number of participants. There are several potential reasons for the low response rate. As indicated earlier, there were some recruitment letters that were returned. For some parents it had been a few years since their last contact with the FIT Program, thus, it is likely the researchers did not have current addresses to which to send the recruitment letters. There was also some difficulty in coordinating the logistics of the interview with the parents. In some instances the researchers traveled to meet with the parent, which became very time consuming. Other times it was difficult to find a common time with the parent to do the interview. One parent had to reschedule several times due to work and lack of a babysitter. In the end the researchers were unable to coordinate a time to reschedule with this particular parent. After discussion among the researchers about the low response rate, it occurred to us that it would be understandably difficult for parents to talk about their experiences while their children were in foster care. For families who were reunified or had their parental rights terminated it may bring up painful memories. One mother who participated had been reunified with her children, but still had a difficult time during the interview. She explained that though it was a long time ago, her experience with having her children taken from her continued to be a very emotional and painful topic to discuss.

**Conclusions**

This inquiry highlights the lived experiences of biological parents who had children in the foster care who had participated in the FIT program. The findings were viewed through a lens that the impetus of change to prevent child maltreatment must come from the work and the public statements of persons who have been affected by the problem in their personal lives as well as from involved professionals (Chadwick, 2002). Parents described their experience with the FIT program as giving them hope, trusting in their abilities as parents and as empowering them to be better parents rather than telling them what to do. More research is needed that focuses on giving voice to the experiences of the biological parents as a means to evaluate different services mandated by the child welfare system.

**References**


