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Looking back on the long term fostering and adoption of children with harmful sexual behaviours: carers' reflections on their experiences

Authors: Helen Masson*, Simon Hackett, Josie Phillips, Myles Balfe

Affiliations:

Dr. Helen Masson is Professor of Social Work (Children and Young People), Department of Behavioural and Social Sciences, University of Huddersfield, England

Simon Hackett is Professor of Applied Social Sciences, School of Applied Social Sciences, Durham University, England

Josie Phillips is Research Associate, School of Applied Social Sciences Durham University, England

Dr. Myles Balfe is Research Fellow, Royal College of Surgeons in Ireland

*Corresponding author – Professor Helen Masson

E-mail: h.c.masson@hud.ac.uk

Telephone: 01484 4732284

Address: School of Human and Health Sciences, University of Huddersfield, Queensgate, Huddersfield, West Yorkshire, HD1 3DH

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Abstract

The experiences of carers of children and young people with harmful sexual behaviours have been the subject of little research to date. Consequently, and as part of a larger follow-up study, semi-structured interviews were conducted with nine adoptive or foster carers who had had such children and young people placed with them during the 1990s. The looked after children were white and male and had come from troubled and often abusive backgrounds. Interviews, which were taped and transcribed, were thematically analysed. Eight themes emerged covering motivations; training and sources of support, information from and relationships with professionals; challenges; commitment and acceptance; managing risk and safety issues; advocacy or fighting the child's corner; the importance of male role models and managing birth contacts. The findings are discussed in relation to the more general literature on fostering and adoption available and the limitations of the current study in terms of, for example, sample size are made clear. Implications for practice include the importance of training and support, the need to recognise the particular role of male carers for this population and the added value of including carers as respected and valued members of the professional team around the child.

Key Words: foster parents, adopters, children and young people with harmful sexual behaviours

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Introduction

Literature on the fostering and adoption of children and young people with harmful sexual behaviours is limited, with almost no published work which captures carers' reflections on their experiences of caring for this population. This article attempts to address this gap by reporting on interviews with eight foster parents and an adopter who had provided such placements during the 1990s. These interviews comprised part of a larger follow-up study of youth with harmful sexual behaviours who were referred to welfare services during this period, youth who are now in their twenties or early thirties. After a brief overview of relevant literature, further details about the study are provided before the findings from the interviews with carers are presented and discussed.

Literature review

In recent decades, in the context of a reduction in residential care provision and the promotion of family life for all children (DfES, 2003; Smith, 2009), there has been increasing attention paid to the recruitment, selection, training and support of substitute carers in order to enhance their ability to respond to the often complex needs of children and young people in need of short and long term care away from their birth families (SCIE, 2004). Research has been undertaken into the motivations and characteristics of foster parents (Dando and Minty, 1987; Orme and Buehler, 2001), the role of men in substitute care (Gilligan, 2000; Newstone, 2000), the challenges and strains of substitute caring (Dozier, 2005; Farmer, 2005; Murray et al., 2011), the importance of caregiver commitment to offering an enduring relationship with a child or young person and a

secure base (Schofield 2002; Harden, 2004; Holland et al., 2005; Schofield and Beek, 2005a and 2005b; Dozier and Lindhiem, 2006) and factors that influence the success or otherwise of placements, for example, contact with birth family members (Moyers et al., 2006).

There have also been ongoing debates about whether the permanence of adoption is to be preferred to long term fostering (Triseliotis, 2002). Schofield (2002: 259), for example, poses the question 'Is it possible for foster families, where there are no legal ties between carers and children, to provide care, concern and family membership not only through childhood but also into adult life?' She answers in the affirmative and, drawing on the narratives of 40 adults, aged 18-30, who had spent a significant period of their life in foster care, develops a psychosocial model of care which promotes felt security, self-efficacy, the resolution of loss and trauma, a sense of family belonging or attachment and resilience.

Children with harmful sexual behaviours and substitute care

Although many of the children and young people referred with harmful sexual behaviour can be safely left within their own families and dealt with via some level of community education, support and/or treatment (Erooga and Masson, 2006; Hackett et al., 2006) a significant minority will have to be provided for in some form of substitute care because of the continuing risks they present others, and/or because of family abuse or dysfunction, or family breakdown (Hackett et al., forthcoming). Epps (2006: 89) has written about carers having responsibilities 'to manage identified risks to avoid further incidents of abuse (a child protection issue) whilst at the same time strive to meet the needs of the young abuser (a child care issue)'. This includes helping the young person over time to

change the cycles of thinking and behaviour which have led to the risks with which he or she originally presented and encouraging pro-social and self-enhancing functioning by meeting the young person's educational, emotional and social needs. Bankes (2006: 81) has commented that 'foster care is an under-utilised option, primarily because there is a lack of available carers without younger or developmentally less advanced children in placement' and he argues for a continuum of care combining the benefits of foster carers with specialist input, ideally community based.

The modest literature that is available on carers' experiences of looking after children and young people with sexualised behaviours encompasses a broad population of children, only a proportion of whom will pose a risk to others and hence may be described as having harmful sexual behaviour. Farmer and Pollock (2003) and Pollock and Farmer (2005), for example, when reporting on their study of a sample of sexually abused and /or abusing children in substitute care concluded that four key components in providing successful care and effective management of this group were supervision (for example teaching young people how to keep themselves and others safe, and careful monitoring of contact with birth family members); adequate sex education; modification of inappropriate sexual behaviour and therapeutic attention to the needs underlying such behaviour. One example of such therapeutic work is provided by Milner (2008) in her discussion of solution-focused approaches to work with foster carers, teachers and the children whose sexualised behaviour threatens their placement stability. Hardwick's study (2005) which comprised an evaluation of a five month training and support group for 11 foster carers looking after children with sexualised behaviour, found that the foster carers welcomed the additional knowledge and support they had received from the group, especially in relation to the challenge of 'balancing keeping the child safe with maintaining physical and emotional closeness' (p.42), but they emphasised the importance of thorough assessment when planning placements and of involving male foster carers in training opportunities.

The Study

Between 2009 and 2011 we conducted a multisite study in England and Wales focusing on children and young people with harmful sexual behaviours who had been referred to services specialising in work with this population between January 1st 1992 and December 31st 2000 (ESRC funded study - RES-062-23-0850). This historical time period was chosen because we aimed to locate a sample of individuals at least ten years after they had received the services' interventions, with the purpose of exploring the psychosocial situations of these individuals in young adulthood and the factors that seemed to be associated with either resilient, suboptimal or poor outcomes. Ethical approval for the research was obtained both from the authors' respective universities and from the welfare services who participated in the research. Much fuller accounts of the process of undertaking what has been highly sensitive, challenging and time-consuming work are more fully described in Masson et al., (2011) and Masson et al., (2012).

Following an initial analysis of the files of 700 young people who had been referred to a range of nine community or residentially based services (Hackett et al., forthcoming), we used a stratified purposeful sampling approach (Quinn Patton, 2002) to identify a sub sample of cases which were broadly representative of the range of service users in each of the sites. We then sought, via the services, to trace their former service users in order to invite them to take part in a follow-up interview. In a small number of cases, this contact also provided us with the opportunity to meet with long term foster parents and adopters who, with the ex-service users' consent, also agreed to be interviewed.

The nine adoptive and long term foster parents with whom we were put in touch were recruited via three of the participating services, one of them a residentially based service, the other two services being community based. Once contact had been made with the carers, further information about the

research study was provided, consent forms were signed and appointments were made to interview the participants in their own homes. In-depth semi-structured interviews were undertaken covering the participants' current life situations and the extent of their ongoing contact with the ex-service user, their motivations and preparation for the task of looking after a child or young person with harmful sexual behaviours, their reflections on their experiences of caring for the child or young person during their placement with them, the impact on their own families and their thoughts on what had helped or hindered the placements, including any support provided by professionals and services. Interviews were recorded and transcribed and subsequently analysed thematically. This process involved members of the research team reading and re-reading transcripts independently and identifying key themes and sub themes before comparing their respective analyses in order to arrive at an agreed coding structure which was then applied to all transcripts with the assistance of NVIVO, a qualitative data analysis software package (Robson, 2002).

Results

Six interviews were conducted in total, the interviewees comprising: a single woman who had adopted; a widower who had fostered with his wife until her death two years previously; a married woman who with her husband (who could not be at the interview) had fostered long term; and three couples, all of them involved in long term fostering. Out of the nine interviewees, four (all women) had professional backgrounds and had held paid jobs in health and social care during the placements and two couples had combined their caring roles with running farms. In the four interviews with those who had biological children, they all reported that their own offspring had been much older or had grown up and moved away before the placements had started. All those interviewed had had prior experience of fostering, some extensively so and, between them, they had

worked for a variety of statutory, voluntary and private fostering schemes. Almost all of those interviewed had received additional specialist training, in three cases specifically with a view to looking after children and young people with harmful sexual behaviours.

The placements

Table 1 provides summary information about the carers, the ex service users and the placements. The six children and young people looked after, all of whom came from problematic, chronically dysfunctional and/or abusive backgrounds, were white males and, at the point of placement with the carers, ranged in age from eight to 16 years of age, with three placed when either eight or nine years of age and three placed in their early to middle adolescence. Two of the placements (those of ESU 2 and 3) lasted relatively modest lengths of time (18 months and 2½ years respectively) before the young person was admitted to a residential unit. In both cases the carers maintained contact subsequently. Two placements (those of ESU 4 and 5) only concluded when the young person reached 17 or 18 years of age (with contact being maintained since) and two placements (those of ESU 1 and 6) have resulted in the young person being adopted or being considered a permanent member of the family. The outcomes for the ex-service users, who are now young adults, are mixed: ESU 2, 5 and 6 appear to be doing well, ESU1 has achieved in employment terms but has a number of health and relationship difficulties and two (ESU3 and ESU4) appearing to present ongoing concerns for carers or professionals about their continuing risk to others.

Table 1 about here

Themes from the interviews

Eight themes emerged from analysis of the interviews with the carers, each of which is overviewed below. The anonymised identifiers in the left hand column of Table 1 are used when presenting these thematic findings.

Motivation

All the carers interviewed expressed altruistic motivations for looking after children, particularly those who had experienced adversity and maltreatment, and including children with harmful sexual behaviours. Motivations included wanting to be a family for a child who had missed out on a positive experience of one (FPs5/ESU6); feeling angry about the way systems treat vulnerable young people, SAM/ESU1, for example, commenting ‘we are so down on young people’, ; acknowledging and wanting to develop their skills and previous experience in social care employment with children and families (being ‘good at it’ as FPs3/ESU4 commented or having the understanding and ability to get through to children as stated by FPs4/ESU5) and additionally feeling that fostering was what they were ‘meant to do’ (FPs1/ESU2). Two sets of respondents made reference to religious beliefs, either as a strong influence (SAM/ESU1) or as a background factor (FPs3/ESU4) in their motivation. Only one carer couple, who farmed, mentioned a financial factor and the difference fostering made to their economic stability although they also believed that a farm was ‘always a good place’ for youngsters (FPs2/ESU3).

Training, sources of support, information from and relationships with professionals

General and specialist training, which often involved a considerable time commitment, had been appreciated by all respondents, FPs5/ESU6, for example, stating:

Full marks to (service name) for the (specialist) -training, because they tell you the absolute worst that could possibly happen and then when it doesn’t, you think crikey, this isn’t as bad as all that. But I mean it was a long eighteen months of training, every weekend up to (city name), full days and home visits.....

Respondents identified a range of informal sources of support they had drawn on during placements including extended family, friends and church contacts and they also talked at length about the support they had received from placing and other agencies. Most respondents were satisfied with the quality of the information they had received prior to placement, just FPs4/ESU5 commenting negatively:

it wasn't a good enough complete picture of ESU5's problems.....Like we didn't know he had a learning difficulty, my wife picked that up and a little bit dyslexic that's why he kept absconding from school (but) they didn't tell us about his absconding in his profile, you know. So it was a little bit, err, a little bit higglety pigglety, his profile, let's put it like that.

Opinions on the support received during placements and on carers' relationships with professionals varied, with respondents often distinguishing between the (generally positively evaluated) qualities of individual workers versus more complex evaluations of the services they had dealt with, such as placing agencies, education, youth and therapeutic services. Qualities in individual professionals that were appreciated included treating carers as having a legitimate voice and valuing their role in the team around the child, being warm and direct, being there when needed and being reliable about visiting and completing promised tasks. As regards working with services generally, the respondents especially appreciated being involved in focused multi-disciplinary meetings about the young person, which FPs3/ESU4, for example, felt contributed to everyone involved 'pulling in the right direction'. Just one couple complained of not being involved enough, commenting they felt that they were viewed solely as 'a taxi service' to transport the young person to meetings or therapy sessions.

Challenges

All respondents described multiple challenges in caring for the youngsters placed with them. Along with their sexual behaviour problems, the children brought significant levels of vulnerability, anxiety and emotional, behavioural and relationship problems, including ADHD, tempers and rages (described by one respondent as like having a child with a fire underneath, smouldering and liable to ignite at any moment), anti-social acts, cruelty to animals, and self-harming. FPs1 reported that

'when ESU2 came here he couldn't sleep in a bed', instead, for many months, sleeping in a makeshift tent in his room or in a shelter he constructed outside. Responding to the foster children required sensitivity and persistence on the part of the carers with no immediate expectation of progress. As SAM reported '...ESU1 had been with me three months before he said "I've realised you're not going to hit me"'. It was, as two couples said, 'a 24 hours a day job' (FPs3/ESU4; FPs1/ESU2) living with the constant tension of what might happen next, including dealing with complaints from neighbours, schools and others about their foster children's behaviour outside the home. However, alongside these stresses, respondents also emphasised the satisfaction of making progress despite the challenges and setbacks, with the rewards outweighing the struggles, such as the joy of 'getting through' at last - 'it was like watching a light come on' (FPs4/ESU5).

Commitment and Acceptance

All respondents saw it as crucial to demonstrate commitment to and acceptance of those placed with them for placements to succeed. Commitment was expressed tangibly in terms of the intensity of their involvement with the children and in their efforts to include them fully in, for example, immediate and extended family events, local community leisure activities and holidays. The message carers tried to get across was that they were there 'for the long haul'. As FPs5 commented 'This is what I'm doing and I'm doing it long term and it's a question of letting them know that this is home now'. For the adoptive parent SAM, adoption represented tangible evidence of this commitment whereas those fostering felt it was important for the children/young people to experience commitment by showing and telling them that it was real. FPs3, for example, said 'I think the first thing was that ESU4 had to accept that he was staying here'.

Acceptance was represented in the carers' belief that their commitment was not conditional and that the placement was the right one for the child. General rules and boundaries were put in place but carers understood that children were unique individuals and to make them feel secure it was necessary to acknowledge and deal with the specific difficulties they presented. Thus FPs1 reported that 'ESU2 knew I wasn't judging him ... I think none of the stuff with the kids really fazed us much'. Similarly FPs5 stated '...what you're saying to them right from the off, it doesn't matter what problems we might encounter, you know, we'll be alright'.

Managing Risk and Safety Issues

Ongoing risk of sexual harm to other children was a concern for all respondents and, especially at the beginning of placements, carers were constantly having to make judgements about how closely to monitor their foster children's contacts with other children in the extended family and in the neighbourhood. One couple, for example, said that for safety reasons they could not have other children on placement and had to watch the young person all the time:

'He was quite dangerous....he could look at women and he could mesmerise them, not just girls but old ladies....I was always worried when I was out on my own with him and he went to the loo and was a long time...was something going on?' (FPs2/ESU3)

Another explained he would pretend to walk the dog so that he could monitor a child playing outside (FPs4/ESU5). Within the home too, carers had to make ongoing decisions about how to manage matters ranging from appropriate touch between themselves and their foster child, issues of privacy (in the bedroom or bathroom) and what states of dress were appropriate in different contexts such as when on holiday.

Carers also monitored risks due to the young person's vulnerability to sexual victimisation, bullying, and being led astray into, for example, experimenting with drugs or truancy. Risks from and to the young people were generally managed collaboratively with involved professionals although, on occasions, carers disagreed with decisions made by placing or other agencies, believing these decisions were overly restrictive and hence detrimental to the young person's normal developmental needs. As FPs5 put it '...you've got to manage it in such a way that you minimise the risk without becoming a jailor'.

Importance of male role models

The importance of the role played by men in the carer partnerships, by male extended family members and by male friends was recognised by all carers, SAM, the single adopter, commenting about a supportive friend ‘he’s a senior lecturer, he’s been a foster parent and he’s just one of those totally grounded people which is great...’. Males were not just felt to be helpful with setting boundaries on occasions but also to be positively influential on all aspects of children’s social, emotional, and sexual development and behaviour. One husband, for example, found it necessary to act protectively of his wife after an incident in the placement but then used the opportunity to discuss with the young person the limits of acceptable behaviour towards her and women in general. None of the interviewees viewed males as disciplinarians only, as the following examples make clear:

‘ESU2 developed a fantastic relationship with [Mr] because...he’s very chilled and flexible...doesn’t get phased about stuff’. (FPs1/ESU2)

‘If he didn’t know where [Mr] was, he’d go mental, [Mr] was his role model and his mentor...he became a mini [Mr] really’. (FPs3/ESU4)

Older natural children of foster carers were similarly significant, acting as official and unofficial respite carers and providing a positive, ‘young trendy’ and brotherly influence.

Managing Birth Family Contacts

All the carers had been involved in some way with their children’s birth families. These involvements evoked mixed feelings, based on the impact which contact had on the young person before or afterwards, the carers’ assessment of birth parents’ motivation for maintaining contact or their perceptions of birth parents’ capacity to meet their children’s rather than their own needs. FPs2, for example, discussed the anxiety provoked by weekly visits from ESU3’s birth father, whom they experienced as ‘controlling’, because they suspected he was buying the child’s silence about what had occurred in the birth family with gifts and attention. Some, on the other hand, reported positive experiences with birth parents at odds with professionals’ views – for example FPs1 described ESU2’s father, who was a Hell’s Angel and was seen by agencies as violent and threatening, as gentle and loving during contact visits.

Carers also found it upsetting to think about the children in their care having been maltreated or rejected by their families, and tried to help them come to terms with the associated loss. As SAM commented ‘...ESU1 was grieving...I got this incredible aura of tragedy off him...’ and she felt that ‘if his father ever did a loving thing [agreeing to adoption] was it’.

Advocacy, or Fighting for the Young Person’s Corner

All respondents expressed strong views about society’s attitudes towards and treatment of children and young people in trouble for whatever reason and took on the role of advocates when they saw systemic or personal injustice. One theme in their narratives was their support for children in the face of what they saw as disproportionate professional responses to behaviour problems, including harmful sexual behaviour. For example FPs4 stated incredulously:

‘...the police had interviewed ESU5, I mean ...when the incidents happened he was only flipping eight years old himself’.

As well as wanting to protect children from the impacts of such criminal justice interventions for sexual assaults, respondents also decried the generally un-ambitious hopes for the children they looked after.

‘Everybody thinks they won’t be very good... one of the hardest things to come to terms with is ...low expectations of a child in the care system’ (FPs5/ESU6).

All respondents reported working hard to promote individual children’s interests in order to access what they saw as the best therapeutic, educational or other support for them. As Table 1 notes, in the case of the adoptive parent and in three sets of foster carers, the now adult ex-service users continue to ask carers for advice about careers, housing and relationships, presumably on the basis of having had positive experiences of their carers fighting their corner during placements.

Discussion

The foster carers and adoptive mother we interviewed had provided homes for six children and young people with harmful sexual behaviours who came from very troubled backgrounds and all have since maintained a level of contact which evidences the commitment and acceptance seen as key to successful placements (Schofield, 2002; Holland et al, 2005; Dozier and Lindhiem, 2006). Functioning from largely altruistic motives and with previous experiences of fostering they had, nevertheless, valued the training they had received from agencies, especially in relation to taking on a young person with harmful sexual behaviours, even though this had often involved a significant investment of time on their part (SCIE, 2004). The various life-enhancing elements of Schofield's psychosocial model of care (2002) were also much in evidence in the accounts our respondents gave of supporting and promoting the welfare of those placed with them.

All our respondents had had to work hard to get the right balance between control and care as discussed by Epps (2006) and Farmer and Pollock (2003), for example, and occasionally this had resulted in disagreements with agencies whom respondents had perceived as being too restrictive and risk averse in their reactions. Such a stance, our respondents felt would, in the long run, reduce the chances of the child or young person taking responsibility for their own behaviour and learning more pro-social skills. Clearly this is a difficult issue in a climate of public sensitivity about risk and a tendency to blame professionals when things go wrong. However, the carers in our study argued that as they got to know their charges they were often in a better position than professionals to know when levels of surveillance and monitoring could be reviewed and reduced in response to the young person's progress and changing developmental needs. Equally these carers seemed well able to judge when additional therapeutic help for the young person was required to meet emotional needs and problems which might only emerge once he felt safe and secure in the

placement and when this occurred our respondents were committed to seeking such additional support.

In their interviews with us, respondents made regular reference to the importance of males in their immediate or extended families or as friends, examples which seem to echo the views of Gilligan (2000) and Newstone (2000) and Hardwick's findings (2005). It may be that this was especially important given that all the young people placed were male. It seemed that these male carers and friends provided particularly pertinent models for the youngsters during their middle childhoods and adolescence, given the dearth of positive male inputs in their birth families.

Implications for practice

The carers we interviewed were looking after children and young people with harmful sexual behaviours in a period when the professional system was considerably influenced by adult sex offender models of management and treatment. Thus it was thought that young sexual abusers were different from other young people in trouble and were more likely to grow into their abusive behaviour than out of it unless they were closely managed, often under court order, with a heavy focus on their abusive behaviour (see, for example, NCH, 1992). Since then, more personalised and child-centred practice has developed, with as much focus on the psychosocial development of the child or young person as a whole as on their harmful or abusive sexual behaviour. This is in the context of better understanding of the low rates of recidivism in this population, with only a very small minority likely to pose an ongoing risk to others in the future (Hackett et al, 2006).

Interestingly, as the reflections of our carers evidence, their thinking about the needs of those they were looking after in terms of care and control within an atmosphere of acceptance, warmth and

strong attachments very much support and reinforce current thinking and literature about how best to work with this population (Erooga and Masson, 2006) and are in line with the wider literature on adoption and fostering as just outlined.

As discussed in literature on the training and support needs of carers of looked-after children and adolescents generally (SCIE, 2004), our own findings demonstrated that our respondents welcomed training, particularly specialist inputs which targeted the looked after population they were working with, and that they were willing to invest time and commitment to that training. Scheduling of such training should take into account the availability of both male and female carers as our findings provided evidence that, in relation to this sub-population at least, male carers have an important role to play in promoting better outcomes for the child or young person.

Our carers were very clear about the qualities in individual professionals they valued and these echo the findings of earlier and more recent studies into carer/professional relationships (Department of Health, 1995; Statham and Biehal, 2004; Clavering, 2007). The best relationships with professionals and agencies seemed based on the carers feeling that they had a real contribution to make in reviewing and progressing work on behalf of the young person, that professionals saw them as having increasingly important knowledge of the young person, based on managing and caring for the young person over time. What seemed to upset them most was not being listened to and their views not being taken into account. Equally, feeling that others had low expectations of the young person because they were in care and would not 'come to much', offended carers' own views that such young people had had a very raw deal and deserved the best. In these respects these carers can be seen as behaving as any 'good enough' parent.

Limitations and future research

Our small sample of carers interviewed represent only those who chose to tell their stories in relation to the young person they had cared for and it may be that their self-selection means that our findings are overly optimistic about the role of substitute care with this population as those with

negative experiences of such caring may have silently declined our invitation to take part.

Longitudinal research, based on more representative samples, would be useful with larger groups of current adoptive or foster carers, as well as studies of those with caring experiences since 2000.

Complementing such research with interviews with the young people themselves (both male and female and at varied ages), at the time of their placements and as reflections in later life, will also be important for understanding what models of care seem most helpful.

Conclusions

Our respondents certainly provided good evidence of the potential of foster care or adoption for this population, especially when used in conjunction with therapeutic and other support, either community or residentially delivered, and based on solid relationships with the professionals involved with the young person. Our carers, who were motivated to look after children for predominantly altruistic reasons and who felt such young people deserved a much better deal in life, had welcomed the specialist training they had received and were largely satisfied with the support they had received from professionals which they had complemented by more informal support from extended family, friends and community contacts. The importance of positive male role models for the child or young person, all of whom in this study were white males, was emphasised, together with attitudes of acceptance, long-term commitment and strong attachments.

Getting the balance right between caring for the child or young person and controlling their various emotional and behavioural problems to reduce risk to others was a considerable challenge at times, as were managing any contacts with birth families. The carers interviewed provided clear accounts of how hard they had worked to involve those they had cared for in positive aspects of childhood

such as family and community activities, whilst remaining vigilant as regards issues of supervision and management, at least until there was evidence that their charge was developing pro-social behaviours and greater self-responsibility, something the carers felt well able to judge over time.

It was a privilege to meet with our nine respondents to listen to their stories of caring for the children and young people placed with them and their narratives provide a useful insight into caring for and managing individuals with harmful sexual behaviours.

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Table 1 Carer(s), ex-service users and the placements

Carer ID and ex-service user (ESU)	Age of ESU at placement with adoptive/ foster home	Age of ESU at point of original referral to service and nature of harmful sexual behaviours	ESU's birth family history	Length of stay with carer(s)	Whether remains in contact with carer(s)	Personal circumstances of ESU now
Single adoptive mother (SAM)/ ESU1	16 years, following several emergency moves within the care system.	Had been referred at age 15 to community based service, having admitted sexual abuse of two younger male relatives.	Chaotic early family life with mother; evidence of own physical and sexual abuse. Father and step-mother had asked for his removal when his abuse came to light. Intelligent but isolated at school due to his 'arrogant' attitude. Outwardly gay.	Adopted by carer just before 18 th birthday.	Regular contact or stays with adopter, especially when experiencing difficulties. Sees 'Mum' as a safe harbour.	Now aged 30 years. Qualified IT specialist, has clear life goals but ongoing difficulties with close relationships, is HIV positive, abuses alcohol and has suffered some mental health problems.
Foster parents 1/ ESU2	Placed at age 8.	Residential placement subsequently sought due to the severity of his problems – aggressive, disruptive behaviour, attempts to abduct younger children and threats to rape and injure another child. Placed in residential unit at age 10 and stayed there until late adolescence before	Had suffered chronic neglect, sexual abuse by male adults and physical abuse. Witnessed substance misuse and domestic violence. Statement of special educational needs, severe conduct disorder and	18 months.	Positive attachment to the foster carers who remained in regular contact while ESU2 was in the residential placement, via visits and other means, and in frequent contact since.	Now aged 22 years. Self-employed in horticulture, has a long-term girlfriend. Thinking about further education. Has some contact with his biological mother and father, but on his terms.

		moving into independent living accommodation, within local community.	hyperactive. Placed on Care Order.			
Foster parents 2/ ESU3	Entered voluntary care, with father's agreement, placed with carers at age 9.	Subsequently referred to community based service aged 11 because of his sexualised behaviour against peers, cruelty to animals and physical and verbal aggression.	From age 4 there had been concerns about his behaviour. Also on the child protection register for sexual and emotional abuse. Academically able.	Had always been a time-limited placement. After 2½ years, he moved to a residential unit. They kept in touch with him and attended his 18 th birthday leaving party at the unit.	He occasionally rings but they keep him somewhat at arms length – protecting their grand-children – as they remain wary of his seductiveness. They would not want him to call unannounced.	Now 25 years old, living quite locally and in touch with his father.
Foster parents 3/ ESU4	Placed at age 14, from a residential care placement, where he had been abused by other boys.	Had first been referred to a community based service aged 10, following incidents of attempted penetration, oral sex with younger boys and girls. Placed in a residential unit, before moving to carers. Six months into the placement he was convicted of the rape of his brother – he stayed with the carers and they supported him through the court process.	Family life chaotic and abusive, with multiple carers, and a lack of boundaries, control or supervision. Neglect and serious physical abuse and suspected sexual abuse. Struggling in school due to poor attendance and behaviour problems.	Four years, until he was 18.	He is in regular contact by phone when he wants advice but he cannot visit them as deemed by professionals to be a risk to those aged under 18 years and they now have other children with them.	Now 23, living back in his home area, in a hostel. Has continuing relationship difficulties, drug related problems and has been in prison at least once.
Foster parents 4/	Placed when nearly 13. He came for an	Had been referred to a community based service aged 12, following	Already in care because of own sexual and physical	Stayed 3 years, until 17, when moved on to semi-independent	Has visited regularly since then, with	Now aged 26. Works as a steward at sporting events

ESU5	introductory weekend visit and then refused to go back to the children's home where he had been initially placed.	cautions for various incidents of sexual assault against younger children.	abuse, a lack of parental warmth and supervision and witnessing domestic violence.	living accommodation.	girlfriends and has stayed for short periods. Carers helped him and long-term girlfriend to obtain their first rented home.	and festivals.
Foster parents 5/ ESU6	Made subject of care order and placed when aged 8.	Subsequently referred to community based service aged 9, following incidents of attempted penetration against younger male and female children.	Father not known and his mother had died when he was 3. Had then lived with grandparents until the abuse was discovered when they rejected him. Intelligent, doing well at school.	Has remained a member of the family ever since.	In close contact, they are his 'Mum' and 'Dad'.	Now aged 22 years, in the armed forces, doing well, returns home when on leave.