

**“I COULDN’T UNDERSTAND WHY ANYONE WOULD LET  
SOMEONE LIKE ME INTO THEIR HOUSE”: FOSTER CARE FOR  
YOUNG PEOPLE WHO HAVE SEXUALLY ABUSED**

**by**

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## **Abstract**

**“I couldn’t understand why anyone would let somebody like me into their house”:**

**Foster care for young people who have sexually abused**

Looking after young people who are unable to live within their own families is a complex and demanding task. Complexities increase when those young people are identified as having sexually abused and are thought therefore to present risks of sexual harm to others. This small scale study by a child protection practitioner draws on accounts of placements from both foster carers and young people to explore these complexities. The study identifies significant challenges facing young people and carers within placements though confirms that foster care can and does provide some young people who have sexually abused with experiences of childhoods which are secure, healthy and enjoyable – rich and valuable in themselves and which may prove to be stable foundations for the rest of their lives. It also suggests that carers and young people understand the role undertaken by carers differently. A conceptual framework describing this role and encompassing these differences is developed from an analysis of data that suggests how carers seek to protect young people and others by either enabling or constraining young people to achieve developmental tasks. This conceptualisation is compared with established models of foster care. While recognised as being both broad in nature and provisional, its potential application and utility within practice is considered.



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## Table of Contents

<b>Title Page</b>	
<b>Abstract</b>	<b>Page 1</b>
<b>Acknowledgments</b>	<b>Page 3</b>
<b>Table of Contents</b>	<b>Page 5</b>
<b>List of Illustrations</b>	<b>Page 7</b>
<b>List of Tables</b>	<b>Page 8</b>
<b>Chapter One:</b> “I couldn’t understand why anyone would let somebody like me into their house”: Foster care for young people who have sexually abused.	<b>Page 11</b>
<b>Chapter Two:</b> Towards a model of effective foster care of young people who have sexually abused.	<b>Page 19</b>
<b>Chapter Three:</b> Engaging partners in the collection of sensitive data and the development of knowledge	<b>Page 59</b>
<b>Chapter Four:</b> Caring for young people who have sexually abused: Foster placements described by Carers and Young People	<b>Page 79</b>
<b>Chapter Five:</b> Caring for young people who have sexually abused: An analysis of Carers’ and Young People’s descriptions of foster placements	<b>Page 113</b>
<b>Chapter Six [Part i]:</b> Conceptualising the Foster Carer’s role	<b>Page 159</b>
<b>Chapter Six [Part ii]:</b> Summary and Conclusions	<b>Page 179</b>
<b>Chapter Seven:</b> From theory to practice: Conceptualising the professional role	<b>Page 185</b>
<b>References</b>	<b>Page 199</b>

## **Appendices**

**IASS Ethics proposal** **Page 223**

**Introduction to Workshop Plan** **Page 255**

**Workshop Plan (Slide presentation and notes): ‘Protecting & Enabling or Constraining’:**

Supporting the Caring Role **Page 259**

## **List of Illustrations**

- Figure 1:** Maccoby and Martin's Classification of Parenting Patterns **Page 29**
- Figure 2:** The Secure Base Star (p154 Schofield & Beek (2007)) **Page 36**
- Figure 3:** A diagrammatic representation of the role undertaken by foster carers in looking after young people who have sexually abused showing three key aspects identified by thematic analysis of interviews with carers and with young people **Page 150**
- Figure 4:** A visual representation of the Osbournes' approach to caring for Darren as suggested by an interpretation of the thematic analysis of their accounts of his placement with them. **Page 151**
- Figure 5:** A visual representation of the Howards' approach to caring for Michael as suggested by an interpretation of the thematic analysis of their accounts of his placement with them. **Page 152**
- Figure 6:** A representation of the relationship between the three aspects of the caring role as understood and experienced by Peter **Page 153**

## **List of Tables**

- Table 1:** Parenting Tasks Adapted from Quinton, (2004) **Page 22**
- Table 2:** Examples of the Developmental Tasks of childhood and adolescence as suggested by Masten and Coatsworth (1998) **Page 23**
- Table 3:** Children’s Developmental Needs and Dimensions of Parenting Capacity as identified by the Framework for the Assessment of Children in Need DoH (2000) **Page 26**
- Table 4:** The Initial codes developed from data describing the role of the foster carer in looking after young people who have sexually abused **Page 115**
- Table 5:** The Initial codes defined **Page 116**
- Table 6:** Codes and Sub-themes identified by thematic analysis of data obtained from carers and young people describing the role of the Foster Carer in looking after young people who have sexually abused. **Page 122**





## Chapter One

**“I couldn’t understand why anyone would let somebody like me into their house”:**

### **Foster care for young people who have sexually abused**

Although the existence of children and young people who display harmful sexual behaviours has been established on the ‘professional map’ in the UK since the early 1990s (Hackett, 2004), surprisingly few studies exist which describe either how those who are unable to live within their own families fare in foster placements, or how foster carers respond to the challenges they present. It is recognised that such children and young people are being placed with carers and that they and their carers are reporting their experiences, in formal review processes, to their supporting social workers and to each other (for example Hardwick, 2005 and Milner, 2008), though to date, most of these descriptions, and the lessons they contain, remain within confidential case files and looked after children’s review reports. This is unfortunate as it means that understanding of what happens within these placements, and whether what happens meets these children’s needs and reduces the risks they present, is not shared widely. This study seeks to redress this by both exploring and reporting how foster carers who look after young people who have sexually abused perceive and experience their role and how young people who have sexually abused experience foster care and perceive the role of carers.

The study undertaken by a social work practitioner is informed by previous research in two fields spanning academic and professional practice; an established field with an extensive literature concerning *foster care* and a more recent field with a growing literature

concerning *children and young people who have sexually abused*. Most of the more recent conceptual maps derived from research in these fields have been orientated according to an understanding that children and young people are enormously varied and this is acknowledged here. Sinclair (2005), charting research and practice in fostering for example, asserts that ‘absolutely nothing [about looked after children], except perhaps the facts that they are human and children, is true of all of them’, and he asserts that, for this reason, it is ‘important that those dealing with individual children approach them without firm presuppositions’ (Sinclair, 2005 p24). Lovell, charting children’s and young people’s sexually abusive behaviour, also champions a ‘child first’ approach to research and practice and asserts that all children and young people who have displayed sexually harmful behaviour should be seen first and foremost, not as sexual abusers, but as individual children and young people who are developing physically and emotionally, and who each have particular strengths and needs (Lovell, 2002). This approach underpins and orientates this particular research study.

While it has been necessary to consult two distinct bodies of literature, or guides, to plan and undertake this research project, it should also be acknowledged here that the imprecision in the language used in each, has made it difficult to locate and compare the features in the ‘landscapes’ of the young people or their carers already charted by existing research. Maps plotting foster care and sexual abuse appear then to have been drafted using very different ‘scales’ and ‘key symbols’. Many of the studies mapping foster care, for example, concern very different populations of children and young people; some of their ‘scales’ are set to include the experiences of carers and the characteristics of young people who have sexually abused; others are set to include the experiences of carers and the characteristics of young people described more broadly as having ‘adverse sexual histories’.

Some maps are scaled to include both ‘children and young people’, others describe only ‘adolescents’ or ‘young people’, without defining how the scales are calibrated to match individuals’ ages or developmental statuses. The use of different ‘key symbols’ in maps charting both fields are also apparent in the changing terminology applied to adults who foster children. Some studies emphasise their distinctiveness from birth parents and their professional role by referring to them as ‘foster carers’, others highlight their similarities to birth and adoptive parents and referring to them as ‘foster parents’ include them within studies of ‘parents caring for children, or young people, who have sexually harmed’.

The blurring of these various categories has therefore required the consideration of broader populations of children and young people and carers than the specific focus of the study would suggest. It has also necessitated attempting to identify, interpret and match the scales and symbols used by previous researchers. This has required this researcher to consider both how *foster caring* compares and contrasts with *parenting* and also how firmly children and young people resist classification. As Pollock and Farmer (2005, p30) suggest “there are rarely markers to alert carers to the multiple deprivations and adversities in the backgrounds of children or which can help determine whether a child will develop sexualised or sexually abusive behaviours”.

The landscape mapped by this study represents the experiences and views of foster carers who have cared for young people who have sexually abused and of young people who have sexually abused and who have been cared for by foster carers. ‘Sexual abuse’ is defined here as sexual behaviour which is ‘initiated by a young person and which demonstrates an element of manipulation or coercion or where the subject of the behaviour is unable to give

informed consent' (Hackett, 2004). This definition is seen as offering greater precision than other commonly used terms [for example 'sexually problematic behaviour' or 'sexually inappropriate behaviour'] and accepts that young people's sexual behaviour exists on a continuum from 'common and acceptable' to 'wrong and harmful' depending on various factors including individuals' ages, understanding and developmental competencies. It also recognises the subjective experiences of those who have abused and those who have been abused and the relationships between them (Hackett, 2004) and emphasises the active nature of the behaviour. Sexual abuse then is perceived as both a sexual act and as an abuse of power between individuals. This definition does not depend on criminal convictions being secured against individuals who have reached the age of criminal responsibility in particular jurisdictions and therefore allows for behaviours which lie outside the scope of criminal justice systems to be considered and for this study to be located within an international context.

Outdated and inaccurate guides have continued to circulate and inform professional practice long after they have ceased to be helpful or to represent a considered and consensual view of young people's or carers' experiences. Some guides, written to inform work with adult sex offenders for example, and describing 'offence-specific', risk focused interventions, continue to influence practice with children and young people, years after their basic orientation was questioned and the importance of adopting a developmental perspective with young people acknowledged (NCH, 1992; Harnet and Misch 1993; Ryan, 1999, Whittle et al, 2006). Others, offering suggestions interpreted as warnings to travelers in certain regions to 'beware of monsters', continue to convey powerful and unhelpful messages to professionals and service users about young people's identities and about how professionals should respond to them. This particular study seeks to challenge these

messages and to build on the work of authors such as Jenkins (1990), Ryan (1999), Wyre (2000), Epps (2003) and Hackett (2004) in promoting person-centred, developmentally sensitive, strengths based responses to young people who have sexually abused and who are unable to live within their own families.

While a number of studies have been published concerning foster care provision for young people who have sexually abused [for example Ownbey et al, (2001) and Hardwick (2005)] and which report the views of young people who have sexually abused who have used services [for example Hackett (2006) and Durham (2006)] very few have asked foster carers who look after these young people how they perceive and experience their role, or young people who have sexually abused how they experience foster care and understand the role of their carers. This study does this and records stories which are unique and have value both as individual narratives about subjective experiences and as data contributing to a body of research concerning adults who share their homes and lives with the most vulnerable of young people and who together face significant challenges (Wilson et al, 2004). How these stories were gathered and interpreted, what they say about the experiences of particular young people and foster carers and how they relate to other accounts of foster care from looked after young people and foster carers, shape the discussion which follows.

This discussion is divided into chapters. The next chapter offers an introduction to the literature concerning foster care and sexual abuse by young people and identifies how models of parenting have informed how foster care is understood. Various conceptual models of foster care are reviewed and compared with those describing sexual abuse and the development of sexually abusive behaviour in young people to determine whether any are able to encompass the particular challenges presented by young people who have sexually

abused. This review provides a rationale for this particular study and informs the development of two research questions.

Chapter three describes the development of an appropriate methodology with which to attempt to answer these questions and locates this within a theoretical framework. The relationship of the practitioner-researcher to the research participants is considered and ethical issues involved in discussing very sensitive issues involving children's sexual behaviour are considered. The choice and suitability of the analytical methods used to explore, interpret and present participants' account of their experiences and views are considered and suggestions are made to assist future researchers in this area.

Chapter four presents extracts from transcribed interviews with carers and young people about their experiences of foster care in order to record their accounts of placements and amplify their voices in the research process. A description of how these narratives were analysed thematically is then provided in Chapter five and a conceptual framework with which to understand the role of foster care with young people who have sexually abused is developed.

Chapter six relates this conceptual framework to existing and established theoretical models of foster care and of the development of sexually abusive behaviour to determine whether it complements these or extends understanding in any way. Findings from the study are summarised before a concluding chapter considers whether the research questions have been answered and how the conceptualisation of the foster carer's role suggested by thematic

analysis might be applied in professional practice. This chapter includes a discussion of the researcher's own journey through the research process and of his own learning and proposes how findings from the study might be shared with carers and with other practitioners in order to review and refine the conceptual framework presented and develop professional practice.

The overall aim of undertaking this research has been to contribute to the development of theory, policy and practice in foster care with young people who have sexually abused. The account presented here describes how a practitioner has been able to engage both carers and service users in a formal research project about very sensitive matters which has led to the development of a useful conceptual model of foster care. This highlights the beneficial and important role of the practitioner-researcher in working with service users and carers in extending the evaluation of practice to the development of knowledge from practice (Beresford and Croft, 2004; Shaw, 2005).



## **Chapter Two**

### **Towards a model of effective foster care of young people who have sexually abused**

This chapter considers the relationship between *parenting* and *foster care* and identifies models of parenting which have informed how foster care is conceptualised. Four prominent conceptual models describing the role of foster carers are then introduced before the specific challenges presented to foster carers by young people who have sexually abused are considered. The discussion explores whether current models of foster care are broad enough to encompass the parenting of young people who have sexually abused or sensitive enough to recognise the specific or particular challenges they present and it concludes by outlining the rationale for this study and introducing the research questions.

Foster care is considered both “a remarkable and paradoxically very ordinary activity” (Sinclair, Gibbs and Wilson, 2004, p7). Simply stated it involves children and young people “living and being cared for in ordinary families, but in families which are not their own and which are sponsored, funded and regulated by the state” (Sinclair, Gibbs and Wilson, 2004, P7). Broadly defined it is a “kind of parenting, though parenting for a special task” (Quinton, 2004. p85) which relates to the particular needs and circumstances of individual children at particular moments in their lives. More specifically, it is an activity intended “to provide children who are unable to grow up within their own families, with childhoods which are secure, healthy and enjoyable – rich and valuable in themselves, [and which will be] stable foundations for the rest of their lives” (DfES, 2006a, p3). This is understood to involve “meeting children’s basic needs, keeping them safe, showing them warmth and love, and providing the stimulation needed for their development and helping them achieve

their potential, within stable environments where they experience consistent guidance and boundaries” (DfES, 2006, s1.4; DCSF 2010, s1.4).

It is like parenting and *is* parenting, though it is also different from how many parents understand their role. Quinton refers to it as a “special kind of parenting” (Quinton, 2004, p86). Carers are required to demonstrate a dispassionate commitment to children’s wellbeing rather than to the children themselves, and are accountable to a regulating and employing agency. They are required to consult with and seek agreement from others before making decisions about the children they care for, and the relationships they have with them are required to be flexible enough to accommodate their existing relationships and likely also to be temporary. They are expected then not to become too attached to the children they look after in case this undermines their relationships with their parents and make their moves within the care system [or reunification with their families] more difficult. Foster caring then “requires the ability to stand back and let go” (Quinton, 2004, p96).

The particular needs and circumstances of individual children requiring foster care are often challenging. Many come from “families which are dangerously fraught” (Sinclair, 2005, p14) and compared with their peers (and with previous generations of fostered children), they are more likely to have had difficult early lives and to have suffered abuse, emotional neglect, loss and trauma and to demonstrate emotional and behavioural difficulties (Pallet et al., 2005; Wilson et al, 2004). Caring for them then means doing the sort of things most parents do for their children while also attempting to redress some of the discontinuities and losses they may have experienced before they entered care. As Quinton suggests, foster carers “need to be like parents but to be something else as well” (2004, p86). What foster carers understand they need to be, and do, in order to care for young people who have

sexually abused is the focus of this study. How the foster care role is generally understood by carers and by children is the starting point for this discussion.

### **Conceptualising Parenting and the Foster Carer's Role**

As “foster caring *is* a kind of parenting” (Quinton, 2004, p85) then, conceptualising the foster carer's role requires an understanding of parenting. Quinton is helpful here, firstly in identifying the tasks parents perform in order to fulfil their responsibilities to their children, secondly in relating these to the developmental tasks their children need to achieve as they grow up and thirdly by setting each within a ‘parenting ecology’.

Table One below lists the various tasks Quinton suggests parents need to perform in order to fulfil their specific responsibilities to children.

Table 1: Parenting Tasks Adapted from Quinton, (2004)

Responsibility	What parents have to do and provide
Giving physical care	Provide food, shelter, rest and protection.
Giving affection	Express overt physical and verbal warmth and comfort.
Giving positive regard	Give approval; be sensitive to signals; be responsiveness.
Providing emotional security	Provide consistent and predictable warmth sensitivity and comfort.
Setting boundaries	Provide clear statements on what is acceptable; provide good supervision.
Allowing room to develop	Provide and allow challenges within the child’s capability.
Teaching social behaviour	Model reliability, reasonableness and assertiveness.
Helping develop skills	Encourage learning and exploration; be responsive in play.
Facilitating cognitive development	Provide opportunities for constructive play; monitor schooling.
Facilitating social activity	Facilitate peer contact and provide new experiences.

Caring for children physically for example involves providing them with food, shelter, rest and protection; providing children with emotional security involves offering predictable, warmth, sensitivity and comfort, and enabling children to develop skills involves encouraging their learning and exploration while also providing appropriate supervision to ensure their safety. Clearly, not every parent is able to perform all of these tasks equally well (and some may not even recognise them as their particular responsibility) and neither are all children as easy to parent, however fulfilling these responsibilities to some degree is understood to enable children to achieve the developmental tasks they must accomplish in order to grow from infancy through childhood and adolescence to independent adulthood or

to achieve their developmental potential. Examples of the developmental tasks it is suggested children need to accomplish at different stages are outlined in Table Two below.

Table 2: Examples of the Developmental Tasks of childhood and adolescence as suggested by Masten and Coatsworth (1998)

<b>Age Period</b>	<b>Task</b>
Infancy to preschool	Attachment to caregiver[s]. Language. Differentiation of self from environment. Self-control and compliance.
Middle childhood	School adjustment [attendance, appropriate conduct]. Academic achievement [e.g. learning to read and to do arithmetic]. Getting along with peers [acceptance, making friends]. Rule-governed conduct [following rules of society for moral behaviour and pro-social conduct].
Adolescence	Successful transition to secondary schooling Academic achievement [learning skills needed for higher education and work] Involvement in extracurricular activities [e.g. athletics, clubs]. Forming close friendships within and across gender Forming a cohesive sense of self-identity

Clearly not every child will be able to achieve all these tasks or develop successfully from dependent infant to fully competent, confident, interdependent adult, however this schema suggests that most developmental trajectories involve children being able to differentiate themselves from other people (through developing identities as individuals); learning how to communicate their needs effectively and cooperating with others in order to meet those needs; being able to regulate their emotions and behaviour and acquiring and developing skills for independence. Adults fulfil their parental responsibilities to children then by helping them to accomplish these developmental tasks. By providing food, shelter, protection and affection for example, parents not only meet their physical needs but also enable their children to form attachments to them and develop the emotional security they need to be able to explore the world and to begin to differentiate themselves from their environment: By facilitating relationships with other children and providing new experiences for them, parents enable their adolescent children to form friendships, acquire skills and develop positive identities: By giving approval and being responsive, parents enable their children to feel that they are valued and to develop confidence and self-esteem.

Parenting then is conceptualised both in terms of outcomes for children and as a “key social relationship” for both children and parents (Quinton, 2004, p26). It is a dynamic and interactive process, done *with*, rather *to* children, through recognising and responding to children’s individual needs at particular times. It is also understood to be a process and a relationship that takes place within a particular ecological context (Bronfenbrenner, 1979), “what parents actually do with and for their children - arises from a wide variety of influences” (Quinton, 2004, p28). A mother’s poor health or a violent relationship with her partner for example may adversely affect her ability to respond sensitively to her children or provide them with consistent warmth, while effective support from a neighbour or a friend

may help her to ensure reliable boundaries around her children's behaviour. Likewise a child's physical disability or challenging behaviour may strain his parents' ability to be responsive in play with him, while his involvement in a local sports club might provide him with alternative opportunities to explore and develop skills and also reduce stress within the family. Similarly increasing family income may enable parents to provide their children with new experiences or carry out repairs to the family home reducing hazards and enabling an adolescent child greater privacy or space to play creatively or to undertake learning tasks required by his or her school.

This ecological perspective then informs current professional practice and now represents a significant and prominent model of parenting. It underpins 'The Framework for the Assessment of Children in Need' (the 'Assessment Framework') (DoH, 2000) for example, and is used therefore by professionals across different agencies to support judgments about how they can best help the children and families with whom they are working.

The Assessment Framework identifies children's developmental needs (rather than tasks they are required to achieve), and parents' capacity to meet these needs as shown in Table Three:

Table 3: Children’s Developmental Needs and Dimensions of Parenting Capacity as identified by the Framework for the Assessment of Children in Need DoH (2000)

<b>Child’s Developmental Needs</b>	<b>Parenting Capacity</b>
<p><u>Health</u>, including growth and development and their physical and mental wellbeing.</p> <p><u>Education</u>, including opportunities to play, succeed and achieve and to acquire skills and interests.</p> <p><u>Emotional and behavioural development</u>, including their ability to self-regulate and adapt to change.</p> <p><u>Identity</u>, including the development of a positive self-image, their feelings of being valued as a person and accepted.</p> <p><u>Family and social relationships</u>, including stable and affectionate relationships and age appropriate friendships with peers.</p> <p><u>Social presentation</u>, including cleanliness and personal hygiene and an awareness of the self in relation to others and;</p> <p><u>Self-care skills</u>, including practical, emotional and communication competencies required for increasing independence.</p>	<p><u>Basic Care</u>, including the provision of food, drink, warmth, shelter, clothing and personal hygiene and appropriate medical and dental care.</p> <p><u>Safety</u>, including protection from unsafe adults and children and from hazards and dangers in the home and elsewhere.</p> <p><u>Emotional warmth</u>, including secure, stable and affectional relationships and appropriate physical comfort, praise and encouragement.</p> <p><u>Stimulation</u>, including opportunities for learning, communication and intellectual and social development, through play and schooling.</p> <p><u>Guidance and boundaries</u>, including modelling appropriate behaviour and control of emotions, effective discipline and moral guidance and;</p> <p><u>Stability</u>, including the maintenance of secure attachments, consistent emotional warmth and appropriate responsiveness.</p>

The framework describes the broader ‘parenting ecology’ then within which parenting takes place by suggesting how children’s developmental needs and parents’ parenting capacity are both influenced by the particular characteristics of their families and of the wider environment in which they are located. Parents live with their children in families located within communities and children’s developmental needs and parents’ ability to meet these needs are seen as being shaped by factors such as family composition, history and integration within the community; by housing, employment and income and by the extent to which the family are able to access community resources.

The conceptualisation of parenting suggested by the Assessment Framework is considered broad enough to encompass foster caring (DoH, 2000, s3.64) and foster carers who care for young people who have sexually abused may therefore find it helpful to understand their role in the terms outlined by the six core dimensions of parenting capacity suggested. They may however, feel that this does not fully capture the dynamic nature or the complexity of the interactions that take place between themselves and the children or young people with whom they share their homes.

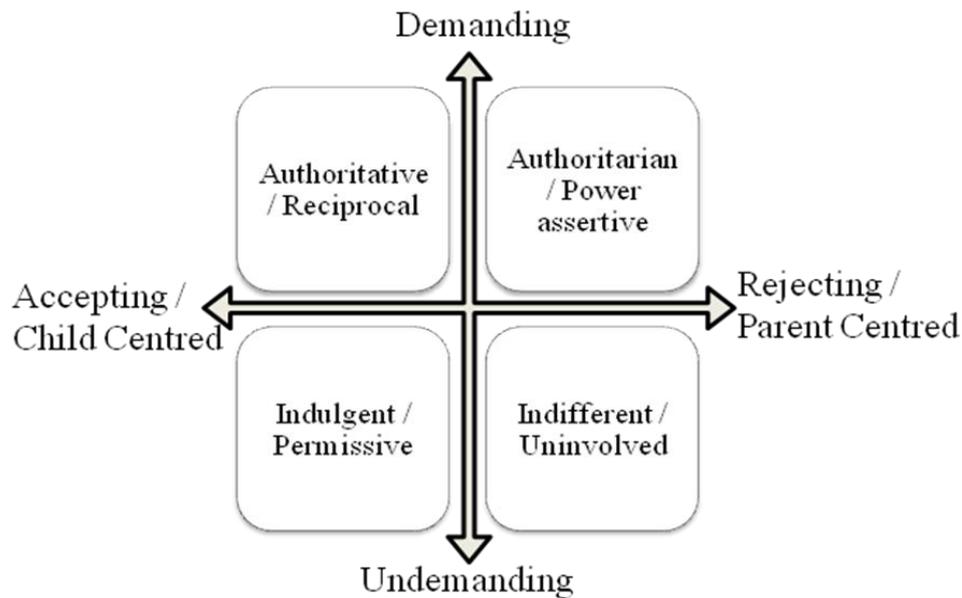
Alternative models foregrounding particular aspects of parenting and caring are described below; each suggests greater emphasis on the ‘relational fit’ between carer and child (Hackett, 2003) than is indicated by the Assessment Framework. The first offers a conceptualisation of foster care informed by established models of parenting describing ‘parenting styles’; the second emphasises the significance of foster carers’ responsiveness to the children placed with them; the third foregrounds the importance of carers providing children and young people with a ‘secure base’ to enable them to achieve their developmental tasks; and the fourth highlights the nature of interpersonal interactions

between carers and children within placements and also between carers and children with others outside placements which may impact the relationships between them and the outcomes they are able to achieve.

The first of these conceptualisations is offered by Farmer, Moyers and Lipscombe (2004) and is a development of Maccoby and Martin's (1983) *Parenting* and Baumrind's (1966) *Parental authority* models. This demonstrates diagrammatically how foster carers' basic approaches to the children and young people they look after shape their interactions with them and how parental behaviour demonstrates both 'demandingness' and 'responsiveness' towards children. Hackett provides a helpful clarification of the terms used here: He defines 'demandingness' as "the extent to which parents show control and supervision in their parenting" and 'responsiveness' as "the extent to which they show emotional warmth, acceptance and involvement" (Hackett, 2003, p162). Parents and carers who have clear expectations of their children and high levels of behavioural control and monitoring then are described as being 'demanding'; parents who offer less supervision and have lower expectations of children's behaviour, as undemanding. Parents and carers who "encourage psychological autonomy, are trusting and display acceptance" (Hackett, 2003, p163) are described as 'responsive' while those who are less engaged or warm with their children or who rely on confrontation rather than negotiation are described as 'unresponsive' or 'rejecting'.

Figure 1: Maccoby and Martin's (1983) Classification of Parenting Patterns

[Reproduced from Quinton et al., (1998), p21]



This model suggests that the combination of these dimensions outlines the basic parenting approach adopted by a parent to a particular child. High demandingness and high responsiveness suggests 'authoritative' parenting; while high demandingness and low responsiveness suggests 'authoritarian' parenting. Conversely low demandingness and high responsiveness suggests 'permissive' parenting while low demandingness and low responsiveness suggests 'neglectful' parenting. Parenting theories generally highlight the benefits to children's development and wellbeing of nurturing support and clear guidelines for behaviour within an environment offering firm boundaries (Quinton et al, 1998); this corresponds with Baumrind's 'authoritative parent' and with the approach represented by the top left hand quadrant of Maccoby and Martin's model, and there is accumulating evidence that these factors are both predictive of positive outcomes for children in general

(Pugh et al, 1994) and for children who are looked after by foster carers (Walker et al, 2002; Sinclair, 2004; Lipscombe, 2006).

Farmer, Moyers and Lipscombe (2004) found that the approach to parenting most likely to be demonstrated by foster carers was that represented by the 'authoritative / reciprocal' quadrant in this model. They observed carers to be mostly child centred, warm and responsive to children and to be able to set clear and reasonable boundaries around children's behaviour. They also noted however that some carers demonstrated other approaches. Those whose behaviour was described within the top right hand quadrant used more regulatory and controlling behaviour with children placed with them; those whose approach fell within the bottom left hand quadrant appeared child centred though were actually quite undemanding of children and permissive about their behaviour; and those whose approach to parenting fell within the bottom right hand quadrant were neither responsive nor accepting of the children placed with them and were either indifferent and neglecting or indeed even hostile towards them.

Farmer and her colleagues demonstrated that while parenting approaches tended to be fairly stable over time, carers' attitudes and behaviour towards the children they looked after changed according to circumstances, and their overall approach to parenting therefore appeared to move within quadrants and indeed across axes over time. This demonstrated to them how parenting skills are displayed within the context of two-way relationships between adults and children (Quinton et al 1998) and that 'spirals of interactions' between them can develop well or badly depending on circumstances. Carers who are normally child centred, sensitive and authoritative for example may become dangerously permissive or rejecting of certain children placed with them when they are tired, or when they are

overwhelmed by work or family pressures (Wilson, 1974; Lipscombe, 2006). Similarly carers who demonstrate sensitivity and responsiveness to children they like may attempt to control and bully those they dislike.

This model then provides a useful way of understanding how parental attitudes towards children and parenting influence parental behaviour, and also how the interaction of attitudinal and behavioural characteristics impact children. It emphasises that parenting is a dynamic process which is dependent on many variables and suggests that it is unhelpful therefore to describe parents as either 'good' or 'bad', and preferable to acknowledge that they may demonstrate sensitive or insensitive, responsive or unresponsive, and controlling or permissive parenting depending on situations, circumstances and relationships concerned. It also suggests that it is the balance of care provided, in response to the specific needs of the individual child which determines whether what is offered should be considered 'good enough' (Winnicott, 1965) for a particular child.

An alternative way of understanding parenting, and specifically the parenting of children and young people by foster carers, was developed by Sinclair, Wilson and Gibbs (2005). They used a sporting analogy to describe and explain the spirals of interactions observed by Farmer and her colleagues occurring between children and carers in placements. Recognising that the best tennis players are not necessarily the strongest, fastest or fittest off the court, but are actually those who are able to deal skilfully with *most* of the balls they are required to play in matches, they suggested that the most 'successful' carers are those who are able to deal skilfully with most of what is actually happening in a placement at a given moment in time. They defined successful foster carers as being those who were able to prevent placements disrupting and whose placements were rated by social workers, family

placement workers and themselves as successful and understood successful caring as dealing effectively with situations as they arose and being responsive to each young person placed with them. The notion of 'responsiveness' then is key to this model and they defined this as the ability to deal appropriately with difficult behaviour, handling attachment issues well and reinforcing socially acceptable self-esteem and identity. In this model responsive parents set and maintain clear limits and diffuse conflict when it arises; they are able to deal sensitively with children's previous attachments and losses, offer tolerable closeness and avoid using threats of rejection; they are able to encourage and praise children's successes and they avoid dwelling on mistakes and failures (Sinclair, Wilson and Gibbs 2005 p131).

Helpful insights flow from this conceptual model. Just as in a sport, where an athlete's ability to demonstrate her skill on court depends on her levels of fitness, her preparedness, the support she receives and on the quality of her racket and footwear, foster carers' ability to be responsive to children depends on a wide range of factors. These are referred to by Sinclair's team as 'central conditions' (Sinclair, Wilson and Gibbs, 2005, P98) as they appear to make parental responsiveness more or less likely. Some of these conditions relate to the characteristics of the carers themselves, their motivation and commitment to the parenting role for example, or the degree of strain within their own relationship; some relate to the children, their acceptance of the placement or their propensity to difficult or easy behaviour. Some conditions relate to the 'fit' between children and carers, how compatible they are, whether they have interests in common or share goals for the placement. Other conditions relate to the context of the placement. These may be to do with how the placement came about for example, whether it was arranged at short notice in response to an emergency in the child's life, or planned and prepared for; whether other children share the

placement, or whether or not it is supported by the carers' families and friends and by skilled professionals.

Sinclair and his colleagues described these central or core conditions determining carers' responsiveness as interacting in complex ways and as constantly changing. They suggest for example that skilled carers looking after children who seem relatively easy to care for, may be less responsive to them when they are facing financial pressures themselves or when their relatives or friends withdraw valued support. Likewise well supported, skilled and experienced carers may be unable to handle children's attachment issues appropriately, or deal with their difficult behaviour, when those children refuse to be cared for or persistently run away. Conversely relatively inexperienced carers with limited material resources may be able to respond most effectively to a child's needs if they are supported effectively through a close working relationship with the child's school.

This model then offers a way of understanding what constitutes effective parenting of children by foster carers by emphasising the dynamic nature and significance of the unique two-way interactions between the carer and the child within a particular ecological context. The child is perceived very much as an active participant in the parenting dyad rather than as a passive recipient of care and as such, responds to the parent as the parent responds to the child. As with all analogies, the model has its limitations and care should be taken to avoid misinterpreting how the relationship between the parents and children within the sporting contest is perceived: Carers should not understand their role therefore as competing against children [as tennis players trying to beat their opponents] but instead as working with them to overcome placement challenges together. This way, carers can be helped both

to anticipate and prepare for difficulties within placements, through skills training and effective support, and to deal with those challenges as they arise.

As in the Assessment Framework (DoH, 2000) discussed earlier, where support for families to parent children is identified as one element of the ‘family and environmental factors’ impacting both children’s developmental needs and parenting capacity, the importance of ‘support’ for carers to care for children is foregrounded in Sinclair’s model. This links with findings from a number of studies commissioned as part of the ‘Supporting Parents’ research initiative (Quinton, 2004) which developed professional understanding that support was not something which stands outside families’ parenting ecologies (Belsky, 1994), and which should therefore be provided when parenting is failing, but as something which is integral to the parenting and caring role.

Two studies commissioned as part of this research initiative specifically explored how foster carers both sought and used support in order to parent children and young people placed with them (Sinclair, Gibbs and Wilson, 2004; Farmer et al, 2004). These defined ‘support’ broadly and included material resources alongside advice and practical help, as well as emotional help, comfort and encouragement, though they demonstrated that carers’ ability to cope with stress during placements was directly related to the extent and the quality of the support they were able to secure. Simply stated, the better the support available to them, the less stressed they felt and, other things being equal, the better they were able to meet placement challenges.

Effective support for carers was shown to be as likely to come from informal sources as professional and specialist services. Supportive relationships, with partners and with other

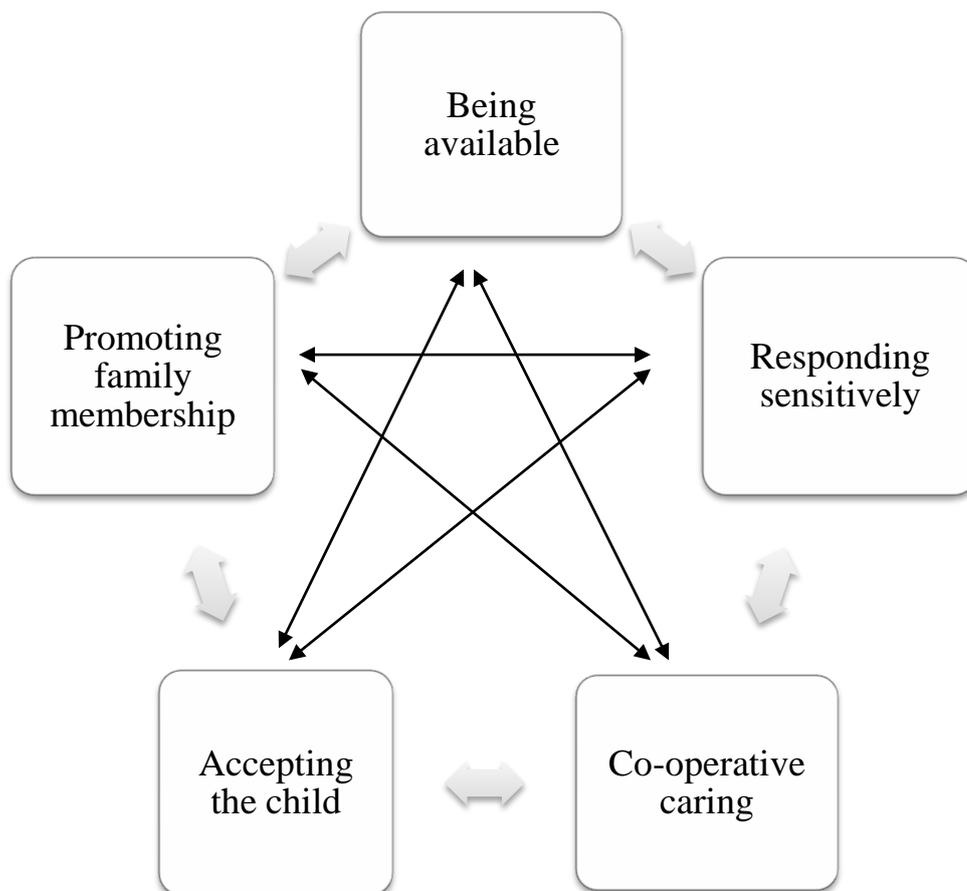
family members and neighbours then, appeared to help lessen the effects of stress on carers, increase their ability to remain responsive and sensitive to their children, and reduce ‘negative placement outcomes’ [for example, conflict and placement breakdowns]. Conversely carers’ relationships with some services designed to provide formal support, appeared actually to increase their stress and to negatively impact placement outcomes.

A key message to emerge from the Supporting Parents research programme then was that support, like parenting, should be seen as both a process and a relationship (Quinton, 2004). Support that is valued and effective, takes place within the context of respectful relationships in which the giver is sensitive to how the recipient feels about receiving the support offered. ‘Support’ (whether formal or informal) that fails to respect the recipients’ dignity or freedom of choice, or that disempowers is simply not supportive.

The third prominent and influential conceptualisation of foster care explored here was championed by the Department for Education and Skills in ‘Care Matters: Time for Change’ (2007, p45). This model developed by Schofield and Beek (2006) sits within the theoretical framework describing developmental processes known as ‘Attachment theory’ though adapts and translates Bowlby’s (1980) and Ainsworth’s (1978) work on the development and significance of attachments between parents and children and the development of social competence and self-esteem in children and young people specifically for parents and carers of fostered and adopted children. This emphasises the centrality and healing power of close relationships between carers and children and significantly portrays foster placements as ‘environments for change’. It suggests that effective foster care is ‘therapeutic parenting’ and that effective carers are those who are able to recognise the discontinuities, losses and fractured relationships in children’s lives and help them to experience and build emotional

attachments to others. As with the Assessment Framework (DoH, 2000) discussed earlier, this model links specific dimensions of caregiving by parents with particular developmental benefits for children and highlights the importance of carers responding sensitively to children, though it stresses that the key goal of foster placements should be the development of a secure base from which “children can be supported to explore and maximise their potential” (Schofield and Beek, 2006, p153).

Figure 2: The Secure Base Star (Schofield & Beek, 2006 p.154)



As shown in Figure Two, Schofield and Beek depict the development of ‘felt security’ for infants and children diagrammatically using four inter-related caring dimensions previously

identified by Ainsworth, and by adding a fifth, which they believe is particularly relevant in understanding the dynamics of families with older children and within fostering and adoption. This addition forms a five pointed star around a secure core representing the child's 'secure base'.

Schofield and Beek's model then suggests that when carers are physically and emotionally available to them, children develop trust in them and an ability to trust others, and confidence to explore the world around them. When their carers are able to recognise and respond sensitively to children's moods, they learn to identify and manage their own feelings and behaviour for themselves. When carers encourage and take an interest in children's activities, co-operating and negotiating with them rather than directing them, children recognise that their own goals are important and they are able to develop skills and feel effective. When carers show children that they value and accept them, even when their behaviour is difficult, they develop self-esteem and self-worth; and when carers include them as members of their family, while also respecting and helping them to strengthen other relationships that are important to them they learn that they matter and 'belong' in different ways to different people.

While the 'secure star model', like the others discussed earlier, stresses the interconnectedness and dynamic nature of parent-child relationships and the importance of carers being responsive to children, "shaping the mind and ultimately the behaviour of the child is seen here as beginning in the mind of the caregiver" (Schofield and Beek, 2006, p15). Carers initiate changes for and within children by providing the context in which change can take place and by shaping their interactions with them in response to their individual needs. This suggests that children can be helped by their carers to replace unhelpful 'internal

working models of themselves in relation to others', developed within abusive environments, with more positive and functional cognitive representations, through experiencing relationships with them which are warm, trustworthy, reliable, and sensitive to their needs.

The final theoretical model offered here as a way to conceptualise foster care, represents an attempt to describe complex inter-personal behaviour between individuals of all ages. It is particularly helpful as it offers a framework for understanding carers' interactions with young people, young people's interactions with others within and outside placements and also carers' interactions with partners, family members and friends, and with professionals, either supporting the placement or working directly with the young person. Like Schofield and Beek's model this is developed from classic attachment theory though it represents an extension of it and specifically references the development and expression of sexual impulses and behaviour within relationships.

The model developed by Heard and Lake and described by Heard (2003) is built on the premise, familiar within attachment theory, that each of us is born with a "range of in-built biological behaviours that increase our chances of survival", both as individuals and as a species (Howe, 2009, p42). Heard and Lake (1997) understood care seeking behaviours as developing in infancy and continuing throughout life, and rather than being instinctive in themselves, as arising from the operation of instinctive 'behavioural systems'. Care seeking in infancy then is likely to give rise to very different behaviours to care seeking in adulthood, though the behavioural system responsible for these behaviours may be activated by similar triggers and its goal [to elicit comfort and protection from another in order to restore a sense of wellbeing] remains constant through life. Heard and Lake interpreted

Ainsworth's observations that infants and children are unable to do much else except seek care when they feel unsafe or anxious, or when they are in pain or discomfort (Ainsworth, 1991), as indicating that the underlying behavioural systems responsible for an individual's inter-personal behaviours are developmentally and functionally related, though distinct; each is triggered by particular signals and 'corrected' or deactivated when distinct goals have been achieved. Thus, when a child who is playing begins to feel distress, its care seeking behaviour system is triggered and it begins to cry. The goal of this system is for the child to be returned to a state of wellbeing and its activation inhibits the behavioural system directing exploratory behaviour; the child therefore finds itself no longer able to play. When the child's mother hears its cries, her care giving behaviour system is activated, and this directs her to comfort the child. If she is able to do so, and her actions satisfy the child, its care seeking system, having achieved its goal, is deactivated and it stops crying; its exploratory system is then reactivated and it resumes playful behaviour. Likewise the mother's care giving system, having also achieved its goals [to relieve the child's distress or discomfort] is deactivated, and she is able to resume other activities (Heard and Lake, 1997).

Heard and Lake claim to have incorporated neurophysiological and anatomical evidence from developmental and evolutionary biology for the existence of five, distinct, inter-personal behavioural systems within individuals, in the development of their model. In addition to the care seeking and care giving systems then; one is responsible for the individual exploring the world and seeking and sustaining 'play' (Winnicott, 1971) alone or with others; another is thought to develop as an 'offshoot' of this and, when boosted by hormonal surges during adolescence, is responsible for an individual's 'affectional sexual

behaviour': Another, described as the 'personal defence' system, is thought responsible for determining an individual's responses to threats and danger.

This model then offers some important ideas about parenting and particularly the parenting of older children and teenagers. Underpinning it is an understanding that people demonstrate two distinct ways of relating to each other (Heard, 2003); these are 'supportive and companionable' [associated in adulthood with the capacity to express empathy and with exploration] and 'dominating or submissive' [associated at all ages with interactions that are defensive and fear-based]. The model suggests that when each of an individual's behaviour systems are well integrated and functioning smoothly, and when others are sensitive and responsive to that individual's needs, he or she is able to respond to personal threats in ways which sustain wellbeing, companionable relationships and exploration of the world. When that individual's behaviour systems are functioning less well, perhaps because one system consistently over-rides or inhibits the others, that person's sense of wellbeing reduces, and in consequence, he or she begins to relate to other people in ways which are either dominant or submissive.

This offers a way of understanding interpersonal interactions and patterns of behaviour, including sexual behaviour. Sexual behaviour can be seen as an expression of supportive and companionable, or dominant and submissive forms of relating to others. It is suggested then that mutual and companionable sexual behaviour can be understood as resulting from the activation of the 'affectional sexual behaviour system' while compulsive, abusive or harmful sexual behaviours are triggered by the activation of self-defensive mechanisms, in response to emotional over-arousal, fear or existential anxieties. This insight enables carers to draw a potentially useful distinction between sexual behaviours which appear similar

though, which Heard and Lake argue, arise through different neurological mechanisms and which therefore have different meanings for the individual and may have different consequences for others.

As suggested, Heard and Lake's model offers a framework for understanding inter-personal interactions between parents and children, carers and young people, between carers and those who wish to support them in their caring role and between children and young people and their peers. It highlights how children and their carers may relate to each other and their peers, in ways which are either socially competent and friendly or self-defensive and aggressive and it suggests that adults caring for children need well-functioning 'internal working models of themselves in relation to others' and skills to be able to manage their own instinctive behavioural systems, in order to help their children develop and manage their own.

Each of the models discussed here offers a way of conceptualising parenting and foster care and the interactions that take place between parents and carers and the young people they look after. While no one theoretical model of parenting has yet achieved wide acceptance among foster carers (Sinclair, 2005 p16) each is compatible with statements that define foster care as both "a remarkable and paradoxically very ordinary activity" (Sinclair, Gibbs and Wilson, 2004 p7) and as a "kind of parenting, though parenting for a special task" (Quinton, 2004 p87). Heard and Lake's model represents both the broadest conceptualisation of inter-personal interactions described here and also the most specific within the parameters of this chapter. It specifically mentions sexual behaviour as an expression of individuals' instinctive behavioural systems and it distinguishes companionable or non-abusive sexual behaviour from sexual behaviour which is aggressive,

compulsive and abusive. For these reasons it may represent a particularly helpful model of effective foster care for young people who have sexually abused for carers of these young people and for those who support them.

The following section explores what is known about young people who have sexually abused and how the development of sexually abusive behaviour in young people is currently understood in order to determine whether this understanding can be accommodated within the models of foster caring described. It considers the prevalence of sexual abuse by young people; the individual, family and abuse characteristics of young people who have sexually abused and the challenges presented by those who are unable to live within their own families.

### **Young people who have sexually abused**

While “sexual offending is considered one of the most heinous forms of criminal behaviour and shocks the public conscience, particularly when committed by adolescents” (Pullman and Seto, 2012 p203), official crime statistics show that it is not an unusual phenomenon (Hackett, 2004). In the U.S.A, adolescent sexual offenders account for twelve and a half per cent of all arrests for rape, and fourteen per cent of all arrests for other sexual offenses (United States Department of Justice, 2009). The figures are similar in the U.K. The most recent statistics available for England and Wales for example, show that in the twelve month period to September 2010, approximately two thousand of the eighteen thousand reported sexual offences resulting in formal disposals, were committed by young people less than eighteen years of age and that the vast majority of these were committed by boys and young men (YJB, 2011; Justice, 2012).

Of course, as most abusive sexual behaviour does not reach the criminal justice system (Hoghugh, 1997; Hackett, 2004; Whittle et al, 2006) it is reasonable to assume that sexual abuse by young people is more widespread than what is recorded as sexual offending by young people. Surveys carried out by the NSPCC support this suggestion. One carried out in 1998 for example, showed that only a quarter of respondents who described having been sexually abused when they were under sixteen years of age, had told anyone at all about this at the time of the abuse, and very few of these had reported their abuse to police or to other professionals (Cawson et al, 2000). A follow up survey conducted ten years later, revealed a similar picture; two thirds of respondents who reported experiencing contact sexual abuse by an adult, and only one out of five of those sexually abused by another young person, reported that they had told anyone at all about their experiences at the time (Radford et al, 2011).

The same NSPCC surveys indicate the prevalence of sexual abuse of children and young people in the U.K. Eleven per cent of nearly three thousand young adult respondents in 1998 [6% of females and 7% of males] said that they had suffered abuse involving sexual contact of some kind as children, either against their wishes or when they were aged twelve years or under and the other person was five or more years older (Cawson et al, 2000). Significantly for this particular study, 'date rape' [involving a boyfriend or girlfriend] and 'peer abuse' [involving another young person known to the victim] were found to be the most common forms of sexual abuse likely to be faced by young people (Cawson et al, 2000). Ten years later, the follow up survey found a similar proportion of respondents [one in twenty] reporting having experienced coerced sexual activity as children under sixteen years of age, with two thirds of all contact sexual abuse reported as having been perpetrated

by other children and young people under the age of eighteen years. Other studies have reported similar findings (Glasgow et al, 1994; Masson and Erooga, 1999, Morrison, 1999; Radford et al, 2011) and a broad consensus has therefore emerged that suggests that between a quarter and a third all sexual abuse coming to the attention of child welfare and criminal justice systems in the U.K. and North America involves young or adolescent perpetrators (Lovell, 2002, Lowenstein, 2006 and Hackett et al, 2013a).

Studies in the U.S. and U.K. (e.g. Ryan et al, 1996; Taylor, 2003 and Hackett et al, 2013) reveal that children and young people who present with harmful sexual behaviour are ‘a diverse group with a complex set of motivations, background experiences and varying types of abusive or offending behaviour’ (Hackett et al, 2013). Many come from troubled circumstances and present with diverse treatment needs (Lowenstein, 2006). Many come from families demonstrating ‘prolonged parental absence or conflict, abuse and neglect and interactional dysfunction’ (Pollock and Farmer, 1998, p229); many come from highly sexualised families (Pollock and Farmer, 1998, p231) or are understood to have been sexually abused themselves (Veneziano et al, 2000); many have experienced rejection and disrupted parenting (Taylor, 2003) and demonstrate high levels of distress, psychological disturbance and challenging behaviour (Pollock and Farmer, 1998, 2005; Mumford, 2011) and many have experienced rejection by their schools and communities (Hackett et al, 2013a).

A recent study of seven hundred children and young people referred to nine specialist treatment programmes in the U.K between 1992 and 2000 as a result of their sexually abusive behaviours confirms the diversity of their individual, family and abuse characteristics and the complexity of their individual needs (Hackett et al, 2013). While the

vast majority of young people referred to services were male [97%] and [where ethnicity was recorded] ‘White’ [93%], thirty eight per cent of the sample were identified as having ‘learning disabilities’: Two thirds were known to have ‘experienced at least one form of abuse or trauma, including either physical, emotional and sexual abuse, severe neglect, parental rejection, family conflict and breakdown, domestic violence and parental drug and alcohol abuse’ (Hackett et al, 2013) and half the sample were either known [31%] or strongly suspected to have been sexually abused [19%]. Records about these young people’s offences noted a wide range of sexually abusive behaviours; these included non-contact sexual behaviours [50%], touching others’ private parts [84%], penetration or attempted penetration [52%] and sexual abuse involving physical violence [18%]. Many of the young people surveyed displayed more than one type of sexual behaviour [46%] and over half the sample had abused more than one other person. Nineteen per cent of the sample had abused males only, just over half had abused females only and nearly one third of young people in the sample had abused both males and females. Where information was available it was found that the majority of these young people’s victims were known to them and a quarter of them were actually related to them.

While it is important to note that these findings only reveal the characteristics of those young people who have come to the attention of agencies and have been referred to specialist services and may not therefore be fully representative of all young people who have sexually abused, they are comparable to findings from previous studies in the U.S and U.K (e.g. Ryan, 1996 and Taylor, 2003). The British study however reveals some significant features with important implications for practice. Firstly many more young men with ‘dual sexual abuse experience’ (Bentovim, 2002; Hackett, 2002) were identified than had been recognised in previous studies: Half the sample of young men in this study then

were either known or strongly suspected to have been sexually abused before sexually abusing, suggesting both the possibility for a significant proportion of boys and young men, of a causal link between their experiences and their behaviour and that professional responses to them should include recovery focussed interventions as well as attempts to address their harmful sexual behaviours (Hackett et al, 2013). Secondly the British study reveals a higher proportion of referrals relating to young people with learning disabilities than might be expected from whole population data. It has long been recognised that “the relationship between learning disability, with its key diagnostic elements of lifelong impaired intelligence and social functioning, and sex offending is a complex one” (Hutchinson et al, 2012, p53) and that the learning disabled are over-represented in services for sexual offenders (O’Callaghan, 1998), though as thirty eight per cent of this particular sample were identified as having ‘learning disabilities’ compared with only [approximately] two per cent in the general population this represents a very significant variance warranting further investigation. In contrast to the apparent over representation of young people with learning disabilities in the sample, the number of referrals relating to young people from Black and Minority Ethnic groups in the British study was much lower than demographic data about the communities from which they were referred would suggest. Each of these findings has implications for policy and practice, particularly in relation to how agencies and professionals pay attention to the needs of young people with learning disabilities and how they respond to young people from BME communities, how professionals understand their roles with these young people and indeed whether they respond to them as young people who have sexually abused or as young people with learning disabilities or from BME communities.

Currently in the U.K. professional responses to children and young people who have sexually abused are suggested by practice guidance (DCSF, 2010, s11.46; YJB, 2008)

which recognises that they may pose significant risks to other children though also that they are likely to have considerable unmet needs themselves. It recommends then that agencies hold young people responsible for their abusive behaviour while responding to them in ways that protect others and meets their own needs. This is acknowledged to be far from straightforward and understood to require a coordinated, multi-agency, multi-disciplinary response, where appropriate information is shared effectively in order to inform complex professional judgments (Whittle et al, 2006; DCSF, 2010 s11.50).

Professional judgements should be informed by empirical research concerning the effectiveness of professional responses and studies are beginning to indicate that “family and community based interventions, especially those with an established evidence-base in treating adolescent anti-social behaviour hold considerable promise in [both] meeting young people’s needs” (Letourneau and Henggeler et al, 2009) and in protecting others from the risks they present. Policy and procedures in the U.K are developing to facilitate this approach: Initial and Core Assessments, mandated by s17 of the Children Act 1989 and co-ordinated by local authorities for example, then may identify young people’s needs and recommend how these may be met; child protection processes [established under s47 of the Children Act 1989] may be initiated to consider how best to protect named individuals who are perceived to be at risk of sexual abuse by young people, as well as those young people who have sexually abused and who are perceived to be at risk themselves; Multiagency Risk Assessment Conferences or MARCs [established under The Criminal Justice Act 2003, as part of Multiagency Public Protection Arrangements] may be convened when young people who have been convicted of sexual offences are believed to present continuing risks to others (YJB, 2008) and increasingly multi-systemic, developmentally based, therapeutic

approaches are being adopted by agencies (Ryan , 1999; Jones et al, 2006; Whittle et al, 2006; Pritchard et al, 2011; Roberts, 2011).

Any of these coordinated, multi-agency processes of course, may identify that some of these young people are unable to live in their own homes, and that their needs may be best met by being looked after by foster carers. This represents a very significant challenge for fostering services and for carers. Current National Minimum Standards for Fostering urge foster carers to “treat all children they look after as they would their own” without distinction (DoE, 2011, p3), though the handful of studies concerning such placements, suggest that the emotional impact of caring for young people who have sexually abused can be very significant indeed. Foster carers interviewed by Lipscombe (2006) for example, described feeling poorly equipped to cope with the challenges these young people presented, and of being unclear whether their role involved looking after ‘sex offenders’ or ‘children who had sexually abused’; whether they were ‘prison warders’ or ‘parents’; whether they should ‘care’ or ‘control’, or indeed whether it is possible to both ‘care’ and ‘control’. Carers interviewed by Maskell (2002) likewise, reported having been worried about having to manage very uncertain risks presented by the young people they looked after, and about the effects this had had on their own families. Carers told Walker’s research team that they had become worn out “from trying to meet everyone’s needs, the demands of having to constantly supervise young people who had sexually abused and the consequent strain of never being off duty” (Walker et al, 2001).

Hackett’s (2002) review of professionals’ experiences of working with young people who have sexually abused, offers another perspective on how young people’s behaviour can impact on those who care for them. Drawing on published studies, he noted how some

professionals felt 'dirtied' or 'sullied' by their work (Hoghughi, 1997); some experienced feeling powerless and of desiring control over the young people they worked with (Erooga, 1994); some 'over identified' with the children these young people had harmed, and consequently felt psychologically victimised themselves (National Taskforce, 1993), and others experienced fear and paranoia, and even hatred towards children who had abused (Mitchell and Melikian, 1995, Haugaard and Reppucci, 1988). Maskell's observations that carers were aware of very negative attitudes towards 'sex offenders' within society (The Guardian, 1998) suggested to her that those who work with young people who have sexually abused are likely to experience both the normal stresses associated with working with 'sexual abuse', and also those generated by, what appears to be, a lack of 'societal sanction' for their work (Maskell, 2002).

While young people who have sexually abused then have been described as being, of all children, those most in need of reparative family life experiences (Milner, 2008), they are perhaps also, those least likely to be able to access these.

### **Conceptualising Sexual Abuse by Young People**

In order for young people who have sexually abused to be able to access reparative [substitute] family life experiences safely, carers must be able to understand their role and be equipped and supported to undertake this. They need to understand what young people need and how they can help meet their needs, and what risks they present in order to keep them and others safe (DfES, 2007). They need then to have some understanding about sexually abusive behaviour; what it is, how it develops, how it is carried out and what are its

consequences and they need to understand that with appropriate intervention most young people who have sexually abused do not re-offend (Whittle et al, 2006; Chaffin 2008, Hackett et al, 2013a). Understanding this may help carers see those they care for not as sexual offenders but as young people in need of support to accept responsibility for their behaviour and to overcome barriers which had previously prevented them from treating others with respect (Jenkins, 1990).

Various theoretical models currently informing professional practice offer carers ways of understanding sexual abusive behaviour. Finkelhor's (1984) model describing 'Four Preconditions of Sexual Molestation' and Ryan and Lane's (1991) 'Cycle of Offending' for example, stress individual agency in the commission of sexual abuse by suggesting how individuals take active steps to offending. Each implies then that those who abuse are responsible for their actions though also that they can learn to control their behaviour and to meet their needs in ways which do not harm other people. While still speculative then, these models usefully serve to challenge unhelpful suggestions that sexual abuse 'just happens'; that 'once someone commits a sexual offence they are bound to repeat this unless deprived of their liberty' or that victims of sexual abuse are responsible for being abused; all notions which might undermine an individual offender's journey towards responsibility (Jenkins, 1990).

Other models informing practice suggest various developmental pathways to sexually abusive behaviour (e.g. Marshall and Barbaree, 1990; Hall and Hirschman, 1991 & 1992; Ward and Beech, 2005; Smallbone, 2005) and propose how early adverse experiences [particularly of child abuse and neglect] impair the development of healthy attachments and social skills, give rise to abuse-supportive attitudes and beliefs and restrict individuals'

ability to regulate emotions and sexual impulses. Each are thought to disrupt individuals' opportunities to form successful relationships with peers and, during adolescence, in response to hormonal surges increasing sexual drive, raise the likelihood that they will engage in sexual contact with children or use coercive behaviour to achieve sexual goals. Most of these models suggest how abusive behaviour is then reinforced through conditioning by the alleviation of negative mood and by sexual orgasm. Each model then attempts to account for complex interactions between different variables and influences in the lives of young people and offers suggestions about how powerful motivations to sexually abuse emerge over time which vulnerable individuals may be ill equipped to resist. These have value in helping carers to understand something of the challenges young people who have sexually abused present and face though each seems to go beyond what can be demonstrated by current evidence (Seto and Lalumiere, 2010).

Seto and Lalumiere demonstrate this when they question whether young people who sexually abuse can be distinguished from young people who commit non-sexual offences. Their meta-analysis of 59 independent studies [published between 1983 and 2007] comparing adolescent male sexual offenders with non-sexual offenders suggests that data actually reveal more similarities than differences between young people who commit sexual offences and those who commit non-sexual offences. While the authors acknowledge that the data available to them was variable in quality and therefore urge caution in interpreting their conclusions, they found that these groups of young people actually share very similar characteristics: They demonstrate similar intellectual capabilities and anti-social beliefs and attitudes; they appear to have experienced similarly poor parent-child attachment and been exposed to similar levels of non-sexual violence; both groups demonstrate similarly poor interpersonal functioning and experience similar family communication problems.

According to Seto and Lalumiere then, the groups described in the studies they analysed only really differed in their sexual interests. This suggested to them that young people who have sexually abused are simply more likely than other young people, including young people who have committed non-sexual offences, to report being interested in sexual contact with children or in coercive sexual behaviour and that a “parsimonious [and possibly testable] theory” of adolescent sexual offending then, may contain just two primary dimensions: general anti-social risk factors (Quinsey et al., 2004; Rutter, Giller and Hagell, 1997) and ‘atypical sexual’ interests’ (Seto and Lalumiere, 2010).

Seto and Lalumiere’s analysis suggests a possible mechanism for the development of the atypical and potentially pro-abusive, sexual interests in young people they highlight. They found then that those who had offended sexually were more likely than their peers to report having been sexually abused or exposed to sexual violence or pornography at an early age. This replicates findings from other studies of adult sexual offenders (Jespersen, Lalumiere, and Seto et al, 2009) and again suggests the existence of a possible link, at least in some young men between being sexually abused and sexually abusing. Much more research is needed to understand this link; most young people who have been sexually abused do not go on to abuse others (Whittle et al, 2006) though some do appear to develop atypical sexual interests as a result of being abused, which Seto and Lalumiere suggest may act in combination with existing anti-social tendencies to drive abusive sexual behaviour. As noted earlier Hackett’s recent analysis of the abuse characteristics of seven hundred young people “lends some support to the notion of their being a very sizeable sub-group of young men who have a dual sexual abuse experience [of being abused and of abusing] for whom ‘the explanation of their behaviours may be seen as a re-enactment of their own experiences of sexual abuse’ (Veneziano et al., 2000, p.370), with implications for the kind of recovery-

focused intervention [and support offered by foster carers] that may be required, in addition to that addressing their harmful sexual behaviours” (Hackett et al. 2013).

In order to be able to provide safe, reparative [substitute] family life experiences for young people who have sexually abused, carers also need to understand what young people want, how they see themselves and how they perceive the purpose of foster placements. The final part of this chapter therefore explores what young people who have been fostered think about foster care.

### **Young people’s views of services for them**

Recent studies collating the views of ‘care experienced’ children and young people show that they recognise both the tensions inherent within the caring role and the challenges facing foster carers. Children understand that their own needs and circumstances are diverse and often complex and emphasise both the importance of matching carers with particular skills to children with particular needs and of carers being responsive to them within placements (Sinclair et al, 2005). They tell us that they want to be treated as individuals (SCIE, 2006) and they understand each placement is different and that carers approach their roles in different ways. Children who have experienced more than one care placement understand this particularly clearly: A respondent in Sinclair’s survey for example reported that “foster care is sometimes good and OK, at other times horrible, depending on where you are” (Sinclair et al., 2005). Young people seem to suggest then that the outcome of placements depend on them, their carers, the match between them and wider placement factors.

Key to young people's experiences of foster placements is the relationships they have with their carers. This is closely linked to the young person's perception of their carers' attitudes towards them (Lipscombe, 2006). Some children believe that looking after them should be regarded by carers as more than 'just a job' and that they should 'truly want to help' (Lipscombe, 2006). Children perceive this personal commitment to them in different ways: Some want to be included in family outings or holidays, some want to be able to call their carers 'Mum' or 'Dad'; others want their carers to attend parents' evenings at school. 'Going beyond what is required of them for work purposes' seems then to be important to children and young people. (Walker et al, 2002).

It is also important to children that rules and boundaries are experienced by them as 'fair'. Some children and young people prefer and respond better to carers who have strict rules and take a regulatory approach to care; others prefer less control and more negotiation (Walker et al, 2002). A young person who is close to his mother, though used to inconsistent or chaotic parenting for example, may prefer a foster placement where carers maintain very clear boundaries around his behaviour and offer emotional distance. Another child who has experienced either rejecting or controlling parenting may prefer and respond better to foster carers who are prepared to offer emotional proximity, nurturing and a loosening of behavioural rules.

Children and young people prefer carers who are willing to listen, who treat them as individuals, and who demonstrate that they respect, value and accept them. This has been described as a 'profoundly empowering experience' for some (Walker et al, 2002) which impacts directly on their self-esteem, confidence and sense of worth (Lipscombe, 2006). Children and young people have described how carers simply knocking on their bedroom

doors before entering can have a significant effect on them and convey the message that they are valued (Lipscombe, 2006).

Young people also tell us that they want to be treated as “normal” by their carers and for their carers to help others to see them as normal (DfES, 2004). Lipscombe for example reports one of her interviewees describing a good (remand) foster carer simply as “someone who treats you as normal, nothing else, nothing extra” (Lipscombe, 2006). Again ‘being normal’ means different things to different young people. To some it includes being given access to the same opportunities and material resources their peers enjoy (Sinclair et al, 2005; CSCI, 2006); to others it means not being defined simply in terms of historic circumstances or past ‘bad behaviour’ (Walker et al, 2002). Several young people interviewed by Walker for example who described themselves as essentially “good” suggested how important it was to them that their carers had been able to recognise and tap into this “goodness” while also accepting that they would sometimes behave “badly” (Walker et al., 2002).

Sinclair summarises findings from a number of studies on fostering by suggesting how 4 key principles should underpin foster care practice (Sinclair 2005): Firstly children and young people want and need close relationships: they need close relationships with adults who are committed to them and they need those adults to respect and nurture other relationships which they value. Secondly children and young people need to be enabled to change and develop: they need to be helped to overcome trauma, they need encouragement to enjoy school and college, acquire new skills, learn how to look after themselves, and achieve self-esteem and a positive sense of themselves. Thirdly children and young people want to exercise choice: they need to be heard, to be taken seriously and to get more of what

they want. They need to experience making choices in order to understand the consequences for themselves and others of 'getting it right' and also of making mistakes and of taking responsibility for those mistakes. Finally children and young people need to experience coherence in what happens in foster care and after it. Leaving care should be experienced as a springboard to a better life not as a rug being pulled from under their feet, as supports are withdrawn.

Children and young people who have experienced foster care tell us then that they want other young people want; they want to be 'accepted' by their carers first and foremost as children and young people (Sinclair et al, 2005).

This may be the factor most able to bridge the various conceptual models of foster caring and of sexually abusive behaviour described here and between what young people say they want and what professionals think they need. If foster care is to be more than just a 'port in a storm' (Wilson, Sinclair and Petrie, 2003) for young people who have sexually abused and perhaps an opportunity for them to experience close relationships with adults who are committed to them, and with a safe space in which to grow and change (Sinclair, 2005), carers must first see them as 'young people who have sexually abused' rather than as 'sexual abusers' (Lovell, 2002).

This study will consider whether this is possible by exploring the experiences of a small number of carers and young people. It will investigate how carers who have looked after young people who have sexually abused conceptualise their role; seek to identify the challenges these placements present carers and young people; and explore what young

people who have sexually abused think about foster care. It will attempt then to answer two specific questions:

- How do Foster Carers who look after young people who have sexually abused understand and experience their role?

And:

- How do young people who have sexually abused experience foster care placements and understand the role of foster carers?

The approach and methods used to answer these questions are introduced in the next chapter. This describes the development of the research project; the relationship of the researcher to the research participants and also how the study was designed both to hear and share carers' and young people's stories and to gather and interpret sensitive and valuable data.



## **Chapter Three**

### **Engaging partners in the collection of sensitive data and the development of knowledge**

This chapter discusses the researcher's motivations for undertaking the research project and the approach adopted. It describes the design of the study; how participants were recruited and engaged and how data was collected, analysed and presented. It also notes the researcher's changing relationship to practice over the course of the project and briefly considers the challenges and opportunities this has brought.

This research project, was developed for two reasons; firstly to enable a social work practitioner to advance his own practice (McLeod, 1999, p8) by gaining understanding and experience of formal research methods, and secondly, to provide useful data to explore what constitutes effective foster care of young people who have been identified as having sexually abused. The study then was designed to extend this practitioner's critical and reflective practice, by moving beyond a role which involved 'evaluation' of practice and service delivery to one involving the development of 'knowledge and scholarship' (Padgett, 1998). It was also planned that a commitment to the involvement of practitioners and service users in the design and evaluation of service delivery would be extended into formal research and that the study would, as far as possible therefore, involve service users and practitioners as 'participants' rather than 'subjects' in the development of knowledge and scholarship and "provide a critique of practice harnessed to a social justice agenda for and with service users" (Shaw, 2005).

The particular focus of the enquiry was chosen as experience had shown this practitioner that uncertainty and confusion existed amongst foster carers concerning their role with young people who had sexually abused and that many were unclear how they should care for them. Some foster carers appeared to minimise young people's past sexually abusive behaviour and the sexual risks they presented while others appeared to understand that they should try to be like prison officers with them, restricting their freedom in order to protect potential victims from their sexually abusive predispositions. Discussions with colleagues in formal supervision and professional case consultations, suggested that this confusion was widespread within the professional network and awareness grew that outdated and inaccurate ideas about young people who had sexually abused, and about how to respond to them, were circulating and informing professional practice. While it was clear then that government policy relating to foster care in the UK had been regularly reviewed, updated and buttressed by primary legislation, statutory instruments and regulatory frameworks [for example DfES (2006) DfES (2006a) DoE (2011) DoE (2011a) DoE (2011b)], and that this had impacted positively on practice at a local level; policy relating to children and young people who had sexually abused [as distinct from those who had committed sexual offences] had largely been delegated to local agencies in the form of 'non-statutory practice guidance' (DCSF, 2010) and that as a consequence, practice in many areas was variable and awareness about how best to support these young people was patchy.

Conversations with different foster carers who had looked after one particular young person [who had been sexually abused, and who had subsequently sexually abused other children, prior to being fostered] and reflective discussions about these placements with colleagues in group casework supervision and with tutors at the Institute of Applied Social Studies [IASS] at the University of Birmingham, helped clarify the focus of the enquiry. One of these foster

placements had broken down while the other had been perceived by carers and social workers alike as having been stable and successful and this prompted discussions with both carers about the nature of their experiences and the meanings they ascribed to the interactions that took place between themselves and the young person during their placements. These discussions established that each carer had very different opinions about the young person and his behaviour and that they had understood their roles and their work with him differently. One spoke warmly about him and of helping him to 'grow up', while the other spoke of his behaviour in very negative terms and described her role largely as being to 'control' him. Discussions with the young person concerned revealed that he was aware that he had been treated very differently by his carers and also that he could identify what he had found helpful and less helpful about how he had been looked after.

A preliminary review of literature following these conversations suggested that only a handful of studies had attempted to record the views of young people who had sexually abused about the services they accessed [for example Hackett and Masson, (2006)] and that very few had attempted to describe the complex interactions and challenges inherent within foster placements involving young people who had sexually abused. Fewer still had sought the perspectives of both carers and 'care experienced' young people and it was felt both legitimate and timely then to explore and attempt to record the experiences and views of other foster carers and young people about their placements. After speaking further with specialist child protection and fostering social work colleagues and with other foster carers, two research questions were developed. The first asked how foster carers who look after young people who have sexually abused understand and experience their role; the second, how young people who have sexually abused experience foster care placements and understand the role of foster carers.

As enquiring into any aspect of a young person's sexual behaviour, particularly where that behaviour has been identified as having broken rules or harmed others, is a "particularly sensitive and challenging task" (Hackett and Masson, 2006 p185), very careful and detailed planning was undertaken to ensure both the wellbeing and safety of potential participants in the study. With support from colleagues in practice and from the IASS a detailed research proposal was developed and applications made to the research ethics panels of the University and the practitioner's employing agency, The National Society for the Prevention of Cruelty to Children [NSPCC]. This helped shape the final design of the study by ensuring that risks to the participants and the researcher were identified and safeguards incorporated to minimise these. Some of these safeguards are discussed below though the full submission to the IASS is attached as an appendix (p216).

### **Research Design: Participation**

While the research project was designed in order to explore how foster carers who look after young people who have sexually abused understand and experience their role and how young people who have sexually abused experience foster care placements and understand the role of foster carers, the overall aim of the research project was to promote and facilitate genuine dialogue between young people, care providers, care managers and children's social workers about this complex role. It was intended then that the study should increase understanding between those involved in foster care about how to care for children who have sexually abused so that best practice might be shared more widely and that outcomes for children might be improved. In seeking both to generate knowledge and promote change then, the research was designed with an explicitly political stance 'focusing on empowering individuals to take action to transform their lives' (Humphries, 2008). This was consistent with the researcher's own professional values and responsibilities [as a social worker] to

promote social justice (IASSW and IFSW, 2005) and was informed by experience from practice which suggested that the voices of service users are often silenced by pressures ‘pushing social work and social services towards a social control role and away from a liberatory one’ (Beresford and Croft, 2004 p59). Undertaking formal research with young people and foster carers then was understood as offering opportunities to develop a ‘critique of practice, harnessed to a social justice agenda’ *for and with* service users and carers (Shaw, 2005 p.1245).

While it had been intended that power differentials between the researcher and participants would be minimised and that ‘participatory’ research methods (Oliver, 1996; Beresford and Croft, 2004) would be pursued in order to achieve shared learning and change, it was recognised from the outset that it would not be possible to adopt a fully ‘collegiate model’ of participation (Cornwall and Jewkes, 1995). This was because of the nature and sensitivity of the subject matter and focus of the investigation. It was recognised then that confidentiality is an enormous issue for many service users and that being identified as someone who has sexually abused is something many users of services strive to avoid (Hackett and Masson, 2006, p184). While it may have been possible and helpful then to gather a group of foster carers together to design and undertake an investigation of their experiences of placements, it would not have been appropriate to breach confidentiality by involving young people who had sexually abused within this. It had been hoped that the study might achieve a level of ‘consultative’ or ‘collaborative’ participation, through the creation of opportunities for the researcher and the research participants to work together as individuals to apply or share learning from the investigation at a later stage. Unfortunately this proved not to be possible as shortly after ethical approval for the research was obtained, the service within which it was to be based was selected by senior managers of the agency

for closure. This was a surprise, which directed a change in role for the researcher within subsequent organisational restructuring away from practice and necessitated a significant revision of the research timetable. The implications of this for the research project are considered later, though here it is sufficient to note that this provided valuable opportunities to reflect on the position of the practitioner-researcher in relation to his employing organisation; on the importance of protecting practitioner 'research capacity', and on the vulnerability of practice based research within practice based organisations (Shaw, 2005).

### **Design: Sampling and Access issues**

As resources for this exploratory study were limited, it was planned that no more than five carers and five young people would be interviewed and that only experienced carers and older young people who had sexually abused and who had also admitted they had sexually abused, and who had had both successful and less successful placements would be recruited to the study. It was anticipated then that a small number of participants who had been able to reflect on a range of experiences of placements to some degree would be able to offer considered views and contribute sufficient and rich 'data' for analysis. The sampling strategy agreed with respective research ethics committees determined that research participants who were either still using or in contact with the researcher's specialist service would be recruited through personal contact or through the mediating role of their caseworkers and that only those young people and carers who had had extensive [over 6 months] and voluntary involvement with the service would be invited to take part. This model of recruitment had been successfully tried and tested within the service already [for participative consultation and service evaluation and development] and had demonstrated

both how trust and goodwill had been established amongst those who used the service, and how this might be extended to facilitate formal research activities.

While the design of this study anticipated relatively straight forward access for the researcher-practitioner to users of the specialist service and to their carers, this did not prove to be the case. Despite a very busy caseload during the period planned for field work interviews, very few service users met the strict criteria set out in the research proposal and endorsed by the ethics and governance panels. It just so happened that at this time, most older young people in contact with the service and who may have been able to participate in this research project were either living with their families or in residential homes and therefore had had no experience of being looked after by foster carers. Because of this it was necessary to revise the research timetable and to approach other services within the professional network to request help in recruiting other potential participants. This added complexity and considerable delays to the study, and meant the researcher having to relinquish some control over the access route to the study and having to rely then on others' professional judgement concerning whether carers and young people were 'suitable' to participate in the research. This ensured the researcher was a step removed from several of the eventual participants' immediate support networks though it also introduced an element of doubt regarding the motives of third party mediators for recruiting or excluding participants to the study and therefore potentially undermined the participatory ethos of the project further. Several young people for example, were excluded from the study by their caseworkers because they were perceived by them as being not yet 'ready' to be able to acknowledge the reasons for their removal from their family homes to foster placements and therefore as not yet able to contribute usefully to a discussion about the particular roles and tasks of carers with whom they had been placed. Other caseworkers felt that some young

people had ‘moved on’ in their lives, put past mistakes behind them and that it would be unhelpful for them to be asked to re-visit painful memories.

Whichever reasons existed for colleagues recruiting, or failing to recruit, potential research participants to the study, once contact had been established with carers and with young people, further risks to the integrity of the study and to potential participants were minimised by ensuring that each understood the purpose and processes of the research and gave their informed consent to take part. This was achieved through providing information about the study; through careful and detailed discussion with interested potential participants before their interviews, and through the use of consent forms (see IASS Ethics proposal submission: Potential benefits and hazards, at Appendix p223). In addition to those participants recruited to the study through the practitioner’s own service pathways then, two carers were recruited through contact with a local authority fostering team and two young people were recruited by colleagues within a voluntary sector child protection service in a neighbouring region.

### **Design: Data Collection**

The approach to the collection of data chosen for this study draws loosely on both narrative (Denscombe, 2010) and case study (Yin, 2009) research designs whereby the researcher enables participants to tell their own stories about particular situations in which they have been involved. The single ‘case’ studied by the researcher [of foster placements involving young people who have sexually abused] then comprises several different descriptions and interpretations by carers and young people of their own ‘cases’ of individual placements.

The method chosen to elicit participants' accounts and views of their experiences was the semi-structured interview. This was considered an appropriate research method as the focus of the enquiry involved participants' "opinions, feelings, emotions and experiences about sensitive and personal matters" (Denscombe, 2010 p174). Loosely structuring the interviews then allowed interviewees space to speak their minds while enabling the interviewer to retain some control over the issues being addressed and the questions answered. This ensured both focus and flexibility and offered the opportunity for the interviewees to "develop ideas and speak more widely on the issues raised by the researcher" (Denscombe, 2010 p175).

Practice experience had suggested to the researcher that many carers and most young people find it extremely difficult to discuss issues relating to sex and to sexually harmful behaviour and prefer either to avoid the subject or to discuss it in the vaguest of terms. As noted earlier, confidentiality, and the fear of this being breached is a particularly significant issue for users of sexual offending services (Hackett and Masson, 2006) and this necessitated careful planning and negotiation with potential research participants about which issues would be explored within their interviews. Young people recruited to the study for example were used to talking about their sexual experiences with professionals and each had indicated that they were willing to discuss their experiences of foster care, though while it was necessary to acknowledge that the focus of the research was the foster carer's role in caring for young people who had sexually abused [and therefore that each young person taking part had sexually abused], it was not appropriate or necessary to question young people about the sexual offences that had brought them into foster care. Likewise foster carers recruited to the study were used to talking about caring for young people though were much less practiced in talking about the sexual behaviour of those young people. Each

however had indicated that they were willing to discuss their experiences of caring for young people who had sexually abused and that this would involve discussing how they managed sexual risks presented by young people within placements. Participants knew then what they would be asked to discuss before their interviews took place and understood that they would not have to discuss anything which made them feel uncomfortable. The semi-structured interview format was seen as a way of helping and supporting carers both to 'find the words' to talk about young people's sexual behaviour and as giving them permission to discuss subjects which in other situations they may have regarded as off-limits or 'taboo' and a way of assuring young people that discussions would remain focussed on their own experiences of foster care and would not stray beyond an acknowledgement that they had sexually abused into an exploration of their past sexual offences.

As suggested previously it was hoped that data generated by semi-structured interviews would be rich and detailed and to this end a series of questions was developed and ordered in the form of an interview 'script' which would be used to facilitate reflection by participants and elicit considered responses concerning the issues to be explored. The questions developed were 'open' and, acknowledging adult learning processes (Kolb, 1975), focussed on participants' 'conceptualisation' of the caring role, 'concrete experience' within placements and 'reflective observation' of experiences and interactions between carers and young people and between others supporting the placements. They were designed then to enable respondents to describe their own experiences of placements and to voice their views and opinions as free from the influence of the researcher's own theoretical perspectives and biases as possible. They were also designed to encourage responses which could be subjected to later inductive and deductive analysis and to demonstrate necessary 'disjuncture' (Braun and Clarke, 2006) between the questions asked of the participants, the

overarching research questions, and the questions that would guide the analysis of data. This laid the foundations for rigour within the process of analysis and ensured that the questions asked of interviewees did not simply become the categories, sub themes and overarching themes that ‘emerged’ from the subsequent thematic analysis of the data. The interview scripts are provided in the appendix (p237-239) and show that the questions put to the young people are slightly different from those asked of the carers’; these differences recognise the different roles each played in their respective placements.

### **Fieldwork**

Fieldwork took place over a twelve month period in 2009 and 2010 during which time potential participants were identified through colleagues within specialist sexual abuse and fostering services. Several young people and carers were asked by their supporting social workers whether they would be interested in taking part in a research study about fostering and sexual abuse and the names of those who expressed an interest were passed to the researcher. Careful and detailed discussions took place with carers’ and young people’s social workers before each was invited to participate in the study. Key considerations for young people were whether they had reached an appropriate stage in their own ‘journey from abusive sexual behaviour towards responsibility’ (Jenkins, 1990), and for all participants, whether they would benefit in any way from taking part in the research.

All participants were enrolled in the project after full discussions about the purpose and methodology of the study, and of their rights within the research process. All participants received detailed written information about the project prior to their scheduled interviews

and were informed about matters relating to confidentiality, anonymity, data protection and of their right to withdraw from the research at any time [see appendix p240-247]. All those who chose to take part signed appropriate consent forms.

Six carers and three young people participated in the study and all participants were 'white and British'. None of the young people were connected in any way with any of the carers and all the young people were male and aged between seventeen and twenty one years. They were then 'older young people' describing their past experiences as 'young people': All three were in employment; two were living independently with partners, one was living with relatives. Two described themselves as heterosexual, one as homosexual. Two had completed work with a specialist service at least twelve months prior to the interviews and one [a young man with mild learning disabilities] was still in contact with his caseworker on a voluntary basis as part of agreed longer term general support. All three described wanting to participate in the study and to share their experiences and opinions about being looked after in order to help other young people.

The carers comprised three [heterosexual] couples and chose to be interviewed as couples. Two couples comprised similar aged partners in their fifties with grown up children and although living on their own both cared regularly for young grandchildren. One couple comprised differently aged partners, the male being in his forties the female in her thirties; they lived apart from the male's young adult children and with their infant child. Two couples shared their foster caring responsibilities equally between each other. The third younger couple described the male partner as the main carer of the young people they fostered and the female as their daughter's carer.

All participants were interviewed once at a place of their choosing. All the foster carers were interviewed in their own homes; one young person was interviewed in his home, one at his place of work [in a secure private office] and one at the offices of his specialist child protection service. Appropriate safeguards ensured all interviews were confidential. The interviews were audio recorded and each lasted between thirty minutes and two and a half hours. Each interview was paced according to the apparent needs of the participants who were encouraged to expand on their responses to initial questions through the adoption of a conversational style and the use of supplementary questions.

Each interview was transcribed to enable later thematic analysis (Braun and Clarke, 2006) and participants were offered opportunities to receive a copy of the transcription [and a final report] and to meet again with the researcher at a later stage in the research process. Only two participants [one caring couple] requested a follow up meeting after the initial interview, though this was to discuss an unrelated family matter which they had mentioned during their interview. At this meeting, professional advice and information about support services was offered. Because of the particular sensitivities of the subjects explored within the enquiry and therefore the vulnerability of those taking part, specific safeguards were built into the design of the study in order to minimise hazards to the participants. These are discussed within the ethics approval submission in the appendix (p216-247), though they also are briefly considered below.

### **Ethical research practice: Minimising hazards of the research to the participants**

As in all practitioner / service user interactions, both researcher and research participants are vulnerable in lone working and 'out of office hours' situations. Practice experience over many years had taught the researcher that potential hazards can generally be anticipated through good communication [for example through effective liaison with participants during the recruitment process and with their supporters as appropriate] and by simple risk assessments, and minimised through adopting standard health and safety practice procedures. Risk assessments then were undertaken before each interview and appropriate safeguards implemented in accordance with strategies agreed with each of the ethics committees overseeing the project.

The voluntary involvement of all participants within the study was secured by carefully explaining the purpose and process of the study to each prior to them agreeing to take part. Only care experienced young people over sixteen years of age, and who were both 'Gillick competent' as suggested by *Gillick v West Norfolk & Wisbech AHA & DHSS*, [1983], and no longer being looked after by foster carers were invited to participate. Potential hazards and benefits to participants were explained and their right to withdraw from the study at any time was discussed and agreed. Participants were also made aware of others with whom they could discuss their involvement or report any concerns or complaints about the researcher's conduct.

The likelihood of potential risks to existing foster placements and to relationships between carers and young people was anticipated and minimised by designing questions for carers

which would invite participants to describe only past experiences of fostering. Interviewees therefore, were encouraged to express current opinions and perspectives about foster care, but were asked not to describe current foster placements. Participants were informed of the responsibility and duty of the researcher to disclose information to appropriate parties where prescribed by law and professional codes of ethics. They were informed then, that if they chose to disclose that a previously unreported crime against a child had been committed, or that an individual was at risk of harm, that that information [in accordance with provisions made under the Children's Act 1989 and local Child Protection and Safeguarding procedures] would be passed to an appropriate safeguarding agency. Likewise all participants were told that they could freely choose what information to share or withhold during their interviews.

The risk of harm to participants from the future misuse of information acquired through the research process was anticipated and reduced as far as possible by anonymising data and also by appropriately disguising or omitting biographical details in the presentation of the research. This was intended to prevent the attribution of information to any one individual. Disguising rather than simply anonymising data was considered necessary as, for reasons discussed later, rich and detailed extracts from participants' interviews are presented in both the analysis and the discussion of the analysis.

Finally the likelihood that discussing sensitive and personal issues and past experiences would have a negative emotional impact on participants was anticipated by the researcher prior to the interview [and discussed at the initial recruitment meeting] when the option of enlisting support for the participant from a third party was explored. None of the

interviewees chose this option [though all the carers chose to be interviewed as couples and one young person, with learning disabilities chose for his social worker to wait for him in an adjoining room, throughout the interview] and while emotions were described and expressed during the interviews all participants indicated that the interviews had been thought provoking, enjoyable and helpful to them.

### **The Analysis of Data**

Following the interviews, recorded data from them were organised and prepared for analysis. They were transcribed and interpreted by the addition of punctuation and the elimination of ‘disfluencies’ [filler words and phrases] (Bortfield et al, 2001) and by annotating emphases and pauses in interviewees’ speech. This served to bring the researcher closer to the data (Denscombe, 2010, p275) and also ensured that they would be understandable to the reader when presented as extracts. Data were then analysed using thematic analysis (Attride-Stirling, 2001). This particular analytic method was chosen firstly because of its flexibility and theoretical freedom and secondly because it is considered to be able to provide those new to research with “core skills that will be useful for conducting many other forms of qualitative analysis” (Braun and Clarke, 2006, p78). The method is considered to be suitable for use in both inductive and deductive analyses and across a range of theoretical and epistemological approaches (Braun and Clarke, 2006) including the critical realist approach adopted here and it provided a way of organising and making sense of rich data gathered through the semi-structured interviews.

Within the analysis raw data from the transcribed interviews were organised into meaningful groups or categories representing particular concepts understood to be relevant to the enquiry. Data which had something in common, or were similar to each other in some way, were grouped into initial ‘codes’ (Tuckett, 2005) and reviewed against the concept proposed. If these made sense to the researcher and proved consistent through a recursive process of comparison and testing, these codes were then organised into broader units of analysis or ‘themes’; first ‘sub-themes’ then broader ‘over-arching themes’. At each level of organisation, data were compared with each other and concepts tested against criteria for internal homogeneity and external heterogeneity (Patton, 1990); this ensured that “data cohered together meaningfully within themes and that there were clear and identifiable distinctions between themes” (Braun and Clarke, 2006 p91). Finally themes were defined and named before being reviewed and tested through peer and tutor supervision.

This analytic method provided a “rich and detailed, yet complex account of the data” collected (Braun and Clarke, 2006, p78) which enabled the researcher to identify, interpret and report patterns within them [while acknowledging his own agency in the analysis] and to relate the interpretations made to the specific research questions (Braun and Clarke, 2006).

### **The presentation of data and the sharing of learning**

From the outset it had been intended that the presentation of the research would ensure that the voices of the carers and young people taking part in the study would be ‘heard’ clearly.

It was decided then that the words of research participants should be presented as fully as possible to support the analysis. Extracts from transcribed interviews would serve both to illustrate the concepts suggested by the thematic analysis [and therefore as supporting evidence for the researcher's argument] and as a way of bringing the experiences and reflections of participants to a wider audience (Denscombe, 2011). Facilitating genuine dialogue about the complex task of looking after young people who have sexually harmed others then was understood to require both an interpretation of carers' and young people's experiences and opinions by a researcher privileged to have heard different accounts and also, as far as possible, the carer's and young people's own words.

As indicated earlier the researcher's relationship with practice changed significantly during the course of the research project. Having designed the study then as a practitioner, with an ambition to become a practitioner-researcher, following the completion of fieldwork, the researcher's employment as a practitioner ceased. The analysis of data then has been undertaken while learning a new role, teaching social work students and social work practitioners, as a university lecturer. Whilst this change had not been foreseen it has brought some exciting opportunities. Foremost amongst these has been the chance to work with experienced social workers and foster carers studying for post qualifying professional awards. This has provided opportunities to test provisional ideas generated by the analysis of data from this study and offers the prospect of developing and refining concepts further by speaking directly to practitioners about practice using emerging knowledge from the research. It also offers the opportunity of sharing the experiences and perspectives of service users and carers with professional colleagues using their own words, and therefore of potentially facilitating the dialogue [about looking after young people who have sexually harmed others] intended. How this might be achieved is considered in a later chapter. The next chapter presents the stories of placements told by the service users and carers who took

part in the study. These represent particular perspectives on foster care from within placements and offer important insights about the challenges and opportunities presenting carers and young people when they share a home.



## **Chapter Four**

### **Caring for young people who have sexually abused:**

#### **Foster placements described by Carers and Young People**

Data gathered from interviews with research participants are introduced and presented here in six sections corresponding to each of the interviews. The first three sections present the experiences, views and opinions of each of the foster caring couples interviewed [the ‘Taylors’, the ‘Howards’ and the ‘Osbournes’]; the second three, those of the young people [‘George’, ‘Ben’ and ‘Peter’]. In order to “remain sensitive to the individual narratives” (Hackett, 2003, p171) of foster carers and young people taking part in the study and to amplify their voices within the research process, extracts from the interviews are presented as fully as possible without risking participants’ anonymity. Names and significant biographical details have been changed to ensure interviewees are unrecognisable to all but themselves and the interviewer and their comments therefore are non-attributable. To assist the reader, transcriptions of interviews are interpreted and presented in edited form, omitting hesitations and ‘disfluencies’ [filler words and phrases such as ‘um’, ‘er’, ‘sort of’ and ‘you know’] (Bortfield et al, 2001).

#### **The Foster Carers**

The foster carers who participated in the study described having had very different experiences of looking after children. Most had had children of their own before becoming foster carers and some had had jobs involving teaching or caring for children. As foster carers, the Taylors had looked after just one child; the Howards, five children and Phil Osbourne, the main carer in his family, over thirty children. Two couples (the Taylors and

the Howards) had resigned from their respective agencies before being interviewed and were therefore no longer fostering.

### **Bill and Maggie Taylor**

Bill and Maggie Taylor are white, British and in their mid-fifties. They have been married to each other for five years and they own their own home. Bill works as a teacher in a local school and Maggie works in the family home and described herself as a housewife. Previously Maggie had worked as a care worker in children's homes run by a private company. They described themselves as professional people. Both have grown up children from previous relationships who visit regularly and who constitute an extended family. Maggie's daughter has children of her own who, at the time of the interview, live with their mother, with Maggie and Bill.

The couple reported how a year after they married, Bill saw a recruitment poster in his school, placed by his Local Authority's Social Services Department, advertising for foster carers for local children. This prompted them to make enquiries about becoming carers. At that time they were living on their own as a couple and both felt they had valuable skills and experience to offer and which they believed suited them for foster care. While they had both been parents, they had not parented together and they felt therefore that fostering would enable them to do this. They were accepted onto initial training and a year after their first enquiry, were approved as 'level one' (basic level) carers and subsequently matched with twelve year old Gavin who required regular short term respite care breaks.

Gavin lived at home with his father and step mother, his younger step sister and his younger half-brother and sisters and was described as being 'autistic' and as having 'attention deficit,

hyperactivity disorder' [ADHD]. Gavin's family found his behaviour very challenging and in order to support their parenting Bill and Maggie were asked to look after him every fourth weekend and occasionally for additional planned short stays. The nature and extent of the challenges presented by Gavin were not clearly described to Bill and Maggie prior to the placement beginning. They were told that he had probably been sexually abused in the past and there was a suggestion that he had also touched a younger step-brother in a way which had been described as 'sexually inappropriate', though the Taylors understood that Gavin's behaviour would be easily managed by carers with their [basic] level of skills and experience and that they would be able to supervise him adequately and fulfil the purposes of the placement. They continued to attend training courses after they had completed their initial training and achieved 'level two' skills status during the period they cared for Gavin.

Both Bill and Maggie understood their role as foster carers as being to provide breaks for families from caring for children, breaks for children from whatever challenges their home lives presented and as giving children "a safe environment in which to develop". They talked specifically of providing Gavin with "positive experiences", "clear boundaries" and space and time away from his noisy and active younger siblings "where he could speak to people and interact in a calmer setting". The following extract from their interview suggests that they understood their role with Gavin in relation to his developmental needs:

I – So you believe providing children with positive experiences is an important role for foster carers?

M - Absolutely. I think so.

B- That would be your aim wouldn't it? Whether you actually achieve that is another matter; but your aim is to give a positive experience, that is – I won't say different

[experience] - because you don't want it to be so different it's culturally mismatched. You just want to give them a safe environment whereby they can become a little bit more of themselves, you know, develop.

M - And we were - because Gavin was nearly thirteen, it was about [his] independence skills and managing some of that risk inside our home and doing all that we normally did on a weekend; cleaning the car on a Sunday morning, going to the golf range before we have lunch out... there was lots of cooking on a Saturday, making cakes on a Sunday so he could take some home with him. So we did things really [that his] step mum didn't have the opportunity to do, and he got a whole chunk of experiences and knowledge that just wasn't there. Whether it had ever been there or whether he just hadn't retained it [we don't know], but there were definitely gaps in his knowledge and he needed to catch up with some of that.

Bill thought they should give Gavin lots of "two to one attention" and talk to him "like any young person; encouraging his independence skills and enabling him to be a little bit more aware of himself, [and of] what is appropriate and what isn't and to directly confront [him] if they saw anything inappropriate". Both recognised the challenges Gavin presented his family though they also believed that his family presented challenges for Gavin, as they thought there was "no understanding in Gavin's home environment of his difficulties" and that his family life was "chaotic" and lacked boundaries" and they described then wanting to help and to support them all. Maggie also understood her role as being to report any problems she saw in Gavin's family and to offer an analysis of these for other professionals:

M - As a professional my sense was [that] all was not well at home and I couldn't just observe that and note it in my head; I had to pass that on, because I felt that that was important to Gavin's care. It explained some of the difficulties that he went through, and

some of the things that he said had to be reported back, because it was difficult for him. Life was very difficult for him.

Bill and Maggie felt they were helping Gavin mostly by giving him an experience of living in an ordinary family, and by doing “nothing special, nothing out of the ordinary”; they “just did straight forward things; gardening, cooking, taking him to his football, things like that; very basic stuff and tried to show him that’s what families do”; though they also believed that this “wasn’t enough” for him and that he needed specialised support and provision. Bill as a teacher felt that the local education services were failing Gavin. Both he and Maggie believed strongly that he was not receiving appropriate educational provision for his needs and they tried to address this by advocating for him on behalf of [and with support from] his parents. Maggie, as a former residential care worker believed strongly that Gavin presented serious sexual risks to younger children and with Bill, tried to secure specialist advice and support for themselves and specialist services for Gavin. They reported how early in the placement they noticed Gavin’s ‘inappropriate sexualised behaviour’ [“he always had his hands down his track suit bottoms ‘fiddling’ with himself”] and interest and sexual arousal to his siblings and to younger children in the community, and therefore of having to develop and maintain very firm boundaries regarding this.

Gavin’s responses suggested to them that he was able, to some extent, to acknowledge and respect externally imposed boundaries, though also that this required almost constant supervision from them. Maggie described for example, that while the frequency of his masturbatory behaviour in placement reduced during the time they knew him, she remained worried that in less structured settings, and in new situations, he would not be able to follow the guidelines they had given him:

M - In the supermarket or somewhere like that, when he saw children under a certain age, his boundaries went; and that's what was so striking...there was a real switch in his demeanour.... He couldn't hear us at all; he became totally tuned and focused.

The couple described their supervision of Gavin as being intense and almost constant; requiring them to communicate and collaborate effectively with each other in order to anticipate and manage the risks they understood he presented:

M – I think one of the things we tried to do was to make sure that all the family were aware of the issues that potentially were there for Gavin. You know, it would be unfair for them to bring children across and not be aware that there was a potential problem.....You're more protective of your own children aren't you? I think that was probably a learning curve for us wasn't it? To make sure that we were communicating and doing things the same. You have to communicate much more, try and think what the danger areas are and how you would handle that.....but one of us is totally aware of where he is and where the children are.

B - It sounds as if we were on sentry duty almost doesn't it..... as though it was like a military operation? But it never ever felt like that to us and I don't think Gavin ever picked up on that.....I mean it was just being watchful; it wasn't any sort of duty, it was just being aware you know?

M - Yeah.

B - And that's, I think, what you've got to be. You've got to be aware that the potential is there and you've got to take steps to reduce that risk.....but we as a couple would not, repeat, not relax, even though we'd had this young person with us for years.

The Taylors cared for Gavin regularly over four years until they eventually decided to end the arrangement and withdraw from foster caring completely. This decision was precipitated by a request from Maggie's daughter that she and their grandchildren live with them following a change in her circumstances, though it was also influenced by Bill and Maggie feeling unable to persuade professionals to respond as they believed was appropriate to the significant risks of sexual harm they thought Gavin presented other children. As suggested by the extract above, the couple felt they had been supervising Gavin and managing these risks well, and that they were helping him and supporting his family, though they also felt that they could not carry on doing so in the absence of specialised support and intervention for him. With regret, believing that Gavin's sexual behaviour represented a growing risk to children in general and to their own grandchildren in particular, and acknowledging that "their family had to come first" they withdrew from their role as respite carers and arranged to say goodbye to Gavin.

Several months after resigning as carers, Bill and Maggie reported hearing from friends in the fostering support group they had attended, that Gavin had allegedly sexually assaulted his step siblings and as a result, had been placed with full time foster carers on an emergency basis. They understood he was being prosecuted for these offences. This news upset them both deeply and confirmed for them that their long standing concerns had been correct and that they should have been taken more seriously:

M – I don't think Social Services realised how serious it was. I think they were very much of the opinion that we had over stressed it, over-elaborated, and we hadn't. It was a genuine concern because we always said that the one thing we didn't want was for Gavin to be criminalised. We knew..... the potential was there, we knew that, when our own

grandchildren were around, we had to be very careful but we never wanted him to be criminalised and unfortunately that's what happened. His step mum always said, 'if he touches any of my kids I'll flatten him' and that's exactly what happened.

The Taylors deeply regret the harm they believe Gavin has caused his step siblings, though continue to speak well of him. Bill and Maggie concluded the interview by explaining:

M – He is actually a caring person. What I'd say, [and] this is going to sound a bit weird, but he's not got a bad bone in his body. No matter what you know, his actions were not malicious. His actions were [those of] somebody who didn't know how to deal with what was going on inside his body or his mind, but he wouldn't have done it out of malice.

B- You know he just couldn't do that. In fact, he'd be genuinely really upset to think that he'd hurt somebody.

### **Dave and Sue Howard**

Dave and Sue Howard are also white, British and in their fifties. They have been married for approximately eight years and during this time had cared for Dave's teenage daughter from a previous relationship. Sue had been unable to have children of her own and had had little experience of caring for younger children. According to them both, Dave's daughter had been challenging as a teenager and she had moved out of the family home, as soon as she was able "under something of a cloud". She had however returned home briefly for a period when she had had her own child, and Dave and Sue, now support her as grandparents to her daughter and describe a better relationship with her. Dave had had experience in the army and later in the civil service from which he had retired three years before. Sue is

employed full time as a teaching assistant in a special school. The couple described themselves as professional people and Dave as having been the main foster carer of the children that had been placed with them. They reported being attracted initially to work as foster carers for a private fostering agency when Dave was preparing for retirement because they felt they had “a lot to offer” and because they “wanted to give something back”.

Unfortunately their time as foster carers proved very challenging and after two years and five placements, they resigned from their agency. Both Dave and Sue remain angry about their experiences and about the way they believed they had been treated by their employers and they used the interview to reflect on the impact on them of their experiences and to voice their grievances. Both described emotions which seemed powerful a year after leaving their employment. From their accounts, difficulties appear to have arisen immediately on being approved as carers. They had expressed a strong wish to look after young children [between three and eleven years of age], one at a time, and for short periods, “for emergencies, respite, or to prepare them for adoption”. They described having openly acknowledged their perceived limitations as parents with their support workers and of having requested that, because of their experiences with Dave’s daughter, they would not be asked to care for older children or teenagers. The agency initially respected their wishes and their first placement had apparently been a success for all concerned [they had looked after a three year old girl for a few weeks, as an emergency, and they had heard later that the child had been successfully adopted], however when this placement ended, they were persuaded to accept first one teenage boy, on an emergency placement, and then another, for regular weekend respite breaks, and were told that their registration category had been amended, without their agreement, to allow them to care for two teenagers at a time [“the

agency was able to move the goalposts when it suited them”]. This was how Michael came to be placed with them.

Dave and Sue described Michael as being fifteen years old with mild learning difficulties and ‘Attention Deficit Hyperactivity Disorder’ [ADHD]. They noted that he had a slight speech impediment and that he attended a special residential school during the week and was unable to return home for weekends as it was felt that his family either did not wish, or were unable, to care for him. It was understood by the Howards that he had been sexually abused over a number of years by his older sister and that his mother’s partner had been convicted of offences against children [though the nature of these offences had not been disclosed to them]. Dave and Sue talked about feeling ‘completely out of their depth’ with Michael from the outset of the placement. This is illustrated by the following extract:

D – We had no support ..... no help whatsoever ... not even a group in our part of the county and if it wasn’t for us talking to other carers, we were totally and completely on our own with this time bomb;

S - And we didn’t even want teenagers!

Despite their very strong reservations about accepting Michael into their home [they described feeling “completely boxed in” by the agency and didn’t think they could refuse], they understood the role they were taking on in the following terms:

S – Helping Michael to develop educationally, develop his interests, and to experience a normal childhood by giving him a secure base, a secure home, boundaries, and an idea of ... a stable, safe environment.

They quickly came to realise however that their role also involved ensuring that the placement “was a safe environment for others as well as Michael”. Dave described having “a ‘gut feeling’ from an early stage that [Michael] had significant problems.” They had heard informally through the carers’ network, that there had been ‘an incident’ at Michael’s previous placement, which suggested to them that “he had all sorts of issues about [his] sexuality and about what’s right and what’s wrong, what’s acceptable and what’s not acceptable” and their anxieties increased when a member of staff at Michael’s school warned them: “no matter how well you think you know him, how well he’s behaving .... never trust him or leave him on his own with younger children”. This warning understandably alarmed and concerned the couple and Dave explained how “being drip fed this information [made them] just start to tighten everything up around [Michael].....We adapted ourselves, we thought on the hoof, and it became apparent [to us] that we just couldn’t trust this child”. Dave described soon feeling “like [both] prison warders and prisoners in our own home.....it was like a very comfortable, therapeutic prison”

They were aware of Michael’s ‘sexualised behaviour’ [mostly his masturbation] in placement from the start and they tried to help him understand and keep within what they considered ‘socially acceptable parameters’, though they also began to think that he was increasingly directing this behaviour towards Sue, “pushing boundaries” when Dave was not there as the following extract reveals:

D – I mean, we had an incident where Sue was taking him riding – Michael used to love riding. And he was masturbating in the car on his way down with Sue. Now he never ever

did that with me, but he did it with Sue. Whether he was pushing Sue or not, we don't know, but there were lots of little incidents.

This led them to believe that far from being simply unaware of, or unable to control, his sexual behaviour, Michael was actually being “manipulative” and attempting to set up situations in their home and with their friends and neighbours in order to sexually abuse. The couples' description of one particular incident at a friend's home evidences their growing concerns about Michael's attempts to be alone with younger children at the time and also their response to this:

S - Mike was allowed to play in the garden with this little boy on the trampoline that they've got ... but he wasn't allowed out of our sight. And he knew, we told him he had to behave – he had to stay within our view all the time ...

D - You told him, didn't you; you had to be really very firm with him and I got him into the house. I shouted at him 'any more of that bloody nonsense – we knew what you were doing; we could see what you were doing. You're not to do it ... otherwise we won't go anywhere again.

This mirrored Dave's accounts of other interactions with Michael:

D - We definitely had to have very firm boundaries because he would push, and he would push. If he lost his temper and started shouting, bawling and screaming, we wouldn't put up with it. I'm afraid he got it back. So there were occasions ... Sue as you probably noticed doesn't swear – I do – I swear for two and if Michael started on me he'd get it back with interest, and I had to face him down, because you couldn't let him ... you couldn't let him

dominate you, because if he started to dominate ... I was talking to him [once] and he turned his back on me and carried on with what he was doing.....Wrong thing to do; I didn't put up with it from people when I was in uniform, and I don't put up with it in my own house - and he copped it.

The Howards' descriptions of these and other incidents suggested an increasingly authoritarian approach to their care of Michael. They described keeping Michael and everyone around him safe and preventing him from sexually abusing, though they also began to realise that he needed more than this:

D – He was safe. We have to keep him safe, but again we looked at the long term and we started saying – yeah, he's okay when he's with us, because we're keeping him safe, but we are conscious that we're not allowing him to go out and do normal things. So when he comes to 18 he's suddenly going to be let loose. Now this isn't normal – he shouldn't be in this safe prison. We should be allowing ... like you do with children ... start allowing certain types of freedom so that it doesn't come all in one go.

Dave and Sue looked after Michael for approximately twenty months. They ended the placement when they learned that Dave's daughter was pregnant and felt that the potential risks to a baby from Michael were simply too great for them to manage. Like Bill and Maggie Taylor then, they decided that “their family had to come first” and that Michael would never be part of their family.

Despite the difficulties and the evident pressures on them throughout the placement Dave and Sue spoke of having enjoyed ‘good times’ with Michael. They thought that they had

been able to contain the risks they believed Michael presented and that he had responded to the boundaries that they had put in place; they even suggested that “seventy five to eighty percent of the time you wouldn’t have thought there was a problem”. Dave summarised Michael’s placement with them in the following way:

D - We would like to think that we’ve helped him, but in the bigger scheme of things [we] don’t know. We tried; we’ve tried really, really hard. We gave him eighteen to twenty months of really good times and we had some very good experiences. Whether that’s registered with him as being positive or not I don’t know; though if we had known Michael’s history, there is no way on God’s earth we would have agreed to look after him .....we were in way above our heads here and we shouldn’t have been put in that position ..... he needs to be in an environment where he is supervised ‘twenty four-seven’ .....I think it’s too late, I think what we were doing was too late.

### **Phil and Jenny Osbourne**

Phil and Jenny Osbourne are also white, British and married. They have been together for four years and they own their own home. Phil is in his late forties and has grown up sons from a previous relationship; Jenny is in her early thirties. Phil previously worked as a builder though now works full time as a foster carer for his local authority. Jenny supports Phil in this role and is the main carer for their one year old daughter. Their interview took place in their home and although both were present throughout, as Jenny was occupied with their daughter, only Phil participated fully in the discussion. Jenny facilitated the interview with tea and biscuits and contributed when confirming Phil’s statements.

Phil described having cared for “more children than he could remember”, and estimated the number at “maybe forty or fifty”. He described first becoming involved in looking after young people ten years before, when he rented out rooms in a large town centre house which he had bought with his first wife, both as an investment and for his sons to live in. The local authority had apparently approached him to provide ‘supported lodgings’ for vulnerable teenagers and over time, following training, approval and registration, his role developed to providing foster placements for older children and teenagers. Initially he looked after both boys and girls, though he very quickly decided that he “didn’t feel comfortable with girls ... [as he] didn’t know how [they] worked” and chose only to offer placements for boys. These ranged “across the whole gamut” from emergency care to planned respite breaks, and over time and with the support of his fostering link worker, Phil achieved level three [‘advanced’] carer status with his local authority. Phil described himself as “proper working class, [having been] very poor and not very educated” but as having been “fortunate in life and wanting to give a bit back to people who hadn’t been so fortunate and who are treading down the wrong path”. Despite his extensive experience of caring, Phil reported having no desire or ambition to achieve the highest level of foster care registration [level four] as this would require him to support and train other foster carers, and to tell them “how to do it”, which he did not believe he could, or should do.

Phil described having cared for a number of boys and young men over the years, whose sexual behaviour had caused agencies concerns, though he suggested that this was something that in his opinion, professionals had only recently started taking seriously. He did not however distinguish the needs of these young people from those of others he had cared for and while noting that he had tried to “protect them and everyone around [him] and [his] family” he had seen his role simply as “dealing with the normal needs of a teenager or

young person growing up”. As Phil had been invited to participate in this research by the therapist of fifteen year old, Darren, who had been convicted of a sexual offence against his sister, and for whom he had cared, Darren’s placement provided a focus for the discussion, though Phil was keen to point out that he regarded “every single person [he looked after] as different” and therefore treated each as individuals rather than as a member of any particular category or group. He explained how he tried to do this and described himself in the following way:

P - I’m a bit of a chameleon..... I’m different to every single person. What I am is what they need at that time in their life, [or] at least what I think that they need at that time in their life.

Likewise, while he believed that other people and ‘society’ regarded young people who had sexually abused very differently, he saw them as being very much like himself and his own children:

P - They are human beings, whatever they look like, whatever they’ve done; we’re all the same really, we all have feelings ..... there’s no difference between a kid who commits a sexual offence and a kid who ‘TWOCs’ [takes without consent] a car ... we’ve all got issues in life. I mean this is an issue that they’ve got to work through or deal with or live with. So it’s going to be difficult for them as it is for society isn’t it?

Phil described his approach to caring for vulnerable and troubled children and young people as being very similar to how he believes he parented his own sons when they were teenagers:

P - When they got to that age, it was like stand back and introduce them, try and move them in the right direction, but it's like watching a toddler walk, you just try and guide them.

Central to his approach to caring for young people however was what he described as 'empathy'. He explained how he understood this in the following extract:

P -Some people I don't like, some people I like, but that's not important.... I mean my own emotions aren't really important in that at all. Someone asked me what's the difference between a man and a boy, and I think it was my father said to me – to be able to control your emotions. But that doesn't mean you're not allowed to have emotions. I think that's spot on. I mean you need to be able have empathy for children, that's the big word ... I never knew what it meant really ... but that is it. If you can do that ... because if you lie to a child, or if you ... they can tell if you've got no feelings for them. And that's why you're there. You have to show them ..... it doesn't have to be love; it has to be compassion or empathy

I - How did you show empathy for Darren?

P - When Darren first arrived I tried to ... before he arrived, I tried to be Darren in my head, not sexually and not ... well yes sexually; I tried to go through what he'd been through, what I knew, and why he'd been there ... so that's what I try to do with every single person who comes into our house ... I've worked away a lot and I've lived in lodgings and people's houses – it's a horrible ... it's a horrible feeling, it's not nice. That's what I try and do, and the empathy I show towards anyone that's coming into our care is, I try to be ... in my mind I try to be them.....So you think 'this person must have all these feelings going on at this moment how can I allow them to be and get them out' ... that's okay. And that's what I try and do.

So if he felt ... if he was sexually excited by something, I thought that's ok, everyone gets sexually excited about things ... It's very difficult to work with someone with sexual issues.... Darren was so full on at times, when he first came everything seemed to arouse him.....so you have to be able to talk to them about it, without arousing them.

Phil also described the importance of establishing and maintaining clear and realistic boundaries with young people. He did not believe that it was not his role to 'imprison' Darren, but rather to give him 'parameters', "not [just] because he sexually abused children or because he was abused [himself], not because of anything other than [that] he is a child, and [that] we all need to learn parameters to live in our social world". Phil understood then that part of his role was to help Darren maintain his sexual behaviour within realistic and acceptable boundaries and that to do so, he needed to understand where those boundaries lay and to accept that keeping these boundaries was his own responsibility; "we have to be able to move away, back off and allow them to stand on their own".

Phil recognised that others had a role to play in supporting him to care for Darren safely and for supporting Darren in placement. He saw himself then, as providing Darren with a temporary home, caring for him and communicating information about him to others in order to help inform decisions about him and he saw Darren's therapist as offering counselling, assessing the risks that he presented and advising Phil accordingly, "I had my specific role, he had his, and the two complemented each other".

Phil described being intolerant of those who are negative about young people and saw it as necessary occasionally to challenge professionals who showed a lack compassion for

children. He understood however these attitudes were not a fault of those individuals but more as reflecting wider views within society and as a consequence of failings in support systems for professionals who he considered to be isolated and “immersed in life’s grey areas”. He related this to his own experiences by describing the significant emotional impact on him of his caring role and of occasionally recognising the extent of the pain that some children experience: “It makes you feel like crying ....even now..... Sometimes it just blows me away, blows me away” and he acknowledged that he would not be able to undertake the role “without being able to talk about it to someone” or in the absence of “emotional support “.

Darren’s nine month stay with Phil had ended six months prior to the interview when he was transferred to ‘supported lodgings’ in another town. This was a planned move and represented a successful conclusion to the placement for both Darren and Phil. Phil spoke warmly of Darren and of their time together; “I admired immensely how he could take it on board and actually come to terms with things and deal with them” and he described Darren as having taken what he needed from the placement and as now “standing on his own”. He talked less of having helped Darren than of “making ‘contact’ with him” and of “travelling with him for part of his journey [and] picking him up when he fell”.

### **The Young People**

The young people interviewed ranged in age from seventeen to twenty one years. All three had undertaken work with specialist services following formal investigations and assessments of their abusive sexual behaviour or sexual offences and all had experienced one or more foster placements. None wished to discuss their past offences during their

interviews and the details of these therefore are not recorded here. Each were described by their ‘counsellors’ as having made very significant progress in understanding and addressing their abusive sexual behaviour and while each had previously been assessed as presenting significant risks of sexual offending all were now considered to present minimal risks. All three were keen to participate in the research so that others might learn and benefit from their experiences and opinions.

### **George**

George is a white British seventeen year old male with mild learning difficulties. He lives with his Aunt and Uncle in a rural location in the north of England and is currently enrolled on a foundation course at a local college and undertaking work experience training within the catering industry. He enjoys this very much and has ambitions to be a chef. George acknowledged that his involvement with fostering services came about because he had sexually abused his younger sister three years previously. He understood and met the criteria to participate in this research therefore and had agreed to his ‘counsellor’ discussing his particular circumstances with the researcher prior to the interview. George was aware then that the interviewer knew some information about the abuse of his sister and also about subsequent allegations of abusive sexual behaviour in one of his placements, though he made it clear that he did not wish to discuss either incident during the interview.

George had had two full time foster placements, both of which he described as lasting “several months”. He had moved to Kath and Paul’s home at the age of fourteen years following his sister’s disclosure of sexual abuse by him and the subsequent formal child protection processes which identified on-going risks to her if he remained at home. He had stayed at this placement until he was moved to his second placement, again at short notice,

following an incident involving another [visiting] foster child in Kath and Paul's home. Darren stayed with John, his second foster carer, until shortly before his seventeenth birthday when his Aunt and Uncle invited him to live with them. Both placements had been arranged with his mother's agreement under section 20 of the Children Act 1989 and both were full time. In each he had been the only child living with carers who had supported him to maintain contact with his mother and sister and to visit them regularly.

George was able to distinguish clearly between his placements and to articulate what he liked and disliked about each. He had clear ideas then about what foster carers should do and about what he thought had helped him. His first placement had clearly been quite difficult for him and it had ended suddenly, though he had been able to reflect on this over subsequent months and acknowledged there had been some good things about it. He spoke warmly of his male carer Paul and described enjoying doing activities together. He had liked going fishing with him for example, already an interest of his, and of walking their dog together. He also reported feeling able to talk with Paul about things, if and when he wanted to, though he described not wanting to discuss his sexual behaviour and thinking that this should remain between him and his counsellor Francesca.

George spoke less fondly of Kath who he described as both "grumpy" and "bossy". While he liked animals and enjoyed walking the family dog occasionally, he complained of being "made to do this twice every day" by Kath. He talked of enjoying gardening with her; however he also described her as "never listening to me" and not allowing him to make choices [about what to eat or what to do]. He acknowledged that he was looked after well: "they helped me with my homework and fed me well", though he blamed Kath for the placement ending. He explained that Kath had not listened to him when he said that he did

not wish to share his bedroom with the foster child of friends of theirs who were visiting one weekend, and that she was responsible therefore for what had subsequently taken place between the two boys. While he didn't offer any details of this, the interviewer was aware that the visiting child had alleged Darren had sexually abused him during the night and that as a result of this, the placement had ended.

George described his first carers and placement unfavourably in comparison with his second, hosted by John. While he regarded Kath and Paul then as "carers" he described John as "a friend" who listened to him and allowed him to make choices and helped him to make decisions. George described John as having respected his interests and having helped him to develop these. John recognised his enthusiasm for food and cooking and taught him "how to make 'spag-bol', how to look after [him] self, how things worked around the house and how to use the washing machine". John also took George out and introduced him to new activities. He played football and pool with him and ensured that he had access to animals to look after [John's sister's dog]. George particularly valued having his own space in the house and the fact that John would "knock on the door and ask him if it was ok, before he came into [his] room"

George described John as having made him "feel good about [himself]" and he had understood that he could talk to John whenever he wanted and that John would listen to him. While he chose not to talk to John about sexual things [and was not sure he actually knew anything about him having sexually abused], because he "had Francesca [his counsellor] for that", he felt he could if he wanted to, and that John understood and respected this. Summarising his experience of each placement, George described the first as "alright", rating it at three out of ten and his second as "very good", rating it at nine out of ten. The

difference, for George, related to him “being listened to” and this therefore was George’s advice for anyone wishing to improve foster care: “listen to young people”.

## **Ben**

Ben is a white British nineteen year old male. He lives with his partner in rented accommodation and is employed as an apprentice in an events management company. He had left formal education after completing one year of an A level course at a sixth form college, though he described having ambitions to undertake a foundation degree and to achieve professional qualifications in the Hospitality and Leisure industry. His current employers have told him that they are supportive of this and that they will sponsor him through a college course if he stays with them. Ben describes himself as gay and as being in a stable relationship.

Ben talked of being fostered twice, once when he was three years old and again when he was thirteen. His first placement became ‘permanent’, when his foster carers adopted him, though this arrangement broke down ten years later, when he sexually abused another boy. Ben was very clear before and during the interview that he did not wish to discuss this incident, or for the interviewer to record or recount the circumstances which precipitated the breakdown of his relationship with his adoptive parents.

After leaving his family home Ben described spending a few weeks in a residential unit before being moved to a different county to live with foster carers Anne and Len. He remained with them for five years until his move last year for work, and to live somewhere new with his partner, though he remains in regular contact with his former carers and

describes being “close” to them still. Ben talked of being “in massive shock” when he first met Anne and Len and of how it took them months to settle him into their home. He described that they did this by “being protective and caring” and by being sensitive to his needs. They were not “pushy” though “they were always there and ... always had ... time for [him] to just go in and have a chat”. Ben believed Anne had been particularly sensitive and “always knew [how he was feeling] by the state of [his] bedroom”. He explained “when I was happy my room was tidy; [though] as soon as I started mulling things over in my head or anything, my room would get into a complete mess. I wasn’t going round smashing things up, I just didn’t tidy it”.

Ben described how ‘being protective and caring’ towards him involved Anne and Len putting boundaries around his behaviour; “I don’t think they actually physically went out and said ‘these are the rules’ - but I think there was a general expectation that you behaved in a certain way; not going out and binge drinking, for example”. He did not always appreciate these boundaries at the time [particularly at first when Anne and Len had insisted he should be in bed at eight o’clock and had limited the time he spent on the computer] though he suggested how he “pushed boundaries a bit too far sometimes and they brought me back in line [though] I think they got it right ..... they were trying to keep me safe and were supporting me”.

Ben described how he understood the role of foster carers in the following terms:

B - They act as parents.... They almost take you on as their son and daughter in a way ..... preparing you for life, teaching you some life skills, like cooking and cleaning, just basically looking after yourself, budgeting ... things like that, so you can actually be independent after

that. Anne and Len were 'acting parents' to me, they supported me; they protected me, looked after me and helped me develop enough to actually go out and live independently.

He suggested that his situation was different from the "average foster child" and that in setting the boundaries around his behaviour Anne and Len had to acknowledge an element of risk relating to his sexual behaviour; "it was more important that they kept me safe and supported me and that they didn't allow me to run around", though he thought that "that stuff, didn't have to take over".

Ben felt strongly that he had received the specialist help he needed to address his abusive sexual behaviour outside his foster placement, from his therapist Karen. He thought this had been appropriate and that Anne and Len had been able to care for him because they had had a supportive role. He felt these distinct roles had complemented each other suggesting "some of the meetings with Karen were quite demanding. I think if that was happening at home, it would have been quite hard to have that thinking time, and that thinking space". He thought Anne and Len had been given information about his past offences and that they would have been willing and able to talk to him about this if he had wanted them to, though he had not and they had respected this. He actually worried that they had perhaps been given too much information, and possibly more than they needed, though he recognised that they had to know a certain amount in order to keep him and others safe and to understand why he presented as he did:

B - I think they did need to know, I think having someone living in your house, you sort of have a right to know as well and it meant that they could put boundaries in place for contact, going out, the internet and stuff like that.

While Ben considered his relationships with Anne and Len and with his counsellor Karen to be very important to him and to have helped him through a particularly difficult time in his life, he described them very differently. He talked of his relationship with Karen then as being ‘professional’ and ‘time limited’ and his relationships with Anne and Len as being ‘closer’, more open and continuing:

B - It was like I was actually part of their family, like their two sons and their daughter. I was actually really close, even with members of the family who didn’t live in the house.

Ben understood that his relationship with his carers carried responsibilities for him. He described helping Anne and Len’s son and daughter-in-law to decorate their new house and also of supporting the couple when Anne was taken ill and had to go into hospital. This had been a particularly difficult time in the placement; Ben had just started his A level course at a college close to Anne and Len’s home, though he had been told by his local authority that funding for his placement might end and that he might not therefore be able to stay at college or complete his course. When Anne became ill, Ben wanted to visit her in hospital and he started missing days at college. He explained:

B - It knocked me back quite a bit. If I actually went to college I’d be sitting there and I’d just be a complete zombie. I couldn’t concentrate, so I was really behind on my work, because obviously I just wasn’t going to the lessons. Anne wasn’t there to check up on it and it just got to a stage that I was so far behind I couldn’t catch up, so I actually ended up leaving college.

A year after moving out of their home then, Ben described his relationship with Anne and Len in the present tense:

B - You grow quite close to people; even now I ask their opinions or advice on things. So yeah, I would say I have an open and healthy relationship with them.

Ben prizes his growing independence and values being able to make choices about how he lives his life. He describes wanting to “stand on his own two feet” and to be financially independent and believes Anne and Len have given him the skills to be able to do this. He suggested they have also helped him to understand that although his sexuality and his sexual behaviour is “quite a chunk of [his] life, it is not the major part” and that his identity as a person then is more than his past mistakes, however serious these were.

### **Peter**

Peter is twenty one years old, white and of dual nationality. He left school at eighteen after taking ‘A levels’ and now works full time as a technician in an Information Technology company. He described himself as coming from a “middle class though dysfunctional background” and as now living in rented accommodation with his girlfriend of two years. He described their relationship as being ‘long term’ and hopes that they will be able to buy their own house together in the next few years. Peter was keen to contribute to this research, though did not wish his partner to know about his participation, and therefore chose to be interviewed at home, at a time when she was not present.

Peter described having had one foster placement when he was seventeen years old. This came about after he had been remanded to custody, pending criminal investigations into allegations that he had committed various sexual offences, and after he had spent a week in a Young Offenders Institute. The foster placement with Margaret and Sam had been arranged by his Youth Offending Team social worker as an alternative to custody, and was described by Peter then as a 'remand foster care placement'. He described having remained in placement for six months until his court case and subsequent convictions, when he had moved into supported accommodation supervised by his local Youth Offending Team. The foster placement was some considerable distance from his home town and school, though apparently Margaret and Sam had ensured that there was minimal disruption to his education during his stay with them and that Peter was able to take his public exams and attend various court hearings.

Peter described feeling "incredibly grateful" to Margaret and Sam for opening their home to him. He struggled at first, to accept why they would do this though he was relieved not to have to spend six months in prison:

P - I couldn't understand why anyone would let somebody like me into their house..... I felt sub-human to be honest.

Margaret and Sam were approved to look after two young people at a time, and Peter therefore shared the placement with another young person who he described as his "situational brother". This provided him with a very welcome experience of what he understood to be "normal family life" which he suggested contrasted starkly with what he had known within his own family.

P - Now that I've had time to look back on it, my family was not normal at all.

I - Really?

P - For various kinds of reasons. So it was nice to have a home where it was ... albeit there were rules, like I couldn't be on my own and they had to look after me and things like that, because of the circumstances and that's fair enough. But it was nice to have a kind of normal ... a typical family sort of situation where everybody sits down and has tea ... there aren't fights all the time, there aren't arguments (inaudible) yeah, it was good. It was nice to sort of have a balanced family kind of thing. Kind of showed me how not all families are as dysfunctional as mine.... For me, it was about, you know, here are some people that are normal people, they have a stable family, look at it and learn from it kind of thing.

Peter seemed then to value 'stability and 'boring normality' very highly. He suggested that "the last thing anyone in his situation needed was more drama" and talked about enjoying simply "having tea together, [going] shopping as a family, doing stuff in the garden, and doing household chores ... just relaxing together as well. We went out bowling and things like that. It was just normal family stuff".

Peter had understood that Margaret and Sam knew about his sexual offences and "that they were there for him if [he] wanted to talk about 'stuff', but [he] didn't and they were very relaxed about it ... [they told him] 'you know you can come to us if you want, but we're not going to make you talk about it'".

Peter also described how Margaret and Sam "helped [him] come up with something [he] could say to explain his situation if someone started questioning him, just to shut them up

[for example, that he had] got involved in fraud' or something". This suggested to Peter that they "had a strong focus on his rehabilitation .... and that [they thought] 'okay, that happened, but you know you're seventeen, you've got the rest of your life ..... don't let this ruin it".

Peter described Margaret and Sam's job as "basically to provide a 'stable environment' for unsettled kids" and recognised that "there were certain rules [he had to keep]; like not going places by himself if they didn't know where and when, and things like that". He understood then, that they "were supposed to keep an eye on [him]" and he thought that this was "fair enough ..... those were the conditions of the job". He also described how other placement rules helped him develop what he understood to be 'essential life skills':

P - Margaret was particularly keen on me keeping my bedroom tidy; changing my sheets every couple of days and things like that. Wiping the bath down after I had a bath ..... it helps you to realise that you need to think of other people. Cleaning the bath makes you think about the next person that's going to be using it. Nothing was unreasonable.

Peter described how when he had first met Margaret and Sam there had been considerable uncertainty about his future and that this had been very difficult for him. His carers though appeared to understand this and responded sensitively:

P - I think the most difficult thing for me was coming to terms with everything. I don't think there was anything difficult about living with them as people. I think the thing I found most difficult was dealing with the circumstances that I was in. You know that my life had changed, that was it. You know, I was ... that was it, my life had changed and I was going

to have to deal with it. There was some uncertainty about what was going to happen to me, was I going to get sent to prison? Was I going to get deported? You know. And you've kind of got to process all these things; got my exams going on at the same time. So I think the biggest challenge for me was the shock of coming to terms with what had happened, what I'd done and all that. And I mean they made it really easy to ... you know, I had my space, I could go and think about things, be on my own, relax. I could be with people if I wanted to be. They made it really easy to kind of help me cope.

Above all Peter seemed to value how Margaret and Sam seemed to take "a genuine interest in [him] and in how [he] was doing". They made sure he revised for his exams; they took him to his court hearings; they enrolled him in a gym and a library; they gave him pocket money and arranged for him to have a week's work experience at Sam's own work place and to be paid for it ["they didn't need to pay me"].

While he was kept busy in his placement and enjoyed the company of his carers and the "camaraderie" of his younger 'situational brother' in placement, Peter missed his friends from home, and he longed to spend time with other people his own age. This was his only regret about the placement:

P - I don't know, maybe looking back on it now, maybe I would have tried to socialise a bit more with people there or ... it maybe would have been nice to have something in place to say right, okay you moved here, let's try and get you some friends. Or, what are you interested in, let's try and expand that social circle. That might have been nice. But then for me it was just a temporary thing anyway. It was just a kind of 'Let's put you here until the shit settles.' you know until the storm settles, and then we can put you back into your own

life kind of thing. But I think it could have been nice at that time to challenge me socially, do you know what I mean? I'm okay ... like I can talk to people, and I can go out and I can make acquaintances, but it might have been nice to try and develop some social skills, (laughs) like I don't know ... I think my default is to be introverted and 'techy', which is why IT works out well for me.

Peter understood that his placement with Margaret and Sam was temporary, and although he knew he would not return to his family home he had anticipated eventually returning to his home town. This was made possible for him by his social worker arranging supported lodgings for him, which were supervised for the duration of his court order. He remained in supported lodgings for three years before obtaining his present tenancy and during this time undertook and completed an extensive programme of counselling to address his sexual offending. On reflection Peter seemed to regard his time with Margaret and Sam as preparation for what came later:

P - When I was with them, none of the challenging work had started yet, but they certainly set the foundation for me to realise that life doesn't have to be a drama show, it doesn't have to be a challenge just to get from day to day living with other people, and that's really what I needed at that time. Before I knew what the tough stuff was going to be, it was nice to have that 'safe port', that stable place to go.

Peter summarised his time with Margaret and Sam by describing how "they were just nice people and they started a process that changed my life".

This chapter has presented accounts of the experiences, views and opinions of carers and young people about their foster placements. These highlight the difficulties and challenges involved in caring and being cared for, though also the rewards and benefits that accrue to carers and young people when placements are successful. The next chapter offers an analysis of these accounts in order to determine whether themes concerning how carers' and young people understand and experience the foster care role can be identified.



## **Chapter Five**

### **Caring for young people who have sexually abused:**

#### **An analysis of Carers' and Young People's descriptions of foster placements**

The previous section presented accounts of the experiences and views of the research participants in order to amplify the voices of each within the research process and to foreground their individual stories. This section again uses extracts from transcribed interviews to interpret those stories and to identify whether they can be contained within a single conceptual framework describing the role undertaken by foster carers who look after young people who have sexually abused.

In order to do this, carers' and young people's accounts of foster placements have been analysed thematically using the six-stage process suggested by Braun and Clarke (2006) and outlined in chapter three. Recorded interviews with carers and young people were transcribed and then read many times until the analyst was familiar with the texts. Notes of potential codes and themes were made during these readings and each was tried and tested until a satisfactory coding frame was developed. This was used to firstly to interrogate each interview separately and then the entire data set. The coded data generated were then organised into sub-themes using a similar process. Notes of potential categories were made during further readings of transcribed interviews and those categories that seemed to capture something of the underlying meaning of the data, and that demonstrated coherence and validity were tried and tested until a satisfactory organisation was established. Sub-themes were organised into potential key themes again through a similar process and the broader categories identified through this were reviewed and refined through drafting and re-drafting

‘thematic maps’ of the coded data. The accuracy of these maps was then tested to determine how well they enabled the researcher to navigate the original transcriptions of the interviews and the essential ‘essence’ of each theme was defined and named and its internal integrity and relationship to other themes checked.

Throughout these stages the active role of the researcher in selecting and coding data, identifying and organising themes, and reporting each, is acknowledged. Each code, sub-theme and key theme then has been constructed by a process of interpretation and the exercise of judgment by the researcher rather than being ‘uncovered’, fully formed, from the data set. Collectively the organisation of data therefore represents a perspective and an interpretation of these six foster placements. This perspective focussed on how the Taylors, the Howards and the Osbournes understood and experienced their roles in looking after young people who were placed with them, and also how George, Ben and Peter understood the roles and tasks performed by their respective carers, and this therefore determined the initial coding of data.

As shown in Table Four below, the range of initial codes generated through the analysis demonstrates both the variety and multiplicity of activities involved in looking after young people and also that carers and young people recognise the complexity and therefore the challenges of the caring role. These codes constitute the conceptual language of the developing analysis and serve as the first level of interpretation of the data collected.

Table 4: The Initial codes developed from data describing the role of the foster carer in looking after young people who have sexually abused

<p><b>Initial Codes</b></p>	<p>‘Supervising’, ‘Informing’, ‘Explaining’, ‘Guiding’, ‘Teaching’, ‘Demonstrating’, ‘Engaging’, ‘Supporting’, ‘Restricting’, ‘Caring’, ‘Helping’, ‘Listening’, ‘Communicating’, ‘Prohibiting’, ‘Showing empathy’, ‘Building self-esteem’, ‘Ensuring safety’, ‘Accepting’, ‘Assessing’, ‘Establishing and maintaining boundaries’, ‘Responding to change’ , ‘Managing risks’, ‘Being available’, ‘Encouraging relationships’ and Providing food and shelter.</p>
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Some of these codes are the words and phrases used by carers and by young people in their accounts of placements; others have been suggested by the researcher, though all are understood to illustrate a concept indicated by comments and observations offered by research participants during their interviews about the tasks and roles involved in caring for young people. Carers and young people then described fostering as involving carers helping, understanding, listening, communicating, engaging, supervising, and responding; each talked of carers having to establish and maintain ‘boundaries’, and of carers showing empathy towards young people, providing security, ‘managing risks’ and ‘meeting needs’. Some interviewees talked of carers building young people’s self-esteem, providing them with things they felt they needed though lacked, and of helping young people to ‘develop’.

The concepts understood as being expressed by the initial codes developed are shown in Table Five below.

Table 5: The Initial codes defined.

<b>Code</b>	<b>Concept described</b>
‘Supervising’	Overseeing: Managing behaviour (including the young person’s sexual behaviour): Controlling: Directing.
‘Informing’	Reporting: Telling: Passing on information about the young person (including information about his sexual behaviour).
‘Explaining’	Clarifying situations, ideas and instructions for the young person (including about sexual behaviour and boundaries).
‘Guiding’	Leading the young person: Advising.
‘Teaching’	Instructing the young person: Coaching: Training: Helping the young person to acquire skills.
‘Demonstrating’	Instructing the young person about something by doing it: Role playing.
‘Engaging’	Involving the young person in an activity or a relationship: Making contact with that young person.
‘Supporting’	Sustaining the young person (physically, emotionally or financially): ‘Up-keeping’.
‘Helping’	Assisting the young person: Providing aid.
‘Restricting’	Limiting or confining the young person in some way: Curbing and checking (including the young person’s sexual behaviour).
‘Listening’	Hearing and paying attention to the young person’s views and opinions.
‘Communicating’	Being able to convey clear messages to the young person and to recognise and interpret messages from the young person:

	Expressing and identifying meaning.
‘Providing basic physical care’	Paying attention to the young person’s basic physical needs for food and shelter and seeking to reduce pain and discomfort when ill or injured.
‘Showing empathy’	Understanding the young person and showing fellow feeling and compassion.
‘Building self-esteem’	Helping the young person to develop a positive self-image and to feel confident.
‘Accepting’	Recognising the young person as an individual worthy of respect: Valuing the young person for him or herself.
‘Managing risks’	Identifying hazards and taking action to reduce or limit these (including risks of sexual harm).
‘Establishing and maintaining boundaries’	Ensuring young people have clear structures and parameters within which to function: Instituting and keeping ‘Rules’ of behaviour (including sexual behaviour).
‘Being available’	Being physically and emotionally ‘there’ and having time for the young person: Being approachable.
‘Prohibiting’	Barring: Not allowing the young person to do something.
‘Assessing’	Judging or weighing a situation in order to respond.
‘Responding to change’	Recognising and reacting to variation in situations and circumstances: Adapting: Adjusting.
‘Encouraging relationships’	Promoting and facilitating young people’s secure attachments and positive contacts with people who are important to them.

'Ensuring safety'	Minimising risks to and from the young person (physical and emotional).
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While this first interpretation and arrangement of participants' statements offers some clarification of the tasks and roles undertaken by foster carers it does not fully capture the meaning participants ascribed to these. 'Communicating' for example appeared to mean something about 'exchanging clear and meaningful messages' with the other person within the placement to all those interviewed, though to some this seemed to be in order to encourage and nurture, and to others, to scold or threaten. Interviewees likewise suggested that their understanding of the caring role had changed significantly, either during the course of one placement or over several. 'Establishing and maintaining boundaries within placements' for example, was referred to as a legitimate and necessary task for foster carers by everyone, though this appears to have been understood differently by each at different times. To some interviewees it meant a process of negotiation and agreement between carers and young people that had resulted in the development of a flexible set of guidelines for placements; to others it came to mean the imposition and enforcement of rigid house rules by carers which, when broken, had resulted in sanctions being applied.

The apparent differences in meanings behind interviewees' descriptions of the caring tasks had been explored and clarified to some extent within each of the interviews though further interpretation and a second level of analysis was clearly required in order to organise the coded data into more coherent provisional sub-themes. This analysis allowed for the contextualisation of data and the development of 'latent' categories and sub-themes (Boyatzis, 1998) which captured not just how the interviewees described the foster carer's role but also something of how they seemed to understand it.

The initial coding selected here emphasises the non-specific nature of caring tasks described by interviewees. None could be considered only applicable to the care of young people who have sexually abused then; all however are understood to have been shaped by an awareness (for both the carers and the young people) that the young person being cared for had sexually abused and therefore might sexually abuse again. ‘Supervising’ for the Taylors for example involved monitoring Gavin’s sexual behaviour closely in a way that wasn’t required of Peter’s carers and would not be appropriate for most carers. For one, sexual behaviour was *the* focus of supervision, for the other, attendance at college was the priority. ‘Accepting’ Peter however and valuing him as a person, required his carers to do so despite his past offences, a challenge which only presents carers of young peoples who have sexually abused and one which Peter himself thought almost insurmountable. For Peter then being ‘accepted’ by Margaret and Sam even though he had sexually abused was very significant. Similarly, while ‘Building self-esteem’ is recognised as an important task for all carers of young people, it may present carers of young people who have sexually abused with particular challenges related to how such young people are viewed by their communities and by wider society (Hackett and others, 2013) and therefore to the extent to which they have been influenced by negative messages about themselves. The sub-themes identified through the second analysis here also suggest non-specificity to carers of young people who have sexually abused though are similarly shaped (and assume meaning) in relation to the particular circumstances of the young person being cared for.

The sub-themes identified as best able to describe and capture both the intention and experience of the tasks undertaken by foster carers, are described below. There are six:

The first sub-theme, 'Providing basic physical care' encompasses those activities which help to meet the young person's physical needs. This includes the provision of food, shelter and rest and encompasses caring tasks relating to the relief of physical pain and discomfort deriving from injury or illness.

The second sub-theme, 'Providing safety and security' encompasses those activities which are intended to minimise risks to and from the young person. This was understood to include both physical and emotional risks and therefore involves the idea of establishing and maintaining the placement as a 'secure base' both for the young person and for the carers.

The third sub-theme is identified as 'Accepting' and comprises those activities which demonstrate to the young person that he or she is worthy of respect and valued as an individual. It encompasses nurturing, showing compassion and paying attention to the young person's emotional needs, views and opinions; it also suggests the ability to convey clear messages to the young person, through communication which is encouraging and which builds self-esteem and confidence.

The fourth sub-theme, 'Engaging' comprises 'making contact' with a young person, 'involving him in activities', developing a relationship with him and potentially providing him with experiences of emotional closeness or intimacy. It suggests the carer takes an interest in the young person as an individual and in what he is interested in and that he or she encourages and supports the young person to feel he 'belongs'.

The fifth sub-theme is identified as ‘Guiding’ and comprises activities such as instructing, coaching, training and helping the young person to acquire skills. This covers carers identifying and demonstrating ways for the young person to achieve his or her goals and pointing or leading the young person in particular directions. It also involves recognising and reacting to variations in situations and circumstances; acknowledging and promoting change and adapting to change when it occurs.

The final sub-theme is identified as ‘Controlling’. This encompasses overseeing, managing and directing young people’s behaviour and maintaining boundaries through limiting or confining the young person in some way. It also implies regulating the young person through restraining, curbing and checking. These sub-themes are shown in the following table.

Table 6: Codes and Sub-themes identified by thematic analysis of data obtained from carers and young people describing the role of the Foster Carer in looking after young people who have sexually abused.

<b>Sub-Themes</b>	Providing Basic Physical care	Providing Safety and Security	Accepting	Engaging	Guiding	Controlling
<b>Initial Codes</b>	‘Supervising’, ‘Informing’, ‘Explaining’, ‘Guiding’, ‘Teaching’, ‘Demonstrating’, ‘Engaging’, ‘Supporting’, ‘Restricting’, ‘Helping’, ‘Listening’, ‘Communicating’, ‘Prohibiting’, ‘Showing empathy’, ‘Building self-esteem’, ‘Ensuring safety’, ‘Accepting’, ‘Assessing’, ‘Establishing and maintaining boundaries’, ‘Responding to change’, ‘Managing risks’, ‘Being available’, ‘Encouraging relationships’ and ‘Imposing limitations’					

This second level analysis of participants’ statements offers clarification of the tasks and roles undertaken by foster carers though it does not fully capture the meaning participants ascribed to these. For example ‘Providing safety and security’ might describe either a child or community centred approach to managing risks and therefore either an active commitment to development of secure attachments between carers and young people or a more regulatory approach to reducing risks to others by imprisoning young people. A third level analysis then sought to further contextualise the meaning for carers and young people of the tasks undertaken by carers in placements and organised the identified sub-themes into three broad overarching themes. These are offered then as a summary of the tasks undertaken by carers which encompasses both the perceived purpose of these tasks and how

they were understood and experienced. The three key themes are defined and described below.

### **Key themes defined**

#### **1) Protecting**

The first of three elements of the caring role described by carers and by young people identified by the inductive analysis is that of *Protecting*. This theme encompasses both the identification and the management of risks and suggests that foster carers are required to anticipate, recognise, understand and attempt to reduce risks of harm to each young person placed with them, as well as to themselves and to others. It involves establishing and maintaining 'boundaries' and providing [or ensuring] appropriate supervision of the young person whilst in placement. Protecting is conceptualised as encompassing both the physical and emotional safety of the young person cared for and of others and as aiming to increase individuals' actual and felt safety and security. It therefore incorporates the idea derived from attachment theory of providing young people with a 'secure base' where they experience nurturing and from which they are able to explore the world. It also suggests the significance of ensuring young people have opportunities to develop secure attachments and of the potential bond between them and their carers. Protecting here is also interpreted as encompassing carers' commitment to the young people they look after and the trust that may develop between them; this might manifest as 'closeness' or affection between individuals and may perhaps be referred to or experienced as 'love'.

Aspects of this theme are well illustrated by considering both the Taylor's description of their fondness for Gavin, "he is actually a caring person.....he's not got a bad bone in his body"; and of the way in which they sought to understand and manage the risks he presented. While they understood Gavin then to have an attraction to much younger children; "it was obvious; he was like a bee to a honey pot", they described being "confident enough to put in the boundaries, to reduce the risks" and they believed that he "would be able to follow these [at home] because [they were] set and they were clear". They feared though that "in new situations and in different settings, it was almost as if he couldn't" and they described therefore "always having either one or other of us, or another adult family member, in the room with him [so that] nothing untoward could happen".

Bill and Maggie described their protecting role as being continual and therefore of feeling that they were "never 'off duty' in [their] own home". They believed Gavin presented very significant sexual risks to other children inside and outside the home, particularly to their own grandchildren, and they sought to manage and reduce these risks in any way they could. They described anticipating and avoiding certain situations, distracting and sometimes physically removing him from situations which were unavoidable and also trying to access specialist support for him. They mostly relied however on maintaining firm boundaries around his behaviour, through supervision and assertive communication and behaviour management. Maggie for example described telling him "if you need to go and touch yourself [masturbate] in your bedroom or the bathroom that's ok; that's the proper place to go, not here in the lounge. I don't want to see that Gavin". Bill and Maggie's fondness for Gavin and their commitment to his wellbeing appeared to sustain and motivate their care for him over four years. Eventually though, as described earlier, they decided

they could no longer fulfil this aspect of their role on their own or protect their grandchildren from being sexually abused by him and they ended the placement.

Dave and Sue Howard also suggested they had been fond of Michael though also that they had felt almost overwhelmed by the need to protect themselves and others from him. They regarded him as a very dangerous young man and felt unprepared and unqualified to manage the risk they understood he presented: “That’s when I think the penny dropped that we’re in, way above our heads here, we shouldn’t be in this position ..... We’re dealing with something here we’re not qualified to deal with”. The risks that Michael presented seemed to them, unpredictable and almost catastrophic. They clearly felt very vulnerable and frightened; “we were totally and completely on our own with this ‘time bomb’” and the focus of the placement for them became almost entirely that of their own and other people’s safety.

The fear of the unknown seemed almost worse for Dave and Sue than the anxiety created by what they were observing themselves; “we knew nothing about Michael’s history other than the little bits and pieces we were able to dig up from school”. Somebody who knew Dave “took [him] aside ... looked [him] straight in the eyes and said, ‘No matter how well you think you know Michael, how well he’s behaving and everything else, never trust him with younger children; never ever leave him on his own’”. They quickly came to the conclusion then that Michael “needed to be in an environment where he was supervised twenty four seven” and that their home had been used as “a dumping ground for delinquents”. They began to regard it then as “a very comfortable therapeutic prison” and each other as both “prison warders” and “prisoners”. This sense of oppression also spread beyond the walls of

their home and they reported “feeling that [they] were in prison wherever [they] went and whatever [they] did”.

This relentless focus on ensuring safety did not seem right to the Howards and they suggested that they did not think it was right for Michael either: “We looked at the long term and we started saying – yeah, he’s okay when he’s with us, because we’re keeping him safe, but we are conscious that we’re not allowing him to go out and do normal things. So when he becomes eighteen he’s suddenly going to be let loose. Now this isn’t normal, he shouldn’t be in this safe prison. We should be allowing ... like you do with children ... certain types of freedom, so that it doesn’t come all in one go”.

Although the Howards recognised that Michael “was able to respond to the boundaries that [they] put in place” and that “seventy five to eighty per cent of the time you wouldn’t have thought there was a problem” they decided “quite early on that [they] just could not trust this child” and that the most important thing they could do then, was “keep [themselves] safe and make sure that everyone else is safe”. Eventually they decided that the only way to achieve this was by ending Michael’s placement and resigning as foster carers.

Phil Osbourne seemed to be as aware of the potential risks presented by the young people he looked after as the Howards, though his attitude to these risks appeared to be very different. He saw it as important then to protect himself and his family but he regarded this as a shared responsibility. He described managing risks then with others and “always pushing it back to the social workers or our key link workers and working directly through them”. He was

comfortable asking ‘professionals’ for advice and also challenging those same professionals if he thought they were not being honest with him.

Phil also appeared to see each young person ‘in the round’ not simply as the embodiment of a series of risks which he was tasked with managing. He described feeling “more that [he] had to deal with the normal needs of a teenager or young person growing up, but also protecting them and everyone around [him] and [his] family”. The protection he attempted to provide then was not simply *from* the young person but *for* the young person: “they don’t understand their rights and it’s really important ..... to identify their rights and to make sure they’re not abused”.

Phil understood his responsibility to provide protection as being to ensure appropriate ‘parameters’ and ‘safety rules’ within placements so that “no one is ever put at risk” and while he accepted that young people would push against any boundaries established, he refused to accept the role of prison warden: “Can I imprison him? No, I do not do that. I’m not going to hold him; I’m not going to imprison him”. Phil described Darren testing his sexual boundaries though also how he felt confident that his boundaries were appropriate, that they protected both himself and Darren and that he could maintain them in a way which he felt did not threaten Darren’s self-esteem or their relationship.

Each of the foster carers interviewed appeared to understand something of the importance of helping the young people they looked after ‘feel secure’. Bill and Maggie Taylor then, talked of “giving children a safe environment where they can become more ‘themselves’

[and] develop”. The Howards described providing young people with a ‘solid base’ to enable them to ‘move on’ and talked of understanding “that [they] were there to give Michael a secure base, and a secure home”. Phil Osbourne described “walking beside [young people] on their journeys’ and being there to pick them up when they fell”. George, Ben and Peter however described the ‘secure bases’ they had experienced much more clearly.

George for example described how in his first placement with Kath and Paul, his sense of physical and emotional security was violated for him when, against his expressed wishes, Kath had insisted on him sharing his bedroom with another young person. He may or may not have been aware of his inability to manage his own sexual behaviour at that time, though he certainly blamed Kath for not listening to him and it seemed for the subsequent [unclear] events in which he was accused of sexually abusing his visiting room mate, and which ended in his arrest and the termination of his placement. In contrast John, his second foster carer, seemed to respect both his opinions and his physical space, he “listened to me” and even “knocked on the door and asked me if it was OK, before he came into my room”. This made George feel “good about myself”.

Ben described Lynn and Roy as “protective and caring”. They insisted on boundaries in the placement “for keeping in contact, for keeping time, for the internet and stuff like that” and he recognised how he “pushed boundaries a bit too far sometimes and [had to be] brought back in line” but he felt the rules imposed had been fair and that they were necessary “because ... part of their role was trying to get [him] to grow up and be independent”. He

understood that his carers “protected [him in order to] help [him] recover and move on from a very difficult period in [his] life”.

Like George, Ben described valuing the respect he believed his carers showed him “Lynn respects my boundaries” and this had clearly helped him to define and express himself clearly and had shaped his relationships with other people.

Peter described experiencing stability and ‘normality’ for the first time in his life, during his placement with Margaret and Sam. This had been very significant and important to him. Through it he came to understand that “the biggest help carers can be [for young people] is to provide a stable home and the kind of normality that they might not have experienced before. The fact is that family life can be boring, yet good”. He considered it “nice to have a home where there were rules”. Having boundaries then demonstrated very clearly to Peter that Margaret and Sam were “a trustworthy family”: He “had [his] space, where [he] could go and think about things, be on [his] own, and relax” and this seemed to help him to respect other people’s spaces.

## **2) Enabling**

The second element of the caring role identified through the analysis is defined as *Enabling*. This encompasses a very broad range of sub-themes describing ‘parenting’ and ‘pedagogical’ tasks, including the provision of physical and emotional care, ‘informing’, ‘explaining’, ‘guiding’, ‘teaching’ and ‘demonstrating’. It also includes categories identifying less defined activities such as ‘engaging’, ‘accepting’ and ‘supporting’.

Collectively these were understood in some way, by carers and young people, as helping the young person [and occasionally others] to acquire and develop skills, overcome trauma and disadvantage, achieve a positive self-identity, become hopeful and develop resilience. Enabling then suggests promoting young people's health and wellbeing, equipping them for adulthood and helping them to lead enjoyable and fulfilling lives. Essentially then carers attempt to enable young people to achieve the developmental tasks identified by Masten and Coatsworth (1998) as being necessary to grow from dependence to independent adulthood.

A significant aspect of enabling involves facilitating the development of relationships: this encompasses relationships between the young person and the carer [requiring the carer's engagement with the young person and acceptance of him] though also the encouragement of the young person's other relationships, for example friendships with peers or those involving caring tasks or responsibilities [for example looking after a pet]. As with the development of secure attachments and bonds between individuals suggested by the protective function described earlier, enabling relationships here can offer both carers and young people experiences of closeness and affection and promote opportunities for nurturing.

Bill and Maggie Taylor offered many examples of enabling Gavin. They described giving him "positive experiences" and a break from a "difficult environment" so that he could "become a little bit more of [himself] and develop". They tried to give him "some coping strategies" and "basic independence skills" like teaching him to "make his own drink to have with his breakfast [and] putting his own milk and cereal in the bowl, because at one stage, he had been quite fearful that he was going to spill everything". They tried to "enable

him to be a little bit more ‘aware of himself’; [of] what was appropriate and what wasn’t, and to directly confront him if [they] saw anything inappropriate”: For example, when “he had his hands down the front of his tracksuit bottoms in [a shop] touching himself inappropriately” they would draw this to his attention so that he could begin to learn to control his behaviour.

They talked of Gavin being “accepted into the family” and of “just feeling that he is a young person with particular needs and particular problems and [that their] job was just to try and give him a different viewpoint”. They tried then, to “give him lots of ‘two to one’ attention and to include him in as many activities as possible ..... Nothing out of the ordinary, just straight forward things like gardening and cooking, trying to show him that’s what families do”. They were aware of Gavin’s limitations and vulnerabilities however, and “before [they] did anything that was a little bit out of the ordinary [they would] talk him through it, and say ‘this is what we are going to be doing, and this is what’s expected of you, and of us, and things like that’”.

They described how Gavin “loved to get ‘feedback’ from [them]” and how slowly over time they began to see changes in him. They described how he began to “recognise when [other] people were behaving in an inappropriate manner, saying, ‘Well so-and-so said this and that’s not right’; recognising all sorts of things that before he was oblivious to”. They also described how he began to notice changes in himself: “He said things like, ‘I think that I’ve come to learn how to talk quietly’ and ‘Mum and Dad don’t think I can do anything, but now I know, I know how to wheel a wheelbarrow; [and] I used to walk really slowly like Maggie, now I can run fast like Bill”.

Bill and Maggie also described trying to enable Gavin's father and step mother by helping them to understand and meet Gavin's needs and to protect him. They described supporting them for example, to talk with his teachers about how he was accessing pornographic websites from school computers, during lunch breaks.

Dave and Sue Howard's interview offered far fewer examples of how they had enabled Michael, though it did offer some examples of how they may have failed to enable him. They thought that what they had attempted to offer Michael was "too late" and that he should not have been placed with them. They believed that "Michael had been very badly let down" [by professionals] and they also believed that they had been badly let down themselves. They understood Michael to be "very vulnerable" but also to be "a danger to himself and everybody else around him". They had sympathy for him, because he had "childlike qualities", though found it difficult to like him or perhaps to accept him: "His expectations and his mercenary streak were quite difficult, in that it was all very much 'me, me, me' and there wasn't much given back". They described "trying really, really hard with him" and "giving him eighteen to twenty months of very good times, and experiences" though they were not confident that they had helped him in any way: "We'd like to think we've helped him .....but in the bigger scheme of things, we're not sure.....maybe we just kept a lid on things".

Dave described some very difficult interactions with Michael which suggested either that he understood the placement at times to have been a battleground, or that he thought how insulting Michael may have helped him to accept his limitations and change his behaviour:

D - He would push, and he would push. If Michael lost his temper and started shouting, bawling and screaming, we wouldn't put up with it. So I'm afraid he got it back.....he'd get it back with interest, and I had to face him down, because you couldn't let him ... you couldn't let him dominate you.

D - He was quite cute in many ways. He could manipulate if he wanted to. You could see his mind working. You could sit down and talk to him about something and you'd see his mind working; it wouldn't work quickly enough [though] and I'd catch him out all the time.

D - I said 'Michael, forget it, I can see your mind trying to work – just tell me what's happened? You can't lie; you're not bright enough to lie'.

Phil Osborne's approach to young people appeared to contrast sharply with that of Dave Howard. He seemed very much to regard every [male] child he had looked after as being 'no different' from himself or from his own children, and perhaps for this reason, appeared able to accept them and empathise with them. Phil talked of trying to understand each child, no matter what they brought with them into the placement, by "trying to be them in his mind" and this seemed to help him to recognise both what they may have been feeling and also the choices they had about how to act. Putting himself in the place of a young person then, Phil described "(imagining) getting these little feelings inside ..... and thinking, how can I suppress them, or [how can I] allow them to be, and get them out? That's what I try and do".

Phil talked of balancing his role in protecting young people he looked after, as well as himself and his family, with enabling them, and he described how this involved "being real"

as well as “standing back [and] trying to move them in the right direction”. He compared the process of caring to “watching a toddler walk – you just try and guide them” though he recognised that it was important to choose the right moments when to guide, suggesting that “you can’t talk to a child when he’s having a ‘paddy’ [tantrum]”. He also thought it important not to “make a big issue” of things, though also “not to let them go”. Phil recounted a particular conversation with Darren one evening which illustrates this approach:

P - And one day he said to me, he said ‘Oh God’ you know ... I think I’m gay Phil, I think I’m gay.’ I said ‘Oh why do you think you’re gay?’ He said ‘I just think I’m gay’ and he kept going on about it. Then he said ‘I’m going upstairs’ he said ... and I thought okay, I could see he was aroused, so I thought ‘He’s going upstairs to masturbate, something’s going on, how do I feel about that?’ .....Anyway, half an hour later he shouted to me ‘Phil, Phil, can you come upstairs?’ So I said ‘Oh right, okay’ ... we’ve got set rules in the house – I never go in a room. Okay, and if I’m talking to someone in a room I stand at the door with the door open ... you know safety rules. He beckoned me in his room and I said ‘Well I don’t actually come into people’s rooms Darren, because it could be misunderstood’ you know, and I explained everything to him – how he was keeping himself, I was keeping myself safe. ‘Phil’ he said ‘mm, I’ve got a problem’ he said; ‘I said what’s that then?’ he goes ‘Could you show me how to wank?’ he said. And it’s a funny one, it’s a funny one but ... in my mind he was seeing my approach to it all, seeing how ... because he’d been treated like a baby, this boy ... and he was a teenage boy, and he’d obviously got to that stage in life where he was sort of masturbating and stuff like that ... but he wanted to see how I approached it and how far he could go..... And I said ‘I don’t deal with that Darren, but maybe someone else could.....could help.....I said ‘What about Rob [your

Counsellor], he could come and talk to you about it; we could bring him on board’, shall I phone him for you?’

Phil’s summarised his approach to the young people he cared for by describing how he tried to give each what he understood they needed at that time:

P - I’m a bit of a chameleon..... I’m different to every single person. What I am is what they need at that time in their life, at least what I think that they need at that time in their life.

P - If he likes to be seen to be doing well, I’ll reward him ..... if he needs boundaries, I’ll be the person who puts parameters down – go upstairs at half past eight, lights off at half past nine; or I might be the person who is always there on the side of the football pitch when he’s playing football ... and he can just look across, and get a good smile..... So you have to be different things to different people..... And then, you have to be able to move away, back off, and allow them to stand on their own.

This approach appeared to resonate closely with what George, Ben and Peter described as having helped them. George felt his carer John for example, was available for him, and that he had enabled him to acquire and develop skills: He had listened to him and had respected his views, building his self-esteem and facilitating his relationships with family members. Ben likewise described Anne and Len as having been “always there for him, having time for [him] to just go and have a chat ... whatever they thought I wanted to do they supported me”. He described them “taking [him] on, almost as their son in a way..... They were ‘acting parents’ to me, who supported me; they protected me, looked after me

and helped me develop enough to actually go out and live independently. That's probably the best way I could summarise it..... They prepared me for life”.

Peter described Margaret and Sam helping him in similar ways: “they just helped me and provided ... support ... it didn't feel forced, it was like they had a genuine interest in making sure I did my exams, making sure I did the best I could. [They made sure] I went to the gym and to the library, read books and kept active – it felt like a genuine interest, it didn't feel forced”. By the end of his placement with Margaret and Sam, Peter “knew how to cook, how to clean.... how to iron..... I knew how to look after myself basically, which I was, ready for. And I think it was really nice to have that baseline to restructure”.

As with George and Ben, Peter seemed to value the security his placement provided him. He understood that Margaret and Sam had been ‘there for him’ at a time of crisis for him and when he had felt almost ‘sub-human’; this meant a great deal to him and he likened his placement to a ‘safe port, while the storm settled’.

As suggested earlier significant aspects of both ‘Protecting’ and ‘Enabling’ as defined here, involve the development of ‘felt security’, secure attachments, emotional ‘closeness’, affection and intimacy between young people and their carers. Schofield and Wilson have described this as either ‘loving’ (Thoburn, 1994; Schofield, 2002) or ‘a kind of loving’ (Wilson et al, 2003) though it was noticeable here how interviewees avoided the use of these terms. The emotional proximity experienced by carers and young people during placements then were implied more than described in their accounts. Descriptions of

interactions between individuals within placements suggested either warmth or coolness to the other person, though accounts of relationships seemed quite functional and few direct descriptions of emotional proximity, sensitivity, affection and nurturing were recorded. Carers particularly seemed unable or reluctant to report the emotional aspects of the relationships they had had with those with whom they had shared their homes. This may of course simply reflect interviewees unwillingness or inability to describe the complexity of these relationships or it may have been a consequence of a flawed interview structure though it may also highlight a unwillingness on the part of those interviewed to blur the boundaries between what they may have considered 'professional' and 'personal' relationships. While the interviews then provide accounts of interactions between individuals that might be interpreted as evidence of 'loving relationships' (Thoburn, 1994) or as 'acts of love' (Schofield, 2002) interactions and relationships were not described in these terms. This is illustrated by the following extracts from interviews with Bill and Maggie Taylor, and with Dave and Sue Howard:

Bill and Maggie Taylor:

I- So how would you describe your relationship with Gavin?

LONG PAUSE.....

B- That's a good one!

M- Probably with boundaries in place because they had to be didn't they?

I- Yes.

B- Because we were doing a job.

I- Yes.

M- So it wasn't the same as a grandparent role. It wasn't the same as a parent. It was very much that you don't step over that..... you know...

I- Yes.

M- I mean the granddaughter here; she might have a little glass of wine with some lemonade in or half a can of cider. We'd never have done anything like that with Gavin. So there's a difference between the professional relationship and some kind of parenting role.

Dave and Sue Howard:

I- So how would you describe your relationship with Shane?

Both - Good.

I- Yeah?

D- It sounds like there are a lot of negatives – we were aware of the attendant stuff that was going on, but otherwise we wouldn't have wanted to see him two or three weeks ago for his birthday.

I- Sure, yeah.

D- And ...

S- And he came in and it was ... he was all smiles and chat.

I- So you felt you had a relationship?

D- Oh yes we still do, yeah.

I- A degree of closeness?

Both- Yes.

D- As far as you can go.

The young people interviewed also appeared to find it difficult to articulate clearly the emotional aspect of their relationships with their carers though they did seem more able and willing to recognise that this had been a reality for them:

Ben:

I- How would you describe your relationship with your carers?

B- I'd say ... to put it quite simply, I'd say it was quite a healthy relationship. Anne respects my boundaries and obviously I respect her's.

I- Yeah

B- And she's pretty good, she'll ring up and she'll be saying you know 'Is this a good time to talk?'

I- Sure

R- So yeah, I'd say it's quite healthy.

I- You sound quite close to them?

R- Yeah, I think you grow quite close to people. And even now I'll phone up and ask their opinions or advice on things. So I would say it's quite open, an open healthy relationship with them really.

Ben distinguished between his relationships with his counsellor Karen and his carers Anne and Len. He described the first as being 'professional' and 'time limited' and the second as being 'closer', more open and as continuing into the present and the future:

B - It was like I was actually part of [Anne and Lens'] family, like their two sons and their daughter. I was actually really close, even with members of the family who didn't live in the house.

B - I personally think that foster carers shouldn't try and be 'over professional' or put distance between themselves and foster children".

Peter was the only interviewee in this study to describe foster caring in terms of ‘love’ though even he seemed to find difficulty in defining the care he had received from his carers as ‘loving’. He had spoken very warmly of Margaret and Sam throughout his interview and described how they had begun a process which he believed had ‘changed his life’, though rather than suggesting that he had felt loved by them he suggested that his own situation had probably differed from that of other less fortunate young people in care “because there’s not that kind of loving support for them, if you like, from people”. Peter then seemed to suggest by this comment that he had enjoyed ‘loving support’ from his carers, and that he understood that not every young person experiences this.

### **3) Constraining**

The third main theme identified, through this analysis, as an aspect of the role undertaken by foster carers who look after young people who have sexually abused, is defined here as *Constraining*. This describes those interactions between carers and young people which are perceived as attempting to control and which also fail to promote and therefore perhaps restricts their development. It suggests actions that limit safe exploration and which restrain and inhibit. It implies interactions between carers and young people that determine rather than facilitate, steer rather than guide and force rather than encourage. This then is understood as being as different from the sensitive, child centred and responsive development and application of boundaries around young people’s behaviour as ‘authoritative’ parenting is distinct from ‘authoritarian’ parenting (Maccoby and Martin, 1983). The intention of carers who demonstrate constraining behaviour may or may not be to protect and enable young people to achieve their developmental tasks, though the outcome of their actions is either to make it more difficult or to prevent them from doing so.

Constraining suggests then either an inability on the part of carers to understand or to meet young people's needs or an unwillingness to do so.

This was most clearly demonstrated in the account offered by Dave and Sue Howard of twenty months of weekends looking after Michael. As noted previously they described having been provided with very little helpful information about Michael prior to the placement starting, and when "drip fed" more later on, had decided that it was necessary "to tighten everything up around him". They interpreted the information they were given as suggesting that Michael was a threat both to themselves and to others and they therefore decided early on that the only way they could respond to him was by containing him. They described feeling then that they "needed to control him, pull him back" and suggested that "he wasn't allowed out of [their] sight"; "We told him he had to behave – he had to stay within our view, all the time". Of course they could not have actually imposed this level of supervision, Michael had his own room, to which he was able to retire, and he was allowed to use the bathroom and toilet on his own; though the intensifiers and emphases used by Dave and Sue in their account suggest a fairly restrictive regimen.

It is not known how Michael experienced this level of supervision, though the Howards themselves found it uncomfortable and ultimately intolerable. They described beginning to feel that they had become both "prison warders" and "prisoners in their own home" and the messages they described conveying to Michael seemed increasingly to carry ultimatums and threats of further restrictions:

D - You had to be really very firm with him..... I shouted at him ‘Any more of that bloody nonsense – we knew what you were doing; we could see what you were doing. You’re not to do it ... otherwise we won’t go anywhere.

Dave and Sue described eventually not being able to go out, “pressure building” and conflict eventually breaking out within the placement: “I faced him down and said if you start trashing this room [again], it won’t be your room anymore. If you damage [it] like you did before, I’ll have you arrested”. They recognised however that this was not how they wanted to care for Michael, that all was not well with the placement and that fundamentally they were not meeting his needs. They worried about his future; “he’s okay when he’s with us, because we’re keeping him safe, but we are conscious that we’re not allowing him to go out and do normal things; [and] when he comes to eighteen, he’s suddenly going to be let loose. We should start allowing [him] certain types of freedom so that it doesn’t come all in one go”. They argued however that; “this is going to sound dreadful – but we don’t think Michael should ever be allowed out on his own”.

The Taylors and Osbournes also understood the importance and necessity of setting appropriate boundaries around young people’s behaviour, though they appeared to approach this differently to the Howards. Looking at the risks presented by Gavin, and wishing to reduce these, Bill and Maggie reported for example that they had initially “felt confident enough to put in boundaries” and that “the level of supervision that [was required] was what [they] could offer and wouldn’t be a problem”. Although the Taylors like the Howards felt themselves to have been “never off duty in [their] own home” and that they could not and

“would not relax” while they had responsibility for Gavin, they felt the supervision they had provided was “just being watchful; it wasn’t any sort of duty, it was just being aware”.

This watchfulness over Gavin was described by Bill and Maggie as being as much for his benefit as for other people and as being an attempt to help him to understand why there were rules about his sexual behaviour and how he might stop himself from breaking these. They were clearly aware then of both his sexual interest in children and of his potential to harm them, though they were also very much aware of his need to explore and understand his developing sexuality and of their role in helping him to learn to manage boundaries himself and to achieve important developmental tasks. They saw him as being both “naive and vulnerable” and as needing to be “kept on a rein” and were able then to distinguish his behaviour from his identity as a young person. Their account of an incident in a local supermarket however suggests that sometimes they had to take control of situations at times and forcibly restrict his behaviour. On encountering some younger children whilst shopping then they noticed how the boundaries they had worked so hard to help Gavin understand and keep seemed simply to disappear:

M - That’s what was so striking wasn’t it? There was a real switch in his demeanour; he couldn’t hear us at all. [He became] totally tuned and focused on those children.

These occasions were mercifully rare and for most of the placement the Taylors felt confident that Gavin could control himself in most situations, most of the time. Unfortunately as the placement progressed however this view changed and, and as noted

earlier, their changing family circumstances and perceived lack of support from professionals made them question how well they were enabling Gavin to understand and manage his sexual behaviour and their willingness to keep on trying, and they decided to end his placement. They described then, “just ‘giving up’ in some respects” though clarified this by asserting; “We didn’t give up on Gavin, we gave up trying to get him the help [he needed] ..... because it just wasn’t going to go anywhere until ..... until something happened”.

Phil and Jenny Osbourne also demonstrated an understanding of the importance of establishing and maintaining clear boundaries for young people in the placements they offered. Phil described agreeing ‘house rules’ protecting young people’s private space and family space and how he wouldn’t enter a young person’s room without being invited. He also described occasions when he reinforced ‘parameters’ around young people’s behaviour. The Osbournes seemed to regard the boundaries they set both themselves and young people as *enabling* rather than *constraining* and as being what “[each young person] needed at the time”. Phil refused then to restrict individuals’ rights and freedom to choose [even a young person’s right to choose to run away from a placement] asserting that “I’m not going to hold him, I’m not going to imprison him” though he recognised that those choices needed to be informed by a clear understanding of expectations and consequences: “He understood my line ... as everyone does”.

Phil acknowledged that he does not always know where the boundaries around young people’s behaviour should be set, though he described having taken advice about this and working with others to agree rules so that young people are always clear about what is

expected of them: “I’m a great believer in going to a professional ..... who understands the situation but isn’t emotionally linked ... they can step back and look at the whole situation ... [and] maybe if I was being over-protective or ‘over-zealous’ ... they would say .... ‘We think that you need to step back or you need to do this’”. In stark contrast to the Howards’ description of “keeping a lid on things until the child turn eighteen” then, Phil Osbourne talked of walking with young people, holding and guiding him until they are ready to walk by themselves and of recognising that as carers they “have to be able to move away, ‘back off’ and allow young people to stand on their own”.

This approach again mirrored what George, Ben and Peter thought the role of the foster carer should involve. None described having been particularly constrained within their placements and none appeared to view constraining as a legitimate role for foster carers. They did regard it appropriate and helpful however to have clear boundaries imposed on them and acknowledged that while they pushed against these at times, they understood that they had to exist for everyone’s safety and for their benefit. They appeared to view boundaries and rules then, as being mostly enabling, though if they did feel them unreasonable or constraining in any way, they described being able to negotiate with their carers to agree changes. Ben for example was able to re-negotiate what he perceived to be his unreasonably early bed times after a few weeks with Anne and Len, and Peter described boundaries being re-drawn and being given “more freedom” when he moved from foster care to supported lodgings, as a consequence of what he had learned from his placement with Margaret and Sam.

Ben and Peter described experiencing constraints in different ways. Ben believed his educational opportunities were constrained by local authority bureaucracy and the rigid

interpretation by senior managers of financial regulations failing to match his placement timetable and his 'A level' curriculum. This meant that he was forced to leave his placement half way through his college course and that he failed to achieve desired qualifications. Peter described feeling constrained on placement by having very few opportunities to mix with people his own age and to develop social skills and friendships with peers.

### **Summary**

This analysis of data gathered from all six interviews suggests how protecting, enabling and constraining may be considered key elements of what foster carers who look after young people who have sexually abused do. The nature of these themes and the relationships between them suggest both complexity and tension, though understanding each may help carers and those who support them, anticipate and meet some of the inevitable challenges that arise from their roles. *Protecting* was considered an essential aspect of the foster carer's role in the accounts of all participants within this study, both carers and young people. This encompassed the protection of the young people being looked after, the protection of the carers looking after the young people and the protection of others from the young people. As described earlier, it involved carers understanding, managing and attempting to reduce risks, and providing physical and emotional safety, security and perhaps proximity. This concept was expressed in descriptions of foster placements providing 'a port in a storm', 'a safe environment', 'a secure home' and 'a secure base'.

*Protecting* seemed to be understood by participants either in relation to *Enabling* or to *Constraining*. The young people interviewed appeared to regard *Protecting* and *Enabling* in very close relationship and almost as interchangeable or synonymous: *Protecting* then, was enabling for them, and *Enabling* was protecting. In contrast they offered few examples of being constrained by carers, though those they did appeared to them the opposite of enabling. They understood that *Constraining* may have been an understandable approach for carers to adopt, in response to their past offences, and that it may have protected others from them, though in their opinions, it did not provide them, with what they needed in order to grow and develop.

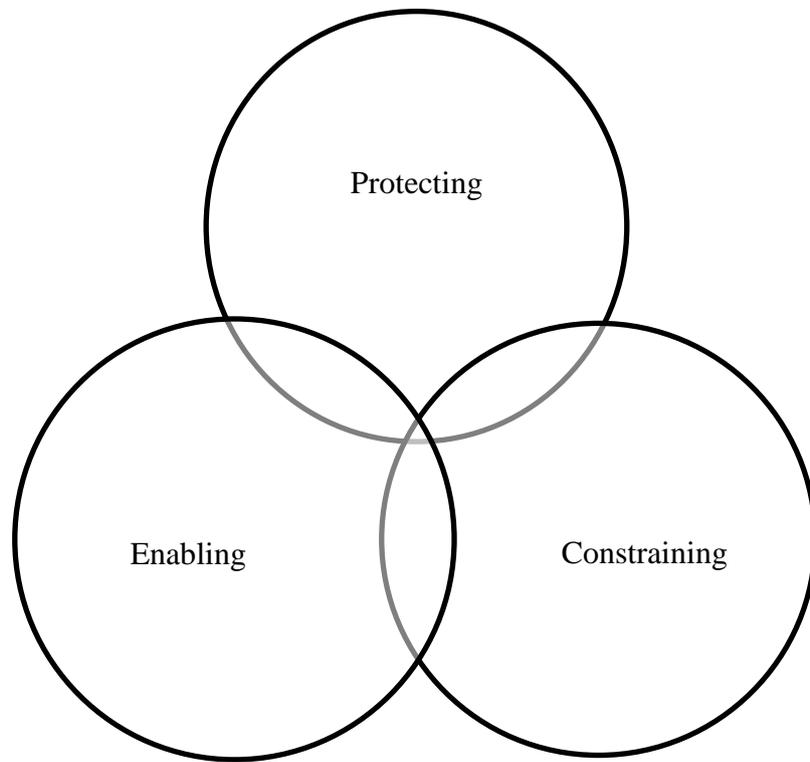
The carers interviewed appeared to perceive aspects of their roles as more distinct. The Osbournes' understanding of the caring role seemed closest to that of the young peoples' in that *Protecting* and *Enabling*, if not synonymous, overlapped each other considerably. They likened looking after a young person placed with them then, to holding a child's hand while he learns to walk and picking him up when he falls. The Howards, in describing how they looked after Michael, appeared to regard *Protecting* as more closely related to *Constraining*. They insisted the only way to ensure the safety of others, and to reduce Michael's own vulnerability, was by locking him away or by providing constant supervision. The Taylors seemed to view all three aspects as being in a more dynamic relationship with each other. *Protecting* overlapped more or less with *Enabling* and with *Constraining* depending on circumstances. They wanted to enable Gavin very much and to be supported to do this, though they recognised that there were times when they felt it necessary to constrain him and were uncomfortable with this. Eventually they found the strain in managing the tensions between these aspects of the role, too great and they resigned from foster caring.

To conclude this analysis of data from these six interviews, an attempt has been made to represent the relationships between the key themes identified in the accounts of participants' experiences and interactions in placements diagrammatically below. As in the thematic analysis, the interpretation of the relationships between themes suggested here acknowledges the agency of the researcher in choosing how data has been organised and represented. Circles have been chosen here to represent each of the themes identified within the accounts of placements by interviewees and the apparent significance of any one and the relationship perceived to exist between each has been shown by their size, positions and by the degree of overlap between them. The interpretation suggested here is largely intuitive and based on the researcher's immersion and familiarity with the data though it has also been guided by a very simple quantitative analysis of the coding used in the thematic analysis. The number of units of data from individual interviews assigned to each code, sub-theme and overarching theme then were counted and the relative proportions of these estimated. This estimation confirmed the intuitive interpretation of the data presented (and the familiarity of the researcher with the data and the way in which it had been organised). Data gathered from one interview then provided very many examples of descriptions of interactions understood to be enabling and far fewer examples of interactions interpreted as constraining, data from another provided proportionally more examples of interactions understood to be protecting than constraining.

In Figure Three below, the key themes identified in the accounts of all interviewees are represented as being of equal significance and as overlapping slightly to suggest both the distinctiveness of the themes, and the relationships between them and also to allow for some ambiguity in how their constituent sub themes are defined. The analysis of interviews suggests that the carers and young people who took part in this study described their

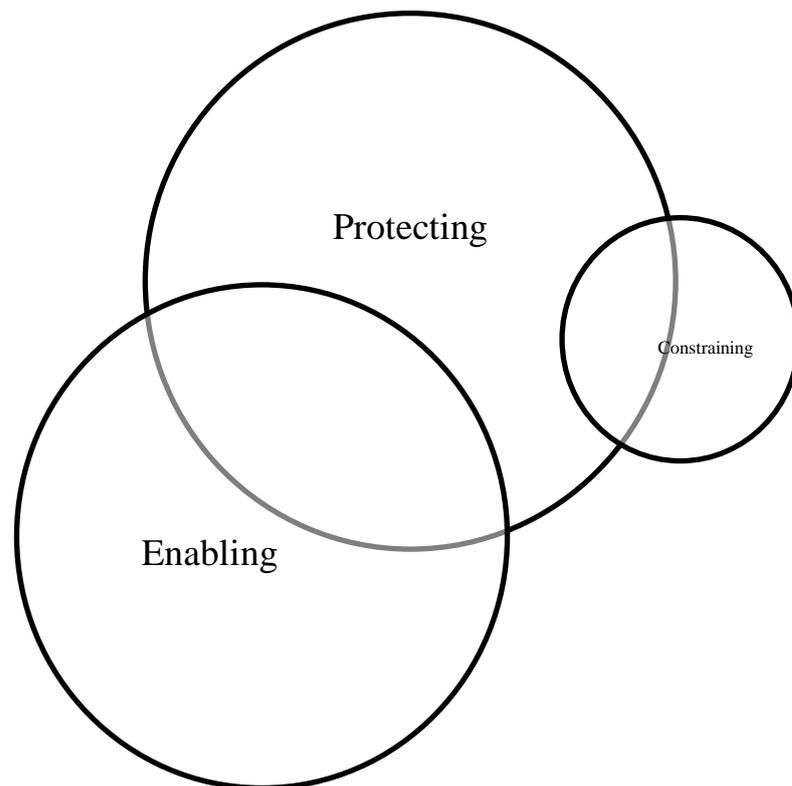
experiences differently and that they therefore appeared to approach and understand the role of carers within those placements differently. Some emphasised how young people and others are protected when they are enabled to achieve developmental tasks, others suggested that protecting is accomplished by constraining young people. These differences are depicted by the relative sizes of the circles representing each theme and by the degree of overlap between circles.

Figure 3: A diagrammatic representation of the role undertaken by foster carers in looking after young people who have sexually abused showing three key aspects identified by thematic analysis of interviews with carers and with young people



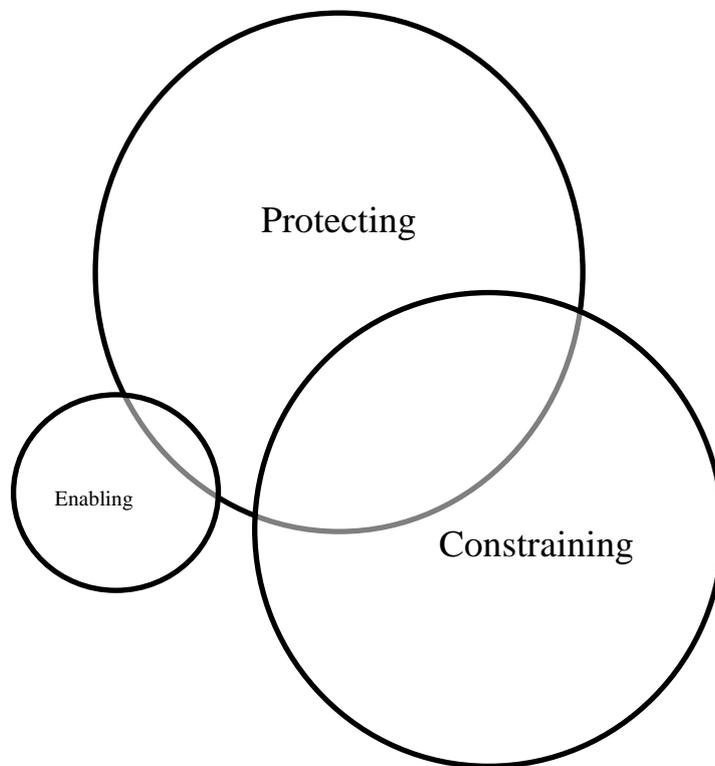
A diagrammatic representation of a placement where the carer has described the importance of both protecting and enabling then will show two large overlapping circles representing these themes: one in which the carer places greater emphasis on constraining the young person will show a relatively large circle for this theme and a smaller one for enabling. This diagrammatic device then attempts to depict how individuals' understanding of the caring role shapes interactions between carers and young people and determines the characteristics of placements.

Figure 4: A visual representation of the Osbournes' approach to caring for Darren as suggested by an interpretation of the thematic analysis of their accounts of his placement with them.



The relative sizes of the circles shown here suggest how the Osbournes' care of Darren was shaped by the importance they appeared to place on both protecting and enabling him (both represented by large circles) and their understanding that protecting however may sometimes, though only rarely, necessitate constraining him to some extent (the smaller circle).

Figure 5: A visual representation of the Howards' approach to caring for Michael as suggested by an interpretation of the thematic analysis of their accounts of his placement with them.



This diagrammatic representation of the Howards' description of Michael's placement depicts how their care of him seemed to be shaped by the importance they placed on protecting him and others through constraining him (both large circles here) and by how much less significance they attributed to enabling him to achieve his developmental tasks.

Figure 6: A representation of the relationship between the three aspects of the caring role as understood and experienced by Peter

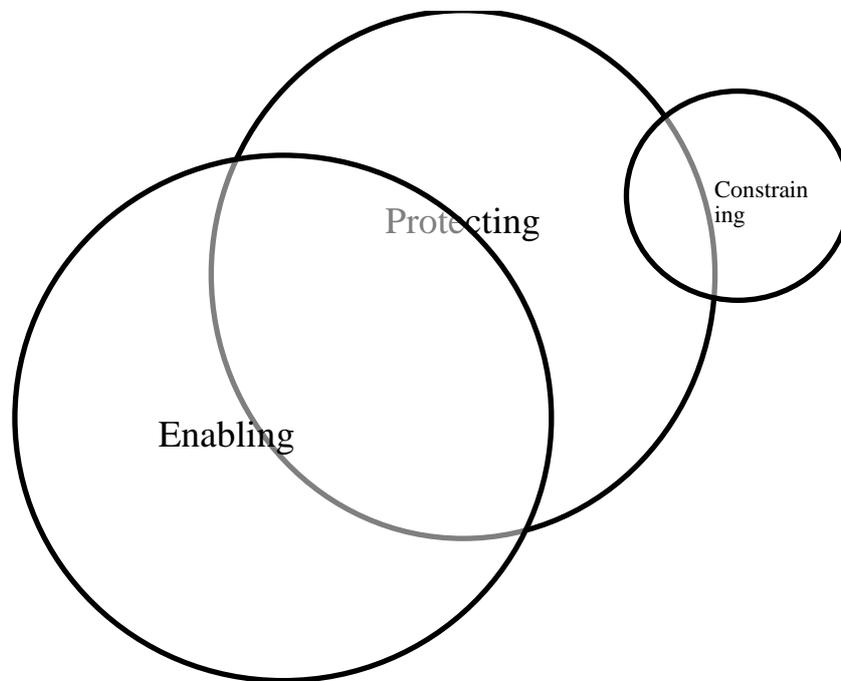


Figure Six offers an interpretation of how Peter understood how Margaret and Sam had cared for him. He described this in terms suggesting that this was both firmly protecting and highly enabling though also that he felt the placement constrained his ability to meet and make new friends.

While it is emphasised here that these diagrammatic illustrations of placements are offered only as intuitive interpretations by the researcher of interviewees' descriptions of placements in order to complement the thematic analysis presented, they suggest a way of visualising the purpose and experience of placements and how emerging outcomes for young people may not match the intentions of those providing or supporting care. A young

person who feels both unsafe and constrained in his placement may recognise a diagrammatic illustration of this as containing a large constraining circle and two much smaller circles representing protecting and enabling. His carers however may perceive the placement differently (perhaps by describing large overlapping circles representing protecting and enabling and a much smaller one showing constraining). Comparing these illustrations may facilitate dialogue, understanding and negotiation between the young person and his carers and perhaps mutually beneficial change.

The thematic analysis offered here is consistent with an ecological perspective (Bronfenbrenner, 1979). The key aspects of the foster carer's role identified here can be extended to describe the placement ecology within which carers and young people interact. The placement then may be most helpfully understood as *Protecting* and *Enabling* or *Constraining* both the young person and the carers. This is suggested by participants' descriptions of factors which impacted their placements.

The Taylors then described how excellent training and support from their fostering social worker and their carers' support group initially helped them to look after Gavin. They described being supported to develop the skills they thought were necessary to care for a vulnerable teenage boy and being given enough information about Gavin to be able to understand and meet his needs. They apparently shared an understanding about the purpose of the placement and about their role as carers, with those whose role it was to support them and they felt safe within the placement. Over time however, as Gavin's behaviour within the placement began to cause them concerns, they described losing support from the professional network. What had enabled them to undertake their role as carers to Gavin then

appeared to them to have been withdrawn. Their growing concerns about Gavin's apparent sexual interest in children changed their understanding about how they should undertake their role and this seemed to them, to diverge from how others in their professional network understood their role. They came to believe then that Gavin posed a significant risk of sexual harm to younger children and therefore required constant supervision; those whose role it was to support them thought they were exaggerating these risks and urged them not to worry and indeed to reduce the level of supervision they were providing. Eventually the Taylors felt they were constrained in their ability to care for Gavin and that the placement was unsafe and they therefore decided to end it.

The Howards' ability to care for Michael, rather than having been enabled by their social worker, seemed to have been constrained from the beginning. Poor communication and conflicting demands on them to accept young people who they felt unqualified and unwilling to care for, quickly made them feel defensive and resentful. They lacked confidence in their ability as carers and they were unsure of the role they were being asked to perform. They felt unsafe and decided that the best way to protect themselves was to regard the placement as a prison and themselves as prison warders. *Constraining* Michael then, in their view, protected them and their friends' children and also protected Michael from himself. The Howards recognised however that their care of Michael was not meeting his needs or *Enabling* him as they had wanted to do and the energy required to manage the tensions this created, and to defend themselves against, what they seemed to understand as, attacks by their social worker eventually resulted in their decision to end the placement.

The Osbournes' care of each young person placed with them appeared to be enabled by a clear understanding of their role and by realistic expectations of themselves, the young people they looked after and of the professional network of which they were a part. They seemed to understand then that while the professionals who supported their placements did not have all the answers, they did share responsibility for safeguarding each child they cared for and this understanding appeared to give them confidence and a sense of security about their role. They appeared to believe themselves to be safe, or at least as being able to rely on protection if they needed it and this freed them to be responsive to the young people placed with them.

The young people interviewed also seemed aware of *Constraining* and *Enabling* factors affecting their foster carers' ability to look after them. Both Ben and Peter for example described how their carers' families supported their placements and Ben talked of the impact of Anne's illness on her ability to support his studies.

Foster carers then seemed either enabled or constrained, protected or left vulnerable to fulfil their roles with young people placed with them. They were enabled to enable, or not, and protected to protect, or not.

This chapter has explored the accounts given by carers and young people about foster placements in order to identify how they understand the foster care role and how this understanding influenced their interactions within their placements. The analysis of these accounts suggests that each can be contained within a single conceptual framework

describing the role undertaken by foster carers who look after young people who have sexually abused. This has been described and a diagrammatic representation suggested. The following chapter considers whether the framework developed is consistent with existing models of foster carer and whether it adds anything to our understanding of the caring role.



## **Chapter Six [Part i]**

### **Conceptualising the foster carer's role**

This chapter reviews the aims and objectives of the research project and explores whether the theoretical framework developed from the analysis of data gathered from interviews with carers and young people about their experiences of foster placements is consistent with existing models of foster care. Findings are summarised and consideration is given to whether the analysis extends our understanding of the role of foster carers who care for young people who have sexually abused.

#### **The study**

Hackett and Masson (2006) contrasted the momentum of change generated for looked after children, survivors of the mental health system and disabled people by the 'service user movement' (Beresford and Croft, 1980, 2004) with that for children and young people in contact with services in the sex offender field and noted the apparent lack of interest shown by professionals in collating the views of young people who have sexually abused about the services they receive (Hackett and Masson, 2006, p183). They suggest a number of possible reasons for this, including firstly the reluctance on the part of professionals to hand back some of their power to young people who have used their own power to abuse others, and secondly to factors relating to the broader social context of intolerance, anger and fear within which work with sexual abusers takes place (Hackett and Masson, 2006 p184). It seems then that children and young people who have sexually abused are considered by

some professionals, not like other children and young people, but as somehow different and alien. Hackett and Masson challenged this view and suggested that professionals have a responsibility to listen to these young people, and that by doing so would learn much about the effectiveness of the services they provide. This study justifies this opinion and demonstrates the value of listening to young people who have sexually abused, in order to better understand their experiences of professional services, and the journeys some take from sexual offending ‘towards responsibility’ and respect for others (Jenkins 1990).

The accounts offered by the three young people who participated in this study provide compelling evidence both that their views are worth listening to and that they should be considered the views of ‘young people who have sexually abused’ rather than those of ‘sexual abusers’. Transcripts from their interviews are presented in order to honour their contribution to this research and to record important insights of individuals who have learned from serious past mistakes and who are making very different choices from those that led them into foster care. These accounts offer the hopeful message for foster carers and for those who seek to support them that “foster care *can* enable change” (Sinclair, 2005 p123). This message both anticipates and underpins the conceptual model of foster care developed here. Before exploring this model however, it is necessary first to describe how the practitioner-researcher’s own journey through the research process influenced both the focus of the investigation and the approach adopted.

The study was conceived by a child protection practitioner working within a specialist team providing services for children and young people who had sexually harmed. The team was managed by a national children’s charity though operated within local multi-agency child

protection and safeguarding procedures, receiving referrals from Child Protection and Safeguarding services, Child and Adolescent Mental Health services and Youth Offending teams as well as from families of young people. Occasionally young people referred themselves though mostly after having already completed work with the service previously, following referral from one of the other services mentioned. This was a busy and highly regarded team which was seen as making a valuable contribution to local multi-disciplinary service provision through direct work with children and their families and carers and by providing consultation, advice and training to partner agencies. Young people were involved in designing and evaluating service delivery and innovations developed with them were incorporated within practice [including a guide for adults about talking with young people about sexual behaviour which was published by the NSPCC in 2010 (Watt, 2008)]. While the involvement of young people within the service then had developed from one of 'contracted participation' to that of 'collaboration' (Cornwall and Jewkes, 1995), this practitioner felt that further opportunities existed to involve service users in a formal research project which would complement and extend agency-led objectives for service evaluation and improvement, and offer the possibility of providing a cutting edge critique of practice (Shaw, 2005).

From the outset then it was planned that this research project would enable practitioners to improve their practice within this service by developing an understanding of formal research methods, though also to move beyond the evaluation of service delivery to the development of knowledge (Shaw, 2005) about young people who had sexually abused. While it was not anticipated that undertaking research in practice would involve redefining the practitioner-researcher's relationships with potential research participants, from that of 'insider' to 'outsider' (White, 2001), or of fully resolving the tensions inherent in the role (Padgett,

1998), it was expected that experience of practice would provide a helpful platform from which to undertake formal research. It was anticipated for example that skills developed in practice would be able to be transferred and utilised in the research process and that established relationships within the practitioner's professional network would afford access to potential research partners. As described in a previous chapter the practitioner-researcher's 'insider' status [as a practitioner working within a specialist child protection service] was exploited as much as possible in order to recruit potential participants to the study, though for reasons noted this did not prove as straight forward as anticipated. Eventually however enough young people and carers expressed interest in taking part in the project to be able to begin to develop the research questions to be asked and the model of participation to be employed. It had originally been planned that some or all of the participants might be able to be involved at different stages of the project and in 'collaborative' roles [through testing the analysis of data perhaps, or through planning how findings from the study might be shared more widely] though this did not prove possible. For reasons already described, both the timescales and the scope of the project and ambitions to involve participants more fully had to be revised significantly. This was disappointing though on reflection these modified ideas about participation probably accorded more closely with participants' expectations of their contribution to the research and *their* understanding of participation. While all participants expressed their hope that the research study would allow other people to understand something of their experiences of foster care then, none expressed a desire to be involved in any capacity other than sharing their particular stories and views in a single interview. Likewise while all participants were offered opportunities to receive copies of transcripts from their interviews and to meet to discuss the analysis and the findings from the study, none wished to do so and each appeared satisfied that their particular contribution was sufficient in itself and that it would

be valued and respected into the future. This simplified the research process considerably though represented a definite change in direction and something of a loss for the project, coinciding with the closure of the specialist service and therefore with a change in role and identity for the 'insider practitioner-researcher' to that of 'outsider-researcher' (White, 2001). The researcher's current role involves facilitating the practice of others, as a lecturer within higher education, and the analysis of data collected from this research project has been undertaken within a teaching environment with the support of academic tutors. The research project began then within a practice environment and was completed within an academic environment. While the ability to gather such sensitive data from young people and carers owes much to the researcher's initial role as a practitioner within a local network of practitioners and service users, this unanticipated change in role now offers opportunities to share the data and test the analysis developed within a wider professional network as a lecturer and tutor.

Although the involvement of participants in the research project was restricted to single interviews and the number of foster carers and young people who had sexually abused interviewed was small, the approach adopted to explore and record their experiences and views, generated very rich data. The methods used engaged and enabled interviewees to articulate their opinions and, according to several of the participants, helped them to make sense of their experiences. All interviewees expressed satisfaction in having been able to contribute to formal research and potentially the development of understanding in this field. They were pleased that their personal views, opinions and experiences had been sought, and that these had been considered important enough to record. Several of the participants noted that it had been helpful for them to have been encouraged and supported to reflect on some very difficult and confusing experiences. Four expressed regret that they had not had an

opportunity to do so previously, and suggested that this had had serious consequences for them. They talked, of having struggled with doubts about their ability and suitability to foster children and with feelings of having failed children who had been placed with them. All four described eventually giving up caring for children as a consequence of this, prior to their involvement in this research. The process of this enquiry then and the structure of the interviews, seemed to encourage and facilitate beneficial 'change' for the participants (Stringer, 1999). This was suggested by Bill and Maggie's comments at the end of their interview:

It's been important to [have] put across what we did as carers and how we felt about it. This is the first time we've talked to somebody else about how we felt about it all..... It's been good to talk....to be of use, to make some sense of it and [to have achieved] closure.

The structure of the interviews facilitated the gathering of data which could be presented as narrative accounts and used in thematic analysis. It encouraged participants' reflection, by allowing each to articulate their abstract conceptualisations and to describe their concrete experiences (Kolb, 1984) and it also provided necessary 'disjuncture' between the questions put to each of the participants, the questions that guided the coding and analysis of the data and the broader research questions (Braun and Clarke, 2006). This was critical in ensuring that the data gathered was interpreted, rather than simply described and also that those interpretations, as far as possible, represented participants' 'underlying ideas, assumptions and conceptualisations' of their experiences (Braun and Clarke, 2006 p84 and p81), rather than the practitioner-researcher's own theoretical biases.

While the analysis of data is intended to be as free as possible from the influence of existing theories about what happens within foster care placements involving young people who have sexually abused, it is acknowledged that it is neither free from the particular values of the researcher shaping the analysis nor from ambiguity introduced by the theoretical biases relating to the meanings ascribed to the words chosen by the researcher to codify data and construct themes. The analysis is offered therefore as *one* interpretation of data gathered rather than *the* interpretation. It is also offered with an acknowledgement that any interpretation of data risks misrepresenting the views of participants and, by recording these on paper, ‘fixing’ them at a particular point in time, before participants have been able to develop them fully. It would then have been useful to arrange a series of ‘follow up’ interviews with the participants here and to check that the interpretation of the data they provided matched their own (Denscombe, 2010, p299), though this was not possible. The analysis then should be read with caution, and with awareness of its provisional status.

### **The findings from the study**

#### **1) Foster care for young people who have sexually abused**

The accounts of three older young people and three foster couples about their experiences of past placements and the interpretation of those accounts suggested here, confirm that foster placements involving young people who have sexually abused represent significant challenges for carers and young people. They also suggest these challenges are not insurmountable. This is an encouraging and important finding; it suggests that foster care can, and does, provide some young people who have sexually abused, and who are unable to live at home, with experiences of ‘childhoods which are secure, healthy and enjoyable – rich and valuable in themselves [and which may prove to be] stable foundations for the rest of

their lives' (DfES, 2006, p4). It demonstrates that some foster carers can “meet these young people’s basic needs, keep them safe, show them warmth and [perhaps even] love, provide the stimulation needed for their development and help them achieve their potential, within a stable environment where they experience consistent guidance and boundaries” (DCSF, 2010, p29). It also suggests however that not all carers are able to look after these young people. To do so, carers need to understand and accept the particular challenges involved, have the necessary skills and commitment to overcome these challenges and be able to access appropriate and effective support. Data from this study identify many of the challenges foster carers face, when looking after young people who have sexually abused, and also those that young people who have abused face, when living with foster carers. They reveal how the foster carers interviewed understand and attempted to fulfil their role and they identify how young people understand the role of foster carers. Data highlight the tensions and frustrations carers feel when looking after young people though they also highlight some of the benefits and rewards which accrue to both young people and carers from successful foster placements.

## **2) Protecting, Enabling and Constraining young people**

The principal idea deriving from the analysis of data gathered here is that the role of foster carers looking after young people who have sexually abused can usefully be conceptualised in relation to three broad elements; *Protecting, Enabling and Constraining*. Foster carers of young people who have sexually abused then protect themselves, and others, from young people placed with them, and young people from themselves and others, and in doing so, either *enable* them to achieve necessary developmental tasks or *constrain* their ability to do so. This tripartite conceptualisation avoids the false dichotomy of ‘care *or* control’

described by Lipscombe (2006) and emphasises how ‘caring *and* controlling’ are both necessary and complementary aspects of the foster carer’s role.

The developmental tasks young people are required to achieve are many and varied: they must learn to communicate their needs effectively and to cooperate with others to meet their needs; they must learn how to regulate their emotions and behaviour and they must acquire and develop skills for independence. Carers *enable* young people to achieve these developmental tasks by performing caring tasks. By providing food, shelter and nurture for example, carers *enable* young people to be physically healthy and to grow and to form attachments to them and to others and to develop the emotional security they need to be able to explore the world; by establishing and maintaining appropriate ‘boundaries’ and by facilitating relationships with other young people and providing new experiences for them, carers *enable* young people to form friendships, acquire skills and develop positive identities; by giving approval and being responsive, carers *enable* young people to feel that they are valued and to develop confidence and self-esteem. Foster carers then *enable* young people when they help them to feel valued and accepted and to develop from dependency into competent, confident, independent adults.

Foster carers *constrain* young people by failing to promote their development from dependency into independent adulthood and by failing to help them achieve their developmental tasks. They constrain young people when they are unable or unwilling to provide opportunities for them to establish or maintain friendships; they constrain them when they are unable or unwilling to ensure they have access to new experiences in order to develop skills and confidence and they constrain them when they are unable or unwilling to

provide the emotional proximity and security that helps them to feel valued and to value themselves and to form attachments with others. Constraining then may be experienced and characterised by controlling authoritarian care, by permissive care or by neglectful or rejecting care (Baumrind, 1966).

*Protecting* young people then involves promoting their physical and emotional safety and *protecting* and *enabling* together encompass the idea of providing young people with a ‘secure base’ where they are able to experience nurturing and develop attachments and from which they are able to explore the wider world. As defined here these concepts suggest carers’ commitment to the young people they look after and the development of trust, emotional proximity and intimacy, which might be experienced and understood by young people and carers as loving care and the development of loving relationships.

### 3) **Protecting, Enabling and Constraining carers**

Related to these ideas, and accepting that caring [like parenting] is best understood from an ecological perspective (Bronfenbrenner, 1979; Sinclair, 2005), is the suggestion that foster carers themselves are *enabled* or *constrained* and *protected* [or left unprotected] to *enable* or *constrain* and *protect* [or leave unprotected] young people placed with them, either by the particular characteristics of the placements they offer or of the wider environment in which they are located. In order to ensure foster carers *protect* and *enable* young people then, those whose role it is to support foster carers must *protect* and *enable* them. Without adequate support, or support that is experienced as supportive (Quinton, 2004) carers will be *constrained* in their *enabling* and *protecting* role, and are likely to feel unprotected and

vulnerable. The model developed here then suggests that foster carers share responsibility with their employing agencies to provide young people who have sexually abused with *placements* that both *protect* them and others from harm, and *enable* them to achieve developmental tasks. Not all placements achieve this: some *protect* children and young people and others from harm by *constraining* young people from achieving developmental tasks; some leave children and young people and others unprotected.

This model of carers *protecting* by *enabling* or *protecting* by *constraining* suggests a way of conceptualising what it is that foster carers who look after young people who have sexually abused, actually do, however else they may understand their role. Likewise the idea of others *protecting* and *enabling* carers to fulfil their roles, or preventing them from fulfilling their roles by *constraining* them or leaving them unprotected, represents a way of conceptualising what it is that fostering social workers who support foster carers actually do, however else they understand their role.

This then suggests that the roles of the foster carer and of the fostering support worker are similar: One *enables* young people to achieve their developmental tasks within a safe environment; the other *enables* and *protects* carers to fulfil their responsibilities to young people placed with them. This idea then may help to clarify the purpose of foster placements for young people who have sexually abused as being both to *protect* and *enable*, while also offering foster carers and other professionals a way of understanding what foster carers require in order to undertake their role successfully. Comparing and contrasting the foster carer's role with that of the fostering support worker here, and clarifying their roles in

relation to young people and to each other, potentiates more meaningful dialogue between them.

#### **4) Conceptualising foster care**

The framework also potentially offers a way of understanding and bridging other theoretical models informing professionals' practice in foster care that describe young people's needs and how these can be met. For example, a deductive analysis of the data obtained from the six interviews recorded here, and informed by the theoretical model developed by Farmer and her colleagues (2004) shows both how carers' sensitivity and responsivity towards young people, and carers' expectations of young people in placement, varied greatly. These either *enabled* or *constrained* the achievement of desired placement outcomes. Carers' accounts illustrate 'spirals of interactions' developing between themselves and the young people placed with them. Sometimes these interactions developed well, resulting in positive experiences and the strengthening of bonds between them; sometimes they developed badly, resulting in conflict, threats and rejection. Carers' accounts also indicated that their parenting styles swung between being 'authoritative' and 'authoritarian', in response to young people's behaviour and therefore between being *enabling* [accepting, child centred and sensitive] and *constraining* [rejecting, unresponsive and insensitive].

Young peoples' accounts of their placements also suggested they were able to distinguish the parenting styles adopted by their carers from the parenting they received within their own families and that carers' parenting styles could change over time. One young person for example described how the 'house rules' in his placement, and the clear boundaries and

structures established by his carers demonstrated to him that they respected and valued him and also helped him think about other people. He described this authoritative enabling care then as contrasting sharply with the indifferent, even neglectful, care his mother had offered him from within, what he described as his ‘dysfunctional’ family.

This framework likewise helps orientate the parenting model developed by Sinclair, Gibbs and Wilson (2005) by identifying the ‘central conditions’ which they suggest make carers’ ‘responsivity’ to young people in placement more or less likely, as being either *protecting* and *enabling* or *constraining*. These are particularly well described within carers’ accounts in this study, though the young people interviewed here were also able to recognise factors relating to themselves, to their carers, and to the wider placement, which impacted on how responsive and sensitive their carers were able to be. Preparatory training and helpful support from friends and family and from fostering link workers then seemed to *enable* carers to establish placements and to develop close and supportive relationships with young people. Carers described finding it helpful to be involved with other carers through formal and informal support networks and valuing friends and family who accommodated their caring responsibilities: Some carers described support from young people’s own parents as *enabling* of placements. Demonstrating strong commitment to children and having person centred values and realistic expectations about young people also seemed to help carers distinguish young people’s behaviour from their identities as individuals, and to develop *enabling* relationships with them.

Accounts from all those interviewed in this study highlighted the importance of the ‘match’ between carers and young people in placements. When carers offered what young people

needed and when young people offered what carers wanted, placements were more likely to be *enabling* of young people. Young people for example described needing time and space away from difficult and traumatic circumstances and finding rest and recovery in the quiet and structured family life and simple activities that some carers offered them. Others described wanting opportunities to experience new activities and learn new skills that were not available to them in their own families and also of enjoying the undivided attention their carers provided. Carers likewise described wanting different types of relationships with young people. Some wanted long term ‘grand-parenting roles’, others wanted short term mentoring roles; some wanted to care for teenagers, others wanted to care for younger children. Some carers enjoyed and were confident looking after young people with challenging needs, others would have preferred to care for young people whose needs were less complex and whose behaviour was less challenging.

Carers’ accounts of placements also illustrated how less positive core conditions could be balanced by more favourable ones, though also how this balance could shift over time. Good support from a fostering social worker for example initially counter-balanced one couple’s concerns about a young person’s ‘inappropriate sexual behaviour’ at the start of his placement. As the placement developed and this behaviour continued however, the carers described becoming less responsive to him and more concerned about *protecting* themselves and others from him. Eventually they realised they could no longer offer him what they understood he needed [and he no longer offered them what they needed] and they ended the placement

While Carers' [or support workers'] descriptions of foster placement are best able to illustrate what Sinclair, Gibbs and Wilson identified as 'core conditions' effecting carers' responsiveness to young people, young people's own descriptions of their experiences of living with foster carers, offer the most useful accounts of how their carers' actions made them feel, and whether or not their placement provided them with a 'secure base'. This is the foundation of Schofield and Beek's (2004) parenting model and key to the idea that placements are environments in which young people are *enabled* to change.

Young people then described being welcomed into carers' families after having been rejected from their own and how, over time, this helped them to change how they saw themselves. Young people described carers simply being 'there for them' when they needed them; not forcing themselves on them, but just reliably present and available, willing to listen when they needed to talk, and ready with advice when asked for it. This appeared to help young people to trust carers and to regard their homes as safe and *protected* spaces. *Enabling* carers then appeared to be able to accept young people, despite their offences and this helped them to begin to perceive themselves as young people who had done wrong by sexually abusing, rather than as 'sexual abusers'. Young people also described their carers' sensitivity in recognising and understanding their moods and how this helped them to begin to manage their own emotions more effectively themselves. They described carers supporting their education and encouraging them to develop independence skills even when they felt this to be unimportant and these accounts of placements then suggest how the young people interviewed felt their carers accepted them and encouraged their sense of 'belonging' within their families. 'Being accepted' and 'belonging' was described as being a powerful and transformative experience and for two young people, 'life-changing'.

## **5) Conceptualising the caring role in the development of young people's sexual behaviour**

As well as linking more established models describing foster care, the conceptual framework developed here may help orientate models which describe the development of sexual behaviour in young people. Both Smallbone's model (2005) and Heard and Lake's 'extended attachment model' (1997) for example suggest that the development of healthy sexual behaviour is just one of many developmental tasks young people need to achieve in order to develop from dependency into competent, confident, independent adults. Young people have sexual needs then and they are required to be able to communicate these effectively to others and to cooperate with others to meet them; they need therefore to learn how to regulate their emotions and their sexual behaviour and they need to acquire and develop skills for independence. These models both suggest how instinctive goal-corrected behavioural systems operate to determine the development of companionable or abusive sexual behaviour in young people. The conceptual framework developed here suggests how caring for young people *protects* and *enables* or *constrains* the development of their sexual behaviour. *Protecting* and *enabling* care supports the development of sexual behaviour that maintains personal wellbeing and mutually satisfying and companionable relationships; *constraining* care promotes less positive outcomes; the development of inter-personal interactions that are defensive and fear-based and, for young people who have sexually abused, the continuation or escalation of sexual behaviour that is either dominant and abusive or submissive.

Carers' and young people's accounts of placements described here only hint at the possibility that the foster care role might include supporting young people to develop sexual

behaviour that maintains their personal wellbeing and helps them develop mutually satisfying and companionable relationships. One young person indicated how his carers appeared able to accept that he was gay and described how they had told him that the fact that he had sexually abused another person in the past did not mean he had ‘ruined his life’ or would not be able to have sexual relationships in the future: Two carers described how they had suggested to young people they cared for that masturbating alone and in private was normal and healthy, though this was understandably a difficult subject for carers and young people to discuss. More apparent in the carers’ accounts were descriptions of carers’ efforts to prevent sexually abusive or ‘inappropriate’ behaviour. Many of these appeared to be attempts to *enable* the young person *not* to sexually abuse or *not* to behave inappropriately; however some appeared as attempts to prevent any sexual behaviour by the young person. One couple for example indicated that they believed all sexual behaviour by the young person they cared for was wrong and should therefore be prevented if at all possible, and that in the future, the only way to do this would be to lock him up. This suggests not that they did not know how to enable this young person to achieve necessary developmental tasks, though rather that they believed he was already on a different developmental trajectory from other young people and that enabling him to develop skills, make choices and become confident and independent as an adult would involve enabling him to become an ‘adult sexual offender’. As they did not seem to be able to acknowledge that he might be helped to develop healthy sexual behaviour, the alternative for them was to restrict his sexual behaviour so that his development as a ‘sexual abuser’ would be constrained.

Heard and Lake’s “more complete and theoretically integrated model” (Wilson, 2006 p504) offers carers of young people who have sexually abused and those who support them a

particularly helpful way of conceptualising young people's sexual behaviour, and it is discussed further in the concluding chapter describing how findings from this study might be applied in practice. Here it is sufficient to note how the distinction it draws between consenting sexual behaviour, and abusive and harmful sexual behaviour, and of the links it makes between sexual behaviour and exploration, play, interest sharing and friendship and to self-defensive behaviour, appear to accord with how all three of the young people interviewed understood their journeys towards sexual abuse. *Enabling* care then implies care which promotes the development of relationships with peers [encompassing the possibility of mutual and companionable sexual relationships] as well as appropriately *protecting* and limiting a young person's contact with younger children or vulnerable others: *Constraining* care implies care which restricts opportunities for developing friendships and healthy sexual behaviour with peers.

As deductive analyses of data from the recorded interviews demonstrate, each of the established theoretical models explored here offer valuable though different ways of understanding and approaching the caring role, and each emphasises and highlights particular aspects of it. The conceptual framework developed here complements these, and offers a way of linking them by describing both what foster carers do in terms of the impact their actions have on the young people they care for and what foster carers need in order to undertake their role successfully. The framework then represents a contribution to practice by both suggesting a way of conceptualising the foster carer's role in caring for young people who have sexually abused and by potentially linking distinct models developed from separate research fields in foster care and sexually harmful behaviour. *Enabling* care implies care which has beneficial outcomes for those cared for in a way that some other descriptions of the caring role ['authoritative', 'sensitive', 'responsive'] do not: *Protecting*

care implies nurturing care which ensures the safety and ‘felt security’ of those cared for, those doing the caring and also vulnerable others: *Constraining* care implies care which has less positive outcomes for those cared for; it undermines young people’s health and wellbeing, fails to equip them adequately for adulthood and does not help them to lead enjoyable and fulfilling lives. It describes interactions which are insensitive or unresponsive, authoritarian or rejecting of young people.

The findings from the study described here are summarised and the implications of these for practice are outlined below.



## **Chapter Six [Part ii]**

### **Summary and Conclusions**

This exploratory qualitative study of the perspectives of young people who have sexually abused about their foster care placements, and of foster carers about caring for young people who have sexually abused, has achieved a number of aims. It has extended this practitioner's understanding and experience of formal research methods, and provided useful data with which to explore what constitutes effective foster care of young people who have been identified as having sexually abused. It has confirmed the importance of providing opportunities for young people and carers to share their experiences of placements and demonstrated the significant contribution that service users and practitioners can make to the development of 'knowledge and scholarship' (Shaw, 2005) as well as to the evaluation, planning and development of services (Hackett and Masson, 2006). The study has confirmed that it is possible to gather sensitive data about a challenging and under-researched area of practice in a way which can benefit those who participate and it has facilitated the development of a model with which to conceptualise the role of the foster carer in caring for young people who have sexually abused.

The limitations of the study have been suggested throughout this account. Principal among these is the very small number of interviews from which data has been gathered. Additional participants would undoubtedly have described different experiences of placements and provided more extensive data with which to explore the questions being asked here and may have enabled the analysis to approach a point of 'theoretical saturation' (Bowen, 2008)

facilitating more comprehensive theory building and testing. It would then have been helpful to have interviewed more carers and young people and particularly more carers who had had successful placements and more young people who had experienced unsuccessful placements. It would also have been helpful to have had an opportunity to test the organisation and interpretation of data offered here through follow up interviews with the research participants. This may have achieved 'respondent validation' of the analysis (Denscombe, 2010 p299) and promoted a more participative experience of the research process for those taking part. It may also have provided opportunities to further explore and deductively test the data gathered from initial interviews and to uncover 'missing' data, perhaps pertaining to the nature of the relationships between carers and young people and their perceptions of emotional proximity experienced.

While findings from this study should be considered in relation to the acknowledged limitations then, they raise some important issues for foster carers and for professionals who arrange and support placements.

Firstly, while it is understood that caring for young people who have sexually abused presents foster carers with particular and significant challenges, it has been shown here that these challenges are not insurmountable. Foster care can and does provide some young people who have sexually abused with rich and positive experiences and with the stability and security they need to overcome significant disadvantages and trauma and to enter adulthood successfully. For this reason foster care should remain an option for young people who have sexually abused and who are unable to live within their own families.

Secondly, it has been shown here that foster carers understand the tasks they undertake in placements very differently. While all the carers in this study understood that their role involved *protecting* themselves, the young person placed with them and others, they differed in how they thought they could achieve this. Some appeared to think that *protecting* meant *enabling* the young person to achieve developmental goals and independence; others appeared to understand it as involving controlling and curtailing the young person's behaviour in such a way as to *constrain* his development and independence. The young people who participated in the study also appeared to understand the foster carer's role in these terms. They were clear however that although they had experienced some aspects of their placements as *constraining*, the legitimate role of foster carers was to *protect them* and others from harm while *enabling* them to achieve developmental goals. This suggests a helpful way of understanding the foster carer's role which if adopted by fostering services might facilitate more meaningful dialogue with carers and young people about their placements. Effective care of young people who have sexually abused both *protects* and *enables* young people to achieve developmental tasks; less effective care fails to protect, and *constrains* young people's development towards successful independence.

Thirdly, this study has shown that foster care can only be a viable option for young people who have sexually abused if foster carers are themselves *enabled* and *protected* to *enable* and *protect* young people. Those who support foster carers then need to understand their role in ensuring that placements *protect* and *enable* both carers *and* young people. This also indicates a helpful way of understanding the role of the supporting social worker which, if adopted, might facilitate more meaningful dialogue between carers and social workers about their foster placements. *Protecting* foster carers involves identifying and minimising risks to them and ensuring they feel safe; *enabling* foster carers involves ensuring they understand

both their responsibilities to the young people they look after, and how to fulfil these, while supporting them in their role.

The conceptual framework developed here then describes both the role of the foster carer in looking after the young person and those of the service provider and others in supporting the carer and the placement. It is broad enough to encompass particular challenges associated with placements involving young people who have sexually abused and also to be relevant to foster placements involving young people who have not sexually abused and its use therefore is consistent with the approach that considers these particular young people 'young people who have sexually abused' rather than 'sexual abusers'. It is also broad enough to be able to encompass and therefore complement other more established theoretical models describing foster care and the development of sexually harmful behaviour in young people.

Further work is of course needed to explore whether this model might be applied to different types of foster placements ['short term', 'long term', 'emergency', 'respite', 'remand', 'treatment' for example], to foster placements involving carers or young people from different cultures or perhaps to placements involving girls and young women who have sexually abused; the model's broad nature suggests that it could be, however further work would be needed to understand whether carers and those who support them recognise and comprehend the developmental tasks young people need to achieve and the specific challenges they face in attempting to do so.

It would be particularly important for example to explore further whether carers accept a role in *enabling* the companionable non-abusive sexual behaviour of young people who have sexually abused in the same way as they might accept a role in, for example, enabling a young person with a physical disability to acquire mobility skills. Carers in this study seemed to understand that they had a legitimate role in *enabling* young people not to sexually abuse and to support them to manage their sexual behaviour within certain boundaries though they were less clear how they might facilitate young people's positive sexual expression. Likewise, while foster carers and young people here described carers as 'role models' for young people in achieving certain developmental tasks [by sharing useful skills, demonstrating helpful ways of communicating and of relating to others] none suggested that young people might learn from carers' own positive sexual experiences and relationships.

This study has demonstrated that carers and care experienced young people, have important views and opinions to share about their experiences of placements. Professionals have a responsibility to listen to these, to learn from them, and to share the lessons they learn. This research project has been an attempt to do this and the lessons learned by this practitioner from those who generously contributed to the study have informed his own practice as a child protection social worker, researcher and teacher. The next step is to share these findings more widely and to test them against the experiences of others. How this might be achieved is considered in a concluding chapter.



## **Chapter Seven**

### **From theory to practice: Conceptualising the professional role**

This research project has facilitated this practitioner's reflection about his own practice, as a social worker and as a teacher, and extended his understanding and experience of formal research methods. It has provided useful data about foster care of young people who have been identified as having sexually abused and it has enabled the development of an alternative conceptual framework with which to describe the foster carer's role. This chapter assesses these outcomes, suggests how findings from the study might be applied in practice and makes recommendations for developing this research further.

### **Developing knowledge from practice**

Coulshed and Orme suggest that "to be truly effective, social workers need to be constantly asking 'why?' and that it is in this quest for understanding, that theory informs practice" (2006: p9). This project was born out of a desire to better understand the association between theory and practice in social work and to be able to "defend what we, as social work practitioners, think and do, while remaining open to new ideas and fresh research" (Howe, 2009, p205). It has provided an opportunity to begin to develop theory and to test this against existing theoretical models currently informing practice in foster care and in work with young people who have sexually abused and it has been a vehicle then to explore the relationship between inductive critical reflection and deductive evidence based practice. It has shown that "practice [including what service users have to say about practice] is a rich

source of social work theory and knowledge that complements and enhances formal theories” (D’Cruz et al 2007; p74).

In order to attempt to develop theory from practice and to be able to locate and evaluate this, data had first to be gathered. The method used to do this here proved appropriate to the practice context and to the type of data sought and also to be effective. This represents a significant achievement and offers future researchers a possible template for engaging service users often excluded from participatory activities and for facilitating discussions about highly sensitive subjects. The main tool used to collect data here was the semi-structured interview. The scaffolding for this was based on an established theoretical model describing how adults learn (Kolb, 1984) and was designed to enable young people and adult carers to articulate how they conceptualised the carer’s role based on their past experiences of foster placements and on their subsequent reflections about these experiences. This proved to be an effective way of loosely structuring a discussion which allowed both a clear focus on the subject being explored and flexibility in the responses of interviewees. The researcher’s main questions provided triggers and signposts for discussions about specific issues while subsidiary questions offered prompts to participants and opportunities for clarification. The interviews provided evidence then of participants’ prior learning about their experiences of foster care and also of learning through reflection during the interview. Several participants for example reported valuing the opportunities provided by discussion to explore past events and suggested that these had helped them to make sense of some difficult experiences. It was surprising to this practitioner that foster carers reported not having had opportunities to review their placements before participating in the study, particularly as four of them had resigned from caring as a result of their experiences, and the first recommendation from this research project therefore is that *all*

*foster carers and young people should be provided with appropriate 'exit interviews' when placements end.* These should facilitate the proper evaluation of these placements [by involving both service users and carers], provide support to young people in times of transition, and fulfil the supervisory responsibilities to foster carers highlighted by Morrison (1993). 'Exit' or 'end of placement interviews' therefore should provide carers with personal support; promote more competent and accountable performance and practice; facilitate carers' continuing professional development and ensure that they remain engaged with their employing agency. If findings from such interviews are properly collated and shared they would undoubtedly also contribute to the development of knowledge and scholarship (Shaw, 2005) about caring for young people.

The development of theory here also involved the thematic analysis of rich data gathered from interviews with carers and young people. This proved to be both a helpful and accessible analytic method for a single practitioner, new to formal research methods and with limited resources. As with any method, thematic analysis has strengths and weaknesses. It has been described as being both a theoretically flexible and rigorous foundational qualitative analytic method which is able to provide new researchers with the core skills necessary for conducting many other forms of qualitative analysis (Braun and Clarke, 2006, pp78). Using it here extended the researcher's understanding of research methods and enabled the development of an analysis that has gone some way to answering the particular research questions asked at the outset of the project [see p57]. It has also allowed the data gathered through interviews, to be presented in such a way as to amplify the voices of participants. While the powerful stories and words of foster carers and of young people here are to some extent able to speak for themselves, the analysis is intended to complement these narratives by organising, summarising and linking them and

connecting them with specific questions, through a process of transparent and defensible selection and interpretation.

Thematic analysis is considered by some however a “deliberate and self-consciously artful creation by the researcher” (Foster and Parker, 1995) with “little interpretive power beyond mere description, if its claims are not anchored within an existing theoretical framework” (Braun and Clarke, 2006, p 97). For this reason the data gathered here has also been analysed deductively. This suggests that the thematic analysis developed offers more than ‘anecdotalism’ (Bryman, 1988) and that it both fits and complements existing and established theoretical models. A ‘best fit’ with an emerging model is suggested later though it is acknowledged here that *further research is necessary to test whether the analysis developed here from the specific circumstances and experiences of a very small sample of carers and young people is capable of accommodating the differences and diversity seen in young people who require foster care placements.* This is the second recommendation arising from this study.

As described in a previous chapter, it had been intended at the outset of this research project that carers and young people would be able to participate as ‘collaborators’ rather than simply as ‘interviewees’ (Cornwall and Jewkes, 1995). This proved not to be possible here, though it is still hoped that it might be possible in the future. With appropriate safeguards then it should be possible to develop participatory research into foster care further by involving foster carers more fully in projects, and it might be possible to extend the achievements of the ‘service user movement’ (Beresford and Croft, 1980, 2004) to children and young people in contact with services in the sex offender field. A modest and realistic

first step towards these ambitions here would be to recruit and work with a small group of foster carers, possibly alongside their supporting social workers, in evaluating and refining the conceptual framework developed here. A provisional structure for a short course introducing this conceptual model is discussed in the appendix to this chapter though it is noted here that if foster carers themselves find the framework helpful they may be able to suggest how the model could be shared and how it might be used. The third recommendation from this study then is *that the conceptual model developed here should be introduced to foster carers and fostering social workers so that its relevance and application to practice can be evaluated by them and their views about its dissemination collated and considered.*

### **Understanding foster care for young people who have sexually abused**

Even without robust ‘respondent validation’ (Denscombe, 2010 p299) at this stage, the research project has provided confirmation that while caring for young people who have sexually abused undoubtedly presents foster carers with significant challenges, these challenges are not insurmountable. This is an important finding in itself which should inform professional judgements about situations in practice. All three young people who contributed to the study had sexually abused children before being placed with foster carers; each were understood to represent continuing risks of sexual harm to children and each was subject to multi-agency child protection procedures. One young person was also subject to proceedings within the criminal justice system and his placement had been arranged as an alternative to custodial remand in a Young Offenders Institute. Despite these circumstances and the risks these young men were understood to represent at the time they entered foster care, reports suggest that neither Ben nor Peter sexually abused during their foster

placements (or since) and that George appears not to have sexually abused since his move to his second placement; all three describe their placements as being helpful for them in various ways. Their placements then appear to have successfully managed risks to other people and provided these young men with basic care and security and with consistent boundaries and stability during a turbulent period in their lives. They also appear to have provided them with rich and positive experiences and with warmth and acceptance which seemed in some way to have enabled them to ‘change’ (Sinclair, 2005 p123). Two spoke eloquently about these changes and of how their foster carers helped them to achieve these, and these in themselves are testaments to the “remarkable and paradoxically very ordinary activity” that is foster care (Sinclair, Gibbs and Wilson, 2004. P7). These stories are both encouraging and challenging and offer helpful insights about what constitutes effective foster care of young people who have been identified as having sexually abused.

The six carers, or three couples, who participated in the study described very different experiences of caring for young people, though they confirmed the nature of the challenges they faced as being to do with understanding and managing the risks of sexual harm they believed those they looked after presented. They understood these risks differently however and they approached the management of these risks according to how they perceived individual young people, how they understood their role and how well supported they were by others. Placements were most successful when young people, their carers and carers’ social workers shared an understanding about their purpose and when carers were well supported. Placements were most vulnerable, and stalled or broke down, when carers perceived their role differently from those who were supporting them or when the support they received was inadequate. This suggests that *foster carers should receive adequate training and appropriate and on-going support to look after young people who have*

*sexually abused*. This should include specialist training about sexual abuse and how to talk with young people about their sexual behaviour (Watt, 2008) as well as guidance about routine care, relevant theory, young people's developmental needs and managing behaviour (Triseliotis et al, 2000). On-going support to carers should include access to specialist advice and guidance as well as contact with other carers (Sinclair, 2005).

### **The foster carer's role: A conceptual framework**

Interviewing carers and young people here has facilitated the development of a model with which to conceptualise the foster carer's role in caring for young people who have sexually abused. The model suggests that effective care of young people both *protects* and *enables them* to achieve their developmental tasks and that less effective care fails to protect them, and *constrains* their development. It suggests that the role of carers in providing *protection* encompasses *protecting* themselves and others, as well as the young person placed with them and it also suggests that foster carers are themselves either *enabled* and *protected* or left *unprotected* and *constrained* in their role of *enabling* and *protecting* young people by their fostering social workers and their employing agencies. This model then, by describing both professional roles in the same terms and by emphasising the shared goals and similarities in carers' and social workers' responsibilities, could encourage more open dialogue and stronger partnerships between foster carers and social workers and facilitate more supportive relationships (Sinclair, 2005 p120).

A shared understanding of the role of foster carers in caring for young people who have sexually abused and of fostering social workers in supporting carers, alongside an

understanding of the similarities between these roles, would in turn benefit young people in placements and the families of those young people. It would allow clear goals to be agreed for placements which could be reviewed and evaluated against specific criteria. These would relate both to the developmental tasks young people need to achieve and to the reduction or minimisation of risks presented by them and to them, and therefore to their 'health' and their 'safety'.

The strength of the conceptual framework developed here lays both in its simplicity and in its ability to link the tasks carers perform with outcomes for young people. What carers do in *protecting* and *enabling* is to *protect* and *enable* young people; likewise in *constraining*, carers *constrain* young people. This allows the framework to encompass other more established theoretical models describing foster care and the development of sexually harmful behaviour in young people. 'Authoritative care' for example may *enable* children and young people to achieve necessary developmental tasks while 'authoritarian', 'permissive' or 'rejecting' care (Maccoby and Martin, 1983) may *constrain* them. Likewise favourable 'central placement conditions' and good 'matches' between carers and young people (Sinclair et al, 2005 p131) may *enable* young people, by facilitating carers' responsibility to them while more challenging placement conditions and less favourable matches may *constrain* them. The framework therefore complements and links different ways of conceptualising the foster carer's role and what happens within and around foster placements.

One theoretical model which helpfully 'anchors' the conceptual framework developed here, and which therefore extends its 'interpretive power' concerning foster placements involving

young people who have sexually abused beyond the anecdotal (Braun and Clarke, 2006, p 97), is that developed by Heard and Lake (1997; Heard, 2003). Described earlier and known as 'Extended attachment theory', this builds on classical 'Attachment Theory' (Bowlby 1965; Ainsworth et al, 1978) though seeks to extend it and, significantly for this particular study, specifically references the development and expression of sexual impulses and sexual behaviour within relationships. This complements the analysis developed within the study by relating the foster carer's role to the interactions between carers and young people within placements and by suggesting underlying mechanisms which shape behaviour. This model describes the operation of five related though distinct 'goal corrected' behavioural systems which determine how individuals behave and relate to each other, and which are responsible for 'care giving' and 'care seeking', 'exploration' [or play], 'affectionate sexual' behaviour and 'defensive' behaviour designed to protect the person. This references Ainsworth's 'Strange situation' tests (Ainsworth, 1975) demonstrating how children's exploratory play is facilitated or inhibited by the presence or absence of attachment figures as evidence of the inter-relationship between underlying instinctual systems and describes how the operation of any one inhibits or triggers the operation of another. The model suggests that when all five behavioural systems are functioning well within individuals [and when others are sensitive and responsive to their needs], they are able to respond to personal threats in ways which sustain their well-being, their companionable relationships and their exploration of the world. When individuals' behaviour systems are functioning less well, for example when one system over-rides or inhibits the others, individuals' sense of wellbeing reduces and they begin to relate to others in ways that are either dominant or submissive.

*Protecting* young people here then involves ensuring they *feel safe* and this is evidenced in their interpersonal interactions within the placement, by the deactivation of their personal defence behaviour systems and the activation of other systems allowing exploration, care giving and companionable sexual expression. *Enabling* young people to achieve their developmental tasks means helping them to learn to manage these instinctive behavioural systems and requires the smooth operation of all five. *Constraining* young people means preventing them from learning how to manage these systems by failing to deactivate those that are overriding the others. If a carer then fails to satisfy a young person's need to feel cared for, that young person's care seeking system may remain constantly active, overriding other systems and perhaps inhibiting care giving behaviour. This may prevent that young person from learning how to care for others, which is in itself an important development task. Similarly if a carer fails to ensure the young person feels safe, his self defence system may remain active, overriding the others and perhaps inhibiting his interest sharing behaviour. This may prevent him from learning or developing skills necessary for independence. As Heard and Lake's model suggests that mutual and companionable sexual behaviour results from the operation of the 'affectionate sexual behaviour system' and that compulsive, abusive or harmful sexual behaviours are driven by the operation of self-defensive mechanisms, the significance of ensuring that young people who have sexually abused learn to manage the operation of these systems is clear. *Enabling* care ensures young people's sexual behaviour is shaped by their exploratory and companionable behavioural systems rather than by their behavioural system for personal defense.

As this model describes inter-personal interactions rather than 'caring' or 'parenting', it can be used to help make sense of interactions taking place within the caring dyad, and outside it; therefore between carers and young people; between carers and supporting social workers

and between young people and their peers. It can help then to understand why the experiences of carers caring for young people in this study were so varied. Two carers here for example reported having felt very unsafe in their placements and described their behaviour, in their interactions with the young people they looked after, and with those whose role it was to support them, as being overwhelmingly defensive. It might be suggested then that their supporting social workers failed either to *protect* them adequately or *enable* them to care for others because they were unable to disengage their personal defence systems and trigger their care giving and interest sharing systems. Unfortunately the operation of these carers' defensive system seemed to override all others and therefore to constrain their ability to care effectively both for themselves and for the young people placed with them. In contrast, carers here who described feeling safe in their placements were able both to *protect* and *enable* the young people they looked after. When these carers felt threatened they were reassured by their supporting social workers and were quickly enabled to resume their care giving and exploratory interest sharing behaviour. When they had sought care they had been cared for satisfactorily and were able then to care effectively for the young people placed with them.

The association between these different models describing the role of foster carers in caring for young people who have sexually abused suggests the validity of the analysis and of the conceptual framework developed here. The possibility of its wider application within professional practice suggests the potential generalisability of the analysis (Denscombe, 2010).

While the analysis then has explored the particular and specific challenges presented by foster placements involving young people known to have sexually abused, the conceptual framework developed might also describe the role of foster carers of children and young people who have not sexually abused. All foster placements should protect children and young people from harm, aim to help them feel safe and enable them to achieve their developmental tasks, and all foster carers should be protected to protect, and enabled to enable the children and young people placed with them. The particular risks presented by, and to, individual children will vary, though all carers have a responsibility to identify these and attempt to minimise them. Some children and young people will present risks of sexual harm to others, some of physical harm to themselves; some risks will be clear and understood, others will be uncertain and vague: Some children and young people will require more support to enable them to achieve necessary developmental tasks, some less; some will have many disadvantages to overcome, some fewer. The analysis presented here then is consistent with the principle that young people who have sexually abused are first and foremost young people (Lovell, 2002) and that the role of foster carers who look after them therefore is first and foremost to care for the young person with whom they have agreed to share their home.

### **Recommendations**

A number of recommendations arising from this research project have been identified in the discussion above; these are summarised below:

- All foster carers and young people should be provided with appropriate ‘exit interviews’ following the ending of placements. This would facilitate the evaluation and development of professional practice and extend knowledge about foster care.
- Further research should be undertaken with different populations of carers and of young people in order to test the analysis developed in this study and to determine whether it might be applied more widely. This would help to clarify the definitions used and refine the concepts proposed.
- The conceptual model developed here should be introduced to foster carers and fostering social workers so that its relevance and application to practice can be evaluated and views about its dissemination collated. This would promote dialogue about foster care for young people who have sexually abused; provide valuable feedback about established and developing concepts and potentially create opportunities to extend participatory research activities.
- Foster carers should receive adequate training and appropriate, on-going support to care for young people who have sexually abused. This should aim to enable and protect carers to enable and protect these young people and encourage them to perceive them as ‘young people who have sexually abused’ rather than as ‘sex offenders’.

The author plans to pursue these recommendations over the coming months within his new role as a university lecturer and in partnership with providers of fostering services, social work practitioners and foster carers.



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**Pro forma approval prior to starting a research project**

**NAME of Student:** Colin Watt

**NAME of Supervisors:** Nathan Hughes and Harriet Clarke

*Dear Student,*

*Please read through the form fully before completing, in order to be clear about what information you are asked for at which point. For example, note within 'background' you are asked to summarise methods used, however the detail on this should be placed under 'research design'.*

These procedures are adapted from the Social Research Association Guidelines. Please complete each section.

It is not expected that any answer should be more than 500 words, except where there are very specific issues of ethical concern to be addressed.

**PROJECT TITLE**

This should be descriptive and give an indication of the broad area in which the research project is to be undertaken.

Young People who have sexually abused: the Foster Carer's role

**DURATION**

This should indicate length of time of the project, the duration of any fieldwork or data collection within that period.

Fieldwork, comprising semi-structured interviews with Foster Carers and with Young People, planned to start in June ## **and to be completed by December ##**. Interviews to be conducted (within constraints imposed by full time, though flexible, employment), as far as possible, at times and in venues, to suit participants.

**RESEARCHER PREPARATION FOR UNDERTAKING THIS RESEARCH PROJECT**

This should be a full statement which identifies all previous relevant learning (knowledge and skills) which has prepared you to undertake this study. E.g. modules undertaken, skills gained, development of knowledge through experience, previous experience of participant group (if any).

I am approaching this study as a 'Practitioner / Researcher'. I am a qualified and experienced Social Worker and Practice Teacher (CQSW; Edinburgh 1990: PTA; 1997: AASW; 2001: GSCC registered 2003) and have worked with Children and Young People and with Foster Carers throughout my professional career. I am currently employed full time by the NSPCC to manage a child protection team, which among other roles provides a specialist therapeutic service for Young People who have displayed sexually harmful behaviour. I am committed to the development and improvement of inter-agency multi-disciplinary professional practice to safeguard children and young people and am a member of the local children's safeguarding board (LSCB) in Shropshire and chair of the LSCB in Telford & Wrekin.

I hold an MSc in Criminological Psychology from Birmingham University (1999) and have undertaken additional preparatory academic 'Research Methods' training through completing an MA in Professional and Reflective Practice at the Institute of Applied Social Studies.

I have undertaken numerous practice-based post qualifying professional courses throughout my Social Work career that have enabled me to develop skills in communication, reflection and analysis. I recently completed specialist interview skills training (Values Based Interviewing) with the NSPCC (November 2006).

**RESEARCH QUESTION**

This should identify the overarching question which the proposed research seeks to answer. Sub questions can be stated if appropriate.

- How do Foster Carers who look after young people who have sexually abused understand and experience their role?
- How do young people who have sexually abused experience foster care placements and understand the role of foster carers?

**PURPOSE OF STUDY**

This should set out the aims and objectives of the study. You should include an indication of the policy and/or practice context and outline the pertinence of the subject for academics, policy makers and/or practitioners, the population being studied, and, where applicable, wider society.

In the UK, on any day, local authorities look after over 75,000 children. 60 per cent of these children are placed with, or fostered by families other than their own. (Wilson et al. 2004). Such families vary widely in their culture, composition, commitment and skills and care for children and young people who differ in age, temperament, background and willingness to be fostered (Sinclair et al. 2005). These variables interact in ways that ensure that fostering is a challenging and complex task demanding the coordinated activities of a diverse network of individuals.

Complexities are increased when those who need to be cared for have been identified as sexual offenders or are believed to present risks of sexual harm to others.

This study aims to describe the experiences of foster carers who have looked after such children, and of such children who have been fostered, and to begin to explore and define what constitutes effective care of children who have sexually abused. The study will review current understanding and opinion about these young people and the care role, and seek to extend a sparse professional literature. I intend that through this study, the voices of foster carers and children who have been 'looked after' will inform the activities of practitioners, managers and policy makers.

**RESEARCH BACKGROUND**

This should introduce why the research is being proposed. It should therefore provide the rationale for the study. For example, does it repeat or complement a study done previously and, if so, why repeat it? What research methods are to be used?

*Please refer to key literature within this section and follow it with a list of key resources cited (references/bibliography not to be included in word count limit)*

This study will provide data with which to begin to explore what constitutes effective care of those looked after young people who have been identified as having sexually abused. It will examine, through the experiences and perspectives of carers and care experienced young people, whether current practice guidelines and training for carers are sufficient.

The study draws on extensive literature in the fields of foster care and sexual harm research and extends each by considering how they might be brought together. While guides for family and professional carers exist (e.g. AIM 2006; Hackett 2001), to date few studies have been published in the UK which have identified the complexities and challenges of placements, and presented the experiences and perspectives of both carer and cared for, where the management of sexual risk presented by the young person, has been a significant element of the placement.

Three key studies inform this proposal and my approach: ‘Testing the limits of foster care’ (Walker, M; Hill, M and Triseliotis, J. 2002) explores the development and achievements of a specialist service in Scotland which attempted to provide fostering placements as an alternative to secure accommodation for young people with challenging behaviour; ‘Care or control?’ (Lipscombe, J. 2006) investigates the views and experiences of young people remanded to foster care, and those of their carers; and ‘No-one’s prepared for anything like this’ (Maskell, S. 2002) identifies particular challenges faced by adult carers presented by children who sexually offend.

Several other studies provide invaluable insights into the role of the foster carer and of the experiences of young people in placements including those by Sinclair, I. Wilson, K and Gibbs, I (2005a) and Farmer, E, Moyers, S and Lipscombe, J. (2004). These offer examples of best practice in foster care, models of parenting styles and definitions of placement success and effective care, whose relevance for carers of this particular group of young people, I wish to begin to explore through this study.

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#### **RESEARCH DESIGN**

Describe briefly:

- Overview of what will be done
- What sample is sought (empirical work); How will relevant resources be sourced (literature based analysis)?

*If conducting fieldwork....*

- What will participation involve for research participants?
- What data-collection method(s) will you be using?

*Empirical and literature work....*

- Analysis methods should be indicated.

*Note: We expect that draft information leaflets, draft consent forms and draft interview schedules/questionnaires or other research tools to be **attached as appendices.***

As a manager of a specialist child protection service, I have particular and defined professional relationships to many individuals who provide and receive foster care. While I have deductively developed various hypotheses which might explain the outcomes of placements, I am interested, not in testing these hypotheses but rather in trying, from the perspective of a practitioner / researcher, to more clearly understand the subjective experiences of both adults and children connected through foster placements.

I propose to use thematic analysis of data obtained through semi-structured interviews (Braun and Clarke, 2006). I hope that awareness of currently accepted concepts and tensions (around what defines effective care of looked after children) will ensure a helpful focus to the research while allowing the identification of themes, suggested by the observations and experiences of research participants.

Participants will be briefed fully prior to interview, provided with written information about the study; (appendix 1) and asked to sign consent forms (appendix 2). Each participant will be asked whether they wish to be supported through the interview (and if necessary afterwards) by a supporter (perhaps their case worker) and necessary agreements obtained and arrangements made. I plan to use the interview framework and plans attached (in the appendix) in a sensitive and flexible manner and to tape record interviews with research participants for later analysis. I intend to draw on extensive experience in interviewing children and young people and working with families and carers in order to facilitate an exploration of participants' experiences and opinions and I expect each interview to be very different. I anticipate for example that while foster carers will be familiar and reasonably comfortable with answering questions (as phrased in the appendix), put to them over a shared cup of tea or coffee, some young people may prefer to tell their story in different ways and at a different pace. This will be discussed with each participant during the

preparatory stages, though as I am practiced in responsive interviewing, I am confident that I will be able to facilitate each young person to explore their experiences and views in ways which both respect and affirm them as individuals.

#### **RESEARCH TIMETABLE**

This should provide an overview of the time allocated to each phase of the research.

- Develop and pilot agreement document, semi-structured interview structure and interview report template (by end of March ##)
- Secure cooperation of agencies (NSPCC and relevant Local Authority); obtain management support / authorisation (including ethics committees etc); to contact foster carers (by end of May ##).
- Identify / invite foster carers and care experienced young people to participate in study and conduct interviews (June ## – December ##).
- Analysis of interview data and sharing of interview summaries with participants - receiving and incorporating participants comments (by end of April 2012).
- Writing up (by end of December 2012)

#### **POTENTIAL BENEFITS AND HAZARDS: RESEARCH PARTICIPANTS**

- What risks to research participants are entailed by their participation?
- Are there any potential physical, psychological or disclosure risks that can be anticipated?
- What is the balance of possible benefits and potential harms?
- What procedures have been established for the care and protection of research participants – eg insurance or medical cover – and the control of any information gained about them?  
- *Note University will act as sponsor to majority of student projects*
- Some indication of potential power relations that may arise in the conduct of the research and how they are to be mitigated should also be indicated

#### **PROTECTION FROM HARM**

Identify how you will respond to any concerns for participant's wellbeing, including how you will respond to identification of concerning, dangerous or illegal behaviours towards or by participants.

**Please note that I have combined these sections in one discussion.**

I am aware that I am approaching this study from a position of some professional status. I am a manager of a highly regarded specialist child protection service, an independent chair of a Local Safeguarding Children Board and a post-graduate doctoral student registered with the Institute of Applied Social Studies. Each role carries professional, academic and cultural capital which might be used either for the benefit of others or misused for personal gain. I have extensive experience in reflective social work practice however and am skilled in

working sensitively within defined power structures for the benefit of service users and carers. My social work practice accords with the practice principles and standards promoted by the General Social Care Council and my employing organisation, the National Society for the Prevention of Cruelty to Children (NSPCC) and my practice as a researcher accords with guidance (at 4.4.4) contained within the Code of Ethics published by the British Association of Social Workers (BASW).

While I am accountable for my practice to each research participant, through my professional associations, additional safeguards will ensure risks of harm to participants are reduced to a minimum.

As in practitioner / service user interactions, both researcher and research participants are vulnerable in lone working and 'out of office hours' situations. Hazards can generally be anticipated through good communication (e.g. effective liaison with participants through the recruitment process and with their supporters as appropriate) and simple risk assessments and reduced by standard precautionary measures (see under 'hazard for researcher'). As research participants and researcher in this study have existing relationships (mostly through intermediary caseworkers), potential hazards to both parties are minimal. Where risks are foreseen however (of allegations of impropriety with a young person, or of a young person's anxiety about improper conduct by an adult male for example), arrangements for appropriate third party observers or supporters to be present will be agreed with participants and implemented.

The purpose and process of the study will be explained to potential participants and informed consent obtained prior to their involvement in the study. Potential hazards and benefits to participants will be explained and their right to withdraw from the study at any time will be promoted and respected. Participants will also be made aware of others with whom they can discuss their involvement and concerns or complain about my conduct (see appendix 1).

Risk of harm to participants from the future misuse of information acquired through the research process will be reduced to a minimum by giving each the assurance of anonymity. This will prevent the formal attribution of information at any time in the future to any one

individual (unless specifically discussed or agreed with the participant following the interview - see later under Confidentiality).

To reduce the potential risk to foster placements and to relationships between carers and young people I plan to recruit participants who will be asked to describe only past experiences of fostering or of being fostered. Participants therefore, while expressing current opinions and perspectives, will not be asked to describe current placements. I propose to recruit and interview care experienced young people of 16 years of age or over, who are 'Gillick competent' (Gillick v West Norfolk & Wisbech AHA & DHSS, 1983), and are no longer being looked after by foster carers; and 'SHB experienced' foster carers who are not when interviewed, looking after young people who have displayed sexually harmful behaviour. A checklist based on the 'Fraser guidelines' introduced by the NSPCC in 2005 for assessing Gillick competence of children and young people will be used as required within the recruitment process to the study.

Risk of harm to participants and researcher, including inappropriate conduct and allegations of such, will be reduced by simple risk assessment and management strategies for out of hours working and where appropriate for conducting interviews in a domestic or private setting, and by enlisting the support of appropriate third parties (agreed with the interviewee) to observe the interviews and / or to support the interviewee. I shall also be drawing on extensive practice skills in face to face interviewing developed through many years' experience in social work

Participants will be informed of the responsibility and duty of the researcher to disclose information to other appropriate parties where prescribed by law and professional codes of ethics. The study information document and agreement / consent form will explain to potential participants the requirement to pass certain information disclosed by them to a third party or another agency. This would be discussed with potential participants at the initial recruitment contact meeting and before they agree to take part in the study. All participants will be made aware then, and reminded throughout their involvement with the study, that should they choose to disclose that a previously unreported crime against a child has been committed, or that an individual is at risk of harm, that that information (in accordance with provisions made under the Children's Act 1989 and local Child Protection or Safeguarding procedures) will be passed to an appropriate safeguarding agency.

All participants then will be made aware both that they can freely choose what information to share or withhold during interviews and whether the information they have provided will be passed to others and why.

It is possible and indeed likely that discussing past experiences and expressing opinions will have an emotional impact on participants and researcher. This will be anticipated by the researcher prior to the interview (and discussed at the initial recruitment meeting) when the option of enlisting support for the participant from a third party will be explored. The possibility of emotional impact will also be acknowledged again at the outset of the interview when ‘permission’ will be given to show and share emotions. For example, some participants may be upset by remembering events that led to the breakdown of relationships or a valued placement. Others may show anger at having been moved against their will from a successful placement. In such circumstances appropriate support will be offered during the interview and at the end and advice offered concerning how additional support might be sought following the interview.

It is also possible that young people may be upset by being identified again (within the recruitment process to the study) as ‘young people who have sexually abused’. The likelihood of this causing distress is reduced however by the close association of the study with a specialist service which promotes a strong ‘person first’ approach to young people. Young people who are invited to take part in the study and those who subsequently choose to participate will understand through the extensive work that they will have already undertaken with the service (see recruitment criteria later) that there is a very significant difference between being identified as a ‘sexual abuser’ and being identified as a ‘young person who has sexually abused’. This however will be emphasised again through the recruitment process which will describe carefully to each young person the purpose of the study and make clear that this does not involve the young person being required to discuss previous sexual abuse.

Other specific hazards for research participants are identified below, together with suggestions about how these will be addressed:

- Identification by others as participants in the research (and therefore as carers, ‘care experienced’ young people or young people who have sexually abused); to be minimised by agreeing appropriate interview venues and by ‘anonymising’ or omitting data likely to identify an individual.
- Privately held opinions and undisclosed experiences being made public; to be minimised through adherence to a confidentiality agreement and by anonymising all data collected. Each participant will be informed of their right to withdraw data provided at each stage in the research process (until publication).
- Future opportunities or choices being restricted (e.g. access to services); addressed (with reference to services offered by other agencies) by data being non-attributable and (with reference to local NSPCC services) through an established ‘open door policy’ for young people who have already worked with the service.
- Relationships with others being harmed (e.g. colleagues, carers, young people etc); to be minimised by anonymising data and by not interviewing carers and young people who currently share their home.

**POTENTIAL HAZARDS: RESEARCHERS**

What risks to researchers are entailed by the project? What risk assessments have been made? What procedures have been established for the care and protection of research participants?

Some of the potential hazards to the researcher are similar to those identified for participants (e.g. Lone working / allegations of improper conduct etc) and can therefore be minimised in similar ways (e.g. by standard risk assessment processes and appropriate precautions). It is usual then in my current practice to notify colleagues of my whereabouts and schedule when visiting a service user’s home for the first time, and to carry a mobile phone in order to be able to ask for help in an emergency. Others relate to the effect the research might have on professional relationships. It would be important for example to report carers’ criticisms about training and support received from agencies objectively and accurately, though in a considered and balanced way so that professional partnerships with those agencies are not undermined. Such hazards will be reduced by making clear to all potential stakeholders of the research that its aim is not to name and shame poor practitioners but to develop knowledge and to improve practice.

**RECRUITMENT PROCEDURES**

How will research participants be recruited? Is there any sense in which their participation might be felt to be 'obliged' – e.g. as students, prisoners, patients, service users, employees, people already known to the researcher?

I acknowledge my dual status within this study as both a service manager and researcher and that I am relying on recruiting carers and care experienced young people who have used and been supported by a service I manage. Carers and care experienced young people who work with or have worked with the specialist NSPCC / SHB service are however already aware of our established post case closure follow up processes and of their on-going relationship with the service. This provides both an open door to service users (to access additional support without having to be re-referred by another agency) and an opportunity for caseworkers or the service manager to evaluate the effectiveness of their interventions after an agreed specified period.

I plan to recruit research participants who are either still using the service or through established and agreed 'follow up' processes involving discussions with NSPCC caseworkers and personal contact with both carers and care experienced young people by letter or telephone. I plan only to recruit those young people and carers who have had extensive (over 6 months) and 'participatory' (voluntary engagement) involvement with the service and who therefore have developed a relationship of trust with the team. This model of recruitment has been successfully tried and tested within the service already. I am able therefore to draw on significant experience in recruiting and organising groups of young service users to take part in government policy consultations (e.g. 'Youth Matters' Green Paper-2006) and in service development fora (including recruitment interviews) and individual carers to take part in television and radio interviews. Young people (of 16 years of age and over and who are 'Gillick competent') and carers who meet the criteria stated above (having had extensive and participatory involvement with the service) will be invited to take part in the study by letter or telephone contact. Participants will be enrolled only after detailed discussions about the purpose and methodology of the study, and of their rights within the research process. They will be told that they are in no way obliged to take part in the study and assured that their right to continue to use or be supported by the specialist service at the time or in the future will not be dependent upon their participation in the study or on any opinions they express during the research (While participants'

relationships with the specialist NSPCC service is not a focus for the study, should they choose to express positive or negative opinions about the service or their case worker, their comments will be welcomed and respected).

I plan to invite young people and carers to consider whether they wish to be supported by a previous case worker or friend during their interview. This has worked well in previous consultation and service development groups. Some young people for example have asked previous case workers to facilitate their involvement by providing transport to and from venues or sitting with them throughout interviews. While I anticipate that their existing or former case workers will respect and support participants choices, participants' involvement in the study will not be determined by the views and co-operation of their supporter. In summary then, participants will choose whether to take part in the study and also how their involvement will be facilitated and supported.

As this is an initial exploratory study, and the number of participants small (approximately 6-8 young people and 6-8 carers), I intend to recruit experienced carers and older young people as described above who have experienced both successful and less successful placements. Such participants are likely to have already reflected on their experiences to some degree and to provide richer data. As stated, in order to reduce the possibility of creating tensions in current placements and of influencing outcomes I plan not to recruit carers and young people who share a home at the time of the study.

As professional definitions of sexual abuse and sexually harmful behaviour vary, I expect to encounter widely differing opinions as to which young people should fall within the scope of this study. One carer may judge particular behaviour by a young person to be entirely within the bounds of acceptable and age appropriate sexual experimentation while another may see this as harmful and deviant. In order to reduce the possibility of participants' definitional subjectivity then, and to increase the chances of comparing like with like, I intend to focus on care experienced young people who have previously been identified by criminal justice or public protection processes (SOA 2003) as 'sex offenders' or as having presented a risk of sexual harm to others. The study therefore will be restricted to those young people whose names have been on the Sex Offender Register or who have been identified as meeting level 2 ('those who present significant risk of harm to others') or level 3 (the 'critical few' understood to present the most serious risk to others) MAPPA (local

multi–agency public protection arrangements) indicators and to those who have cared for them.

**Recruitment / Participation schedule** (with opportunities to choose not to participate marked # or to withdraw information marked ##)

- Identify potential participants (using stated criteria) through case records and discussions with current or former case workers.
- Letters of invitation and research information posted out. #
- Follow up telephone call / telephone response to replies to arrange recruitment meeting. #
- Initial meeting to discuss purpose of study; participants’ role; confidentiality and information sharing; possibility of involving third party / supporters; potential impact of research; hazards and benefits etc. If participant wishes to go ahead: sign consent form and agree provisional date for interview. #
- Cooling off period. #
- Confirm participation (and involvement of supporter if applicable) and interview date through telephone contact (followed by written confirmation of times/ venue/ arrangements for transport etc). #
- Interview: 1) Pre-interview (review of consent form and information about study. Acknowledgement of hazards to participant – e.g. emotional impact and option to withdraw. #
  - 2) Interview (and appropriate support offered in response to information shared)
  - 3) Post-interview (discussion about how information will be used. Support, advice, thanks and arrangements for, sharing transcription, analysis and final report) ##
- Follow up telephone contact and / or letter of thanks. Confirmation of arrangements to share findings. ##
- Sharing of findings as appropriate (this may be over one or more subsequent meetings) ##
- Submission / publication of report

**INFORMED CONSENT**

Please state how you will gain informed consent from participants, including how you will inform people what participation means and their right to withdraw.

- Where appropriate, consent of participants **must** be requested, preferably in writing, and participants given an information sheet setting out the reasons for the study, the benefits of their participation and how the data is to be stored.
- Copies of the consent forms to be used should be appended.
- Where written consent may not be possible or considered appropriate please provide justification.
- Where covert research methods are to be used, there should be a brief justification of how the interests of those being observed will be protected.

A consent form which research participants will be asked to sign is attached as an appendix. This will be discussed in detail at the initial recruitment meeting and shared subsequently with any individual the participant identifies as their facilitator or supporter. The consent form will be reviewed again at the start of the interview. Participants will retain their right to withdraw themselves or their data from the study at any time, up until dissemination of findings or publication of the study.

#### **DATA PROTECTION**

- Please state how you intend to meet the requirements of the Data Protection Act.
- Consider how data will be stored and how anonymity will be protected.

Data will be gathered, processed and securely stored according to Data Protection legislation and guidelines. Tapes of interviews will be stored under lock and key in alarmed premises and electronic transcripts will be password protected. Data will not be used for any purpose other than that discussed and agreed with the research participants at the outset. All data held which cannot be anonymised will be destroyed immediately following analysis (and within 12 months of the interview). Should information concerning significant harm or risks of significant harm to children or vulnerable adults be passed to other agencies, this will be done in a manner which complies with local safeguarding procedures and information sharing protocol and with principles and standards of practice for NSPCC services.

#### **CONFIDENTIALITY AND ANONYMITY**

What steps are to be taken to safeguard the confidentiality of records and the identity of research participants?

Care will be taken so that research participants will not be able to be identified by others through the information they provide, unless they give explicit permission for specific information to be passed to a third party (e.g. concerns, complaints, allegations or disclosures), or they disclose information which suggests the possibility of actual harm or

risk to a child or a vulnerable adult. As stated previously confidentiality is necessarily limited therefore by child protection legislation and local LSCB procedures and by ethical guidelines which uphold the welfare of children as paramount in all situations.

Where participants have chosen to be supported through the interview by a third party, that supporter / observer will be asked to agree a contract with the participant and researcher outlining their responsibilities to the participant and their duties of confidentiality (see attached).

**DEBRIEFING OF PARTICIPANTS**

Please state how you will ensure that participants will have an opportunity to discuss participation following involvement in the research, how the researcher will be contactable, and how participants will be informed of the research outcomes.

I shall make every effort to ensure that participants (and third party supporters) understand how the data they provide will be used following their interviews.

Participants will be offered access to the transcriptions of their interviews and invited to comment on the results and analysis of the study at an appropriate stage. They may choose to involve their supporters in this process, and this will be facilitated. Participants will also be invited to telephone / email me (during normal office hours) during the period of the study and will be able to access my line manager at the NSPCC and my tutors at the university if required. They may prefer to use their existing or former caseworker for post interview support and arrangements would be made to facilitate this as required.

I do not envisage that third party supporters / observers will require individual separate post interview de-briefing or follow-up support, unless the participant chooses to be supported by someone other than their caseworker, though this will be offered prior to the interview (when agreeing the duties of confidentiality etc) and provided if requested.

The aim of this study is eventually to inform the development of training courses or a training manual for carers based on findings. Those carers who contribute to the research will be invited to participate in this subsequent development in some way.

**DEBRIEFING OF RESEARCHER**

Please state any arrangements to provide you with the opportunity to debrief following engagement in fieldwork.

I intend to use both established tutorial arrangements and line management supervision to reflect on the research process. Additionally I plan to use the network of research students within the Institute of Applied Social Studies at the University of Birmingham and the Children and Families Research forum hosted by the NSPCC to review the research and my role in relation to the participants.

#### **DISSEMINATION OF FINDINGS**

What is the anticipated use of the data, forms of publication, etc.?

I intend to write up findings from this study in a thesis as part fulfilment of the requirements for the award of Doctorate in Applied Social Science from The University of Birmingham. I also hope that my findings will be published in a suitable academic journal, and that they may form the basis of a training course for foster carers, run initially through a partnership between the NSPCC and the Safeguarding Children Boards in Shropshire and Telford & Wrekin.

#### **SENSITIVITY AND DIVERSITY**

Please provide a statement on how you are approaching issues of diversity within your research (e.g. gender, sexuality, age, disability, mental health).

Note: **this approach should also be reflected in your account above** i.e. integral to your research plan.

I intend to apply the highest ethical standards to this study (guided by the British Association of Social Workers' Code of Ethics) and to be open to the rigorous scrutiny of colleagues and peers at all stages of the process. I respect the views and opinions of others and value the contributions of those from differing backgrounds to my own and those with differing abilities and perspectives. I acknowledge that as a white British male with professional status, my own values, beliefs and opinions have been informed by my responses to particular experiences, and are given significant credence through power structures that currently exist within British society. I strive to understand my own position within these power structures and through my professional practice, to challenge inequality and to acknowledge and celebrate diversity.

#### **OPENNESS AND HONESTY**

Please demonstrate how you will ensure maintenance of openness and honesty within your research.

Note: **this approach should also be reflected in your account above** i.e. integral to your research plan.

I will uphold the standards of honesty and openness demanded by my professional Code of Practice (General Social care Council)

This states that as a social care worker, I must strive to establish and maintain the trust and confidence of service users and carers.

Specifically I will:

- 2.1 Be honest and trustworthy;
- 2.2 Communicate in an appropriate, open, accurate and straightforward way;
- 2.3 Respect confidential information and clearly explain agency policies about confidentiality to service users and carers;
- 2.4 Be reliable and dependable;
- 2.5 Honour work commitments, agreements and arrangements and, when it is not possible to do so, explain why to service users and carers;
- 2.6 Declare issues that might create conflicts of interest and make sure that they do not influence my judgement or practice; and
- 2.7 Adhere to policies and procedures about accepting gifts and money from service users and carers.

**STUDENT TO CONFIRM THAT THEY HAVE CONSIDERED ETHICAL IMPLICATIONS OF RESEARCH IN RELATION TO:**

	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE</b>
<b>Ensuring informed consent</b>	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The nature of power relationships in the proposed study</b>	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Right to withdraw from the study</b>	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Responding to potential detrimental effects on participants</b>	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Confidentiality</b>	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from harm of vulnerable participants</b>	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>How to respond to harmful or illegal behaviour</b>	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Justifying subterfuge in research design</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>x</b>

**FUTURE ETHICAL PROCESSES TO BE UNDERTAKEN**

I plan to submit applications to my employer's ethics panel and (if required) to that of Shropshire County Council (Children's Services Department). Initial enquiries with the Council to date suggest that it supports this research and that ethical clearance from the IASS and the NSPCC will satisfy Council's requirements. Written confirmation of this authorisation however will be sought prior to field work commencing and regular information on the progress of the study will be provided for the local fostering team.

**TO BE SIGNED BY THE STUDENT APPLICANT:**

I confirm that I have read the University Guidelines for Research and agree to abide by them:

I confirm that I have read the Social Research Association Guidelines or Guidelines of my professional association [The British Association of Social Workers] and agree to abide by them:

I confirm that I have discussed the proposed study with a member of IASS staff (e.g. supervisor).

Should the research project change in a significant way from that previously approved, I accept that it is my obligation to discuss those changes with my supervisor who will advise whether I should bring those changes back to the IASS Student Research Ethics Committee for approval. I also undertake to report promptly any adverse events:

Signed: Colin Watt

Date 14/03/##

Signature of supervisor: Nathan Hughes

Date 14/03/##

**APPENDICES REQUIRED**

- 1) Indicative Research Tool (e.g. questionnaire, interview schedule, topic guide).
- 2) Consent Forms
- 3) Information Leaflet for Participants

## **Appendix 1**

### **Semi-structured interview plan: Foster Carers**

The following questions will be presented in a sensitive and respectful manner, using appropriate vocabulary at a pace and in an order that facilitates each participant's understanding and engagement.

#### **General Background Qs:**

How long have you been fostering? How many children have you cared for? (Their ages and gender; duration of placement; whether planned or emergency etc)

Why did you want to foster children?

What training have you received? (What category of placement do you currently offer e.g. complexity / skills level?)

Why did you want to foster children who have displayed SHB / committed sexual offences?

How many children who have displayed SHB / committed sexual offences have you cared for?

#### **Conceptualisation Qs (after Kolb)**

What, in your opinion, are the roles and tasks of Foster Carers?

Are these different for Carers who look after children who have displayed SHB / committed sexual offences? (Prompt: Specific tasks?)

Is this view shared by others involved with the children (Fostering Officers / Social Workers / Children's parents)?

How do you think the children you care for understand your role?

Can you tell me something about the children you have looked after?

#### **Concrete Experience Qs**

Can you give examples from placements which describe what you do / did in order to fulfil your role? (Prompt: Specific Goals / tasks?)

How did the young person respond?

#### **Reflective Observation Qs**

Do you think you have helped the young people / person who you have looked after?

How? (Prompt: Were any 'goals' achieved?)

What were the most difficult things about looking after this young person?

What were the best things about looking after this young person?

How would you describe your 'parenting / caring style' during?

How does looking after these young people affect you (& yours)?

What advice would you give to other Foster Carers who are asked to look after children who have displayed SHB / committed sexual offences?

What advice would you give to those who manage and support Foster Carers?

### **Semi-structured interview plan: Care experienced Children**

The following questions should be considered as 'themes to be explored' rather than an interview 'script' as each theme will be explored in a sensitive and respectful manner, using age appropriate vocabulary at a pace and in an order that facilitates each participant's understanding and engagement.

#### **Exploration of fostering experience:**

How old were you when you first went to live with Foster Carers?

How many Foster Carer placements have you had?

How long did each of these placements last?

Have you been looked after (by the Local Authority) in other settings (Prompt: e.g. 'residential unit')?

#### **Conceptualising fostering (after Kolb)**

What, in your opinion, is the job of Foster Carers (Prompt: Specific tasks)?

Is this job different for Carers who look after children who have displayed SHB / committed sexual offences? (Prompt: Specific tasks?)

What do you think the Foster Carers who have looked after you think their job is?

#### **Concrete Experience**

Can you give examples of things that happened that made you think this?

How would you describe how your foster Carers looked after you?

#### **Reflective Observation**

Do you think living with your Carers helped you?

Why (Prompt: Were any 'goals' achieved)?

What were the most difficult things about living with your Carers?

What were the best things about living with your Carers?

Would you have done anything differently whilst you were living there?

Should your Carers have done anything differently?

What advice would give to other children who find themselves in similar situations to the one you were in (Prompt: those whose sexual behaviour has caused problems and who live with Foster Carers)?

What advice would you give to Foster Carers who are looking after children who have displayed SHB / committed sexual offences?

**A study about foster care.**

**Autumn 20##**

Dear (Carer)

I work for the NSPCC in ~~~~~ and am studying at the University of Birmingham, where I am undertaking research about foster care. I am hoping to gather the views of carers and young people about the role of foster carers who have looked after young people who have sexually abused. The study will involve interviewing carers and young people separately about their experiences and opinions and I hope will identify good things and difficulties about being involved in fostering.

I hope that this work will eventually help to develop better training courses for foster carers working with young people who have sexually abused and also help social workers to understand more about foster placements.

I have the agreement of the NSPCC and the University of Birmingham to carry out this work and would really value your help.

If you choose to take part in this study, I would of course guarantee your anonymity unless you choose to report something that suggests either you or a child or young person has been harmed or is at risk. In such a circumstance, I would tell you immediately what information should be shared with others and how.

You might like to have someone with you to support you to take part in the study. This is fine, though whoever you choose would also have to understand and agree about keeping your information confidential.

I will be supervised by a number of people while I am undertaking this study. This is to make sure that I am carrying out the work as well as possible and also to provide those taking part with someone to speak with if they have any concerns or questions about me or the study. My manager at the NSPCC is ~~~~~, her telephone number is \*\*\*\*\*.

My supervisors at the University are Nathan Hughes and Harriet Clarke whose telephone number is 0121 \*\*\*\*\*.

My work address is NSPCC,~~~~~. My telephone number is \*\*\*\*\*.

I do hope you will consider taking part in this study. Your views are important. Thanks very much for reading this. I look forward to hearing from you.

With very best wishes

Colin Watt 01/08/## email: 

**CONSENT FORM (Carers).**

**Title of Research Project:** Young People who have sexually abused: The Foster Carer's Role

**Name of Researcher:** Colin Watt

**Address and Telephone Number of Researcher:** ~~~~~

**Tel:** \*\*\*\*\*

1. I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. YES/NO
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without having to give any reason, and without my legal rights being affected. YES/NO
3. I understand that the information I provide will be used for the purposes described in the information sheet and will be confidential, treated in accordance with data protection legislation and stored securely (under lock and key and password protected). I understand also however that should I disclose information that suggests that either a child or vulnerable adult has been harmed or is at risk of being harmed, this information will be shared with the appropriate agencies. YES/NO
4. I agree to take part in the above study. YES/NO
5. I have chosen \_\_\_\_\_ to support my involvement in this study by \_\_\_\_\_

Name of Research Participant	Date	Signature
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Colin Watt		
Name of Researcher	Date	Signature

Name of Supporter	Date	Signature
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**A study about foster care.**

**Autumn 20##**

Dear (young person)

I work for the NSPCC in ~~~~~ and study at the University of Birmingham, where I am trying to learn as much as I can about foster care. I am particularly interested in finding out what carers and young people think about the job foster carers do when they look after young people whose sexual behaviour has caused problems. I am hoping to speak with carers and young people about their experiences and opinions and to understand a bit more about some of the good things and the difficult things about being involved in fostering.

I hope that my work will eventually help people to develop better training courses for foster carers and social workers.

The NSPCC and the University of Birmingham are keen for me to do this work because they believe it is important that services for all young people improve. It would be great if you could help me with this work by meeting with me and telling me some of your experiences.

If you did, I would record everything you tell me, though I would do this in a way which would mean no-one else would know it was you who spoke with me; everything you say would be anonymous (you would need to know though that if you told me something about you or another young person being hurt or at risk of being hurt, then I would have to share this information with other people who might need to take action to protect you or the other person).

I realise that it can be difficult to talk about things that have happened to you in the past, and there may be some things that you really do not want to talk about. That is OK; it's your choice. Sometimes it is easier to talk about things alongside someone you know, that is OK; if you wanted someone to be with you during our meeting I would be happy to arrange this for you. Just let me know who you think this should be.

Some people will be making sure that I am doing this work as well as possible and you can speak with any of them if you have any questions about me or want to make a complaint. My manager at the NSPCC is ~~~~~, her telephone number is \*\*\*\*\*. My supervisors at the University are Nathan Hughes and Harriet Clarke whose telephone number is 0121 \*\*\*\*\*

My work address is NSPCC,~~~~~. My telephone number is \*\*\*\*\*

I do hope you will agree to taking part. Your views are really important. Thanks very much for reading this.

With very best wishes

Colin Watt 01/08/##

email: 

**CONSENT FORM (Young people).**

**Title of Research Project:** Young People who have sexually abused: The Foster Carer's Role

**Name of Researcher:** Colin Watt

**Address and Telephone Number of Researcher:** NSPCC,

~~~~~Tel:

\*\*\*\*\*

1 I have read and understood the information sheet for the above study and have had the opportunity to ask questions. YES/NO

2 I am freely choosing to take part in this study and know that I can withdraw at any time, without having to give a reason, and without it affecting my care or legal rights. YES/NO

3 I understand that everything I tell you will be used for research purposes and will be confidential. All recordings of what I say will be kept safe (e.g. password protected and kept under lock and key). I know that if I tell you anything about me or someone else being harmed (or at risk of being harmed) then you will need to tell other people who may have to take action. YES/NO

4 I agree to take part in this study. YES/NO

5 I have chosen \_\_\_\_\_ to support me and I would like him / her to \_\_\_\_\_

\_\_\_\_\_  
Name of Research Participant      Date      Signature

Colin Watt  
\_\_\_\_\_  
Name of Researcher      Date      Signature

\_\_\_\_\_  
Name of Supporter      Date      Signature

**A study about foster care.**

**Autumn 20##**

Dear (Supporter)

I work for the NSPCC in ~~~~~~ and am also a post graduate student at the University of Birmingham, where I am undertaking research about foster care. I am hoping to gather the views of carers and young people about the role of foster carers who have looked after young people who have sexually abused. The study will involve interviewing carers and young people separately about their experiences and opinions and will hopefully identify some of the good things and the difficult things about being involved in fostering.

I hope that this work will eventually help develop training courses for foster carers and social workers so that services for young people continue to improve.

I have the agreement of the NSPCC and the University of Birmingham to carry out this work and \_\_\_\_\_ has kindly agreed to take part by being interviewed by me. He/she has requested that you support him / her to participate by \_\_\_\_\_.

This is an important role which would require you to treat information given in the interview as confidential and to support \_\_\_\_\_ if he / she become distressed during the interview.

I will be supervised by a number of people while I am undertaking this study. This is to make sure that I am carrying out the work as well and sensitively as possible and to ensure that those participating can speak with someone if they have any concerns or questions about me or this study. My manager at the NSPCC is ~~~~~~, her telephone number is \*\*\*\*\*. My supervisors at the University are Nathan Hughes and Harriet Clarke whose telephone number is 0121 \*\*\*\*\*.

My work address is NSPCC, ~~~~~~ My telephone number is \*\*\*\*\*.

I do hope you will agree to supporting \_\_\_\_\_ to participate. His /her views are important. Thanks very much for reading this and for your assistance.

Colin Watt 01/08/## email: \_\_\_\_\_

**CONSENT FORM (Supporters).**

**Title of Research Project:** Young People who have sexually abused: The Foster Carer's Role

**Name of Researcher:** Colin Watt

**Address and Telephone Number of Researcher:** NSPCC,

~~~~~Tel:  
\*\*\*\*\* \*\*\*\*\*

1. I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. YES/NO
2. I understand that my involvement in this study is simply to support \_\_\_\_\_ to take part. YES/NO
3. I understand that the information \_\_\_\_\_ provides is confidential and will only be used for the purposes described in the information sheet YES/NO
4. I agree to support \_\_\_\_\_ to take part in the above study. YES/NO

|                              |      |           |
|------------------------------|------|-----------|
|                              |      |           |
| Name of Research Participant | Date | Signature |

|                    |      |           |
|--------------------|------|-----------|
| Colin Watt         |      |           |
| Name of Researcher | Date | Signature |

|                   |      |           |
|-------------------|------|-----------|
|                   |      |           |
| Name of Supporter | Date | Signature |



A Plan for a Workshop to Introduce and Explore the Conceptual Framework developed in this Study to Post Qualifying Social Work Students.

While the conceptual framework developed here is understood primarily as one which might helpfully be used to describe the role of foster carers who look after young people who have sexually abused and to identify objectives and outcomes of placements, the researcher has found it useful to enable colleagues to understand the model by relating it to other professional roles. Just as foster placements should provide a safe and *protecting* space for young people in which they are enabled to achieve their developmental tasks then, supervision of foster carers by social workers, and social workers by their managers, should provide safe spaces in which each are *enabled* to understand and fulfil their professional responsibilities. Professional supervision then might usefully be understood as being both *protecting* and *enabling* of practice or *constraining*. Training for professional practice might also be understood as being both *protecting* and *enabling* or *constraining* of practice.

The development of safe spaces in which students are enabled to learn is central then to how this practitioner approaches his new role in practice. To demonstrate this, an outline of a workshop designed to present the conceptual model of foster care developed here is offered. This introduces the caring role to students and describes the responsibilities social workers have in supporting carers. It suggests links to social workers' own experiences of learning and professional supervision to demonstrate similarities between their roles and those of carers, and to those of their managers in supporting them and it offers a framework within which to explore how safe social workers feel in their professional roles and in the classroom. The plan for the workshop suggests a way of exploring both what enables students to learn and to undertake their professional roles effectively and emphasises the

importance of agreeing appropriate contracts for learning and supervision in order to facilitate the development of 'safe spaces' in which to share experiences and to reflect on practice (Kolb, 1984, Morrison, 1993). The plan then incorporates the model within its structure in order to present the model. It includes the negotiation of 'ground rules' for the workshop as a way of illustrating both what enables learning in the classroom and how professional practice is enabled when practitioners feel safe. It stresses the supportive and educative function of professional supervision (Morrison 1993) and it offers a framework within which to explore *constraining* factors impacting students' learning and professional practice and how these might be overcome.

This workshop plan has been piloted with two groups of social workers undertaking post qualifying training and has been welcomed and informally evaluated positively by both. Discussions with students following the workshops suggested that the presentation and the guided discussions which followed appeared to help them understand the role undertaken by foster carers who look after young people who have sexually abused and also to conceptualise and evaluate both how they support parents and carers and how they themselves are supported by their agencies and through professional supervision.

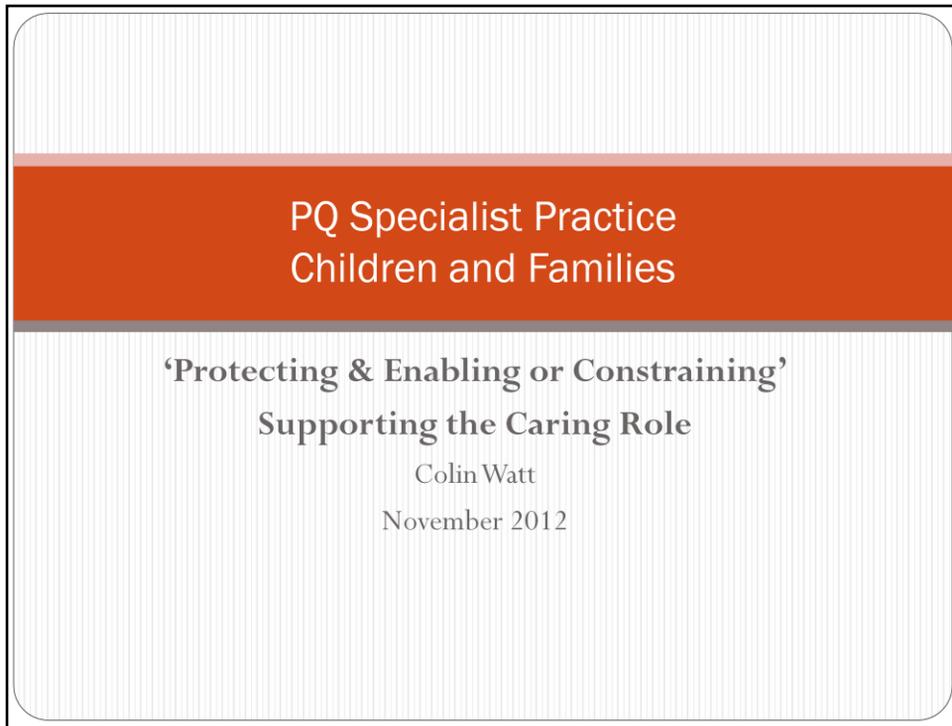
Exploration of the model in class then appeared to help some students to articulate how their professional practice as social workers was being *constrained* rather than enabled by their employing agencies and by certain aspects of the supervision they were receiving. It also helped identify necessary changes to the course on which they were enrolled, so as to enable them to learn more effectively. Using this model then helped identify how some practitioners felt constrained in their learning by the involvement of their line managers in observing and reporting on their practice [for assessed practice portfolios] and in being able

to read and comment on reflective 'Critical Career Reviews' which they were required to submit to complete the course. Students describing supportive and positive relationships with their supervising line managers accepted this role as appropriate; those with less positive relationships suggested they felt unsafe writing about their past or current professional circumstances and unable to disclose their honest reflections about their practice and professional development while arrangements existed for these disclosures to be accessible to their line managers. This has enabled the identification of potential improvements to the training course and also to the nature of the partnership between the University and the Workforce Development functions of the students' employing agencies. Students' have been encouraged to reflect on the nature of their own supervision arrangements and to consider re-negotiating 'supervision contracts' with their employing agencies in order to better meet their own needs as professionals, and partnership arrangements with commissioning agencies are being re-negotiated to ensure that students are able to access practice assessors who do not manage their practice. This way it is hoped that students will be afforded better protection in their practice and their professional development and be better *enabled to protect* and *enable* others.

It is intended that the workshop plan outlined here will be adapted and used next to structure discussions with a group of experienced foster carers so that the conceptual framework developed can be further evaluated and opinions gathered about how this might inform practice within foster care. It is hoped that these discussions will then inform the development of training materials for foster carers and fostering social workers and that these might facilitate dialogue between them and promote a shared understanding of their respective roles and their common purpose in protecting and enabling children and young people.







This presentation has been written for use with students undertaking Post Qualifying Social Work training. It is designed for a morning or afternoon workshop of 3 hours (with appropriate breaks) and so that it can be paced according to the engagement of students in class / group discussions.

## Enabling Learning

- What enables you to learn?

### **Class Discussion**

Prompts: Time, Space, Support, Skills, Confidence, Incentives / Purpose etc.

## Constraining Learning

- What gets in the way of you learning?

### **Class Discussion**

Prompts: lack of Time, Space, Support, Skills, Confidence, Incentives / Purpose etc  
Fear?

“Blocks” to learning

## Protecting: Creating a Safe Learning Environment

- Ground Rules

**Class discussion** about what Safety includes. What makes us FEEL Safe.

Physical: Health and Safety / Fire Alarms / Exits etc.

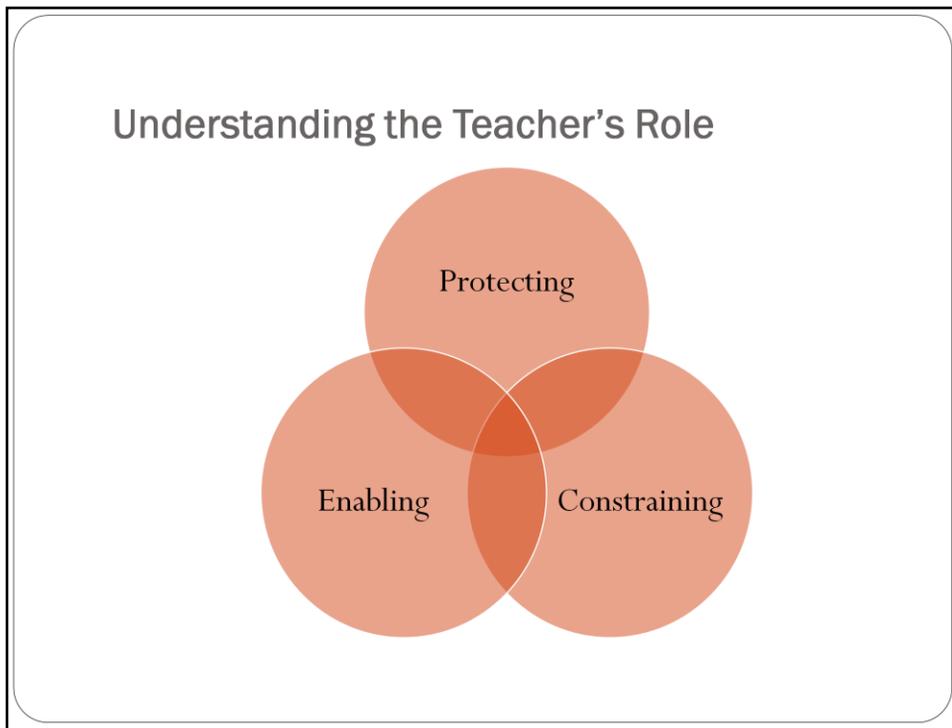
Time: respect agreed time limits / comfort breaks

Mobile phones (others' safety – people who may need to contact us)

Inter-personal: Respect, Confidentiality, Willingness to Challenge and to be Challenged – Trust

**Agree Ground Rules for this session or review / amend ground rules agreed at the start of the module**

? Examples of occasions when rules have been broken in the past, people hurt and trust lost (we become defensive; we don't share opinions; we become less open; less able / willing to learn)



These aspects are related

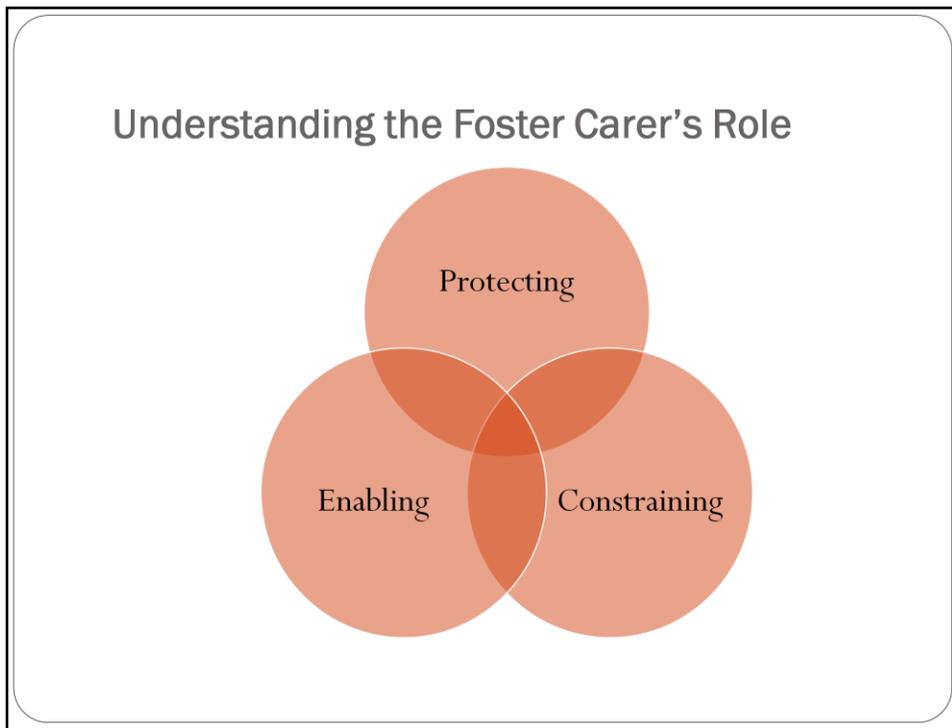
Relative size of circles might denote prominence of different aspects.

Relative Position of circles also denotes relationship between aspects.

Discuss significance of overlap?

If the teacher did not know subject or was not able to communicate knowledge; this would constrain the learner

An effective teacher Enables and Protects



In relation to the Child in placement

In relation to The child or Young Person who has Sexually Abused

Where does responding to the YP's sexual behaviour sit within this model?

Enabling or Constraining Sexual Behaviour?

Need to define these terms more clearly

## Protecting

- The Young Person
- The Foster Carer
- Others

Identifying and minimising risks and ensuring each feels safe;

*Protecting* care implies care which ensures the safety of those cared for, those doing the caring and also vulnerable others;

## Enabling

- Infancy to preschool

Attachment to caregiver(s) / Language / Differentiation of self from environment /

Self-control & compliance

- Middle childhood

School adjustment (attendance, appropriate conduct) / Academic achievement (learning to read, doing arithmetic) / Getting along with peers (acceptance, making friends) / Rule-governed conduct (following rules of society for moral behaviour and pro-social conduct)

- Adolescence

Successful transition to secondary schooling / Academic achievement (learning skills needed for higher education & work) / Involvement in extracurricular activities (e.g. clubs) / Forming close friendships within & across gender / Forming a cohesive sense of self-identity

Enabling the Young Person to achieve Developmental tasks and become Independent

Examples of the Developmental Tasks of childhood and adolescence as suggested by Masten and Coatsworth (1998)

Enabling Developmental tasks include enabling non abusive sexual behaviour?

## Constraining

- Infancy to preschool

Attachment to caregiver(s) / Language / Differentiation of self from environment /

Self-control & compliance

- Middle childhood

School adjustment (attendance, appropriate conduct) / Academic achievement (learning to read, doing arithmetic) / Getting along with peers (acceptance, making friends) / Rule-governed conduct (following rules of society for moral behaviour and pro-social conduct)

- Adolescence

Successful transition to secondary schooling / Academic achievement (learning skills needed for higher education & work) / Involvement in extracurricular activities (e.g. clubs) / Forming close friendships within & across gender / Forming a cohesive sense of self-identity

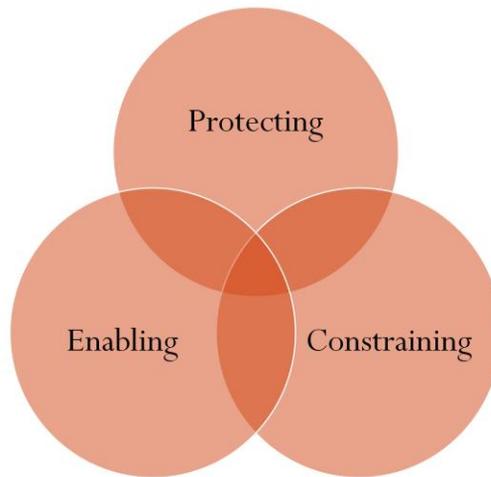
### Constraining the Young Person from achieving Developmental tasks

This describes those interactions between carers and young people which either attempt to control, or are experienced as controlling, through containment and imposition. It suggests actions intended to restrain and inhibit; restrict choices, limit exploration and curb freedoms. It implies attempts to determine rather than facilitate, steer rather than guide and force rather than encourage.

Q: So returning to earlier question how should carers respond to a child's sexual behaviour? By Protecting / Enabling or Constraining? **Discussion**

A: Protecting against abuse and Enabling healthy sexual development; not by constraining

## Understanding the Fostering Social Worker's Role



Applying this model to understand the SWs role in relation to the Foster Carer (who is protecting and enabling the child)

Again discuss size / position and degree of overlap of circles

## Understanding the Fostering Social Worker's Role

- Protecting
- Enabling
- Constraining

Class discussion

Identify aspects of these roles. Incorporating ideas from other theoretical models as these arise in discussion

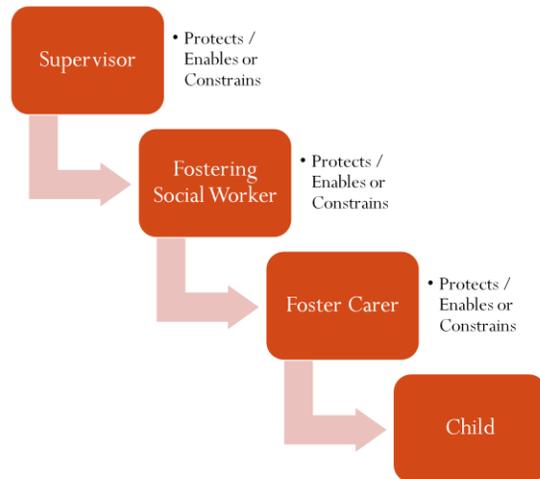
e.g. Maccoby and Martin's (Baumrind's model) of authoritarian / authoritative / permissive / indifferent parenting styles

Farmer's Spiral's of interactions

Sinclair's 'Core conditions' and Match determining Responsivity

Schofield and Beek's Attachment & 'The Secure Base Star'

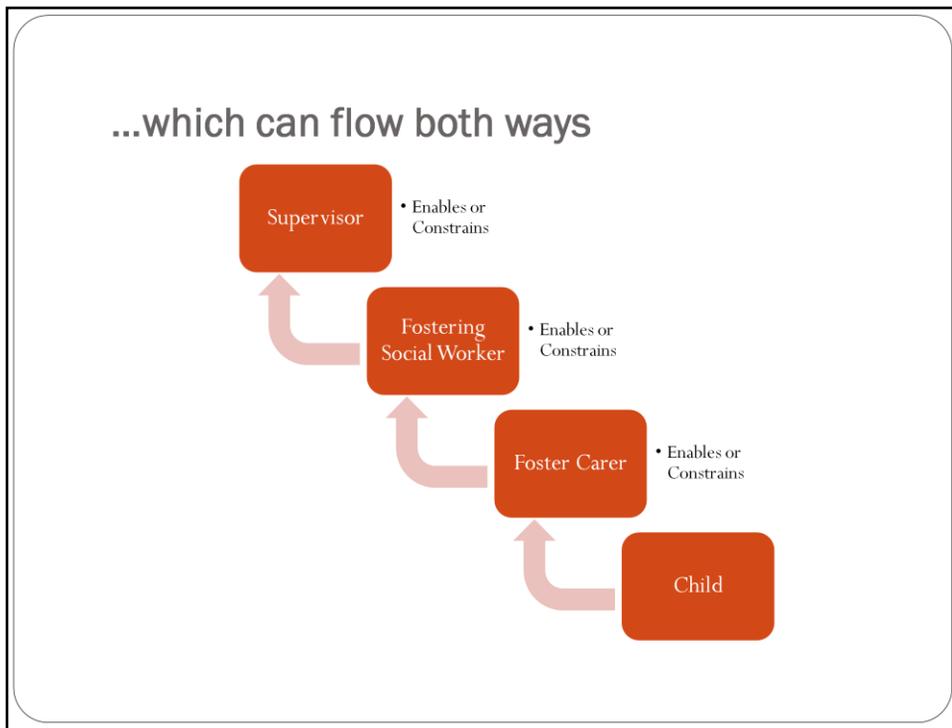
## A virtuous or vicious sequence.....



The Supervisor enables or constrains the SW in her/his role

The SW enables or constrains the FC in her/his role

The FC enables or constrains the child



Interactions between people are two-way

Protection translated to feeling safe / vulnerable

**Class discussion** Who sets the 'emotional climate' within the placement?

## Understanding the Foster Carer's Role: Interpersonal Interactions

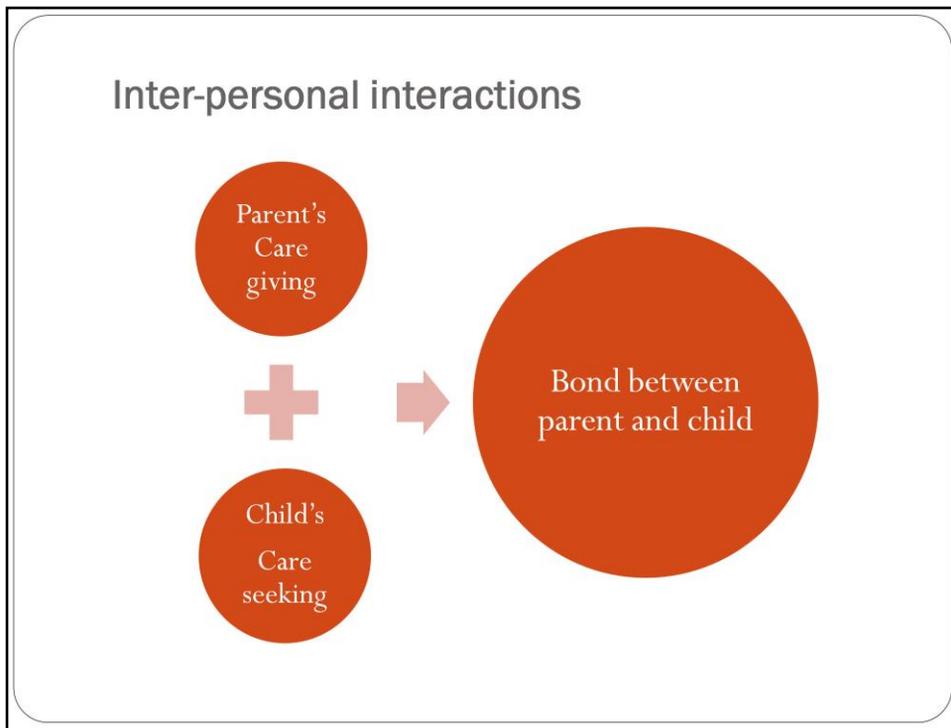
- Enabling young people to achieve developmental tasks? or
- Enabling young people to manage their behaviour?

### **Class discussion**

PEC relates Role to Outcomes i.e. Enabling enables young people

A different though complementary model relates the Role to the interactions between carers and young people and to YP's instinctive goal corrected behavioural systems.

Heard and Lake (1997)



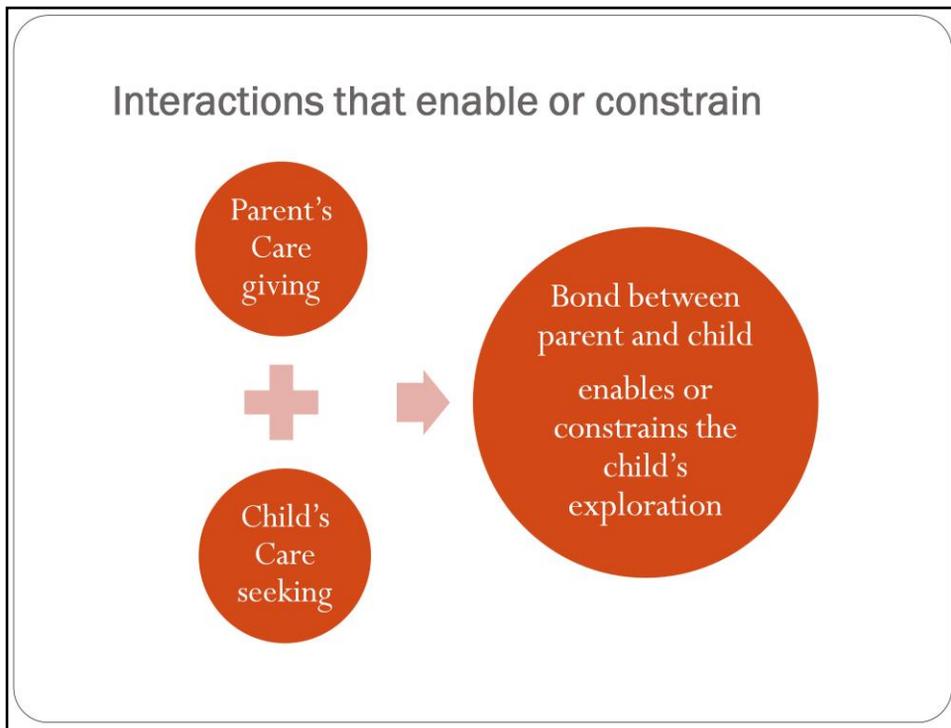
Attachment theory at its simplest

Consistency / quality of response of parent to child determines quality of attachment between the two. ‘Secure’ / ‘Insecure’

c.f. ‘Strong’ / ‘Weak’

Care giving and care seeking behaviours are determined by **Instinctual** (Neuro-biologically determined?) , **‘goal corrected’ behaviour systems**

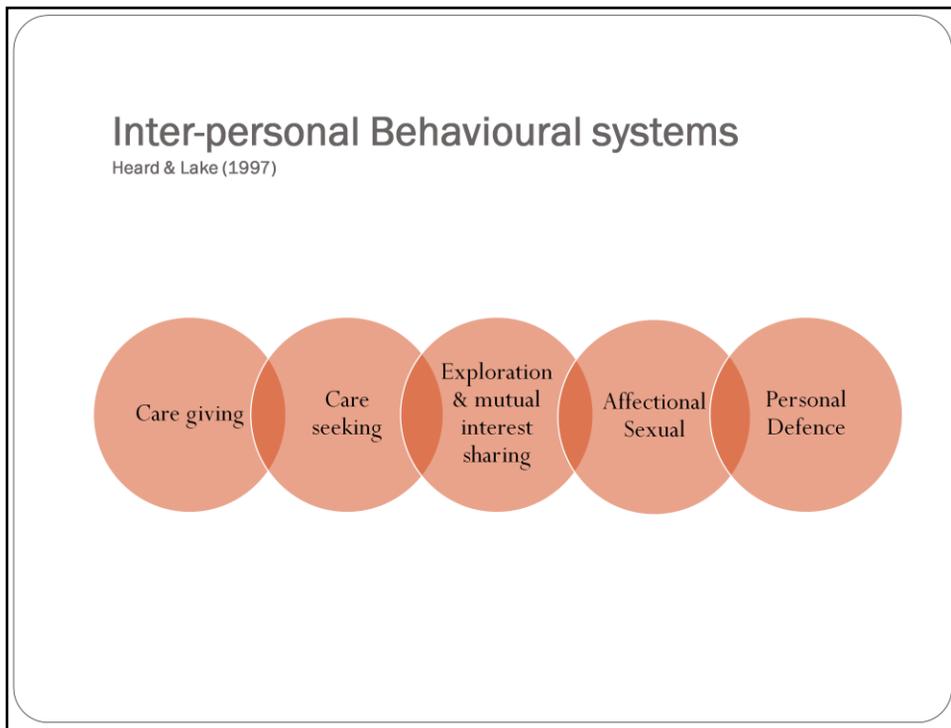
“Goal corrected”: these become active when triggered, quiescent when the purpose of the system has been achieved. Examples: crying child etc



Ainsworth's 'Strange Situations' demonstrated how the child's exploratory play is inhibited by care seeking. Links with Enabling / Constraining / Protecting

Attachment processes continue throughout life

**Discussion:** Adult care giving in response to partner's care seeking. Behaviour of partners in 'Strange adult (new/threatening) situations' (e.g. parties? foreign travel?)



Heard & Lake's Extended Attachment model suggests 5 inter-related though separate instinctual 'goal corrected' behavioural systems

Here: The Child

Bowlby's focus on Care seeking and care giving;

Ainsworth and Rutter on 'Play' (here described as 'exploration and mutual interest sharing')

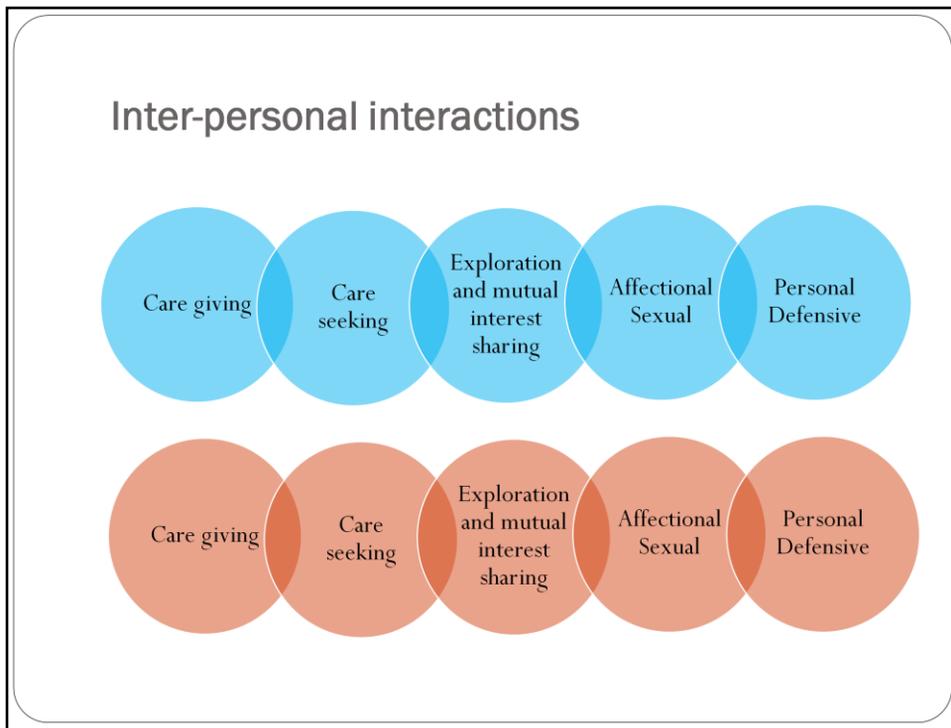
Heard and Lake on the concept of 'personal defensive'

Enabling then perceived as the achievement of developmental goals or the:

Smooth integrated functioning of all 5 behavioural systems (which allows companionable, mutually sensitive / fulfilling, interactions / relationships.

Disorganised functioning or over activity of one system may lead to hierarchical status / power relationships characterised by dominance & aggression or submission & passivity.

H&L understood the 'affectional sexual behavioural' system as an offshoot of 'exploration & mutual interest sharing' and aggressive / compulsive sexual behaviour as deriving from the behavioural system for personal defensive. **Discussion:** is this convincing?



Each individual's behavioural systems interact with those of others

Here: The Child (red) with the Foster Carer (blue). Note that H&L described two aspects of the adult care giving Behavioural system – giving 'Bowlbian care' and 'promoting development' (or the educational component)

e.g. Responsive Care giving (FC) interacts with Care Seeking (Child) enabling 'play' and skills development;

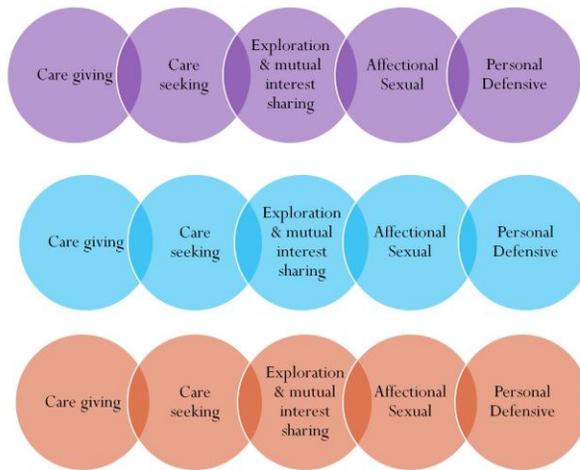
Insensitive care giving (FC) triggering personal defensiveness and aggression (Child);

Aggression /withdrawal (Child) triggering personal defence systems (FC) and inhibiting care giving.

**Class discussion:** Wider application? Social worker interactions with service users and social workers interactions with line managers in supervision.

"Handling family members' defensive psychological mechanisms is the prime task of all practitioners" (Heard, 2003)

### 3 way inter-personal interactions:



Each individual's behavioural systems interact with those of others (see before 'the virtuous / vicious sequence') Here: The Child with Foster Carer and the Foster Carer with the Social Worker. A 4<sup>th</sup> level would add the Social Worker's supervisor. Constraining or Enabling replicated / transmitted through inter-personal interactions.

Two way transmission: e.g. Fear activates personal defence system in Child, triggering aggressive behaviour; Foster Carer's PD system activated (may withdraw from child & seek care from Social Worker); Social Worker may refuse role of care giver and protect herself by less frequent contact with foster carer.

Social worker's PD system activated by aggressive / dominant line manager. Activated PD system inhibits care giving / mutual interest sharing etc.

This model may help identify disorganisation (over activity or under activity in the functioning) of behavioural systems

Virginia Ryan has applied this model to Play Therapy for Children with Attachment Disorders " Psychotherapy can be conceptualised as aiming to restore the smooth , interrelated functioning of all five systems in adults. When all the systems' goals are met, a sense of well-being, the ability to care for self and others, and the ability to enjoy creative and intimate relationships with others occurs."

Hyperlink embedded in slide's title to Ryan's paper: *Adapting Non-directive Play Therapy for Children with Attachment Disorder*. Clinical Child Psychology and Psychiatry 2004; 9; 75

## Structuring Supervision: Incorporating the Extended Attachment Model

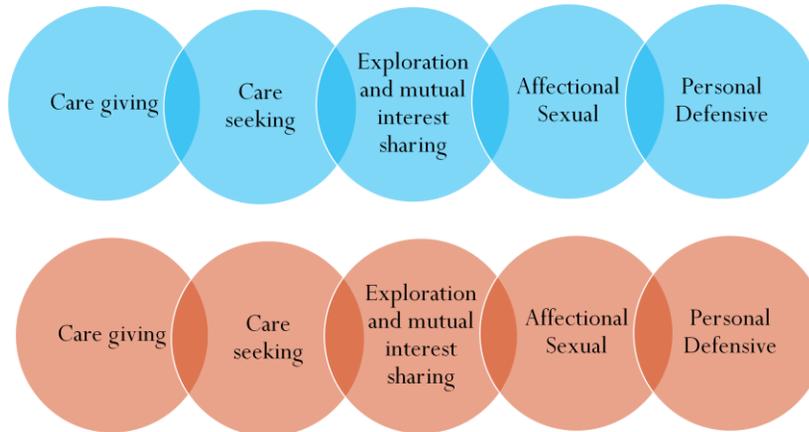
- Awareness of instinctive mechanisms determining interpersonal interactions.
- Using this awareness to shape interactions that promote wellbeing and are supportive of others.

Wider applications: Heard & Lake suggested that we have two distinct interpersonal forms of relating: ‘supportive and companionable’ (associated with the capacity to use empathy and exploration) and ‘dominant / submissive’ (associated with interactions that are defensive and fear based).

Evident within both Personal and Professional interactions.

Supervision as Protecting and Enabling practitioners to undertake their role

## Developing awareness of inter-personal interactions



Discussion in twos: How do you interact with other people (choose; a particular service user, a line manager, a colleague)?

Do you want these interactions to be different? Why do think they are as they are?

What could you do to make them different?

Who seeks care from you? How do they do this? How does this make you feel? How do you respond?

Who do you seek care from? Etc.

When did you last feel threatened in your professional role (physically / psychologically)? How did you respond?

Who do you consider a 'peer' in your professional role (who 'explores' with you and shares your interests)? How do your interactions with this person differ from your interactions with other people.

## Developing a Self Care plan informed by Heard & Lake's model of Extended Attachment Theory:

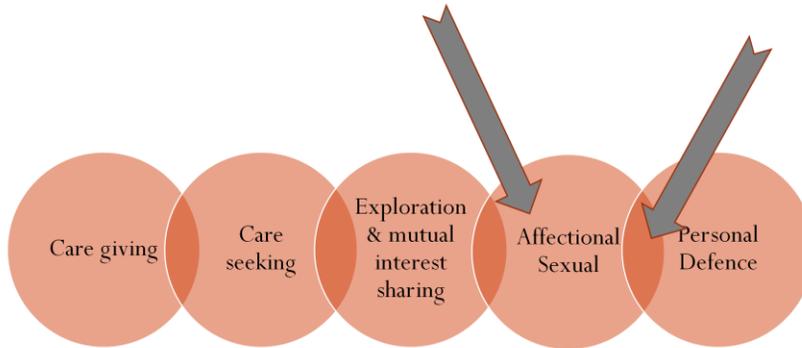
Through developing awareness of:

- Factors enabling / constraining goal corrected behavioural systems
- Interpersonal interactions

For example: A SW may use this model to help a Foster Carer understand his / her interactions with a young person on placement; A supervisor may support a SW to understand his / her interactions with a foster carer.

## Acknowledging instinctive behavioural systems within professional relationships

Heard & Lake (1997)



The model suggests these five behaviour systems are active within us all. Are all five legitimate concerns within (your) supervision?

How comfortable would you feel acknowledging / exploring behaviours directed by the 'Affectional sexual behavioural system'? or sexual behaviour arising from the 'Personal defence behavioural system'?

With regard to a Young Person known to have sexually abused placed with Foster Carers?

The impact of a Young Person's sexual behaviour on the Foster Carer's behavioural systems? (Including the Carer's sexual behaviour)

With regard to your own sexual behaviour?

## Young People who have sexually Abused: The foster carer's Role:

- Protecting
- Enabling
- Protecting

Understanding Protecting, Enabling and Constraining Young People in Foster Care  
who have sexually abused

In their own words:

A research project.

## In their own words: Protecting

- “No matter how well you think you know him, how well he’s behaving, never, ever trust him with younger children; never, ever leave him on his own with younger children” (Teacher, reported by Foster Carer)
- “I don’t think they realised how serious it was. I think they were very much of the opinion that we had over stressed it, over-elaborated, and we hadn’t, it was a genuine concern. We always said that the one thing we didn’t want was for him to be criminalised. We knew the potential was there, we knew that, when our own grandchildren were around, we had to be very careful but we never wanted him to be criminalised and unfortunately that’s exactly what happened.” (Foster Carer)
- We “protect them and our family and everyone around us”. (Foster Carer)

Comments from Foster Carers about caring for YP who had sexually abused.

Taken from a research study undertaken between 2010 / 2011

## In their own words: Protecting

- “I pushed boundaries a bit too far sometimes and they brought me back in line though I think they certainly got it right ..... they were trying to keep me safe and supporting me.” (Young Person)
- “It was more important that they kept me safe and supported me and that they didn’t allow me to run around.” (Young Person)
- “They were ‘acting parents’ to me, they supported me; they protected me; they looked after me and helped me develop enough to actually go out and live independently.” (Young Person)

Comments from Young people who had sexually abused about their foster placements

## In their own words: Enabling

- We try to provide “a safe environment where they can become a little bit more of themselves and develop.” (Foster Carer)
- “Like any young person; we tried to encourage his independence skills; to enable him to be a little bit more aware of himself; of what is appropriate and what isn’t and to confront him directly if we saw anything inappropriate.” (Foster Carer)
- “I’m a bit of a chameleon ..... I’m different to every single person. I am what they need at that time in their life, (or what I think that they need at that time in their life).” (Foster Carer)
- “When they get to that age, you have to try and move them in the right direction; it’s like watching a toddler walk, you just try and guide them.” (Foster Carer)

### Comments from Carers

## In their own words: Enabling

- “Couldn’t understand why anyone would let somebody like me into their house ..... I felt sub-human to be honest” (Young Person)
- “They were always there and always had time for me to just go in and have a chat.” (Young Person)
- “Margaret and Sam were nice people and together they started a process that changed my life.” (Young Person)

Comments from young people

## In their own words: Constraining

- “Maybe, looking back on it now, I should have tried to socialise a bit more with people my own age. I think it would have been good to challenge me socially and to develop my social skills.” (Young Person)
- “She never listened to me.” (Young Person)

### Comments from Young People

## In their own words: Constraining

- “We were prison warders and prisoners in our own home.....it was like a very comfortable, therapeutic prison.” (Foster Carer)
- “If we had known Michael's history, there is no way on God's earth we would we have agreed to look after him .....we were in, way above our heads here; we shouldn't have been put in this position ..... he needs to be in an environment now where he is supervised twenty four-seven .....I think it's too late, I think what we were doing was too late.” (Foster Carer)
- We had “no support ..... no help whatsoever ... not even a support group over this side of the county. We were totally and completely on our own with this time bomb.” (Foster Carer)

### Comments from Carers

## Understanding the ‘Human Encounter’:

“The human encounter in the helping profession is inherently stressful. The stress aroused can be accommodated and used for the good of our clients. But our emotional responsiveness will wither if the human encounter cannot be contained within the institutions in which we work. Defensive manoeuvres will then become operative and these will prevent healing .....by contrast if we can maintain contact with the emotional reality of others and ourselves then the encounter can facilitate not only a healing experience, but also an enriching experience for them and us.”

(Tonnesmann, 1979)

A quote from a practitioner and an observer of practice.

Tonnesmann, M. (1979) *The Human Encounter in the Helping professions* In

Morrison, T. (1993).

## Protecting & Enabling or Constraining?

- Learning
- Competent, accountable practice
- Personal / Social Competence
- Well-being

Learning as a PQ student

Competent accountable practice as a Social Worker or Foster Carer

A young person's Personal social competence

Well-being ( or both 'Health & Safety'?) of all the above

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**Thank you for listening**

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