Fostering children with sexualised behaviour

Louise Hardwick reports on an evaluation of the perceptions of foster carers attending a group for carers looking after children with sexualised behaviour. The group aimed to provide foster carers with much needed information, knowledge and understanding about the impact of sexual abuse on a child; how as foster carers they could develop strategies for dealing with challenging behaviour from the foster child; and how they could keep the child and other family members safe and cope with the demands of managing an extraordinary home for children who not only need safety but also emotional closeness. The paper documents the views of group participants and compares responses to the findings of research undertaken by others, especially Farmer and Pollock (1998). Additional evidence from literature that addresses the needs of foster carers and sexually abused foster children is drawn on to give a contextual background to the study.

Introduction

The foster carer group in this study was set up jointly by a local social services department and a voluntary sector organisation with expertise in working with children with sexualised behaviour. The aim of the group was to help foster carers to provide safer care for children who have been abused and to contribute to the maintenance of foster placements for children with sexualised behaviour.

The group consisted of 11 foster carers, two of whom were a married couple and the remainder women. Five of the female participants fostered with a white male partner and two of them were black British. All the women were full-time carers. Three of the male partners were either retired or unemployed, while two had full-time employment outside the home. The length of time they had been fostering varied from eight months to 23 years. The group ran over five months for a 12-week period with each session lasting two hours.

Overall, these foster carers had 27 children currently placed with them. Ten of these children had a minority ethnic background (four of mixed parentage, three of Asian parentage and three black British) and 17 were white. All but three of the children were under the age of 12.

The specific objectives for the group were to assist foster carers:

1. to develop their understanding of sexual abuse and how it can affect children's self-esteem and general functioning;
2. to develop strategies for dealing with behaviour that is rooted in the aftermath of sexual abuse;
3. to create an environment that is appropriate to the needs of children they look after and which feels safe for their own family members;
4. to deal appropriately with their own feelings about sexual abuse.

Literature review

Since the 1980s increasing numbers of children entering care have been placed with foster carers rather than in residential homes. This shift has been encouraged for financial and emotional reasons, as it presents a cheaper option and provides the children with substitute families which offer the potential for secure attachments (Corby et al, 2001). This policy has not been without problems as increasing numbers of looked after children have challenging emotional and behaviour difficulties that impact on their substitute family (Fisher et al, 2000). As a result, a significant number of foster care placements break down and children experience numerous placements, further damaging their attachments and sense of well-being.

There has been increasing concern over the effect of a lack of consistency in the quality and structures of local authority fostering services (Social...
Services Inspectorate, 1996; Association of Directors of Social Services, 1997; Waterhouse, 1997). As a means of monitoring and reducing placement failure, performance targets for social services departments have been set, one of which specifically relates to improving the stability of foster placements (Department of Health, 1998).

The looked after child
Fahlberg (1994) notes that one of the major challenges facing those who care for the looked after child is the impact of separation from the individuals they are attached to. This challenge is increased if the child experiences numerous placements. Thus, regardless of whether there has been emotional, physical and/or sexual abuse, for a child in local authority care, the very process of being looked after in itself can cause anxiety, unhappiness and problematic attachments. Added to this, a child’s previous attachment experiences and cultural/intercultural differences will affect how they relate to the foster carer (Crawford and Walker, 2003).

Recent literature on attachment theory argues that abused children are at a particular disadvantage as many have increased chances of disorganised, unresolved and dissociated attachment patterns (Putman, 1997; Howe et al., 1999). These patterns are seen as leading to differing behaviour and developmental trajectories for abused as opposed to non-abused children.

While each individual child’s response to relationships and the circumstances they find themselves in will be specific to that child and their motivation to make the placement succeed (Sinclair and Wilson, 2003), children who present a history of sexual abuse and/or sexualised behaviour pose especial difficulties. From the literature it is possible to gain a picture of the placement needs of such children by focusing on their attachment experiences, the impact of sexual abuse, the needs of foster carers for training, information and support and the effect of appropriate therapeutic intervention for both carer and child.

The sexually abused child
Sexualised and abusive behaviour is not necessarily in itself an indicator of sexual abuse but may instead indicate emotional neglect and/or an inappropriate over-exposure to the adult world (McFadden, 1989; Cavanagh Johnson, 1999). When it comes to the child who has been sexually abused, McFadden (1989) reminds us that ‘each child who has been sexually abused is first and foremost a child with all the needs of children’ (p 99). Over and above the needs that any looked after child brings to a foster placement and the accompanying possibility of damaged emotional attachments, for the child who has experienced sexual abuse, the problems will be even more complex. He or she will necessarily have been emotionally abused – over and above the perpetrator’s sexual abuse – because this is a child who has been left available and vulnerable to the perpetrator. The perpetrator will have used threats or bribes to secure the child’s compliance and silence, which will have resulted in the child experiencing fear, a lack of trust and a distortion of what is normal and what is expected of them. This trauma to the child is outside of normal childhood experiences and, as such, requires well-informed and sensitive responses from carers and professionals (Finkelhor and Brown, 1986).

A sexually abused boy or girl may also bring to the placement challenging behaviours, some of which will be inappropriately sexualised and possibly sexually abusive. Any such behaviour will need to be challenged and modified in order for the child to develop a sense of what is normal and healthy and to facilitate their sense of well-being.

The foster carer
Sexualised behaviours can produce a range of uneasy feelings in foster carers and evoke unresolved issues about their own experiences and sexuality. If this is not acknowledged at the outset of the placement, then the foster carer might inappropriately manage the situation and the placement will fail the child (Ferguson and Leighton, 1990; Fisher et al., 2000). At the very worst this can lead to a placement breakdown and/or a false allegation of abuse by the child, who may misinterpret the behaviour or messages
coming from the carer (McFadden, 1989; Bray and Minty, 2001). Placement breakdowns cause further disruption for the child and can lead to unwillingness by the foster carer to foster again (Fisher et al., 2000).

To avoid this happening, foster carers need information about any incident of abuse, proven or not. Details should include by whom, where, when and how. They should also include implications on normal family life such as bathtime, bedtime, giving presents, etc (McFadden, 1989).

Children who have been sexually abused need clear rules, routines and expectations. They must be kept safe and know that they are safe. Part of the process of protecting the child is ensuring that others are also kept safe from any risk posed by the child acting out abusing behaviours or making false allegations (McFadden, 1989). In the case of W and others v Essex County Council [2001] 2AC 592, carers alleged that they had sustained psychological injury from a placement where a foster child with a known history as a sexual abuser was placed with a family and subsequently abused their own children. The foster carers had specifically requested that a sexual abuser should not be placed with them. It was found that there was an arguable claim for negligence against the local authority.

Concern about the impact of behaviour on family members is one source of anxiety. Another is fear of the child making an allegation against one of the foster carers. The primary focus for concern about allegations usually falls on the man in a foster couple. Gilligan (2000) argues that this concern can marginalise the role of the male in the fostering process. As a result, men can ‘constitute a massive, underused resource’ (Newstone, 2000, p 46). Giving permission for foster fathers to participate fully in the fostering role can provide a model of a positive, non-abusive male to children who need to learn how to trust again.

These considerations make it imperative that the foster carer understands the needs of a sexually abused child and the impact that these will have on the placement.

Information to foster carers

The Quality Protects document states:

At the point of placement the social worker should ensure that all the essential information needed by carers is available. This includes information about the family background, education, legal status, and child placement issues. (Department of Health, 2001, p 47)

A child often needs a placement quickly and going through all their background information may not always seem an immediate priority. Social workers can be reluctant to present the full picture for fear of putting off the foster carers. This may well damage the placement, as foster carers need to know what to expect and how to prepare for a child’s specific needs if they are to respond appropriately. The discovery of problems later on is more likely to jeopardise the placement as carers feel unprepared, unsupported and deceived. The important time for information is pre-placement when relevant needs and issues can be incorporated into the placement care plan (McFadden, 1989; McAuley and Trew, 2000).

A study undertaken as part of the Department of Health’s child care initiative highlights that lack of information to foster carers is a perennial issue. The researchers discovered that for the children they studied there were significant gaps in information given to foster carers which often related to sexual incidents in the child’s background (Pollock and Farmer, 2001).

In the legal case A and B v Essex County Council [2003] 1 FLR 615, damages were given against the local authority for failing to ensure that full information concerning challenging behaviour was available – or seen to be available through records and letters – to prospective adopters before the placement. This case law indicates the importance of sharing all information in advance.

However, this issue may not only be about social workers withholding information. Few children come into care solely because of sexual abuse or presenting challenging behaviour. Children are more likely to be looked after for reasons of neglect, for instance associated with
domestic violence, drugs misuse and parental mental illness. As a result, the exact nature of a child’s past experiences can be overlooked or not even recognised or known about at the beginning of the placement (Pollock and Farmer, 2001). However, as assessment is a continuous process, monitoring and reviewing needs to take into account changes in the child’s behaviour and their relationship with the foster carer. This is especially important after the child has disclosed abuse to the carer (McFadden, 1989).

A study of foster care in seven local authorities concluded that the single most common reason for carers ceasing to foster was dissatisfaction with the support they received. This support fell into two categories. The first was financial and practical. The second was emotional and professional backing, including features such as information, consultation and having a responsive and constructive relationship with the child’s social worker (Fisher et al., 2000).

Other studies emphasise that it is important for the child that the foster carer and social worker work together, recognising each other’s contribution and responsibility in ensuring the well-being of the child (Boushel, 1994; Sellick, 1996; Butler and Charles, 1999; Minnis et al., 1999). Nixon (1997) points out that there is potential for increased support for the foster carer by their being allocated both a placement social worker and a children’s social worker. The child’s social worker might well have a different perspective on the placement and the suitability of the foster carers.

**Therapeutic help**

The best behavioural improvements for sexually abused children in foster care happen when they receive therapeutic help both within their placements (through talking openly with their foster carer) and externally via professional support from a therapist or other mental health professional (McFadden, 1989; Pollock et al., 2001). This has important implications for a placement care plan. If therapeutic help is to be taken as a serious indicator of a better outcome for a child, then such support needs to be viewed as normative. It should be formally planned, documented, arranged, financed, monitored and evaluated. Worryingly, the same research finds little evidence of care planning when it comes to interventions of this kind initiated after the original assessment or evaluations of therapeutic intervention (Pollock and Farmer, 2001). To avoid this process being overlooked, McAuley and Trew (2000) advocate a standardised checklist to assist social workers’ assessments of emotional and behavioural progress.

**Training for foster carers**

Recent training strategies have stressed the need for placements to help modify and reduce inappropriate sexualised behaviour from looked after children (National Foster Care Association, 1993). To achieve this, foster carers need to be trained to provide ‘the necessary well-informed, accepting and protective emotional environments in which therapeutic gains can be consolidated’ (Pollock and Farmer, 2001, p 59).

Foster carers should know how to manage inappropriate behaviours and the messages the child is giving out and receiving. Training can help to teach carers how to set rules and limits for the child, encouraging carers to focus on his or her positive characteristics as well as addressing any disruptive behaviour (Sinclair and Wilson, 2003). It can also enable foster carers to assess the risks for the child and the potential danger of the child themselves abusing and putting other family members at risk (McFadden, 1989; Nixon, 1997; McAuley and Trew, 2000).

Training is required for foster carers and professionals in order that they understand the long-term social and psychological impact of sexual abuse (Hooper and Koprowska, 2004). This includes male carers. Experience suggests that a unified approach is best achieved through joint training (McFadden, 1989; Prior et al., 1999; Gilligan, 2000). In terms of the kind of training that best meets the needs of foster carers, a study of such carers in four neighbouring Welsh unitary authorities caring for children with challenging behaviour found that carers sought training that was related to the actual experience of managing challenging behaviour (Pithouse et al., 2004).
Evaluation process
The purpose of the study reported in this article was to evaluate the views of foster carers attending a training and support group to determine whether there was any value in extending this approach.

Before the group began the researcher interviewed all the foster carers. The group covered the three categories of foster carers used by the local social services department: permanent carers; in-city carers who look after children who are already living in residential establishments; and temporary carers who look after children on a temporary basis before they move on. Each interview covered four areas: background information on their family; general information on their experience of fostering; information on their current fostering experience; and information on their knowledge and understanding of sexual abuse.

The group was run by two experienced practitioners, who provided a mix of information, training and experiential exploration. They took debriefing notes after each group session, to which the researcher later had access.

The researcher held a midway and end-point focus group, asking members about the group experience. Individual interviews were again held with the foster carers after the final group had finished.

Data were collated from the pre- and post-interviews, the two focus groups and the practitioners’ de-briefing notes.

Data from the pre-group interviews
Previous training foster carers had received
At the very least, all the foster carers had attended their training sessions for preparation to foster. The length and quality of this were reportedly very varied, reflecting the experience of foster carers over 23 years. On average this training lasted no longer than two days.

For some of the foster carers the preparation group was their only formal experience of training. Others had either taken up places on in-house courses like NVQ Level 3, which had offered them a four-hour session specifically on child sex abuse, or had independently enrolled on an HND in child care or a personal development and listening course. The general feedback on training, summed up by one carer, was that ‘you’re left to get on with it by yourself’. The Farmer and Pollock (1998) study also recorded that training opportunities for carers appeared to be piecemeal and that there was no properly co-ordinated strategy for addressing training in the area of sexual abuse.

Challenging behaviour from the foster children
The kind of challenging behaviour described by the foster carers fell into three areas: anger related, sexualised and traumatised. Not all the foster children displayed challenging behaviour, although the majority were reported as doing so. Only a small number fell into all three areas.

The details of these behaviours were:

- **Anger-related behaviour** – very aggressive verbally, using obscene language; using physical aggression involving hitting, kicking, spitting, stamping, pinching and grabbing; throwing things at people and out of windows and down stairs; bullying and physically attacking other children.

- **Sexualised behaviour** – boys and girls masturbating themselves and sometimes causing themselves a resulting physical injury; boys and girls exposing themselves; girls attempting to engage/make advances towards men; boys and girls inappropriately touching and playing with other children and/or inappropriately touching adults; children using very sexualised language; children noticeably uncomfortable with their own emerging sexuality.

- **Traumatised behaviour** – cutting things up and destroying property; telling lies for no obvious reason; having serious sleep problems; wetting and soiling throughout the day; finding it difficult to make any friends; wanting to run away.

As found by Farmer and Pollock (1998), there was little evidence of any discussion with carers about the links between the children’s earlier experiences of sexual abuse and any current behaviour problems.
**Foster carer’s relationship with child’s social worker and the placement social worker**

All those interviewed had a reasonable relationship with at least one of the social workers involved in the placement, usually the placement social worker. However, there were times when foster carers had felt abandoned by both. One carer left frantic messages over a two-week period before receiving any response.

The majority of carers were either experiencing, or had experienced, difficult relations with their foster child’s social worker. One commented, ‘He called me a liar and I just can’t be comfortable with him’; another, ‘It’s funny how they come round every six months, just before the review’; while another said, ‘It’s like hitting your head against a brick wall. If you want help you have to shout.’

**Information to foster carers**

Very few of the foster carers interviewed were satisfied with the information they had received about the needs of the child(ren) before the placement began. Information about previous sexual abuse was often presented in very vague terms. Social workers would apparently talk of suspicions or unsubstantiated allegations, but not discuss the implications or needs associated with these.

One in-city foster carer was looking after a young sibling group who had already had 24 placements. Their social worker was apparently vague about why these had broken down and the carer was left feeling that she was prying into a confidential area that had nothing to do with the present placement.

Another carer recounted having a child brought to their front door without having been given any information on the child’s history. The child then proceeded to urinate everywhere. The foster carer even found urine in the fridge and, in the end, had to terminate the placement.

Other participants said they had received limited information on the children placed with them, but that it had not related to sexual abuse. This lack of information had a number of serious repercussions. For one carer, the placement subsequently involved regular contact for the child with an alleged abuser.

Many of the children in placements where there had been no information about sexual abuse or sexualised behaviour proceeded to act out sexually. This behaviour presented unexpected challenges to the foster carers who did not know if they were handling it appropriately or not. They were also unaware that they were potentially putting their own family members at risk. One carer discovered their foster child sexually threatening their grandson. There had been no information to prepare for this eventuality, and, as a consequence, the placement broke down. Another carer had been told nothing about a child’s experience of sexual abuse but later discovered that she or he had been attending a therapeutic unit for sexually abused children.

As in the Farmer and Pollock (1998) study, the carers saw no evidence of a rigorous mechanism to ensure a good match between the foster child and other children connected to the placement. In that and the present study, information from social workers tended to be given verbally and children’s files were not automatically shared with carers on grounds of confidentiality. More significantly, information on sexual abuse was only irregularly shared with carers. This led to them feeling undervalued and resulted in unmet needs for both carers and child.

**Therapeutic help for the child**

Only a small number of the children who had been sexually abused, or where there was a suspicion of abuse, received any outside therapeutic help, a finding that echoes Farmer and Pollock (1998). This external support was rarely instigated by the social worker. One foster carer contacted a child psychologist herself and then sought approval from the social worker. Another foster child to be seen by a therapist and others were in the process of persuading the social worker to put their foster children forward for an assessment. In contrast, a significant number of foster children from the group had been assessed by an educational psychologist due to demonstrating developmental delay and had, as a consequence, received
an Educational Statement. All but one child attended mainstream school.

The foster carers' group

Data for evaluating the group experience for the foster carers were gathered from the two focus groups held at the mid and end point. Information on what was covered in each of the group sessions came from the facilitators' planning and debriefing notes. As outlined in the introduction, four specific objectives were established for the group.

1. To help foster carers develop their understanding of sexual abuse and how it can affect children's self-esteem and general functioning

A number of videos, booklets, information packs and therapeutic strategies were used over the 12 sessions to assist foster carers in understanding the impact of sexual abuse. Participants felt that all this information was very useful and should be part and parcel of a foster carer's equipment kit. They found that it developed their basis of knowledge and understanding. It also helped them to develop strategies for responding appropriately to the needs of their foster children. Of particular declared use was information on the Children Act (1989). The carers had little previous knowledge of child protection procedures and their roles and responsibilities within the process. They felt disempowered throughout any investigative process, often bypassed by professionals, and were not always consulted or used as an essential source of information about the child. The foster carers also lacked understanding of the roles and responsibilities of the various agencies involved and were frequently not informed of any progress or of the outcomes of an investigation. One carer did not know what a Schedule One offender was, even though one of their foster children had such a parent.

2. To assist foster carers to develop strategies for dealing with behaviour that is rooted in the aftermath of sexual abuse

It was evident from group discussions that the foster carers felt that social workers did not offer carers very much help in dealing with the behaviours rooted in the aftermath of sexual abuse. They discussed the reluctance of social workers to talk about any sexual abuse experienced by the child. This was most evident in the lack of information given about the child's history. Carers recalled social workers ringing them up and asking them to accept these 'lovely children', as if that in itself was sufficient information for them to sustain the placement.

When disclosure occurred within the placement, the foster carers felt that, for the social worker, that was the end of the matter. The resulting emotional and behavioural problems were apparently not acknowledged by many social workers. Foster carers felt that there was a need for a rapid response after disclosure which would support them as the primary carers and offer help to the confused child. In their experience this rarely happened.

Foster carers expressed the view that contact with family and friends sometimes hindered any strategies they might have to deal with the aftermath of abuse. For example, they were sometimes being asked to supervise contact when they perceived this as unsafe for the child. There was very little information or evaluation about the relationship between child and contact person, even when the child did not wish to have the contact. Foster carers expressed concerns about colluding with possible 'grooming' during contact visits. One carer discussed supervising contact visits of a sibling group where they inevitably found themselves in a situation where, in accompanying one child to the toilet, the others were left alone with an abusing adult. Another discussed raising concerns to the social worker about the nature of the presents given by an abusing parent to his children. These were intimate gifts that invaded the personal space of children struggling to feel safe and disengage from an abusing relationship. Such incidents made foster carers feel they were sometimes being pulled into dysfunctional relationships that might mirror the abusive relationships their foster children had been removed from, as well as being drawn into colluding with secrets.

Carers felt that it was very difficult to support the child in making sense of their past/present experiences if they did not know 'the story' of why that child was in
care. Many of the fostered children had little understanding or knowledge about why they were looked after and looked to the foster carers for an explanation.

All the foster carers agreed that it was only possible to really engage with the child in a meaningful and helpful way by treating them as if they were their own children. However, some had been criticised by social workers for referring to them as ‘our kids’. The carers felt that social services often put them in a double-bind situation whereby they were meant to care for their foster children as if they were their own, yet accept that they were looked after by the local authority, reducing the carer’s role to that of childminder.

3. To help foster carers create an environment that is appropriate to the needs of children they look after, and which feels safe for their own family members Participants shared experiences of caring for children who had been sexually abused. They focused on issues of safety, supervision, physical contact and affection, discussing how to help the children realise that love and sex can sometimes be distinguished from each other.

They discussed the need to create ‘loving boundaries’ for the children. This entailed setting clear rules about what was acceptable, about personal space and about how to keep all members of the household safe. Carers felt that these boundaries created a different environment for foster children since they largely ruled out the kind of spontaneity or intimacy to be found in non-fostering families (eg they could not jump into bed and curl up to foster mum or experience ‘togetherness’ in the bathroom). Foster carers strongly recognised the need for such clear rules but, as the sessions went on, also understood the importance of not sacrificing closeness and intimacy with their foster children. There was an increasing awareness of this being vital for a child’s sense of well-being. The opportunity to share ideas with other carers was perceived as helpful in developing the skills required to keep the balance between keeping safe and being close. They recognised that their homes needed to be ‘extraordinary’ – a safe, loving and therapeutic environment that could respond to the challenging behaviour and emotional needs of the foster children.

Foster carers described how under-valued they felt by social workers. They were not treated as part of the professional team so did not always have the information, training and support required to create this therapeutic environment. This was reflected in the lack of child protection plans, especially where there could be issues of children abusing another child in the foster home.

4. To assist foster carers to deal appropriately with their own feelings about sexual abuse Participants discussed their own knowledge of sexual abuse, their foster children’s experience of it and how these affected both the child and themselves as foster carers. This brought up personal issues for carers, some of whom had been abused as children. The overall feeling was that such discussions were very helpful as the group itself was a very supportive and safe environment.

Certain issues were explored in depth. The issue of ‘unprotective’ mothers evoked very strong feelings but as the sessions progressed, people gained some insight into their position as they understood more about how perpetrators operate.

Foster carers who themselves had been sexually abused found children engaging in predatory sexualised behaviour very challenging. There was a strong feeling that they wanted to put a stop to the cycle of abuse/ill treatment in their own lives and in the lives of their own and their foster children. Life-story work was seen as vital, so that the children had a history of their childhood – something that not all the foster carers had from their own childhoods. They did not want their foster children to have ‘missing bits’.

The foster carers’ evaluation of the group
Data for evaluating the benefits of the group for foster carers came from individual post-group interviews.

The structure of the sessions
Although facilitators established a formal
agenda for each session, the group was allowed to cover this in its own time and way. Sometimes it meant that participants launched straight into immediate concerns before looking at any agenda issues. At other times it resulted in some of the agenda not being covered. However, the foster carers were happy with this process and, as their knowledge base grew, sought greater support and less information sharing. Overall, they felt there was a balance between the provision of information and group support, and that relevant issues were addressed throughout the 12 weeks. Without exception, the foster carers planned to maintain the group independently for support in the future.

Participation of male partners
Some carers were disappointed that their male partners were unable to join the group owing to work commitments. In response, one of the facilitators ran an evening session for interested male carers which was attended by three partners. This disappointment was rooted in concern about the impact of fostering children with challenging behaviour on their partners. The women described how any sexualised behaviour from a child made their partners very cautious about potential allegations, resulting in them taking a background role in day-to-day child care. As Farmer and Pollock (1998) point out, this approach results in an additional burden being placed on the foster mother.

Sharing experiences
For many of the foster carers, it was the first opportunity they had had to talk about their own feelings in relation to sexual abuse and the impact of the behaviour and emotional needs of looked after children who had been sexually abused. Their foster carers’ handbook emphasised the need for confidentiality concerning foster children, so that carers had never before felt free to talk about their experiences. They felt the openness in the group helped develop their understanding and knowledge and had a therapeutic effect on them. The foster carers found that the formal information provided gave them a ‘survival kit’ to help assess and appropriately respond to the needs of the children they cared for. They felt that all foster carers should have access to these resources.

All the foster carers, at some point during the 12 sessions, found the group helpful in assisting them to deal with a ‘here and now situation’ in relation to their foster placement. Most importantly, at least two carers stated that the support and advice offered by the group had maintained their placement. Others felt the information gave them insight into why previous placements had broken down. All admitted to sometimes finding fostering very stressful. Participants also found the group helped them develop creative strategies to deal with difficult behaviours. They gained from sharing their experiences of dealing with the continual challenge of living in a home environment that had to be based on what felt like rigid rules and boundaries in order to protect the child and other family members.

Information to foster carers
Although the group could not directly address the issue of lack of information given to foster carers about the child, two participants reported that they had felt empowered to start asking appropriate questions of social workers and that the group had helped them to understand why, as the child’s carers, they needed certain information.

All reported that the group had helped them to understand better their role and to appreciate how their responsibility and proximity to the child enabled them to contribute to the assessment of the child’s needs and offer therapeutic help.

Support to foster carers
All the foster carers felt the group directly addressed the initial issue of support, which they gained both from one another and the facilitators. They found themselves feeling less frustrated with their social workers and having greater insight into the pressures of their role. The group also provided them with an informal network within the foster care community, with carers exchanging telephone numbers and arranging meetings outside the scheduled group sessions.
Understanding the needs of children displaying sexualised behaviour

Everyone felt the group had developed their awareness of the needs of sexualised children – how to keep both them and other members of the household safe. Carers emphasised how it had helped them become increasingly aware of the emotional/attachment needs of the children they cared for. This reinforced their motivation to do and receive whatever was required to ensure the stability of the placement. As one foster carer said:

This is the best chance of this child being happy and well adjusted. If the placement breaks down they’ll be back in residential again.

Conclusion

The foster care group provides an example of one method of addressing the foster carers’ needs and, indirectly, those of a highly vulnerable group of children – one that appeared to be long awaited and greatly appreciated by the foster carers. The group began with 11 members and two facilitators and five months later the same membership had been maintained.

From the foster carers’ pre-group interviews it was evident they wanted and needed more information on the needs of the looked after child with sexualised behaviour. They wanted advice on how to make their homes an extraordinary environment that could provide safety to the looked after child and other children living in or visiting the home. They looked to training to achieve this, together with allied appropriate support from social services and other foster carers.

Through attending the group, the foster carers developed their knowledge of how to meet the challenge of balancing keeping the child and other family members safe with maintaining physical and emotional closeness. Without this closeness it was recognised that the carers’ potential to offer a therapeutic relationship with the child would be impaired. As Farmer and Pollock (1998) argue, the best outcome in terms of behaviour for the child comes when they have been ‘helped to explore difficult experiences and feelings both in a therapeutic relationship and in their everyday lives in care’ (p 184).

The group highlighted that it is not always possible to know which looked after child has been sexually abused or will display sexualised behaviour, but that all foster carers should receive substantial training about the needs of these children and strategies for responding to them.

The need to involve male foster carers fully in training opportunities was also highlighted. Male foster carers may feel vulnerable to allegations and protect themselves by increasingly withdrawing from the fostering role. Planning for any future group would need to take more account of running the sessions at times when male partners could attend. It should directly address the importance of their attendance without, as Newstone (2000) argues, focusing on their involvement solely in relation to risk.

The participants described in this paper are examples of foster carers who had struggled as best they could without appropriate training and support to provide care for foster children with challenging sexualised behaviour. The group gave them an opportunity to understand their past experiences and ensure that they had the knowledge, support and skills for the future. This type of group would seem to be particularly appropriate for this category of foster carer – one with difficult past experiences that require exploration and understanding to allow for the development of new knowledge and skills.

Finally, from the child’s perspective this study endorses the evidence from other studies, especially Farmer and Pollock (1998), that sexually abused/abusing children are a particularly disadvantaged group who require extensive care and attention and ‘a thorough assessment of their needs when entering care, so that the best possible placements can be found for them’ (p 214).

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