Private fostering has a long history but few studies have been made of it. Bob Holman traces the development of private fostering in the last 50 years and then analyses what is known about it at present. He shows that, contrary to popular conception, far from being confined to West African children in Britain, private fostering now includes a number of different groupings. The evidence suggests that some private foster carers provide satisfactory care, but there is little doubt that numbers of private foster children are vulnerable to abuse. Black children are usually placed with white foster carers and their cultural and racial needs may not be met. Local authorities already possess considerable duties and powers concerning private fostering but few fully apply them. Proposals are made as to how private foster children can be properly safeguarded.

**Introduction**

The Department of Health states that private fostering ‘occurs when a child under 16 (if disabled under 18) is cared for for more than 28 days by an adult who is not a relative, by private arrangement between parent and carer’ (Department of Health, 2001, p 1). It is not to be confused with fostering by public agencies in which agency staff select the foster carers.

Private fostering is not new. Mary Hopkirk has documented historical examples of parents who ‘farmed out’ their children to strangers (Hopkirk, 1949). It multiplied in Victorian times following rapid industrialisation. As the number of single mothers and widows increased, so they were often left with the choice between entering the workhouse or finding a job while placing their children with private foster parents. In Britain, concern arose that some foster mothers treated the children badly and a number were convicted of murdering them after insuring their lives. This led to pressure for reform. The Infant Life Protection Acts of 1872 and 1897 gave local authorities some duties to investigate the treatment of such children up to the age of five, but the duties were rarely discharged.

In the 20th Century, three acts in 1936–37 made it clear that local health authorities were responsible for protecting the children. Despite these changes, they received little attention. The historian Nigel Middleton recorded that information about the children was ‘non-existent’ (Middleton, 1971, p 225).

**The Children’s Departments, 1948–71**

The seminal Children Act (1948) created local authority Children’s Departments in Great Britain. Their main responsibility was for children in the care of local authorities, to which were added other duties including the oversight of private foster children.

Despite being almost overwhelmed with their primary responsibilities, Children’s Departments did not ignore private fostering. I have examined the annual reports of a number of these Departments and all give space to private foster children. Likewise, the Home Office, which was the government ministry that oversaw Children’s Departments at that time, published periodic national reports and always devoted a section to private fostering. Simultaneously, the Association of Children’s Officers and the Association of Child Care Officers lobbied for reforms to provide more supervision and support. One outcome was the Children Act (1958) which defined a private foster child as one ‘below the upper limit of compulsory school age whose care and maintenance are undertaken for reward for a period exceeding one month by a person who is not a relative or guardian’. The Act placed a duty on local authorities to visit the children ‘from time to time’ and ‘to satisfy themselves as to the well-being of the children’, and gave them certain powers to prohibit unsuitable placements.
In 1969, the Home Office recorded that the number of private foster children notified by foster parents to local authorities in England and Wales was 10,907. The Children’s Departments did give private fostering more attention than previous authorities. However, this is not to say that the service was satisfactory. During the late 1960s I studied 143 private foster children and a contrast group of 143 local authority foster children. The results established that 54.2 per cent of the private children were West African, mainly under five and placed by students; 17 per cent were the children of deserted spouses; and 15.3 per cent those of single mothers who worked full time. The emotional and physical condition of private foster children gave more cause for concern than the local authority ones. Despite their greater vulnerability, the private foster children received far fewer visits from child care officers than those placed by local authorities (Holman, 1973).

Social services departments (SSDs) and social work departments (SWDs)
The re-organisation of the local authority personal social services in the late 1960s and early ’70s meant that the Children’s Departments were amalgamated into the much larger SSDs and SWDs. Not only did these departments include a much larger range of social work groupings, but also their childcare sections became increasingly concentrated on the monitoring of children liable to child abuse. Nationally and locally, private fostering slipped out of official sight.

Fortunately, a few voluntary bodies maintained interest. During the 1970s the Commonwealth Students’ Children’s Society provided services for West African students who required private foster homes. In 1981, it was taken over by the Save the Children Fund in a project which later became the African Family Advisory Service (AFAS). When it folded, British Agencies for Adoption and Fostering (BAAF) stimulated a Private Fostering Practice Issues Group in the 1990s.

The efforts of the voluntary bodies, a small number of statutory social workers who maintained interest in private fostering and a few higher civil servants and MPs bore fruit in a number of pieces of important legislation. The Foster Children (Scotland) Act (1984), along with the Foster Children (Private Fostering) (Scotland) Regulations (1985), established the legal framework which still largely holds sway in Scotland. The Children Act (1989) and the Children Act (Scotland) (1995) re-shaped the whole of childcare law and policy, with the former, together with its regulations, stipulating the private fostering obligations of parents, carers and local authorities in England and Wales. Thus by the end of the 20th Century, SSDs and SWDs had more duties and powers than ever before. The extent to which they used them was another matter.

Still inadequate knowledge about private fostering
In a review of recent studies about fostering, Berridge (1997) listed numerous investigations into local authority fostering, but only one small study concerning private fostering, by the AFAS. In 2000, a further small study appeared which considered the number of West African children who had been privately fostered from families in Hackney (Olusanya and Hodes, 2000). I understand that studies are being undertaken by Hale Longpet at Bristol University and by the Thomas Coram Research Unit at London University, and that some students may be looking at private fostering for their higher degrees. However, I know of no other research studies. Further, SSDs and SWDs, unlike the former Children’s Departments, do not publish annual reports on their work with private foster children and their carers.

So what are the sources of contemporary knowledge? First, the Social Services Inspectorate, to its credit, has promoted occasional inspections. In 1994, it published the results of its findings for three SSDs in England (Social Services Inspectorate, 1994). No such inspections have happened in Scotland. Second, the AFAS published its findings in another three SSDs (African Family Advisory Service, 1997). Third, two local authority private fostering specialists, Angus Geddes
and Brendan McGrath, have circulated details of their work. Fourth, BAAF has continued to bring private fostering to public attention and in 2001 commissioned Terry Philpot, former editor of Community Care, to compile an analysis. He visited a number of local authorities and voluntary bodies and within a short time produced A Very Private Practice: An investigation into private fostering (Philpot, 2001). Fifth, my own book, The Unknown Fostering: A study of private fostering, was published in 2002 (Holman, 2002). It is a qualitative not a quantitative study based around interviews with former private foster children, private foster carers and professionals with expertise in private fostering.

Despite these five sources of knowledge, Terry Philpot is still right to conclude that, ‘We know very little about privately fostered children or the care they receive or the people who care for them’ (Philpot, 2001, p 6). ‘Very little’ means there is a lack of sophisticated research based on large samples of the private fostering participants. But the subject is too important to ignore. So, drawing on the above limited sources, along with a number of articles in journals, I shall present what can be gleaned about the numbers of private foster children, the different kinds of private foster children, the positive and negative aspects of private fostering and the kind of service given to them by local authorities. I shall end with a discussion of possible reform of the system.

Numbers and concentrations
How many private foster children are there in Britain? The Department of Health states, ‘It is estimated that about 10,000 children in England and Wales are privately fostered’ (Department of Health, 2001, p 1). It should be added that these numbers do not include children in Scotland.

Whatever the total number, it is known that private foster children tend to be concentrated in certain council estates or in the poorer parts of towns within reach of London. In 1988, when central government still collected and published numbers of notifications, it was clear that the highest numbers were concentrated in estates in Hampshire, Kent and Wiltshire. An investigative journalist discovered at least 30 children on an estate in Nuneaton, Warwickshire. All were West African and it was reported that the placements were arranged by two brokers who negotiated between the birth parents and potential private foster carers (Stone, 1990). Angus Geddes worked with private fosterings in Swindon, Wiltshire. He wrote that two-thirds of the children were under five years of age and most were black. He made the interesting point that the official method of counting private foster children – which recorded the number on one day in the year – led to an under-count as some children moved around within a year. Thus, in 1988, the number recorded for his area was 37 yet during that year he had dealings with 125, some of whom stayed for short periods. Given also that many private children are not notified, Geddes believes that the total for England and Wales far exceeds 10,000 (Geddes, 1990).

It seems that, although many private foster children are placed on outlying council estates, most of those who are black originate from large cities. Olusanya and Hodes sent a questionnaire to 206 randomly selected African families in a health authority which included Hackney in east London. Fourteen per cent had used private fostering, with nearly all being placed outside of London (Olusanya and Hodes, 2000).

Who are the private foster children?
From the sources, it is clear that West African children – from Nigeria, Ghana, Sierra Leone, Liberia and the Ivory Coast – still make up a substantial number of private foster children. Compared with the 1960s and 1970s, fewer of their parents are now full-time students. Some are part-time students who work to maintain themselves, often with a partner in full-time employment. In some cases both parents are in jobs which entail long hours and shift work. A growing number of children seem to be sent to Britain to stay initially with relatives or friends in order to avoid economic and political upheavals at home. The most tragic
example is of Victoria Climbié whose parents, from the Ivory Coast, entrusted her to a great aunt who took her to Britain for a better life. A great aunt is not a close relative so Victoria was technically a private foster child. Far from a better life, she suffered terrible cruelties and death. The study by Olusanya and Hodes showed that most West African parents who used private fostering would have preferred day care but, even where it was available, the hours did not suit those worked by the parents. It was also more expensive than foster care (Olusanya and Hodes, 2000). The studies also show that most West African children are placed at a young age, often under one year, and that the birth parents resume care once they start school.

The private fostering of Chinese children in Britain is less numerous than West Africans. However, Terry Philpot has established that it exists in Glasgow and other parts of Scotland, in Oxfordshire and Gloucester (Philpot, 2001, pp 28–29). The parents appear to work unsocial hours, particularly in the catering industry.

Even less is known about the children of refugees and asylum seekers. In a study of refugees, Wendy Ayotte stated:

Many children who were evacuated from Bosnia and Herzegovina were placed in private fostering situations in European countries, unsupervised by state child-welfare agencies, and have not been reunited with their families . . . Separation from a child's parents, aside from the psychological impact, significantly increases a child's vulnerability to risk factors in his or her environment. (Ayotte, 2000, p 59)

Following the Chernobyl disaster, some Russian and Ukrainian children were evacuated to Britain and put with private foster carers by small voluntary bodies. What has happened to them is unclear.

Numbers of asylum seekers, legal and illegal, also enter Britain. It is possible if not probable, that some will have put their children in private foster homes while they seek work. As with refugees, not even the numbers of child asylum seekers are known to the immigration authorities.

A different kind of private fostering of children from abroad concerns students at private language schools, which are usually located at seaside resorts or cities of culture and history. Sometimes the schools place students with hosts and, when the children are under 16 and stay for 28 days or more, they fall within the private fostering regulations. When Brendan McGrath, the private fostering specialist in Gloucester, went looking for language schools he was surprised at the numbers involved. In September 2001, he was looking into the circumstances of 189 foreign students in this category (Philpot, 2001, p 36).

The impression must not be given that private fostering is confined to children who come from abroad. A growing trend concerns teenagers whose parents or step-parents cannot cope with them. Sometimes the parents place them with friends or neighbours. At other times, the teenagers take the initiative and opt to live with the parents of a school friend.

In my earlier study, I identified children placed by lone parents who worked full time (Holman, 1973, Chapter 8). In my recent study, I have come across children in private foster homes from similar backgrounds, but my guess is that they are less common than before, perhaps because day care is now more available. On the other hand, a growing variant may be where a woman is left with a partner's child. For instance, I interviewed a young woman visited by social workers as a private foster carer, who took in the daughter (by a previous marriage) of a partner when they split up.

The above six groupings, that is West African children, Chinese children, the children of refugees and asylum seekers, language students, teenagers and children deserted by a lone parent, by no means exhaust the types of private foster children. Terry Philpot discusses teenagers who arrive with diplomats and who are virtually 'domestic slaves'; those whose parents are in prison and get taken in by friends; and 'back-door pre-adoptive placements' where the prospective adopters do not give notice that they want to adopt, so that the children – often from abroad – never become protected within
the scope of adoption law (Philpot, 2001, p 30). The late Ian Gilmour, former Director of Social Work in Glasgow, told me of drug abusers who placed their children with neighbours while they attended residential treatment centres. Once again, it is impossible to quantify or even to provide details about these types.

**Positive features**

The absence of nationwide research studies means that questions like ‘How are private foster children treated?’ cannot be answered in statistical terms. However, information from the sources I have mentioned allows some points to be made about the condition of private foster children.

It would be a mistake to dwell wholly upon the negative aspects of private fostering. Local authorities have pronounced themselves satisfied that the welfare of nearly 1,300 private foster children is being properly safeguarded (Association of Directors of Social Services, 2001, p 3). This does not mean that the SSDs and SWDs necessarily approve of the private foster carers. None the less, it does indicate that many private fosterings are considered safe for the children. In my study, I spoke with a number of former and present private foster children who spoke well of their carers as two examples can demonstrate. (All names are pseudonyms.)

Christine Hanks, born in Liberia, was with a white foster mother from the age of six months until she was 19. She said:

*My foster mother was a really good person. Even today, she is my mum. Had that not happened, I would not be the person I am today.* (Holman, 2002, p 62)

When Rena Rogers’s alcoholic father died, her mother could not cope with her. She had become friendly with a neighbour and, aged ten, went to live with her. The private foster mother, Clare, had herself been abused as a child and later became a drug abuser. Her past experience appeared to give her understanding of Rena (now 15) who said:

*Clare treats me well. When I was living with my mum, I didn’t go to school much. Clare got me to go. I can talk with her. I see myself staying here. I’d like to get qualified in computers and be a secretary.* (Holman, 2002, p 72)

Even among the positive private foster carers, there can be aspects which cause concern. Christine Hanks spoke glowingly about her loving private foster mother but added that she never helped her (Christine) deal with matters of race and culture. Again, I interviewed two sets of what can be called professional private foster carers who took in numerous West African children, who obviously cared for the children and appreciated that they needed regular contact with their parents. Yet the foster carers could do little if the parents failed to visit or if they arrived without warning and removed the children.

Notwithstanding some limitations, private foster carers are providing a service which some parents want and whose children the over-stretched social services could not take on board. It follows that there is scope for social workers to support and strengthen some of them. Yet I met some private foster carers who complained of a lack of support. In particular, I interviewed two women who had taken in the teenage school friends of their own children. The teenagers were needy and demanding and eventually had to leave. Both foster mothers expressed regret at the breakdowns and said that they might well have coped if expert advice from social workers had been forthcoming.

‘**Most vulnerable of children**’

In 1997, the government published Sir William Utting’s *The Report of the Review of the Safeguards for Children Living Away from Home*. Utting said of private foster children, ‘These must surely be amongst the most vulnerable of children living away from home.’ (Department of Health and Welsh Office, 1997, p 45). What are the dangers to which they are exposed?

First, they are vulnerable to substitute carers who do not promote their health
and emotional needs. Beverley Clarke investigated 100 children in Lambeth who had been privately fostered and stated that they ‘revealed a variety of problems: behavioural problems (17 per cent), speech and language delay (16 per cent), developmental delays (10 per cent) . . .’ (cited by Philpot, 2001, p 19). A quarter of a century after my original research identified that private foster children were far more likely than even local authority foster children to show traits like anxiety and aggression, today’s children are showing the same insecurities. Moreover, the difficulties can continue into adulthood. In my recent study I interviewed a man, by then in his 50s, who had spent most of his childhood with a private foster mother. He had had little contact with his birth parents and he continued to agonise over why they had not wanted him. He said:

Some of my life has been a psychological hell. It’s not having things explained to me, not understanding why. . . . I think children should always know why they are there, have it explained to them. (Holman, 2002, pp 79–80)

Second, private fostered children are vulnerable to physical and sexual abuse. Terry Philpot notes cases of abuse, writing that ‘thirteen social services departments had taken children into care after removing them from private foster homes’ (Philpot, 2001, p 20). The abuse can be illustrated from two former private foster children whom I interviewed. (The interviewees’ real names are used at their request.)

Kriss Akabusi, later a world champion athlete, was moved among a number of white foster homes by his Nigerian parents who eventually returned to their home country. He was left with one draconian woman of whom he said:

On more than one occasion she made me drink my own urine. The man was away a lot but when he came home retribution was immediate with belt and slipper. (Holman, 2002, p 54)

Mary Tapper was born in Sierra Leone where her mother gave her to a teacher. When she was nine, the teacher took Mary to Britain where she was placed in a private foster home. She never saw her parents again. Mary recorded:

A few weeks later, my foster father started to abuse me. You got yourself into a kind of mood where it’s not happening to you. I remember thinking that if he was doing it to me then he’s not going to do it with the younger ones. But he was abusing them as well. (Holman, 2001, p 73)

Children in private foster homes which are not notified to the local authority are in a powerless position. Kriss Akabusi and Mary Tapper did receive occasional visits, but the social workers never spoke to them alone. Sir William Utting points out that inspection and regulation of the carers of children in public care and boarding schools are being tightened. He fears that sexual abusers may now turn more to private fostering which he has described as ‘a honeypot for abusers’ (Department of Health and Welsh Office, 1997, p 45).

Abuse may also occur in language schools. One police force in a 15-month period identified 550 incidents of neglect and emotional and social abuse among children aged 7–18. Geoffrey Gibbs wrote that, ‘officers knew of convicted paedophiles in Britain who were putting their names forward to look after students’ (Gibbs, 1999).

Third, black private foster children are vulnerable to not having their racial and cultural needs met in white foster homes. As Terry Philpot observed:

Given that the foster carers are white, the detachment of the child from his or her parents is also a detachment from his or her heritage and cultural and racial identity. (Philpot, 2001, p 25)

Skilled private foster parents, with support from social workers, can help black children deal with these issues but the evidence is that many do not. The social services inspectors stated in one report:
The carers appeared to have little or no knowledge of the culture these children were coming from and seemed unaware of the implications for the children of being placed in white rural families. (Social Services Inspectorate, 1994, p 6)

The vulnerability of black children was also stressed by a number of experts whom I interviewed. In the words of Heather Clacy, a specialist private fostering social worker:

It is the cultural side which worries me most, the lack of contact private foster children have with children from a similar cultural background . . . [they] are going to lose their language and much more. (Holman, 2002, p 102)

Beverley Clarke stated:

These children are transracially placed in areas where there are few or no people like themselves. So there are no black role models for them. When they return home, they have difficulties relating to their black parents. (Holman, 2002, p 103)

The difficulties that black children do experience were well illustrated in a former privately fostered child whom I met. Iris Grant (a pseudonym) came to Britain from West Africa as a young girl. Aged nine, she went to live with white foster carers who were kind and devoted to her. But Iris was the only black child in the district and was never accepted by other children. Her carers never discussed her blackness. As an adult, Iris is a successful career woman but says:

I am just a little English girl under a black skin. I don’t know what African means. I have always felt uncomfortable with black people. I am now having counselling to deal with my past. I haven’t made deep relationships. (Holman, 2002, p 60)

How widespread is abuse, of varying kinds, among private foster children? It is impossible to say. But the above examples show that it does occur and must be taken seriously.

Local authorities and private fostering

Clearly there are some grounds for concern about the treatment of and the condition of private foster children. The question arises, to what extent do local authorities, through their SSDs and SWDs, engage with private fosterings?

Local authorities do not lack legal duties towards private fosterings. Drawing upon the Foster Children (Scotland) Act (1984) and regulations issued soon after, and the Children Act (1989) followed by its regulations, their main obligations can be summarised as follows:

- to receive notifications from foster carers and birth parents about intended placements;
- to assess the suitability of the placements and to satisfy themselves that ‘the welfare of the child is safeguarded’;
- to visit the private foster children according to statutory requirements;
- to offer advice and support to private foster carers and, in particular, to ensure that they are aware of the children’s racial, cultural and linguistic needs.

Clearly, the notification system fails most private foster children. The Department of Health estimates the existence of 10,000 private foster children in England and Wales. Yet a survey by the Association of Directors of Social Services (ADSS) recorded that only 1,253 are known to local authorities (Association of Directors of Social Services, 2001, p 3). Obviously, most private foster placements are not notified to local authorities so they are not in a position to assess whether the carers are disqualified persons who may have committed offences against children or who, in other ways, may be unfit to have the care of children. SSDs and SWDs cannot be wholly blamed for the failure of the notification system because responsibility to notify rests with the foster carers and birth parents who may be ignorant of or who choose to ignore their obligations. However, few departments are proactive in the sense of spreading information about the requirement to notify and of actively seeking out private foster children.
Even where local authorities are aware of private foster children, it appears that the service provided by social workers is inadequate, with most being too busy to give much priority to this area of work. Mention has already been made of former private foster children who complained that social workers did not interview them alone and of private foster carers who regretted that social workers failed to give them adequate support. Contact between social workers and birth parents is even more tenuous. The Guidance and Regulations issued following the Children Act (1989) encourages social workers to keep in touch with the parents in order to facilitate contact between them and their children (Department of Health, 1991, paras 1.4.34–1.4.37). Yet even the few private fostering specialists in Britain find this difficult. One, Heather Clacy, stated, ‘I do not see the natural parents unless they live locally . . . I am not encouraged to make trips to London to see parents’ (Holman, 2002, p 101).

The poor standard of service can be illustrated in three other ways. First are the Department of Health’s own inspections. In one SSD, the inspectors noted that it had ‘no developed procedures, no publicity material, and the subject of private fostering had not been addressed in staff training’ (Social Services Inspectorate, 1994, p 4). Overall, they were worried that social work managers and field staff ‘were not conversant with private fostering legislation’ (Social Services Inspectorate, 1994, p 4).

Second, in a survey about private fostering undertaken by the ADSS, only 71 (41 per cent) of social services authorities bothered to reply. Of the respondents, 49 (69 per cent) indicated that they had drawn up a private fostering policy while only 16 (23 per cent) stated that they had an officer dedicated to or specialist in private fostering. Yet even the nomination of a dedicated officer may mean little. When Terry Philpot attempted to trace them, he found that some SSDs could not name them (Philpot, 2001, p 33).

Third, a similar pattern of ignorance and neglect was revealed by my own experience in Scotland, where I contacted the major SWDs with a view to under-taking research. The officials all reported that their departments had very few notified private fosterings and acknowledged that they were under-reported. One department stated that it had stopped collecting information about private fostering and that my approach was a reminder that it should do more. I could not find one SWD with a proactive approach to private fostering.

Only one conclusion can be drawn from the available evidence. Local authorities do not have a system in place or the staff to carry out their duties towards private fostering.

Hundreds of children are in private foster homes which are unknown to the authorities. Children are moved into private foster homes, between them and returned to their parents without the knowledge of statutory social workers. Some private foster children are abused and neglected. Some rarely, if ever, see their parents. Private foster carers, the children and the birth parents receive insufficient visits, advice and counselling. As Sir William Utting has stated:

\[ \text{It was plain to the review that private fostering was among the least controlled and most open to abuse of all the environments in which children lived away from home. (Utting, Foreword to Philpot, 2001)} \]

SSDs and SWDs reply that they are so overwhelmed by other kinds of work that private fostering gets pushed to the bottom of the pile. This is of little comfort to the children concerned.

Some exceptions do occur. A handful of local authorities have appointed private fostering specialists and I was able to interview a few. From these, I was able to ascertain that the work of the departments which take private fostering seriously is characterised by the following features:

- A private fostering policy statement is published.
- They take a proactive approach in which specialist staff reach out into the community and find private fosterings.
- A procedure is installed whereby social workers assess the suitability of private
arrangements as soon as they are known. A report is made to a panel which decides whether the arrangement does safeguard the child or whether steps have to be taken to end the placement.

- The social workers regularly visit the private foster children, see them alone when appropriate, and facilitate contacts with their birth parents.
- They advise and support the private foster carers.

The departments which have established such systems show that private foster children can be safeguarded without other kinds of children being neglected.

Central government and private fostering

The inactivity of local government in regard to private fostering has been a reflection of that of central government. Unfortunately, after the comprehensive legislation of 1984 and 1989, government ministers and civil servants – with the exception of a handful of social services inspectors – have taken little interest in the subject. During the 1990s, the annual reports of the Chief Inspector of the Social Services Inspectorate covered a host of childcare matters but not private fostering. This provides a contrast with the reports of the Home Office before 1971 which always discussed private foster children. In 1998, the government launched the Quality Protects programme to transform the care of looked after children and children deemed to be ‘in need’. Yet, as Felicity Collier pointed out, it was ‘silent’ about private foster children (Collier, 1998). Utting reviewed the safeguards of children living away from home and recommended that the government introduce legislation to improve matters (Department of Health and Welsh Office, 1997). In its official response, the Department of Health stated that present legislation was sufficient (Department of Health, 1998). A similar review in Scotland did not even consider private fostering (Scottish Office, 1997).

However, in its response, the Department of Health promised a private fostering awareness campaign from 1999 to spread knowledge about the matter and, in particular, the requirement that parents and carers had to give notification about placements. It never happened. Instead, in July 2000, the Chief Inspector wrote to all local authorities in England and Wales reminding them of their obligations and announcing that inspections of SSDs about their supervision of private fosterings would take place in 2001, which would also be the year for the awareness campaign. As Terry Philpot commented:

*The Chief Inspector wanted local authorities to have robust measures in place before the campaign was launched. The result was a lack of measures, robust or otherwise.* (Philpot, 2001, p 33)

The awareness campaign, when it did come in 2001, consisted of a slim pamphlet for welfare professionals followed by an even slimmer one in 2002 for parents who placed their children. There was no wide-ranging campaign to reach the public. A few inspections did occur, although the results are not yet published.

The future of private fostering

The problems currently associated with private fosterings are similar to those identified in the 1960s. But recent cases of abused private foster children and the emergence of new and very vulnerable groupings add a new urgency for action. If private foster children are to be adequately safeguarded and if private foster carers are to be given skilled social work support, then changes are required.

As far back as the 1950s, children’s officers and child care officers were calling for the registration and approval of private foster carers. More recently BAAF, Sir William Utting and Terry Philpot have added their backing. Philpot made 22 proposals for change but his foremost was for registration. He wrote:

*It should be a criminal offence to foster children privately unless carers are approved by and placed on a register kept by the local authority. It should also be a criminal offence to place children for
private fostering by someone who is not on the register. (Philpot, 2001, p 47)

The government has been less than enthusiastic about this proposal. In January 2002, a small number of MPs moved an amendment to the Adoption and Children Bill by proposing the registration of private foster carers. The government refused the proposal but its minister, Jacqui Smith, promised a review of private fostering. The Laming inquiry into the case of Victoria Climbié is also expected to make recommendations concerning private fostering. In Scotland, the Regulation of Care Act (2001) has indicated that its new Care Commission will regulate the way in which local authorities carry out their private fostering duties, but just how it will do this is still unclear. Meanwhile Cathy Jamieson, the Minister for Education and Young People, announced in early 2002 that the Executive wishes to assess the extent and nature of private fostering in Scotland.

My view is that registration would bring advantages which at present do not exist. Where children are placed with unregistered carers, the local authority would have a straightforward reason for action, including removing the child if necessary, without the sometimes complicated mechanisms at present in operation. Not least, birth parents could approach local authorities to obtain the names of registered carers.

However, registration is not sufficient. It will only work if parents, foster carers and the public are aware of its existence. It follows that an effective public awareness campaign is required – one that goes beyond a leaflet. My suggestion is that the private fostering regulations should be printed on the back of child benefit books: it appears that most private carers also have their own children and so receive child benefit, and so do the birth parents who are considering using private fostering. Further information could go out on advertisements at peak TV hours, perhaps presented by a well-known former private foster child like Kriss Akabusi.

Further, I argue that local authorities need a much more definite duty towards the birth parents of private foster children. It is the parents who choose the private foster carers, who can help their children by visiting regularly and, in regard to black children, who can give them a sense of their own identity. My proposal is that, unless contrary to the children’s interests, legislation should require social workers to attempt to meet the parents at least every two months in the first year of placement and at least every three months thereafter.

Registration, awareness, the stipulation of visits, all depend upon the availability of skilled staff. I suggest that all SSDs and SWDs appoint at least one private fostering specialist. The former Children’s Departments did not offer an adequate service to private fosterings, but it was better than what followed within SSDs and SWDs. One reason was that a number of child care officers did regard private fostering as important and did possess the fostering skills to be of help. More recently, the few existing private fostering specialists have demonstrated that they can create an awareness of private fostering in their area which leads to the detection of many previously unknown fosterings; that they can quickly assess the suitability of arrangements; that they can regularly see the private foster children; that they can give advice to the carers; and that they can facilitate visits from birth parents.

The appointment of specialists would mean that some priority is given to private fosterings. But local authorities complain that they lack funds. I propose that the Department of Health (and the Scottish Executive) ring-fence grants for every local authority of half the salary of a specialist worker, plus £2,000 a year for every private foster child identified within their areas. The cost of around £22 million is small yet it would ensure that far more private foster children become known and that they, their carers and parents would receive a service which improves their lot.

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