The experience of being privately fostered

This article by Edwina Peart* provides information on a little known subject, private fostering. It builds on the work of Holman (1973, 2002) and Philpot (2001) who provide the only other studies of this type of care. The focus adopted represents a shift from the dominance of a professional perspective in these earlier studies. Within the current policy context, the study is timely as it explores both the benefits and dangers of this form of child care. It also adds to the debate on transracial adoption.

Introduction
Private fostering as a means of child care has recently been brought to the public’s attention through the death of Victoria Climbié and the subsequent enquiry reported by Lord Laming (2003). It is an area about which little is known and in which there is minimal state intervention.

The Children Act (1989) defines private fostering as occurring when a child is cared for and provided with accommodation by someone other than his or her parent, someone with parental responsibility or a relative, defined as ‘a grandparent, brother, sister, uncle or aunt . . . or step-parent’ (Children Act 1989, section 105(1)). Such care qualifies for the status of private fostering when the arrangement exceeds a period of 28 days.

Current regulations specify that both parents and carers have a duty to notify the local authority of these arrangements. The local authority does not approve or register private foster carers, but it does have a responsibility to look after the general welfare of the child, which includes visits. The extent to which local authorities act upon this duty varies. Some provide designated workers for privately fostered children and actively seek out such placements, while others are unaware of the arrangements that exist in their locality. A recent Social Services Inspectorate (SSI) report commented that ‘Arrangements to protect these children are often low priority for social services’ (Clarke, 2002, p 4). As a result, there is little available information on these placements. The Children Act 2004 includes measures to strengthen the current notification system and establish national minimum standards for private fostering which will be enforced through inspection.

An earlier study conducted by Bob Holman in 1973 identified the fact that the majority of the children involved at that time were of West African origin and that they were being cared for by white working-class women in predominantly white areas (Holman, 1973). He documented how these arrangements were initiated, either through advertisement or introduction by a friend or relative. The private nature of the negotiations and the fact that the majority of known placements are transracial has led many professionals to argue for greater safeguards (Social Services Inspectorate, 1994).

This article presents material gathered from a research project, funded by the Department of Health, on the experience and motivations of those involved in private fostering, either as parents, carers or children. The focus is on the experiences of and the consequences for the children who were fostered.

Sample and methodology
Researchers interviewed 29 carers, three parents, one member of a family that has lost contact with a child through private fostering and 12 adults who have been fostered (three male and nine female). It also collected information from eight social services files on looked after children.

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fostered. It was decided not to interview young people currently placed in private foster care because of the ethical difficulties this might involve. Interviews were conducted in respondents’ homes between July 2002 and August 2003.

The 12 adults who had been privately fostered as children (hereafter referred to as fostered adults) were difficult to contact and the sample was gathered from a range of sources. The original method for recruitment was based on a ‘snowball sample’ (Atkinson and Flint, 2001). Initial contacts through the BAAF Private Fostering Interest Group facilitated contact with social workers and health visitors who provided access to carers willing to be interviewed. All of the carers were asked to introduce the team to further potential interviewees, to parents whose children they had cared for and to fostered adults. In almost all cases the carers claimed they were still in contact with family members and would pass on the request anticipating a positive response. However, in no instance was another contact identified through an interviewed foster carer. Two carers were identified, one through a fostered adult and another via a parent. It cannot be judged whether the contacts outlined by carers were exaggerated and they could not locate either parents or adults they had fostered, but the team was never told by anyone that a contact had refused to participate.

Of the sample of fostered adults eventually recruited, one person was referred from the BAAF group and another from personal contacts within the research team. The rest of the interviewees came from responses to advertisements placed in magazines and newspapers in the black press. They are thus a self-selected group. The majority are of West African origin, one is from Southern Africa and one from the Caribbean. All are aged between 30 and 45 and have post-A level qualifications and professional jobs.

The interviews were conducted face to face, using semi-structured schedules which were developed and refined after a literature review, discussions with various interested professionals and pilot interviews. The questions reflected the team’s research interests, issues raised by professionals, current policy concerns and areas highlighted by interviewees. The interviews lasted an average of one-and-a-half hours, were audio taped and transcribed. The team listened to the taped interviews and familiarised themselves with the information, which was checked for accuracy against the transcripts by the researcher who had conducted the interview.

The interviews were analysed using the framework methods developed by Social and Community Planning Research (Ritchie and Spencer, 1994). Because of the small sample and the different profiles of each group of respondents, data were organised in various ways: thematically, by constituent groups and in terms of parents as stand-alone cases. Data interpretation was driven by a desire to provide explanations for and details of private fostering practice from the perspectives of all those involved.

In the data analysis on the fostered adults, an attempt was made to chart their experiences as a way of examining their placement and its consequences. However, this proved both difficult and unfruitful. This was because the categories used in the coding of the information could not be used in a meaningful way. For example, when assessing the child’s relationship with their parents, the subdivisions were threefold – poor, ambivalent and good. Much of the information for this code came from interview questions, such as, ‘Was it difficult being without your parents?’; ‘Did you have regular contact with them?’; and ‘Do you feel more a part of your birth or foster family?’ When the actual answers were received, in the light of the three subdivisions no clear patterns emerged. Factors such as whether the individual suffered mistreatment within the placement, its duration and whether other siblings were similarly placed all affected the respondent’s relationship with his or her parents. In addition, less tangible factors requiring value judgements, such as the adults’ immersion in and understanding of their birth family’s cultural context, also affected the extent to which they were able to empathise with and
understand their parents’ motivations and constraints in placing them.

For this group of children, therefore, models, charts and typologies have been avoided and, instead, the material is presented in a chronological form based on exploration of particular codes or groups of codes which compile a picture of private fostering experiences and their consequences in all of their variety.

**Motivations**

Despite the hidden nature of the practice, private fostering is clearly a childcare issue. This point is well illustrated by examining the motivations of the parents who use the service. From the perspective of the fostered adults, parental motivations fall into two groups. The first reflects a combination of work and study that makes child care impossible and does not fit into regular patterns that can be met by nursery provision or childminders, even if the fees are not in themselves prohibitive. The second results from difficult personal circumstances, such as an unexpected pregnancy or marital discord which, together with the need to work, make child care impossible. One interviewee, speaking of her mother’s decision, stated:

*The pregnancy was very unexpected. They hadn’t been together long and I think they probably split up quite soon after. There were options about what to do. My father wanted my mum to have an abortion, my mum’s family back home wanted my mum to send me over to them, neither of which was really suitable at the time, and my mum wanted to obviously carry on her nursing training. I think she’d only been doing a year of it, and I think her original aim had been to be a psychiatric nurse, a general nurse and a midwife, and so the only option really she said . . . she recalls being really really depressed in a sort of bedsit, pregnant, basically with most of her friends dropping her, so the option was really for somebody else to look after me at that time.*

These two situations are influenced by cultural factors. Many of the fostered adults are aware that their parents come from a very different cultural environment where childcare responsibilities are shared among the whole community and do not rest exclusively with the birth parents. These cultural norms are somewhat distorted in a British context and further complicated by the impact of racism (Rashid, 2000). Many of our interviewees spoke of the difficulties their parents experienced settling into British society. One stated:

*I think, you know, my mum was a bit of an African princess and . . . she just couldn’t cope by herself. You know, in Ghana you have house helps, you’ve got your mum and dad there, your brothers and sisters, all that extended family network . . . I don’t know what she was doing because I know she wasn’t working full time, but I think, looking back, she just couldn’t cope . . . I don’t know why, you know, sometimes . . . er . . . it’s just like that. People are different. I guess at the time it was very difficult her coming here and realising that she’s just another nigger, you know what I mean. And basically I think she went to bed for 30 years with depression, but at the time I didn’t understand it as that.*

The tendency for racism to operate through the creation and application of stereotypical images, of both black and white people, means that those coming from a colonial background are likely to have been raised viewing white society in a more progressive, favourable light than their own community (Prevatt Goldstein, 2000).

One interviewee felt that in the 1950s and 1960s finding white families to care for their children was a ‘fashionable’ thing to do and conferred status on the family involved. Another explained that his mother was more concerned for the safety of the children she had left back home in a situation that was degenerating into civil war, than for the child in the care of a white family with whom she felt he would be safe.

None of the interviews of the fostered adults suggested any other motivations for using private fostering other than work and study combinations and difficult
personal circumstances. There is, however, variation in how acceptable these motivations are considered to be, a point reinforced by both carers and parents.

Carers confirm that most of the parents they have contact with struggle to balance their need to survive, their thirst for knowledge and their desire to provide for their children long term. They also acknowledge some of the difficulties these parents face without the support of their extended families. Many consider that they take on part of this role, reflected in the use of the terms ‘nanny’ or ‘mum’, and a few of them mention the fact that parents prefer a white English family as carers.

Parents’ responses also confirm these findings. Each of them recounts a particularly difficult combination of personal and financial problems. All were single parents. One was a refugee who had left her partner behind and was waiting for word of whether he was alive or dead. The other two held occupations with irregular shifts, one with British Rail and the other with the RAF.

Two factors need to be elaborated here as they shed light upon the details of the cultural context from which the parents come. Goody and Groothues (1979), in their study of West African couples in London, show how tribal affiliations and the individual couple’s personal circumstances affect the childcare options open to them and the decisions they reach. They state that the Ibo have a long-established tradition of communal child care and this is closely tied to the separation of sex roles. Where sex roles are less segregated, it is easier for the couple to share childcare responsibilities. There were no questions on the respondent’s tribal background in the interview schedules but the data show that nine of the 12 fostered adults are of Nigerian or Nigerian and Ghanaian parentage.

Goody and Groothues (1979) also raise the issue of how parenting can be divided into distinct responsibilities. Physical care is only one element; providing for a child financially is another and these can be quite separate. This point is echoed by Barrow (1996) referring to the Caribbean. She suggests that financial responsibility, known as minding a child, has higher status and is seen as the more important task.

These two traditions of communal child care and the separation of parenting into discrete tasks are concepts that are no longer common in British society. Currently, the focus is on the necessity of children developing strong attachments to their parents who have the exclusive responsibility for raising them. This raises ambivalent feelings in those who are cared for in other ways. Of the sample, the majority (seven) expressed some understanding and appreciation of their parents’ motives, although this has often been reached with some difficulty. A quarter (three) were generally unhappy about their parents’ decision. Only two expressed complete satisfaction with their experience, stating that this form of child care worked well for them.

Age and duration

The length of time spent in private foster care and the early age at which placement begins are two of the issues raised in the earlier studies (Holman, 1973, 2002; Utting, 1997; Philpot, 2001). The importance of these is partially confirmed by the data in this study. Ten of the fostered adults were placed as babies. The earliest placement began at ten days old, two began at six weeks, one at four months and two at six months. Four placements started after the child was one year old. In some cases interviewees in this group could not be specific about their age as they were too young to have clear memories and have been unable or reluctant to raise these issues since. One placement started between the ages of four and five and another at 15 years old.

The shortest placement within the sample was 18 months and the longest was changed into an adoption after ten years of private fostering. In this instance, the interviewee continued to live in his adopted home into adulthood. Within these two extremes were one placement of two years, one of three, two of four, three of six to seven and one each of eight, 11 and 12½ years. No clear pattern emerges between the age a placement begins and...
its duration, nor of a typical private fostering arrangement.

This variation is also true of the parent sample. The earliest age that a placement started is eight months. The shortest duration is 11 months. The other two placements are continuing, one because it is working well and the other because the carer has taken out a residence order for the child.

The earliest placement reported by the carers was at three days old and the longest duration 18½ years. However, there is a clearer pattern in the information provided by the carers. The majority of the children they describe were placed at between six months and one year old and many left at around five, seven and 11, ages that correspond to stages of schooling.

There is a range of opinion within the sample of fostered adults concerning the early start and the length of placements. One-third (four) considered this a neglect of parental duty and an act that potentially, if not actually, puts children at risk. Within this perception is anger that their parents, particularly their mothers, delegated this intensive period of child care to another. The other two-thirds (eight) can be divided into two equal groups. The first contains those that are either happy with the private fostering arrangement in itself or have reached some resolution in later life that allows them to feel that their parents did the best they could in the circumstances. The second group consists of those who either do not disclose how they feel on this issue or were not fostered at an early age.

These issues can be further explored by examining the type and level of contact with the birth family that was maintained throughout the placement and whether or not it turned out to be satisfactory.

**Contact and relationship with parents**

In the sample of fostered adults, the correlation between the type and level of contact maintained with the birth family and the child’s relationship with them is lower than might have been expected. Respondents were separated into three groups in terms of their relationships with their parents and families. These were classified as poor, improving and good.

Poor relationships are ones in which the respondents describe continuing resentment and difficulty relating to their birth parents. A typical response is:

_They’re not your parents anymore. You know they’re your biological parents. There wasn’t an attachment and even when I lived at home, well, in my mum and dad’s house for five years, we never ever really formed an attachment because I just think I was too old by then. If it had been the other way round it would have been different, but I just think that your formative years are when you make your attachments, and I was 13, you know, almost independent, so it was just too late. I mean, I know people say it’s never too late, which I sort of believe as well, but it just didn’t work really. I just hated it there. I mean – don’t get me wrong – I had some OK times with them: it wasn’t like, oh my God! But it wasn’t like, you know, like how my friends are with their parents. It just wasn’t like that. It was just weird._

Improving relationships occur when despite difficulties in the past, there is some commitment to resolving these through discussion or where respondents recount reasons for being grateful to a parent:

_Yeah, I couldn’t understand. I was angry for a bit, but now I’m not because there’s nothing I can do about it. I can live. If I’d have known about it my life could have been a lot different and some things couldn’t have happened, wouldn’t have happened or whatever and I’d be a different person than I am today, but I don’t really mind the person I am today either, so there’s pros and cons to everything. My philosophy now is there’s no point in me being angry about things that have happened in the past that I have no control over anyway because I’m just going to end up bitter and twisted, and I wouldn’t want that to affect the way I am when I’m with people, so that’s the way I am._
Good relationships are found when respondents feel that their parents made a good choice of carer and private fostering is seen positively as a form of child care:

*I’m more sympathetic because I don’t think I could have handled looking after both me and my sister. Like I was saying, in Nigeria you had a lot of help, and she didn’t have to do very much really because everyone was around her and because she was pregnant with me, everyone was kind of like, oh she’s pregnant, you know. We’ll look after the older sister and let her rest, and then when she came here, it was a lot harder because she had to start working immediately and, personally, I think that, my foster parents we still talk to, they were really good so she made a good decision and put us to the right people . . . I don’t really regret her doing it because I enjoyed time with them and I still do when I go back and see them.*

Half of the respondents reported improving and good relationships.

The respondents in the good family relationship group all had regular contact with their birth parents while in private foster care. This was not necessarily in person but included telephone communication. They also felt that their carers were very good and continue to have contact with them. In the improving family relationship group the picture is more mixed. Two of the four respondents had relatively short placements of four years and regular family contact. The other two had an eight-year and a complete childhood placement and irregular and very little contact respectively. However, they seem to have come to terms with their childhood experiences, through personality traits and having resumed contact in a manner that enables them to appreciate the difficulties their mothers had experienced.

In the poor family relationship group, respondents either had long placements of seven years or more or did not know their parents well prior to this as they had been cared for by other relatives in their country of origin. Three from this group also suffered abuse in their carers’ homes. However, this is also true of two respondents in the improving family relationship group.

It is difficult to establish which factors facilitate or impede the development of a good relationship with the birth family. Most of the fostered adults describe having to work at their family relationships to varying degrees and not being able to take them for granted.

Most carers, in contrast, describe poor relationships between the children and their parents. When carers are supportive of parents this helps towards building a positive relationship. Many seem to be torn between feeling like the birth parent themselves and wanting this confirmed through the allegiance of the child, yet recognising the child’s need to be loved and to give love to their original family. Regular contact with parents and an absence of abuse on the carers’ part seem to make this difficult area a little easier (Neil and Young, 2003).

Mistreatment

The previous studies of private fostering and the Government’s current concern with this practice highlight the special vulnerability of this group of children. The private nature of the arrangement can mean there is no one protecting the child’s interests and that there is little redress if mistreatment is identified. This special vulnerability is confirmed by the research.

All of the respondents were questioned on this issue. Fostered adults were asked whether they had ever been mistreated, carers whether they had ever been accused of mistreatment and parents whether they had ever had a bad experience with a carer. In all categories there are some ‘yes’ answers.

The incidents of mistreatment were separated into physical, emotional and sexual abuse. In the fostered adults group, four respondents revealed incidents of abuse, all perpetrated by the carer or a member of his or her immediate family. There is one report of physical abuse, one of sexual abuse, one of emotional and physical abuse and one of sexual and emotional abuse. In all cases the respondent was under the age of 12 at the time. In both of the cases involving sexual abuse,
the respondents recount blocking out these traumatic memories. In the words of one person:

I only came to terms with it when I was about 28 or 26. I saw a programme on sexual abuse on the television and I suddenly realised, hold on, because the rest of the time I just kind of blanked it out of my mind. I realised that that was what happened to me and I became very tearful and I cried and I began to acknowledge it for the first time. It was affecting me and stuff like that. Over the years I’ve worked through it and I’m able to talk about it now whereas before I would never, ever have said anything about it.

The other explained:

I think probably, you know, one of the reasons why I’m so vague, there is a lot about my childhood that I just don’t remember. I just do not have any memory of it at all. Yeah, yeah definitely, especially you know the sexual abuse. You do feel ashamed of it. I know what happened and I know it happened more than once but I can’t remember the detail of it. You do feel ashamed, you always feel ashamed.

In one case of physical abuse the child was just one year old. The injuries resulted in facial disfigurement and plastic surgery. The respondent recounts her mother’s story detailing the carer’s refusal to allow her mother to see her when she visited. Forcing her to return the following week, her mother still had to insist that she see her child:

Mum said, ‘No, I want to see her, I don’t care if she wakes.’ She said when she saw me she just started screaming, ‘What have you done to my child?’ and she took me away.

She continues:

I think the mentality of the visiting African wasn’t what it is today where they feel they can cry foul. It was just something that happened and OK, it won’t happen again.

Of the four who recount abusive incidents, only the physical incident is acknowledged by their parents. This was such that it could not be ignored. One of the two who suffered sexual abuse disclosed this to her birth parent when she was back in her care, but her mother did not believe her. The other respondent could not recall the incident until adulthood and makes no mention of whether it has ever been raised with her birth family. The participant who suffered emotional and physical abuse, speaking of her parents, states:

No, I’ve never really told them how bad it was. When I left my carer I didn’t want to go. I was like, I don’t know my parents, I don’t want to go and live with them. I lost all of my friends. I still called my carer mum and I used to ring her because my friend was still there. So they sort of thought that I really obviously loved her and I did in a funny sort of way.

In the group of carers, three state that they have been accused of abuse, two for physical abuse and one sexual. In no instance were the accusations upheld or charges made. One of the group of parents detailed the physical abuse her son suffered and the fact that he continues to wet the bed six years later.

Culture and ‘race’

Another area highlighted by the previous research is transracial placement (Holman 1973, 2002). Eleven of the respondents in the fostered adults group were looked after in white British households. This issue is part of a larger debate in social care (Prevatt Goldstein, 2000). One strand of criticism argues that children placed transracially will be ill-equipped to deal with the racism they will face in their lives and their image of themselves specifically and of black people generally will be based on the attitude of their white caretaker. Their lack of personal knowledge will mean that their carer’s opinion cannot easily be refuted (Gill and Jackson, 1983; Maximé, 1986).

All respondents were asked several questions relating to culture. It was often difficult to separate the data on culture and ‘race’ as respondents saw the issues
as interchangeable. Fostered adults were asked if they were able to keep in touch with their culture, its importance to them and whether or not they were given any help. They were also asked whether they were equally familiar with black and white culture and had more black or white friends.

Nine of the fostered adults describe varying levels of discomfort with their own culture and community, or recount a time when this was the case. This includes feeling different to their siblings and others in their ethnic group and occupying an ‘outsider’ position. Some feel that this difference can be perceived by others who then discriminate against them on this basis. It is interesting that the remaining two fostered adults who did feel comfortable spent time in their countries of origin but, again, it was also the case that two other respondents had this experience.

In terms of friendships, only one respondent stated that these are predominantly white. The others described times in their lives when this had been the case, but they had either made conscious choices to be in community with other black people, or their personal circumstances changed and their opportunities for meeting other black people increased. A few maintain mixed groups of friends and are happy with this.

None of the fostered adults describe receiving support for their birth culture from their carers. Some speak of subtle messages that made it uncomfortable for them to raise cultural issues. Five of them tell of the culture shock they experienced and the adjustment they had to make on return to their birth home. This is often in relation to parental expectations in terms of chores and discipline. One respondent expresses the feeling that her mother could have provided greater cultural input in terms of language skills.

These views are in direct contradiction to the words of carers, most of whom talk of the cultural support they give to their charges in terms of hair and skin care. It may be that this finding reflects the nature of the sample as respondents were largely referred from areas with workers dedicated to private fostering and who ran support groups. Yet despite carers’ positive statements, the support is often minimal and sometimes ambivalent. Some carers, for example, believe that adequate cultural input can be gained from regular visits home. Another joked of keeping the birth culture alive by getting the children used to slaps. In fact, most carers hold negative views on aspects of West African or black culture (Peart et al, forthcoming) and are keen to point out that the children they care for are usually born in the UK and need to know British culture. They feel they offer the best of both worlds.

The two African parents within the group both stated that they made few demands of their carers in terms of cultural input, but they made efforts themselves to prepare and provide food. One said that her choice of carer was based on the foster carer’s single parent status and the fact that she had a child of similar age to her own. The other considered that the culture and ‘race’ of the carer was not a positive factor in her choice as she is aware of many of the cultural differences in terms of discipline and hygiene, but neither was it prohibitive.

All respondents were asked questions about ‘race’ and racism. Fostered adults were asked whether they had experienced racism, how this was dealt with and whether or not their carers had experienced the same. Carers were asked about their personal experiences as well as those of their charges. Parents were asked whether or not they chose carers because they were white and whether their children reported racist incidents.

Only one respondent from the fostered adults group could not recall a racist incident but is aware of her earlier negative view of herself and fear of white men, which she attributes to mistreatment and the wider environment.

The experiences of racism can be divided into various strands. Most of the fostered adults recall their experiences of ‘sticking out’ as a child, often because they were one of a few black children in their localities. They describe attracting a lot of attention and wanting to withdraw from this. While they were often unaware of the concept of racism, they feel that many people were not nice to them. To quote one respondent:
I had a lot of attention focused on me because I was the only black face in the crowd. I wasn’t really comfortable with that but I learned, you sort of learn to deal with it.

Respondents also spoke of racism in the larger community and the media:

I went through a stage in my life where I had a very serious inferiority complex. I can only attribute it to the fact of just being ashamed. There were riots at the time and on the TV and media were just negative images about black people. I kind of felt like a lost soul.

The largest category of racism, however, is that experienced at school. This is acknowledged by both the fostered adults and carers, though carers tend to minimise its impact and dismiss it as an expression of children’s changing allegiances. Only one respondent from the fostered adults group felt that her carer dealt with racism effectively. The majority describe feelings of being misunderstood and being seen as part of the problem.

The fostered adults also identify racism from their carers and families. One respondent spoke of the fact that within her carer’s household black people were referred to as ‘darkies’:

It was only when I went back as I was older and they were talking and part of me was thinking, well don’t you realise that I am sitting in the room and don’t you realise that’s offensive? Is that how you talked about me and my family? But you think, oh God, don’t go there, don’t even think about it. I just don’t think I could sit there and challenge that. I thought, well they’ve grown up in such a different culture at that time, a very working-class English culture, and to actually go into that sort of racism when you know they’d given me so much . . .

Most of the group describe coming to the realisation that they were black and making a conscious effort to acquire information on their specific ethnic identities and family history. They also detail what they consider to be helpful factors that have increased their resilience, such as an activity like boxing or having a rebellious character. All describe a journey of self-appreciation involving rejecting societal stereotypes.

Several important findings emerge from this information. The fostered adults are able to see racism directed at themselves and others. But for carers, racism is considered important mostly in relation to themselves. They are able to identify this very clearly but are less sure when it is directed against their charges, whether in school or the wider community. One carer commented:

You could say at times that you think it’s racism, but then you talk to your English friends and their kids are going through the same at school. So it isn’t necessarily because they’re black, it’s just kids being kids, which is horrible at times isn’t it?

Thus many carers cannot recall any such incidents when asked and often provide confused and contradictory evidence. They may state that their charges have experienced no racism but go on to detail an incident. Only one carer spoke openly of her family’s blatant racism and few others described racist incidents that they had dealt with. Part of the reason for this was that when racism was identified the school, the police or other authority figures became involved. It is, therefore, difficult to gain a sense of how carers acknowledge or deal with the sense of violation and hurt their charges must feel. One parent stated that her child used to think he was white but that is now changing.

Recent studies raise two points relevant to this discussion. Song (2003), speaking of Britain, states that white ethnicities only influence individuals’ lives if they want it to. She terms this a passive rather than an active ethnicity. Active ethnicity is often promoted by discrimination. Therefore, it seems obvious that carers specifically and white society generally will have to extend themselves if they are to understand qualitatively the impact of racism and the importance of a strong ethnic identity.
Modood et al (1994) argue that a broadening of ethnicity is taking place in Britain and it is no longer a matter of how these groups are treated by the British majority. It is related more to places and a way of living and represents a symbolic link with people outside Britain.

**Conclusion**

An important message of this study is that private fostering is essentially a childcare rather than a cultural issue. However, currently its cultural slant means it is easy to racialise the practice. This may change with the growth in other categories of children covered by the official definition of private fostering, such as teenagers living away from home, students in language schools, sports trainees, unaccompanied young immigrants and asylum seekers. But, in the meantime, an enduring difficulty experienced by the fostered adults is their reluctance to disclose this aspect of their childhood. It seems to be a secret on many levels. It is understandably difficult to speak of circumstances that appear to be at best negligent and at worst rejection in a society that privileges the exclusive parent–child relationship, especially if this contrast is emphasised by subtle or glaring messages from carers.

The situation is also kept from their larger communities for fear of discrimination in terms of appearing too white. Many of the fostered adults acknowledge their ‘outsider’ status within their communities privately but do not want it raised publicly.

The fostered adults detail a lot of negative experiences in their placements, even though many retain affection for their carers and acknowledge the benefits received. There is a lot of ill feeling and resentment directed towards birth parents but, again, some understanding and willingness to work towards reconciliation.

The study suggests that there are no variables that clearly make for a successful private foster care placement, apart from an absence of abuse. This is important in the current climate where private fostering is under scrutiny and interventions are being introduced to strengthen the notification system as a means of safeguarding the interests of the children.

Anecdotal evidence from respondents suggests that private fostering is becoming less visible to public scrutiny as it is being increasingly undertaken within the parents’ own communities and children are less likely to be cared for in white British households. In these instances, there is a concern that carers and parents will be even less inclined to notify the local authority.

The existence of sexual, emotional and physical maltreatment within the practice is confirmed by the study and it is especially salient that none of the perpetrators have been held to account for their actions and only one of the victims has been offered any help. This is a major criticism of the practice but it is not clear that the new measures will address this issue.

In terms of culture and racial identity, the evidence suggests that many of the fostered adults experience conflict. This cannot simply be assigned to their care encounter as the discomfort identified may be present in the black population as a whole. What is clear from the evidence, however, is that the care experience did not provide an environment where these issues could be explored or resolved.

The fact that many of the respondents spoke of feeling like an ‘outsider’ within their ethnic groups and facing discrimination because of this suggests that not only do black families provide an environment where racism can be acknowledged and the hurt recognised, they also provide a context in which the variety and richness within black cultures can be expressed.

Finally, regarding the assumption that transracial fostering ill-equiips individuals to deal with racism, the picture is complex. The findings of this study suggest that this may be true during childhood. The racism experienced both within the families caring for them and the wider society is often experienced as personal rejection. However, most of the group describe various processes in later life through which they come to re-evaluate their image of themselves and of black people generally and in the longer term are able culturally to contextualise their experience of being privately fostered.
References


Race Equality Unit, Black Children and Private Fostering, London: Race Equality Unit, 1993


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