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Young children returning home from care: The birth parents' perspective

ABSTRACT

While a wide range of literature exists on the experiences of children in foster care or adoption, much less is known about children who return home from care to their birth parents. This paper focuses on the perspectives of a small sample of birth parents of young children who returned home from care. It draws on findings from the Northern Ireland *Care Pathways and Outcomes* Study (McSherry *et al.*, 2008), that has been following a population (n=374) of children who were under five and in care in Northern Ireland on the 31st March 2000. As part of this study, interviews were conducted with the foster parents of 55 children, the adoptive parents of 51 children and the birth parents of 9 children who had returned home from care. The paper explores the birth parents' views on how they coped while their child was in care, how they were coping after the child had returned home, and how their child was faring at home. Results revealed that these parents, and their children, were experiencing multiple difficulties and struggled to cope after the children had returned home.

Introduction

A number of UK studies suggest that although the majority of children who enter care return home, a significant number of these children eventually re-enter the care system. Research studies that have incorporated these children in their analysis have tended to focus upon the identification of factors that contributed to the likelihood of return and/or factors associated with a successful return or with re-entry to care (e.g. Bullock *et al.*, 1993; Marsh & Triseliotis, 1993; Bullock *et al.*, 1998; Cleaver, 2000). For instance, a likelihood of return has been associated with: mother not having alcohol, drug, or mental health problems; the child being less than 11 years old and not having a disability; good quality family relationships; and children's entry to foster care being on a voluntary basis (see for example, Sinclair *et al.*, 2007; Ward *et al.*, 2006). This research has consistently highlighted a strong relationship between longer periods of time in care, and a decreased likelihood of returning home. Biehal (2006; 2007) argues that this finding has contributed to the widely accepted misconception that remaining in care longer than a few weeks or months *itself* decreases the child's chances of returning home to their birth

parents. Biehal further claims that the association between the duration of care episodes and the likelihood of a return home, although true at a *descriptive* level, cannot effectively *explain* the underlying reasons for this pattern. In a review of the literature, Biehal (2006) concluded that re-entry to care is associated with: severe family difficulties, particularly substance abuse and mental health problems, child behaviour problems or disability, and social isolation and a lack of support networks.

A successful return home has been linked to a good attachment relationship between the child and the birth parent; parent's motivation to change and seek help; purposeful and appropriately supported contact; contact being a positive experience; a regularly assessed and steady-paced return process; after-care support services; the child being in care for less than one year; placement stability while in foster care; little or no change of membership in the birth home; the child being young and either having no siblings or having returned with them (Farmer & Parker, 1991; Cleaver, 2000).

Children returned home

Although reunification is chosen as the means to secure the future for many children in care, children returned home have received little attention compared with those in foster care or who are adopted. This is despite evidence that they are likely to have more difficulties than children in other types of placements. For example, Meltzer *et al.* (2003) found that children living with their birth parents were at least twice as likely as those in foster care to have anxiety disorders (20% compared with 8%), and about four times as likely as those in foster care to suffer from depression (9% compared with 2%). Studies of children in care conducted in England and the US, and that have included children who return home in their analyses, suggest that the latter are more likely 'to have more serious emotional and behavioural problems, poor social functioning, educational participation and adjustment, and higher rates of re-offending than those who continue to be looked after' (Biehal, 2006, p. 72; see also Taussig *et al.*, 2001; Sinclair *et al.*, 2005).

Support after return home

Returning home from public care is rarely an easy process for children and their birth families (Schofield *et al.*, 2007). Sinclair *et al.* (2005, p.84) noted that birth families

seemed to receive less support than foster families 'for dealing with equally difficult children'. Similarly, Booth and Booth (2005, p. 127), in their study of parents with learning difficulties whose children had been the subject of a care application, reported that many of the parents interviewed 'accepted they needed some support but few were offered it'. Skuse and Ward's (2003) study of children returned home from care also highlighted a lack of formal support. In this study, older children tended not to remain at home for long, with multiple transitions between different relatives commonplace. The study questioned the emphasis placed on returning children home, the extent to which these placements are adequately supported, and the accuracy of defining return-home placements as permanent.

Returning home on a Care Order (placed with family)

Most children who return home from care in Northern Ireland do so following a period of being accommodated by a Health and Social Care Trust on a voluntary basis (Children (NI) Order Article 21). When these children return home, they simultaneously exit the care system. Some children in care, however, are there as a result of care proceedings, and are subject to a Care Order (Children (NI) Order Article 50). In these circumstances, the Trust shares parental responsibility with the parent(s) of the child, and continues to retain this until the Care Order is discharged. When these children are returned home, this is done in the context of a plan to ensure that reunification is safe and provides them with adequate care. The first phase of this return home is often regarded as a trial period, hence the term 'home on trial', which was the description used for this type of placement prior to the *Children Act 1989* (England and Wales) and *Children Order 1995* (Northern Ireland). In the late 1980s, children subject to a Care Order accounted for about 1 in 10 of those returned home (Bullock *et al.*, 1993, p. 27). Currently, these children are defined as 'placed with parents' (England and Wales) or 'placed with family' (Northern Ireland).

Children in care placed with family/parents

Whilst the numbers of children in foster care in Northern Ireland fell by 11% between 2000 and 2005, those 'placed with family' increased by 43% (DHSSPS, 2007), and on 31st March 2007, 24% of all children in care in Northern Ireland (n=566) were placed at

home with family (DHSSPS, 2008). This figure includes both children subject to a Full Care Order and those subject to an Interim Care Order (i.e. pending a Court decision), and living with their birth parents; and excludes children living in relative foster care. Three studies of children returned home on Care Order (home on trial) were conducted under earlier legislation. Thoburn's (1980) small-scale qualitative study of 34 school-age children and their parents drew attention to lack of clarity on the part of social workers and parents regarding reasons for the continuation of Care Orders in these circumstances. Farmer and Parker (1991, p.185) observed that 'the status of home on trial, which is commonly regarded as a prelude to permanence, frequently continued for long periods and thus itself created a protracted state of impermanence'. They concluded that although the local authority shared responsibility for the child, Social Services barely had any control over what happened in these placements and provided little support. Pinkerton (1994) surveyed all children and young people (n=557) who were 'home on trial' on the 1st November 1988 in Northern Ireland. He concluded that the brief, time-limited and systematically monitored placement suggested by the term 'home on trial' did not exist in Northern Ireland. Instead, what existed was 'home in care', a family placement monitored for an indefinite period of time, with barely any support provided by Social Services.

Contemporary research reinforces the currency of these concerns. An exploratory study by Broadhurst and Pendleton (2007) found no correlation between placement stability, duration of placements at home and the discharge of Care Orders. In interviews with seven families, parents reported: i) dissatisfaction with social work interventions which typically comprised statutory visits and monitoring; ii) frustration and a sense of intrusion at the continuation of the Care Order for lengthy periods, despite the family offering a stable placement; and iii) feelings of disempowerment because of delayed discharge of Care Orders. In five of these families, children had been at home under a Care Order for over three years.

This article looks at the perspectives of birth parents of nine young children who returned home from care in Northern Ireland between 2000 and 2002, with a particular focus upon how they coped while their child was in care, how they believed their child was faring at home with them, and what support was provided for them while their child was in care and after the child returned home.

Methodology

The Northern Ireland *Care Pathways and Outcomes* study (McSherry *et al.*, 2008) has been following a population (n=374) of children who were under the age of five and in care in Northern Ireland on 31st March 2000. The aims of the study are: to specify the types of long-term placements provided for these children (i.e. adoption, non-relative foster care, relative foster care, Residence Order, or return to birth parents); to identify factors that predict the type of placement provided; and to explore how the children and their parents (or current carers) fare in the different types of long-term placement.

The placement profile for this population was specified at three time points (31st March 2000, 31st March 2002, and 31st March 2004), and case file data was gathered providing extensive baseline data on all these children. Semi-structured interviews were conducted between January 2003 and February 2004 with foster parents of 56 foster children, adoptive parents of 51 adopted children, and birth parents of 9 children returned home. The interviews were conducted on the basis of the children's placement on 31st March 2002. At this time, 81 children had returned home to their birth parents, giving us an 11% sample for interview. This paper will focus exclusively on the analysis of the interviews with the birth parents.

Considerable effort was made to recruit a larger number of birth parents, with several letters being sent to families (where addresses were made available), and repeated visits made. However, this is a particularly hard-to-reach population, and numerous obstacles were faced by the research team, even in terms of making initial contact with the families. These are detailed in table 1. Despite a relatively low number of interviews being conducted, the interviews were extremely valuable in providing a detailed insight into the perspectives of these parents.

[Insert table 1 here]

Interviews were tape-recorded (with the permission of the participants) and lasted on average one and a half hours. The interview schedules were constructed to reflect some of the research questions of the study (how do foster, adoptive and birth parents perceive their children to be faring in their placements; how do they view their role in the care planning process; and what support is available to them). Ethical approval for the study was granted by the Office for Research Ethics Committees in Northern Ireland (ORECNI).

Results

Family history

Eight interviews were conducted with birth parents of nine returned home children (one parent having two children from the study population) (out of the total 81 children who had returned home at that stage). One of the interviews was with both birth parents, while the remaining seven were conducted with the child's mother (who was living alone at the time of the interview).

The mothers were mostly teenagers when the child was born and had very little family support. Seven of them were single. Some already had other children. Four of the parents had been in care themselves. Most were experiencing financial difficulties. Some of the primary reasons for the children being taken into care included: alcohol problems (n=3); not being able to cope (n=4); mother's mental health (eating disorder and depression) (n=1); allegations of abuse and drug use; and neglect (n=1) and domestic violence (n=2).

Children were between five and eight years old at the time of the interview, but were between zero and three years old when they were taken into care. The length of time the children were away from home varied between one and two years.

Three of the children were at home subject to a Care Order, one child had a Care Order discharged, two of the children had entered care on a voluntary basis, and subsequently returned home with no legal Orders in place, whilst three children had been subject to

care proceedings, but these had been withdrawn after several months, with the children then being returned to the birth parents.

Some of the parents had children with learning and behavioural difficulties and the couple interviewed had a child with a physical disability. The interviews indicated that all the parents had faced, and were continuing to face, considerable difficulties in their lives.

Social Services involvement

Some parents felt that Social Services failed to provide the practical support needed to prevent children being taken into care in the first instance. The most extreme case was that of one mother who proactively approached Social Services for help and her children were taken into care against her will for nearly two years. When her son was born, she had an eating disorder and was suffering from depression, and that was starting to affect the child and his older brother. She was caring for the children on her own with no support. She asked for help from Social Services, but felt that she hadn't received appropriate support. Instead, her two children were abruptly taken into care:

"Our problems weren't major problems ... I was in care so I knew how the process worked ... The supports came too late ... If somebody had walked in and said they would take [my son] for an hour I could go out shopping, they would keep the wee ones, everything would have been a lot easier."

Another mother felt that Social Services *'should not have took the child off [her] in the first place'*, and resented not having received any support at all from them. As a result of their experiences, both these mothers and others interviewed did not trust Social Services and believed there were children with greater needs who were not accessing the care system:

"They're on about protecting kids, and ... they're putting kids that don't even need to be put into care. And these placements are making other kids – they're slipping through the system, and getting abused."

Three interviewees, however, were relatively happy with the support they received from Social Services while the children were in care. For instance, Social Services provided financial support for a child's mother, who was only 15 when the child was born, as well as aftercare services and a registered child minder to look after the child while the mother was at school, enabling her to obtain O'Levels.

Removal into care

For three parents, the event when Social Services came to take their child was recalled as particularly traumatic. In these instances, parents commented that their children had been forcefully removed from their care, with the support of the police, and without any warning or explanation from Social Services:

“My neighbours thought it was a drug raid here. The night they came to lift [my son] – [the social worker] asked for [my son] and I said ‘no’. The next thing I knew there was six land rovers (police jeeps) at my door ... I was standing on my own, my wee boy didn't even have a pair of socks on. ”

However, the removal of children from home was less distressing when it was more of a gradual process. One mother, for instance, asked for Social Services involvement. She was a lone parent, with no family support, and already had an older daughter with severe behavioural difficulties. She found it very hard to cope when her twins were born. The twins were placed in voluntary care for six months, and the mother felt that this really helped.

Coping with separation

In general, parents found it especially difficult to cope when their child (or children) was in care, and were determined to get them back home. Some described that time as ‘heartbreaking’. One mother, whose children were placed in foster care for 21 months because of her mental health, regarded the experience as very upsetting for her, but also considerably damaging for the children, the youngest one being about two years old:

“It was terrible for both children. The oldest boy kept running home after school instead of going to his foster home, he’d come home to me. My youngest one starting dirtying himself.”

One mother, who was a teenager when she had her daughter, found the time her child was in care particularly hurtful, especially when she realised that her child, who was two and a half years, had started to call the foster carers ‘mum’ and ‘dad’:

“And then after she was there for six months she started calling this other woman ‘mum’, and the guy ‘dad’, right? But these people accepted you see ... It disgusted me, it disgusted me, [my daughter] was an innocent wee girl, didn’t know any better, but this lady just didn’t realise that emotionally it was destroying me!”

Participation in decision-making: LAC meetings and the Court process

Most birth parents whose children were taken into care tend not to have positive memories of Looked After Children (LAC) meetings and Court processes (Ward *et al.*, 2006; Booth & Booth, 2005). On the contrary, parents interviewed in previous studies felt threatened, powerless, constantly observed and judged (Ward *et al.*, 2006); felt humiliated, and believed that they were not listened to during meetings, case conferences and in Court (Booth & Booth, 2005).

Similarly, for the birth parents interviewed in this study, care proceedings were experienced as extremely stressful. Some parents felt that they were not given enough information to be properly involved in the decision-making process, particularly during Court cases. Five interviewees did not feel involved in the care plan, and reported feeling unwelcome, powerless and threatened at LAC meetings, where social workers showed them little respect, were judgemental, and simply told them what to do:

“This is what’s happening, and this is what you’ll do. And if you don’t do it then the kids won’t go back. And if you don’t like it, you know what’s going to happen.”

One mother, whose child was taken into care at one year old for about two years, because of neglect and drinking problems, felt that her opinions and requests were ignored and that only her parent, who was the child's foster carer, was being listened to:

“Oh they just made a decision whether I liked it or not ... it was all [my parent] and social workers. I was just sitting there ... I told them what I wanted, you know. I wanted at least once a week to take my son out down the town, but I was never allowed it.”

One mother, whose two children were taken away for two years because of her mental health, believed LAC meetings while her children were in foster care simply functioned to repeat allegations and threats. She explained how that made her feel helpless and frustrated:

“I wasn't listened to. Being judged, being told what to do and what I haven't done, and what should be done, and if you don't co-operate with them, you don't get your children.”

However, at the time of the interview (and with the children now at home) she was more positive about LAC meetings and felt that she was able to finally voice her views:

“Now from the children have come home, they're a lot better. I'm even allowed to have my input.”

For one young mother, some of the LAC meetings were held at her own home, in order to make it 'easier and handier' for her. Thus, she felt that Social Services were 'very accommodating'. Likewise, another mother felt that Social Services had been 'very supportive', although she explained that she found the meetings to be 'scary', or 'like walking into a room with these big people'. A few birth parents did feel confident in expressing their views, and believed that they were listened to.

Birth parents' experiences of the Court process or LAC meetings were often dependent on their relationship with individual social workers. While **six** birth parents had very poor

relationships with their social workers and had reservations about their ability to deal with issues related to their children, three reported remarkably positive experiences. In fact, where birth parents felt that their social worker did not 'judge them' and 'treated them with respect', this clearly influenced the nature of the relationship, and allowed the parents to express their views more readily, which helped lead to a positive care outcome.

Similarly, Packman and Hall (1998) reported that certain ways of working with parents and attributes of social workers were particularly appreciated by the parents they interviewed, including 'sitting down', regarded as an indicator of the social worker being ready to take the time to listen. In Booth and Booth's (2005) study, which focused upon the parents of children with learning disabilities, good social workers were defined as: having a readiness to listen; not being interfering; being helpful; accessible; and approachable.

Contact Visits

Contact arrangements can be resource depleting and time-consuming (Ward *et al.*, 2006). For some birth parents interviewed, contact visits, despite representing the only opportunity to see their children, were emotionally difficult and stressful. Five parents felt 'hurt', 'sick', 'felt like throwing up', and described visits as 'gut-wrenching'. This was particularly the case when contact sessions were strictly regulated, in awkward and hard-to-reach places, short in duration and highly supervised. That often put restrictions on the communication between parents and their children, who felt intimidated by the continual surveillance they were subjected to, where social workers seemed to be 'watching every move' they made:

"You weren't left in the room with the kids. There was always somebody sitting in with you. You couldn't really get asking the child how they felt ... And I know there were times there when the kids really did want to speak to us but they couldn't ... The kids weren't the same. The kids wouldn't even hardly open their mouths because of the cameras, and all these things around watching what was going on."

These parents felt that the contact visits put a strain on them and also had adverse effects on their children. For instance, a mother believed the contact visits were particularly troubling for her son, who was one year old when he was taken from home due to neglect and mother's drinking problems, and was then living with his grandparent.

"It was harder for him than it was for me ... I used to bring him wee things as well every week and ... they stopped that, I wasn't allowed to bring his toys to him ... it was disrupting him too much."

Taking into account the experiences of one of the mothers interviewed, it seemed that the way in which the contact visits were organised and conducted influenced how positively or negatively they were viewed. In the early stages of the children being taken into care, contact visits were particularly upsetting for this mother and her children:

"Especially coming back after visiting my children. They were crying and I was crying. I had to come home on my own... My first contact with the children – I felt as if I was a Paedophile. They had cameras on you and every word you said was listened to."

However, there was a change of social workers, who modified the character of the visits:

"It was completely different kids when they came along. The visits to the kids was more enjoyable. It wasn't prison, we got outside the door, we weren't listened to, we weren't watched."

Attachment and bonding

Attachment theory (Bowlby, 1973, 1982) specifies that children form bonds with caregivers that vary according to the level of security that these ties provide. Children who have been in care often have to cope with different instances of separation from their main attachment figures, which makes it more difficult for them to establish secure attachments to new caregivers, or reforming attachments with former caregivers, and this can affect their social and emotional development.

When returning home, most children were thought by their birth parents to have settled back and become attached to them 'straight away'. For instance, one mother always saw her child as 'a very loving child', 'a good sleeper, and a good eater'. She remembered him attaching to her quickly (i.e. calling her 'mummy'), when he returned home. Other mothers felt similarly:

"Well he knows no matter what he's done he can come and tell me, he never goes out the door without a kiss or a, you know, 'I love you' ... We're very close, very, very close. I mean they wouldn't be able to take him away from me now."

However, in some instances, parents acknowledged that the relationship had needed to be rebuilt. For instance, a parent who was a recovering alcoholic explained how she and her partner had to 'earn their children's trust all over again' after they had returned home. The girl's bed-wetting stopped when they reassured her that she was not going to be taken away again, and her older sister stopped checking the cupboards for alcohol when she was assured that the parents had stopped drinking. These parents felt that their relationships with their children had grown stronger and felt that the children respected them more since they came back home:

"My son goes 'Yes I was in foster care but I was in for a reason and I'm proud of my mummy and my daddy because they haven't touched a drink from it.'"

However, one mother reported extremely adverse effects of the separation on her relationship with one of her sons, who was three years old at the time he was taken away for over a year, and about seven years old at the time of the interview, and was still refusing to show affection to any family member:

"He would push you away whereas the other wee boy would give you a hug ... He is so strange. You know, he wouldn't even let his brother hug him."

Although this mother commented that she had never been able to bond with this particular child to the same degree as with her other children, he had changed and come

back from care very 'disturbed'. However, she admitted that he 'was sort of the middle one, left out' by the family and thus accepted some responsibility for the failed bonding. She believed he had actually formed a positive relationship with his foster mother, because she had been able to give him much more attention than she ever gave him:

"He loved her ... he was arms round her. I think now because when I got them home, he maybe resents me for taking him away from her. I don't know but he's strange."

Relationship with extended family

Most parents explained how their children had positive relationships with other family members, especially siblings. For example, one mother explained how her daughter had a positive relationship with her extended family (grandmother, aunts, her mother's aunt, and other relations). However, in the case of some mothers who had no contact with their own families, their children often had not been able to develop any links with their extended family, as is the case of a mother, who was a teenager when she became pregnant, and whose daughter did not have much of a relationship with her grandparents:

"But my mummy doesn't interact with her at all. ... [My mother] says to me, you know, that if I kept [my daughter] my life would be ruined ... if I ask her advice about [my daughter] wetting the floor or something like that,... she would just give me a big dirty look like 'What do you want me to say, I told you so.' ... Mummy and daddy have never once looked after her for five minutes."

Contact with previous carers

Only three parents were still in contact with their children's foster parents. For instance, one mother reported problems with a previous foster parent wanting to have continued contact with her child. Three years after the placement ended, the foster mother was still calling regularly. She believed that it was not letting her family move on with their lives.

“My little [daughter’s name] doesn’t remember living with her, right? But when [foster mother] comes, she’ll say things with [my daughter] sitting in the room, like ‘oh we used to have Chinese whenever [daughter’s name] was living with us’ in front of her! ... I think she wants to let my child know ‘oh you were living with us and you called me mum’.”

However, she did not feel that she had the strength or authority to deal with this situation. In contrast, another mother tried to keep in touch with her children’s foster carer, because one of her sons had become quite fond of her and was upset about losing her. The foster mother came regularly to visit the children for a certain period, which ‘did really help them’, but the mother’s ex-partner did not agree with that arrangement and neither did Social Services, so the contact was stopped:

“to me, it was breaking [my son]’s heart and that wasn’t fair. You know, once a week or, it wasn’t even once a week, it was once every other fortnight that she would have come down ... this person had been in his wee life for a while.”

Two interviewees had contact with foster parents after their children came back home but the contact eventually stopped.

Aftercare support from Social Services

Care Matters in Northern Ireland (DHSSPS, 2007, p. 9) stressed the need to ‘ensure that parents have access to the help they need, when they need it, in a non-stigmatising environment and allowing parents to be in control of solving their parenting difficulties while having access to the services to help them do so’. A number of parents interviewed felt that they had received insufficient support from Social Services once the children had returned home, with greater on-going practical support needed in order to care for their children. Some parents were economically vulnerable and relied on benefits. One mother in particular explained how she struggled with her financial situation and how her housing choices were ‘very limited’. Another mother and father were upset, angry and frustrated about the lack of support they received in finding

accommodation suitable for their child who had a physical disability and was a wheelchair user.

Some parents felt that Social Services were only concerned about checking up on them, rather than providing practical help. They felt that once Social Services were satisfied that the potential risks to the children had diminished, it was difficult to access any support at all. For instance, one mother had recently had her case closed, and thus her social worker, with whom she had an excellent relationship, had stopped visiting her. At the time of the interview, she was extremely upset about this.

Due to a perceived inadequate provision of practical after care by Social Services and the perceived pressure 'not to slip up again', some parents were afraid to ask for support from Social Services, and lived with an ongoing fear of losing their children. Many longed for respite care to give them 'a break'.

These findings are consistent with previous research. For instance, Broadhurst and Pendleton (2007, p.6) found that birth parents differentiated between two types of support received once children returned home: practical help (basically financial support), and statutory visits and monitoring. While practical help was received positively, support in the form of statutory visits 'was either perceived as irrelevant, barely touching the lives of families or was described in negative terms'.

Family support

A number of the birth parent interviews pointed to a connection between their children going into care and a breakdown of relationships within the extended family network, even to the extent that parents claimed that they were completely left on their own when dealing with their children. Some of them explained that they had no family support after their children had returned home. However, one interviewee, who was a teenager when she became pregnant, explained how her relationship with her mother had improved and described her family as 'closely knit'. She had also found a partner who was 'very good' and 'a sort of father figure' to her child.

Discussion

The interviews conducted with birth parents in this study, despite the small numbers involved, revealed a variety of family circumstances (i.e. teenage motherhood, lack of social support, drinking problems, mental health problems), including a range of differing needs (i.e. children's physical and behavioural disabilities). This indicates a need for differing levels and kinds of assessment, monitoring, and support to be set up to address the particular needs of these families.

The findings reported here suggest that some types and levels of support might be crucial for many birth families at three different stages: before the children come into care; while they are in care and struggle to get the children back home; and after they return home from care. It is worth highlighting the lack of support that these parents received from their own families to help them deal with both the initial loss of their children and then with the task of managing them settling in again. Indeed, the majority of interviewees (n=6) were single parents and several were teenage mothers, whose parents denied them any support, while others gave accounts of stressful life events that affected their ability to cope with the difficulties that they encountered. This may suggest that, in some cases, an early intervention with practical help, such as child minders, home help, or simple parent education may have helped to prevent the children being taken into care. However, in some cases, temporary foster care seemed unavoidable and appeared to have had a positive effect on the care outcome for birth parents and children.

In general, parents found it especially difficult to cope while their children were in care. Contact visits were specified as the most stressful aspect of the child's separation from the birth parents. The descriptions of these visits highlighted the artificial nature of the contact, and the difficulty that the parents experienced in trying to demonstrate their love and affection for their children in a situation where they believed they were being judged and assessed. The findings suggest that contact is a convoluted issue and needs to be dealt with individually case by case, and with appropriate supports put in place. Another finding worth highlighting, which has been also documented in previous literature (Cleaver, 2000; Booth & Booth, 2005; Ward *et al.*, 2006), is that, despite maybe being a well-intentioned initiative, LAC meetings were perceived by many of the parents interviewed to be a negative and disempowering experience.

As has been highlighted elsewhere (e.g. Bullock *et al.*, 1993; Schofield *et al.*, 2007), returning home from care is not an easy process for children or parents. Some birth parents commented that their child had shown signs of insecurity and distress upon reunification, including initial rejection of the parents. However, parents reported that where they tried to understand and work through their children's reactions, and where their own behaviour had changed, for example when they were no longer abusing alcohol, this seemed to strengthen the relationship with their child.

In general, the level of support provided by Social Services when the child had returned home was perceived to be insufficient and/or inadequate. For instance, even though some of the children had physical and behavioural needs, these were perceived to be not properly addressed by Social Services. Most parents highlighted the need for practical help, particularly respite care, advice, and housing/financial support, and found inadequate support in the form of visits '*asking the kids are they alright*'. However, these perceptions tended to depend on the relationships with social workers, which in turn varied depending on the perceived degree of trust and respect that the social worker demonstrated towards these parents. This study reinforces the demand for more practical support and less monitoring found in other older and recent studies (Bullock *et al.*, 1993; Sinclair *et al.*, 2005; and Broadhurst and Pendleton, 2007).

Conclusions

This paper has focused upon the qualitative findings from interviews with a small number of birth parents of young children who returned home from care, and some are consistent with previous studies (Packman & Hall, 1998; Sinclair *et al.*, 2005; Ward *et al.*, 2006; Booth & Booth, 2005; Broadhurst & Pendleton, 2007). The findings raise concerns about the health and welfare of children and their parents, and confirm the need to address the major difficulties experienced when children return home from foster care.

Given the sample size of this study, a degree of caution needs to be taken in generalizing these findings. However, because of the lack of attention paid to this population of parents, it is important to place such findings in the public domain. It is

hoped that this study will act as a drive for further research looking at the views and needs of a larger sample of parents of children who return home from care. However, this is just one element of the overall picture, since only the perspectives of some birth parents are examined. Further research is needed to explore in detail the perspectives of the children themselves. During the interviews, parents had assumed or implied particular feelings or emotions on the part of the children. However, it is unclear to what extent the parents' perceptions actually matched those of their children. The current phase of the *Care Pathways and Outcomes* study is focused upon gaining the children's own perspectives, relative to those children who were adopted from care, or who have remained in foster care. In this phase, we will explore in more detail the impact that different types of placements might have on the outcomes for children and their families.

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