

PART 1

CHAPTERS
1-15

ROSIE
LEWIS

An abandoned baby.

Separated from
her only family.

Searching for
a true home.

Taken

Rosie Lewis

Taken: Part 1 of 3

«HarperCollins»

Lewis R.

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Experienced foster carer, Rosie Lewis, takes on the heart-breaking case of Megan, a baby born with a drug addiction and a cleft palate. Addicted to drugs from birth because of her mother's substance abuse during pregnancy, new-born Megan is taken into Rosie's loving care. Rosie is supposed to help Megan find her new permanent home, but it turns out that Megan has already found her 'forever mummy' in Rosie. Rosie grows incredibly attached to Megan and applies to adopt her, but the system refuses her in favour of a young couple and Rosie is devastated. Against all her instincts, Rosie does her job and prepares Megan for her new 'forever family', but everything about Megan leaving feels wrong. When Rosie learns a few months later that Megan's adoption has broken down, she is saddened but also filled with hope – will this little girl be allowed to return to her true 'forever home'?

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Copyright

Certain details in this story, including names, places and dates, have been changed to protect the family's privacy.



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Chapter One

Mothers steered their buggies around the orange barricades, small wheels snagging on the rumpled pavement. The low hum of overheating motors filled the heavy air and behind me someone tooted their horn. Squinting against the plumes of dust, I watched a couple stepping out from the taxi in front of me, others ambling hand-in-hand towards the shops. On any other day I might have escaped the clattering of jackhammers and taken refuge down one of the sloping side streets, among the flower stalls and earthy cafés.

As it was though, I didn't mind being stuck behind the wheel. Browsing the central courtyard for samples of cedarwood and patchouli oil while street entertainers played the crowds was one of our most favourite weekend pursuits, but not nearly tempting enough to compete with the experience that lay ahead.

It was a clear morning in mid-July 2011 and my Fiat was rolling slowly towards Queen Charlotte's Hospital in the city centre where Megan, a baby girl, was being cared for by midwives. Born with a cleft palate three days earlier, Megan had been surrendered into the care of social services by her birth mother under a Section 20 voluntary order and, as a foster carer, I had been asked to begin daily visits to the special care baby unit with a view to bringing the newborn home as soon as she was well enough.

Peggy, Megan's social worker, was also responsible for another child in my care – Zadie, a 13-year-old girl who had been staying with us since May. Quiet and helpful, Zadie had begun to relax in her new home and, though I still had a few concerns about her, I was fairly confident that taking on another foster child wouldn't undermine the fragile trust growing between us. When Peggy told me about Megan though, there was a moment's hesitation before I agreed to become her foster carer.

Having looked after little ones before, I knew how easily love could creep into your heart, stealthily taking you by surprise while your mind was distracted with other things. I also knew how painful it could be to say goodbye to children who had carved their own unique place in your family. Tess and Harry, young siblings who came to me as babies, had moved onto adoption after almost three years in our family. It had taken many months to adjust to the loss. After they left I told myself that I wasn't suited to fostering tiny ones – it was so hard to let them go – but as the weeks passed the wonder of their early years came back to me.

Gradually the sadness faded, if not into insignificance, then insubstantial enough for me to appreciate what a privilege it had been to be a part of their lives. I knew that if I wanted to continue fostering I had to accept that helping children to move on to permanent placements was a crucial, and perhaps even the most pivotal, part of my role, and when I ran through the handover in my mind, I realised that even though I'd been jelly on the inside as I readied myself to let the siblings go, I had managed to keep my own feelings hidden from them. The handover had been painful, there was no doubt about that, but from the point of view of the little ones, it went very well.

Though I hadn't seen them since the day they left, I had heard through the grapevine that they were doing very well, and slowly my confidence returned. Soon after Tess and Harry came Sarah, a baby born with severe neonatal withdrawal symptoms. Perhaps inevitably, the bonds grew quickly and though Sarah was only with us for a few weeks, parting with her wasn't easy either.

I was honest enough with myself to suspect that moving another baby onto adoption might be painful, but Peggy had assured me that Megan's case was unlikely to drag on – Megan's birth mother, Christina Hardy, was a severely depressed young woman with a substance addiction who seemed unable to stick to any of the treatment programmes she had been referred to. Besides her dependence on illegal drugs, she had recently fled a violent partner and, with no home of her own, was staying in a refuge.

Although Christina wanted to keep Megan, she had agreed to her being fostered to avoid the trauma of a forced separation. Technically, Christina could revoke her agreement to the Section 20 at any time, but in light of her homeless state and drug-dependency issues, she was more than likely aware that social workers would have little trouble obtaining a more formal, interim care order through the courts.

From what Peggy had said, Christina's chances of securing a full parenting assessment were minimal and the social worker was keen to push for a swift resolution of the case so that Megan could be settled quickly into permanence. Having known the social worker for several months, I felt I could trust her word. Initially she came across as a little brisk, but as I got to know her I realised that she was a professional who was happy to go the extra mile for a child in need. I knew that she would do her best for Megan.

As well as having an excellent social worker on the case, a recent review of the family justice system had found that the excessive delays in care proceedings were damaging for looked-after children. According to Peggy, the findings placed renewed pressure on local authorities to resolve cases within six months so that family finding could begin early on in the child's life. I felt certain that I could handle a separation after a relatively short time.

Chapter Two

And so at a little after half past one I climbed the stairs to the third floor of B wing in Queen Charlotte's Hospital, filled with the anticipation that a new placement always roused in me. Though it would be nice to claim it, I had no feeling of foreboding at that time, no sense of the dramatic twists and turns that awaited us in the months to come.

What I could say honestly enough though was that I was struck by a strong sense of recognition as soon as I caught sight of Megan's little face. I'm still not sure how it was even possible, but from that very first moment she felt as familiar to me as all of the veins and tendons on the back of my own hand.

At the reception of the special care baby unit, one of the midwives checked my Bright Heights security pass and gave Peggy a quick call to confirm my identity. After I had washed my hands and used the alcohol rub to cleanse them, the nurse showed me into the unit and guided me to Megan's crib. Several of the other mothers gave me curious glances as I went, but I was so excited to see the baby that I only half-registered them.

Swaddled snugly in a white cellular blanket, Megan lay on her side in a see-through Perspex open incubator, a folded blanket tucked behind her back to prevent her from rolling over. As I neared, the first thing I noticed was her dark, downy hair. Long for a newborn, it emerged from beneath the white woollen hat she wore in soft wisps, falling across the tops of her ear and towards the nape of her neck. Her delicately fine fringe brushed her eyebrows and skimmed the tips of dark lashes.

Taking in her rounded forehead, flattened nose and large hazel eyes, I felt a rush of tenderness, so much so that my eyes misted over and a lump rose in my throat. She looked so beautiful and vulnerable and, rocked by the strength of my feelings, I'm ashamed to say that, for a split-second, I considered calling Peggy to tell her I had made a mistake – I wasn't sure I was up to caring and then parting with another baby.

'Adorable isn't she?' the midwife whispered. About fortyish, she slipped her arm around my waist as she stood beside me, giving me a friendly, unexpected hug. The tip of a name badge was visible over the top of the plastic apron she wore, fixed to her royal-blue uniform. When she released her grip and turned to face me, I could just about make out the letters: 'ANGIE'. 'We've barely taken our eyes off her since she came in,' she added.

I smiled, knowing that babies in care were often singled out by midwives for their most special attention: the empty visitors' chair at the side of the crib a poignant reminder of their aloneness in the world. 'Absolutely,' I said, all thoughts of fleeing put firmly aside. I loved being a foster carer and my whole family adored looking after little ones. Saying goodbye was tough, of course it was, but I had managed it several times before and there were hundreds, if not thousands, of people all over the country who would snap up the chance of caring for a newborn baby. I was lucky enough to be in a position to take that opportunity. And besides, nothing worthwhile was ever going to be a piece of cake.

'Ready for a cuddle?' the midwife asked, one eyebrow cocked.

'I thought you'd never ask.' I cast my shoulder bag aside on the empty chair beside the crib and rubbed my hands together as if they needed warming up. They didn't – if the inside of my car had turned into a sauna, the hushed, airless interior of the unit felt like a kiln.

'Here she is,' Angie said, planting the tiny baby in my arms. Megan registered the change with a blink of surprise. After several longer, slower blinks she fixed me with an unfocused but slightly amused gaze, as if she'd been expecting me and was wondering why I had taken so long to arrive.

A floating sensation ran through my limbs, the feeling spreading up my torso and fanning itself out inside my chest. I stood transfixed, aware of her warmth seeping into my arms. Edging backwards until my calves touched the back of the chair, I lowered myself down, ignoring the bulk of my bag

pressing against the base of my spine. Angie reached over and grabbed the bag, tucking it on the floor beneath the crib. I thanked her without looking up and shuffled back in my seat, my eyes taking in the tiny purplish veins running in minuscule branches across Megan's cheeks and the slightly mottled skin covering the soft contour of her forehead.

Her button nose was slightly squashed against one cheek and, beneath the small fist hovering an inch from her face, I noticed a cute little pleat in her chin. Just above, her tiny mouth pulsed at intervals around a small medical-looking dummy. It was only then that I took in the small gap, maybe a centimetre or so wide, visible in her top lip. Tilting my head, I tried to see how large an area was affected by the cleft – as far as I could make out, without removing her dummy, it wasn't nearly as extensive as I had feared when I had spoken to Peggy on the telephone. 'I've seen worse,' Angie said, picking up on my scrutiny. 'She'll need surgery in a few months, but if she's lucky she might get away with just one or two procedures.'

'Oh, that's good,' I answered absently, my heart skipping as I touched Megan's small hand. Tranquil and pale, she fixed her gaze on me and closed her fingers tightly around one of mine, almost as if she was claiming me. 'She seems very contented,' I managed to say, though I was so absorbed that my voice sounded muted, even to my own ears.

'That's the baby methadone doing its work,' Angie murmured, leaning close. 'She had another dose a couple of hours ago.'

I looked up sharply. Peggy had mentioned that Megan's mother had a history of drug and alcohol abuse, but somehow I hadn't processed the possibility that she might have used during her pregnancy. I wasn't sure why it hadn't occurred to me – I had cared for babies suffering from neonatal abstinence syndrome, or NAS, before – but I think it was probably because I found it difficult to believe that any drug had the potency to override a mother's instinct to protect. I knew from caring for Sarah that babies were only prescribed methadone if their withdrawal symptoms were particularly severe. In most cases, TLC and a heavy helping of stamina were enough to nurse them through the worst of it. Angie pouted grimly and I pulled a face back. 'Oh dear, poor thing.' And then another thought occurred to me. 'Is that what caused –?' I tilted my head towards Megan, indicating the cleft.

Angie whistled softly. She crossed one leg behind the other, leaned her elbow on the crib and put her other hand on her hip. 'It's hard to say. Some drugs are linked to clefts – diazepam for instance – but as far as we know Mum wasn't on that.' The midwife was speaking so quietly that I had to lean forward to make out her words. 'Christina swore she wasn't on anything. Sister realised little one was clucking the day after she was born. We couldn't leave her to muddle through, poor little love, not without a bit of help. She was in a lot of pain.' And then, with sudden vehemence, she added in a fierce whisper: 'In the States they recognise unborns as victims, so I'm told, but over here we don't seem to see them as people in their own right. Personally I'd prosecute these mothers. We're told not to stigmatise them; that they're the victims and they need help, but most of the time they don't even want to stop. They must know how awful it feels to go cold turkey, but that doesn't stop them putting their own baby through it.' Angie lowered her voice still further. 'And we're supposed to feel sympathy for them?' She blew out her lips. 'Look at the harm they do.'

Quietly enraged, spots of pink appeared on Angie's cheeks. I pressed my lips together, shaking my head. Her words had reminded me of something I learned recently when I attended a local-authority-run course on drug and alcohol addiction. According to the tutor, roughly 1,500 babies a year were born addicted to drugs in the UK, and the figure was rising year on year. What really surprised me, though, was that some remained in the care of their mothers, despite their ongoing addiction.

While I had seen some birth parents battle against the grip that illegal substances held over them, plenty of others seemed to indulge themselves without troubling their consciences too much. Working at the sharp end in one of the largest cities in the UK, I imagined that Angie's view had been coloured by the number of babies she had seen suffering as a result of their mothers' addiction.

Angie ran a hand across her forehead and blew out some air. ‘Anyway, what can you do except deal with the fall-out as best as you can? The good news is that baby’s coping well on the minimum dose and we’re stretching it out to six-hourly now. She’ll be on eight-hourly by tomorrow and hopefully off a few days after that.’

‘How long before I can take her home?’

Angie smiled then, the vestiges of anger leaving her face. ‘Oh, that’s wonderful to hear. Lovely to know she’ll be going home to a family.’ She tilted her head. ‘Do you have your own children?’

‘Yes, Emily’s 16, Jamie’s just 13 and we’ve got another girl staying with us at the moment who’s almost 14. They can’t wait to meet this little one,’ I said, which was mostly true. Emily and Jamie were really excited to have another baby in the house but Zadie had seemed nonplussed when I broke the news about Megan.

Last night Emily and Jamie had delighted in helping me to order a cot, pram and all the accessories online, but Zadie had hidden herself away in her room. I suspected that she was worried about being sidelined with the arrival of another child but I was sure she would warm to the idea when she realised her fears were unfounded.

‘That’s great, really great,’ Angie said, and I was surprised to see her eyes filling up. ‘Oh heck, look at me. We grow close to them here, you know. It’s surprising how quickly it happens when Mum only has limited contact.’

I threw my eyes up to the ceiling and then gave her a sympathetic smile. ‘Yes, tell me about it.’

‘God, I’d make a terrible foster carer.’ Angie leaned closer and laughed conspiratorially. ‘They’d find me halfway across Europe with the baby stuffed inside my coat or something. Angie Wickens, wanted by Interpol! I can see it now.’

I laughed along with her, trying not to jog around too much because Megan’s eyelids were beginning to droop. ‘I don’t let myself think about the end until I have to.’

‘Oh,’ Angie said, fanning her eyes with her hand. ‘It gets me, just thinking about it.’ She bit down on her lower lip, looking at Megan thoughtfully. ‘We won’t discharge her until she’s off the medication. Methadone can suppress breathing so she’ll need close monitoring all the while she’s on that – but as soon as she’s off it you can take her home. She’ll be at the hospital for her surgery, but she’ll come back here for outpatient check-ups. She’s only 5lb so they’ll want to monitor that, but she’s doing well, considering. Feeding can be a bit tricky but don’t worry, I’ll show you what to do.’ She stilled for a moment and then tapped my arm. ‘Tell you what, she’s due a bottle soon. We try to time her feeds between doses, when she’s not too sleepy but not too fretful either. Give me two ticks.’

A few minutes later the midwife returned armed with a bottle of milk and a plastic pipette with a rubber bulb on the end, similar in appearance to the ones I had seen gardeners use to feed plants. Noticing my puzzled stare, she tucked the bottle under one arm and held the pipette out to me with her free hand. ‘It’s a bulb suction,’ she explained. ‘You use it if milk pools in her nose when she’s feeding.’ She must have noticed the look on my face because she quickly added: ‘Don’t worry – it sounds worse than it is. We won’t send her home until you’re confident about what you’re doing. There’s lots of support if you find it tough. I’ll give you all the contacts before you leave.’

Angie handed the bottle to me and then gently pinched Megan’s toes to rouse her. The baby’s eyelids fluttered and then she snorted a half-yawn, half-cough. Her dummy fell out, rolling over the blanket and out of sight. ‘Keep her fairly upright,’ Angie said, coming around the back of the chair and leaning over the top so that her arms were free to guide me. ‘That’s it. Now, reach round with what I call your embracing hand, the one you’re cuddling her with, and hold her lips together with your fingers. There,’ Angie said encouragingly as I touched the teat to Megan’s lips. ‘You want a tight seal to create some suction.’

Megan’s mouth fell open and she shook her head, rooting. ‘Make sure you position the teat over her tongue,’ Angie said, pressing down gently on Megan’s chin. ‘The bottle has soft sides so you can squeeze them if she doesn’t seem to be getting much, but we’ve found she can suck effectively if you

get the seal right. The cross-cut teats help.’ Latching onto the teat, Megan began sucking sleepily. At first there was a random slurping noise, a bit like the sound of a dog lapping at a puddle, and I could tell that it was a bit unproductive. ‘Don’t be afraid to be a bit more forceful. Unless you fix a seal she won’t get much milk,’ Angie said, placing her hand on my forearm.

‘I’m worried I’ll hurt her.’

‘You won’t. She’s a lot tougher than she looks, honestly.’

It was a tricky manoeuvre, and at the back of my mind I was wary of letting her suck too hard in case she choked, but after a couple of attempts I relaxed and got the hang of it. I couldn’t help smiling at the loud clicking noises she made as her tongue worked at the teat and then the cute little goya-goya of her swallows. She sucked with a sort of desperation, as if she knew she was going to have to fight harder than the other babies on the ward, the ones with parents close by.

Rivulets of milk ran from her nose down to her chin. Angie tucked a folded muslin square in the fold of her neck, reassuring me that leakage was normal with cleft babies. ‘Perfect,’ she said, patting my arm. But a minute or so later Megan jerked back, eyes widened in alarm. She fixed a panicked gaze directly on me as if to say, *Please, DO SOMETHING!* ‘Here you go,’ Angie said briskly, pressing the suction into my hand. With quickening pulse, I worked to clear her nasal passage while she floundered in my arms. It was a relief to find that the suction did its job quickly. Instinctively I shifted the baby to an upright position, making a pillow of my shoulder. After a few rattling breaths she gave a sigh, the curve of her back moulding itself magically into my palm. My heart melted. ‘That was great, Rosie, well done.’

I let out a breath and rolled my eyes. ‘Phew! That was a bit hairy.’

‘It is at first, I know, but you’ll get used to it,’ Angie said, as Megan began to complain. I set her on my lap again and offered her some more milk, keeping the suction close by on the arm of the chair. Megan pounced eagerly on the teat and Angie gave a little laugh. After a minute or so, she patted my shoulder and bustled off to the nurses’ station in the middle of the ward.

Knowing that I wasn’t causing Megan any discomfort, it was easier to fix a seal the second time around. Every so often she opened her eyes and gazed up at me, the look so trusting that my heart swelled. Time stalled and, immersed in what I was doing, I didn’t notice anyone approaching until a shadow fell across Megan’s face. I turned, taking in a pair of pink slippers. I looked up, the swollen but slightly deflated stomach belonging to the woman in front of me revealing that she was one of the newly delivered mothers.

‘Hi,’ she whispered, introducing herself as Erin. She smiled down at Megan. ‘Ah, bless, what a darling.’ Her eyes swept over Megan’s face, lingering on my fingers as they held the cleft together and the soft-sided bottle. Her brow furrowed inquisitively. ‘I can’t tell you how glad I am you’re here,’ she said after a short pause, leaning forward so that her face was level with mine. ‘My heart bleeds when she cries. She goes on and on, till she’s hoarse. We can’t bear it. She even whimpers in her sleep.’ Erin pouted her lower lip in a gesture of sadness and frowned. ‘Then all of a sudden she goes still, just staring up at the ceiling and you don’t hear a peep out of her. It’s like she’s given up, as if she knows no one’s coming.’

The methadone, I thought, glancing down at Megan, though of course, I didn’t say anything. She had stopped sucking and dropped off to sleep again, her soft breaths rattling in her chest. ‘I came over to give her a cuddle yesterday but’ – Erin rolled her eyes sideways in the direction of the nurses’ station then lowered her voice to a whisper – ‘I got told off. It’s not allowed apparently, but I can’t bear it, seeing her so upset and all alone.’

‘Don’t the nurses see to her when she frets?’

‘Oh yes, don’t get me wrong, they’re brilliant in here. They do their best but sometimes there’s no one free to pick her up. They’re so busy. That’s what I said to them – I don’t mind giving her a cuddle when my little one’s asleep, I said – but it’s against the rules and regulations and God knows what else. You know what these places are like.’

My stomach clenched at the thought of Megan's cries being ignored. I held her a little closer after that, tilting her towards me so that her heart was next to mine. Through the tinted windows of the unit, the bright clear sky was subdued in dusty shades of pale blue and grey.

From my position in the low chair there was no view of the road and the only reminder of the city centre was the persistent hum of traffic and the faded shadow of inky buildings set against the sky. With Megan's gentle warmth pressed against my chest and the hypnotic clicking noise as she began sucking again, the city streets fell away into a different realm, vague and irrelevant.

Chapter Three

Barely five minutes later the peace was shattered by a series of howls and loud bangs coming from outside the unit. Turning sharply towards the glass security doors and the reception beyond, I must have jogged the bottle because Megan suddenly spluttered and began to choke again. Silently cursing myself and fumbling for the suction, the commotion going on behind me instantly faded.

I did my best to clear Megan's airway quickly, only vaguely aware of Angie rushing across the ward, another nurse following hastily behind. As her breathing settled I snatched another glance over my shoulder, wondering what on earth was going on.

It was difficult to see anything beyond a blur of royal-blue uniforms, but from the nurses' frantic movements and strained voices of forced calm, I could tell they were concerned. Perhaps sensing something, Megan began to cry. I got to my feet and soothed her, rocking gently from foot to foot. Thankfully she brought up some wind as I rubbed her back, and as soon as she'd quietened I settled her into her crib and popped her a fresh dummy back in. It was just as well I had because at that moment a midwife I didn't recognise hurried over. 'Mum's outside,' she said in a rush, reaching for my bag and handing it to me. 'She's insistent that it's her time for contact so you'd best leave. We'll take the staff exit.'

With a regretful glance Megan's way, I followed the nurse past several other incubators, the tiny babies inside surrounded by a tangle of wires and tubes. Their parents, seated protectively nearby, stared between me and the commotion going on beyond the doors with shocked astonishment.

The further away from Megan I got, the more aware I became of the gritty, surprisingly deep voice of her mother. Almost at the other end of the ward, I couldn't resist another glance behind and saw the face of a small woman somewhere in her early twenties pressed up against the glass doors, her hands resting either side of her like giant suction pads. Dressed in blue tracksuit bottoms and a loose white t-shirt, she had light, thin hair and a narrow face with bloated, heavily hooded eyes. She was flanked by two nurses, each trying to peel her hands away. 'Get off o' me!' she bellowed, her words punctuated by a rattling buzz as she lunged out and jabbed at the intercom. 'Why you letting some stranger hold my daughter? She's *my* fucking baby. *Mine*.'

Despite her aggression, her expression was distraught and when a thread of uncertainty entered her voice, so that she began to sound more upset than angry, I felt an unwelcome trickle of sympathy for her.

'This way,' the midwife said with a curt nod, flinging the door open and ushering me through. Sweeping through a set of double doors, the nurse turned right and then took a sharp left along a narrow, less brightly lit corridor. When we reached another flight of stairs she stopped and faced me. 'We're going to have to speak to the social worker before you visit again,' she said, sounding apologetic but brisk. 'I don't know what they can do about it, but she's going nuts up there. We can't let that happen again.'

After the sterility of the unit, it was lovely to get home to the scent of coffee and the pancakes Emily was making in the kitchen. She downed the whisk she was holding as soon as she realised I was back. 'Tell me, tell me!' she said, waving her hands so that little puffs of flour rose, speckling her rosy cheeks and settling in her dark-blonde hair. 'What's she like? Did you take some photos?'

'Sorry, Ems. I didn't get a chance.'

Her face fell. 'Oh, why not?'

'Photos?' my mother said, coming into the kitchen. Mum was my back-up carer – after attending a course for respite carers she had been interviewed by my fostering agency, who had also checked her background to make sure she was responsible enough to take care of the children I fostered when I was unable to, and had child-proofed her home to pass the local authority health and safety standards check – and had come over to babysit while I went to visit Megan.

My son, Jamie, loped in closely behind, listening to his iPod. With earphones in place, there was that vacant, slightly sleepy look on his face that teenagers so often wore. I slipped a finger behind one of the thin dangling wires hanging from his ears and gave it a tug. 'Hey!' he moaned, jerking away, though there was a playful light in his eyes. 'Quit messing with my muse, Mum.'

'Just saying hello,' I said, smiling. Cool aloofness was the attitude he generally aimed for lately but, at just 13, there were still lots of times when it eluded him.

'Show us then,' he said, with as much detachment as he could muster. He leaned in, trying to shoulder Emily to one side.

'Ow, give over, Jamie!' she groaned.

'Sorry, I don't have any piccies,' I said, holding my hands up. 'The visit came to an, um, abrupt end.' I pulled a face and they nodded knowingly. Having fostered a number of children over the last ten years, my family were well aware of the pitfalls as well as the joys of fostering. While I was always careful not to tell them more than they needed to know, out of respect for the child's right to privacy rather than any lack of trust, they had seen enough over the years to reach accurate conclusions of their own.

I spent the next half an hour telling them all about Megan and how lovely she was, all the while aware that Zadie was still shut away in her room. I wanted the teenager to feel as much a part of this new adventure as Emily and Jamie and, still unaware of the real reason for her withdrawal, I made a conscious note to try and include her as much as I could in the coming days.

Her reticence worried me slightly, but it was Megan who was at the forefront of my mind when I went to bed that night. Whenever I thought of her I felt an irresistible itch to get back to the hospital – I just couldn't wait to hold her again.

Chapter Four

It was another week before Megan was able to cope without the methadone. Her cot was set up beside my bed, the newly purchased sleep suits were all freshly washed and folded, and a steriliser filled with bottles and teats ordered from a specialist supplier over the internet sat unplugged on the kitchen worktop next to the kettle. We were excited for her to join the family, but the midwives had reported that she was frequently uncomfortable and, according to Angie, feeding remained a challenge. There was also some concern that, due to frequent vomiting, she might fail to thrive. She had already lost two ounces since birth so in some ways it was a relief to know that she was in the hands of experts and getting the best care possible, and that when she finally came home, she'd be that little bit more robust.

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