

**SOCIO-ENVIRONMENTAL FACTORS AS DETERMINANTS OF EMOTIONAL
AND SOCIAL WELL-BEING OF ADOLESCENTS IN FOSTER HOMES IN
SOUTHWESTERN NIGERIA**

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CERTIFICATION

I certify that this study was carried out by Christiana Adeyoola, OLUWAMOTEMI (Matriculation Number 105626), under my supervision in the Department of Adult Education, Faculty of Education, University of Ibadan, Ibadan, Nigeria.

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DEDICATION

This work is dedicated to the glory of the Almighty God, the giver of life.

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ABSTRACT

Adolescents in Foster Homes (AFHs) often experience negative psychological and developmental problems, which have grave consequences on their Emotional Well-being (EWB) and Social Well-being (SWB), with an attendant effect on their future lifestyles. Previous studies have focused more on AFHs' deviant behaviour, school adjustment and psychological well-being than on EWB and SWB as well as their predisposing factors. This study, therefore, determined the extent to which socio-environmental factors (peer influence, foster officials' religious beliefs, media exposure, exposure to drug/substance use, neighbourhood characteristics, school climate and foster home climate) determined EWB and SWB of AFHs in Southwestern Nigeria.

Descriptive survey research design was adopted. Purposive sampling procedure was used to select 27 foster homes (nine public, 18 private) from the six states in Southwestern Nigeria. A combination of stratified, proportionate and simple random sampling techniques were used to select 575 AFHs inmates (339 boys, 236 girls). Socio-environmental Factors Scale ($r=0.72$), Emotional Well-being Scale ($r=0.65$), Social Well-being Scale ($r=0.67$) and Adolescent Fostering Scale ($r=0.69$) were used for the data collection. These were complemented with four Group Key Informant Interviews involving Chief Welfare Officers and assistants of four of the foster homes, and three Focus Group Discussions with AFHs. Four research questions were answered and two hypotheses tested at 0.05 level of significance. Quantitative data were analysed using descriptive statistics, Pearson product moment correlation and multiple regressions, while qualitative data were content analysed.

Socio-environmental factors significantly influenced the EWB and SWB of AFHs ($F_{(6,568)} = 8.37$, $R = .29$), accounting for 8.0% and 11.0% in the variance of EWB and SWB respectively. Foster home climate ($\beta = 0.16$), foster officials' religious beliefs ($\beta = 0.15$), school climate ($\beta = 0.13$), peer influence ($\beta = 0.91$), media exposure ($\beta = 0.09$), neighbourhood characteristics ($\beta = -0.23$) and exposure to drug/substance use ($\beta = -0.01$) had relative contributions to EWB and SWB of AFHs. Furthermore, the socio-environmental factors correlated positively with the indices of emotional well-being of the AFHs as follows: self-concept ($r = 0.09$), self-esteem ($r = 0.08$), behavioural control ($r = 0.07$), stress management skills ($r = 0.06$) and resilience skills ($r = 0.06$). Also, socio-environmental factors correlated positively with the indices of SWB as follows: environmental management skill ($r = 0.08$), sustained relationships ($r = 0.07$), good school performance ($r = 0.07$), assertiveness skills ($r = 0.06$), good social interaction ($r = 0.06$) and good communication skills ($r = 0.05$). The fostered boys had better EWB and SWB ($\bar{x} = 57.0, 60.3$) than the girls ($\bar{x} = 54.9, 56.6$), while the girls ($\bar{x} = 22.1$) exhibited good social skills and trust than the boys ($\bar{x} = 18.0$). Also, the private fostered adolescents ($\bar{x} = 18.0$) exhibited signs of greater comfort than those in the public homes ($\bar{x} = 15.9$). The AFHs were faced with the problems of attachment disorder, unhealthy development and low academic achievement.

Foster home climate, foster officials' religious beliefs, school climate, peer influence and media exposure positively influenced the emotional and social well-being of adolescents in foster homes in Southwestern Nigeria. Therefore, better social environment should be constantly sustained in foster care to ameliorate negative development of inmates.

Keywords: Fostered adolescents, Social well-being, Emotional well-being, Foster homes, Socio-environmental factors

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Adolescence is the period of transition from childhood to adulthood, a stage of major growth and development in which significant physiological, cognitive, psychological and behavioural changes take place. Gidion, (2010). At this stage, important developmental tasks, such as developing an identity and becoming independent need to be accomplished. Nevertheless, the concept of adolescence is socially constructed rather than being biologically determined; hence the image of adolescence is a time of stormy stress, intense moodiness and preoccupation with the self. Adolescence is a period of intense and rapid development and is characterised by numerous developmental tasks, including gaining new and more mature relationships with others, achieving a masculine or feminine social role and achieving emotional independence from parents and other adults Joseph & Moore, (2002). When adolescent development is successful, the result is a biologically mature individual, equipped with the capacity to form close relationships. The adolescent is also equipped with cognitive and psychological resources to face the challenges of adult life. Hazen, Schlozman & Beresin, (2008).

The families, in general, and parents, in particular, have often been deemed to be the most important support system available to the child during the adolescenthood processes Joanna, (1996). The strongest factor in moulding a child's personality is the relationship with the parents; under normal circumstances every child is expected to be parented by his or her biological parents, and this will promote love and affection and bring about bond between the child and the parents. If his parents love him with a generous, even-flowing, non-possessive affection and they treat him as a person, like themselves, with adequate right and responsibilities, then he has the chance of developing normally. But if they diverge from this, the child's development may be distorted. Cox & Cox, (2009). This is to show that successful parenting is based on a healthy, respectful, and long-lasting relationship with the child. This process of parenting is viewed in the psychological sense rather than biological and leads a child to perceive a given adult as his or her 'parent'. Dorsey, (2009). That perception is essential for the child's development of emotional and social well-being.

Optimal child development may occur when a spectrum of needs are consistently met over an extended period. Likewise, a child develops attachments and recognises as parents, adults who provide a day-to-day attention to his needs for physical care, nourishment, comfort, affection, and stimulation. This attachment to a primary caregiver who can either be the biological parents or the foster parents is essential to the development of emotional security and social conscience. But sometimes, this may not be the case when a child is not directly trained by the biological parents, which is a common trend in Africa. Troy & Beckert, (2005).

Isiugo-Abanihe (1983) reports that child fostering or the practice of sending children out to be raised by non-biological parents is wide spread among many societies in West Africa and Nigeria, in particular, and adolescent fostering has become a global problem that needs to be tackled if they are to be given their rights. Gelles, (2009). The issue of adolescent fostering has been given serious attention in many parts of the world, and Nigeria is not left out. Given this serious effort, one would have thought that this menace will not persist.

Prior to the creation of juvenile and family courts, children who were maltreated by their families were dependent upon informal interventions from their communities and churches. Gil, (2005). Children suffer grave consequences when informal protective networks failed. Without a protective network, neglected and homeless youths often wandered the street begging or stealing in order to subsist. For centuries, the Nigerian child has been seen as an instrument or property with no absolute privilege of its own. Umobong, (2010). In the traditional African society, the belief was that children should merely be seen and not heard and were not allowed to listen to adults' discussions/conversation let alone make contributions. According to Umobong (2010), the training of the child is the sole responsibility of the parents and members of the community who have the right to discipline and correct the child whenever he/she goes wrong. Suffice it to say that the parents trained the child in a way that is suitable and acceptable to the standard of the society.

Some children are taken away from their biological family of due to the inability of their parents to care for them as a result of various calamities ranging from physical or mental illness, imprisonment due to illegal behaviours such as drug trafficking and abuse.

Other causes can be due to financial constraints, inadequate housing and unemployment, family and community violence. Charlotte, (2001).

Foster care is care for children outside the home that substitutes for parental care. The child may be placed with a family, relatives or strangers, in a group home (where up to a dozen foster children live under the continuous supervision of a parental figure), or in an institution. Tower, (2001). Whatever its form, foster care is an enormous upheaval in the life of a child, who often must adjust not only to a different family, a different location, a different school, and different peers, and different culture as well. Rawn, (2004). Important decisions concerning the lives of foster children are in the hands of strangers, such as juvenile courts, social welfare agencies, substitute parents, any of which may have custody of the child. Troy, (2005).

Foster care is intended to be a temporary living situation for children with the aim of reunifying such children with their parents or guardian later in life. This may include an adoptive home, guardianship, or placement with a relative. At times, the bond that develops during foster care will lead to the foster parents adopting the child. In some instances, children may have a long-term placement. For older adolescents, a foster care programme may offer education and resources to prepare for a transition to independent living. Zetlin, (2004).

The foster care system faces major societal problems, such as, high rates of child and family poverty, homelessness, unemployment, substance abuse, HIV/AIDS, unequal education, family and community violence, all these directly impact the adolescent well-being and the child welfare system. These factors have contributed to the development of large case loads of families that have multiple and complex needs.

Early physical abuse and neglect in the course of fostering may cause adverse alterations to important regions of the brain, which can have long-term cognitive, emotional and behavioural consequence. Wiley & Karr-Morse, (2009). Fostered children abused early in life may also exhibit poor physical and mental health well-being into adulthood. These effects are strongly correlated with low academic achievement, substance abuse, and a myriad of other problems that prevent successful social adaptation. Kendall, Tackett & Eckenrode, 1996; Widom, DuMont, & Czaja, (2007). Older children who have been repeatedly traumatised in the process of staying with foster parents often suffer from post

traumatic stress disorder and automatically freeze when they feel anxious, and therefore are considered oppositional or deviant by those who interact with them". American Academy of Pediatrics, (2000).

Adolescents in foster care typically have troubled backgrounds with multiple social and emotional problems that place high demands on foster parents. While the health and safety needs of fostered adolescents are easier to observe, the emotional well-being of these adolescents is often difficult to identify. Recognising emotional and social well-being becomes, particularly, challenging when the adolescents move to foster homes.

The Nigerian society is still plagued with incidences of child labour, child maltreatment, child marriage, child trafficking, neglect, and child prostitution. All these are early childhood experiences which can subject the involved child to be placed in the fostering home. The effect of such abuses is many and varied, including teenage pregnancies/mothers, youth restiveness and violence, cultism, youth decadence, joblessness, armed bandits, molestations and school dropouts, especially when the affected children are not in foster home. Those menaces have eaten into the life of most Nigerian children.

In many cases, fostering of adolescents can exacerbate family and community tensions, which makes successful social integration more difficult for the emerging young adults. Thornberry, (2008). Sustained foster family and community relationships are important in providing critical support to a fostered adolescent as he or she faces the challenges of young adulthood. Recent studies show that persistent maltreatment, extending from infancy to adulthood and maltreatment during adolescent, particularly among fostered adolescents are significantly correlated with increased risk of juvenile delinquency and criminality. Thornberry, (2008). Young fostered adolescents who engage in criminal activity into their adulthood especially those dealing with the trauma of post abuse and neglect, face reduced prospects for employment, post secondary education, and other key areas essential to success later in life. Besides, some of them experience educational difficulties, including truancy and poor academic performance. Zetlim, (2003). These educational issues can derail the aspirations for higher education of even the most motivated fostered youth. Family tension, resulting from abuse and neglect or out-of-home secure placement, can make it difficult for youth to establish a support network to help them overcome personal barriers to life success.

If the mental health, substance abuse, and behavioural issues of these fostered adolescents go unaddressed, these problems can become intergenerational. Foster adolescent-foster family relationships appear particularly important, in sustaining and improving well-being. Fostered adolescents who report positive relationships with their foster families are significantly more likely to experience improvements in behavioural and social well-being and less likely to experience decline in subjective school well-being. Similarly, where foster parents report positive feelings about their fostered adolescent, these adolescents are significantly more likely to experience improvements in well-being (healthy state of an individual with positive qualities like being able to cope with challenges) than those whose parents report negative feelings. These relationships cannot be shown to be casual.

Environment is known to be an individual's surrounding, which is supposed to be the natural world. But when a child, coming from unhealthy environment, continues to grow and enter into new stages of life, he or she may not be able to rise up to challenges; they, in turn, run from any of such challenges. Too often, they have major learning blocks as they avoid any stimuli evocative of painful feelings and indirectly generalised these to whole subject areas. Katz, (2008). As a result of experiencing repeated traumatising events in the biological home, adolescents who receive no treatment for psychological scaring suffer adverse effects. The fact that the society is a good social organisation for the adolescents to have positive development in the task of helping them to develop their abilities, attitudes, values and good judgment; yet, incidence of adolescent fostering abound in our society and at the same time, poses serious dangers to the fostered adolescents and has damaging effects with far more consequences on the life of the fostered adolescents. If the home, which is supposed to be a custodian of knowledge and avenue for the optimum development of the adolescent, now fosters and indulges in abuse, then one wonders if children will benefit from the process of proper development.

Resulting from the various negative experiences, the fostered adolescent's social problems developed from inexperience culture and attitudes of the society to him or her and life in general. Some of the adolescents' personal problems include those of adjustment to societal expectations, how to cope with frustrations and disappointments, forming a philosophy of life, anxiety about future vocational, as well as complex in discussing these

problems with peers and adults. Abused and neglected children (in and out of foster care) are at great risk for not forming healthy social relationship with anyone. Zinyen, (2005); for example, fostered adolescent who cannot form and maintain positive social relationships with classmates or who have trouble in self-regulating their behaviour will often suffer academically, socially and personally. A lot of fostered children lacked social support which is also known as social deprivation, and some of them are deprived from developing into psychologically healthy human being. Beckert, 2005).

A child must have a relationship with an adult who nurtures, protects and fosters trust with security. When the fostered adolescent social life is distorted, many display of destructive behaviour takes place, and they are quickly labelled as delinquents, which tell on their emotion and social well-being. The social well-being of the fostered adolescent is the ability of the involved adolescents to be able to accomplish their social needs and their social domains are usually influenced by their peers, the school environment and their academic performance. The social perspective of fostered adolescent's academic functioning is influenced by a number of non-academic but school-related context variables as well as the academic variables.

Emotional well-being of the fostered adolescents is their ability to maintain a stable state that will allow them to exhibit positive self-esteem, self-concept and sustain good relationship with others. The fostered adolescents, most often, experience emotional disturbance as a result of their past experiences from their biological background or orientation. Emotional abuse can be seen as any attitude, behaviour or failure to act on the part of a caregiver, which interferes with the adolescent's mental well-being, social development or sense of self-worth. Emotional abuse is prevalent among fostered adolescents and this affects their self-concept, making them to see themselves as worthless and incapable. When the adolescent is constantly humiliated and maltreated, they suffer more than if they have been physically abused with the resulting effect of being withdrawn to themselves. Khartri, (2004).

If there is a proper articulation of the socio environmental factors that predispose the emotional and social well-being of these fostered adolescents, then a better framework for the institutionalisation of the fostering system will be built. In the light of this, there is the need to understand how such social factors as peer influence, foster officials' religious belief

and media exposure impede on the foster system framework. Besides, an insight into the impacts of such environmental factors as foster home climate, school climate, neighbourhood characteristics and exposure to drug/substance use will also go a long way in helping to assist the fostered adolescents' adjustments to societal expectations in the face of frustrations and disappointments.

Although vast and rich research works exist on adolescence and the fostering system in Nigeria, but most of these past studies have been conducted outside the realm of socio-environmental as predisposing factors of better and solid emotional and social well-being of the fostered adolescents. These previous studies have focused on child fostering in west Africa (Isiugo-Abanihe, 1983), evaluating adolescents violence. Okubanjo, (2007), child abuse and its implications for educational sector in Nigeria (Umobong, 2006), fostering social competence in adolescence through cognitive self-modelling and participant modeling strategies (Elegbede 2004), foster adolescent adjustment (Daniel, 2002), foster adolescent social competent behaviour (Sunia, 2001); foster home environment (Daniel, 2007); foster adolescents' psychological well-being (Sunia & Edward, 2007), school adjustment of foster adolescents (Jennifer & Brenda, 2004). It is against this background that this study sets to find out the socio-environmental factors as determinants of emotional and social well-being of adolescents in foster homes in Southwestern Nigeria.

1.2 Statement of the problem

Adolescents in foster care are particularly vulnerable to detrimental outcomes, as they often come into foster homes due to their exposure to maltreatment, family instability, and a number of other risk factors that compromise their healthy development. Fostered adolescents may be victims of family violence, or may not have been supervised or provided for appropriately manner. They may have been subjected to inadequate and impaired care-giving that results from a variety of parental difficulties, such as, substance abuse, mental illness and developmental disabilities. Moreover, these children are predominantly from impoverished backgrounds, a situation that exacerbates risk factors. An extremely high prevalence of emotional disturbance among young people in foster care is common, particularly those in group homes. These teens are at increase risk for such potentially

adverse outcomes as educational under achievement/discontinuation, substance abuse and ultimately homelessness.

Removal of children from their biological parents is enormously painful to the affected individuals. Many children and adolescents in foster care may feel anxious, uncertain and helpless to control their lives. Many feel angry, rejected, and pained by the separation or they develop a profound sense of loss. Some feel guilty, believing that they caused the disruption of their biological family. This, therefore, raises the question on how the fostering system could be made to work effectively in Nigeria. It is on this basis that the study investigated the extent to which socio-environmental factors determine the level of emotional and social well-being of adolescents in foster homes in Southwestern Nigeria.

1.3 Objectives of the study

The objectives of this study are to:

- i. determine the extent to which socio-environmental factors (peer influence, foster officials' religious beliefs, media exposure, school climate, foster homes climate, neighbourhood characteristics and exposure to drug/substance use) influence emotional well-being of adolescents in foster homes in Southwestern Nigeria;
- ii. assess the level of relationship between Socio-environmental factors and social well-being of adolescents in foster homes in Southwestern Nigeria;
- iii. examine the impact of social factors (peer influence, foster officials' religious beliefs and media exposure) on emotional well-being of adolescents in foster homes in Southwestern Nigeria;
- iv. ascertain the level of relationship between environmental factors (neighbourhood characteristics, school climate, foster home climate and exposure to drug/substance use) and emotional well-being of adolescents in foster homes in Southwestern Nigeria;
- v. determine the extent to which social factors influence the social well-being of adolescents in foster homes in Southwestern Nigeria;
- vi. assess the influence of environmental factors on social well-being of adolescents in foster homes in Southwestern Nigeria.

1.4 Research questions

RQ₁: to what extent have the social factors influenced the emotions of the adolescents in foster homes in Southwestern Nigeria?

RQ₂: what are the effects of environmental factors on the emotional well-being of adolescents in foster homes in Southwestern Nigeria?

RQ₃: what are the influences of social factors (peer influence, foster officials' religious beliefs and media exposure) on social well-being of the adolescents in foster homes in Southwestern Nigeria?

RQ₄: what are the effects of environmental factors on social well-being of the adolescents in foster homes in Southwestern Nigeria?

1.5 Hypotheses

The following null hypotheses were tested:

H₀₁: there is no significant relationship between social and environmental factors (peer influence, school climate, foster officials' religious beliefs, foster homes climate, media exposure, neighbourhood characteristics, exposure to drugs/substance use) and emotional well-being of adolescents in foster homes in Southwestern Nigeria; and

H₀₂: there is no significant relationship between social and environmental factors (peer influence, school climate, media exposure, foster officials' religious beliefs, foster home climate, neighbourhood characteristics, and exposure to drugs/substance use) and social well-being of adolescents in foster homes in Southwestern Nigeria.

1.6 Significance of the study

This study is important because it provides insight into other approaches to fostering. This will assist the community to provide a healthy environment which will encourage the growth of the fostered adolescent and help them to enter into new stages of life and face its challenges. The outcome of this study will also guide foster homes in providing good governance to the fostered adolescents and bridge the gap between the foster family and the biological family of the adolescents.

It will also encourage government to know that they have to bear the principal responsibility for the welfare of the children that require fostering, especially the neglected ones, and not to leave the care in the hands of the philanthropists and the extended family members alone. The study will further encourage government at all levels to strengthen their own administrative legal structures and establish programmes to address the various facets of child welfare supportive services for families and ensure the provision of financial assistance, and placement of children outside the home.

The study will also encourage the significant others like the religious organisations, schools, counsellors etc., who are responsible for the protection and nurture of these adolescents that they have obligation to ensure that these vulnerable groups have the need opportunities for developmental progress. This could be achieved through appropriate child-centered interventions, as well as through support for the families who care for foster children whether they are biological parents or relatives or foster or adoptive caregiver.

1.7 Scope of the study

The study investigated the influence of social and environmental factors on the emotional and social well-being of adolescents in foster homes in southwestern Nigeria. The study was restricted to government and registered private foster homes in Southwestern Nigeria. The registered private foster homes were included in order to have adequate representation of the respondents. However, the fostered adolescents that are residing with individuals, either with their relatives or non-relatives were not used because most of them did not want their peers to know and be identified as fostered adolescents in order to avoid stigmatisation and being looked down upon by their peers.

Furthermore, the study was delimited to the adolescents' male and female that were fostered either in government or registered private foster homes, and were within age range of 13 to 19 years, according to Child Rights Act. In addition, the study focused on independent variables like social factors such as peer influence, foster officials' religious beliefs media exposure and environmental factors, such as, neighbourhood characteristics, exposure to drugs/substance use, school climate and foster homes climate.

1.8 Operational definitions of terms

For the purpose of the study, the following terms were operationally defined in order to convey their meanings based on their usage within the context of this study.

Environmental Factors: These are features of fostered adolescents that are capable of influencing their performance; they include foster home climate, school climate, neighbourhood characteristic, exposure to drug/substance use, etc.

Social Factors: These are the features of foster adolescents that are capable of influencing their performance; they include the peer influence, foster officials' religious beliefs and media exposure.

Foster Home: Is the residence in a supervised setting outside the biological family which is a substitution for the context of the biological family which may be mandated by the social services, juvenile justice system or may occur as a result of social agreement

Fostered Adolescents: These are the wards within the age range of 13 to 19 who are looked after by a person other than the parents, either by an order of the court or any other authority, without a formal adoption of him or her by such person.

Fostering: Is a service aimed at providing suitable home environment, adequate care and guardianship for neglected, abused and abandoned children in order to care for and put them in the custody of a fit and suitable person.

Social well-being:- Is the fulfilment of the fostered adolescent social needs. This includes a number of skills that adolescents need for development so as to be secured and these includes good social relationships, good school performance, better peer influence, ability to manage their environment etc.

Emotional well-being:- It is the fostered adolescent's ability to manage stable state and understand their feelings accurately, regulate their behaviour, establish, sustain relationships and allow them to exhibit positive self-concept and self-esteem

Attachment: is a warm, intimate and continuous relationship between a caregiver and a child in which both find satisfaction and enjoyment with each other.

CHAPTER TWO

REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK

This chapter takes a critical review of some of the literature that are relevant to the study. It examines the major constructs involved in this investigation so as to bring out their relevance to the present study. The literature review was, therefore, carried out under the following sub headings:

- 2.1 The Concept of adolescent fostering
 - 2.1.1 Attachment of Adolescents in Foster Homes
 - 2.1.2 Resilience of Adolescents in Foster Homes
 - 2.1.3 Developmental outcomes of adolescents in foster care
 - 2.1.4 Foster care experience and developmental outcomes
 - 2.1.5 The child welfare system
 - 2.1.6 Addressing the needs of adolescents in foster care
 - 2.1.7 Assessing developmental and health care needs
 - 2.1.8 Providing age-appropriate care
 - 2.1.9 The fragile families and related foster families
 - 2.1.10 Kin caregivers
 - 2.1.11 The importance of after-care services
 - 2.1.12 Substance abuse and domestic violence
 - 2.1.13 The Role of care workers
- 2.2 Social and emotional well-being of fostered adolescents
 - 2.2.1 Factors that promote social and emotional well-being
- 2.3 Social factors and emotional well-being of adolescents in foster homes
 - 2.3.1 Child's emotional and social well-being
 - 2.3.2 Importance of emotional development
- 2.4 Social factors and social well-being of adolescents in foster homes
- 2.5 Environmental factors and emotional well-being of adolescents in foster homes
- 2.6 Environmental factors and social well-being of adolescents in foster homes
- 2.7 Fostered adolescents and school climate
 - 2.7.1 Poverty

- 2.7.2 Emotional challenges
- 2.7.3 Instability
- 2.7.4 Key features of effective relationships
- 2.7.5 The medical developmental and emotional needs that affect the child's educational performance
- 2.8 Fostered adolescents and foster officials' religious beliefs/attitude of the foster parents
 - 2.8.1 Foster parents
 - 2.8.2 Attitude of foster parents
 - 2.8.3 Special needs of fostered adolescents
- 2.9 Fostered adolescents and peer influence
- 2.10 Fostered adolescents and foster homes climate
 - 2.10.1 Impact of negative domestic influence on the fostered adolescent
- 2.11 Fostered adolescents and exposure to drug/substance use
 - 2.11.1 Emotional harm and substance abuse
- 2.12 Fostered adolescents and neighborhood characteristics
- 2.13 Child rights act on fostering
- 2.14 Government, fostering institutions and fostering of adolescents
 - 2.14.1 Social welfare administration in Nigeria
 - 2.14.2 Objectives of social welfare services
 - 2.14.3 Activities of each unit
 - 2.14.4 Probation and correctional services
 - 2.14.5 Juvenile remand home
 - 2.14.6 Approved school
 - 2.14.7 Family welfare matters
 - 2.14.8 Matrimonial reconciliation
 - 2.14.9 Abandoned children
 - 2.14.10 Child care unit.
 - 2.14.11 Relief and rehabilitation services
 - 2.14.12 Process of fostering
- 2.15 Process of adoption
 - 2.15.1 Types of Adoption

- 2.15.2 The adoption process
- 2.16 Empirical Review
- 2.17 Theoretical framework
 - 2.17.1 Attachment Theory
 - 2.17.2 The meaning of attachment
 - 2.17.3 The different types of attachment that helps to explain children's behaviour
 - 2.17.4 Using attachment to understand children in foster care
 - 2.17.5 How carers and others can help children to build relationships in foster care
 - 2.17.6 Attachment issues in foster adolescents
 - 2.17.7 Implications
 - 2.17.8 Reasons for the adoption of attachment theory
 - 2.17.9 Social learning theory
 - 2.17.10 Reasons for the adoption of social learning theory
 - 2.17.11 Evaluation of the adopted theories (attachment theory and social learning theory)
 - 2.17.12 The Role of the adopted theories in optimising the management of foster adolescents
- 2.18 Conceptual model for improved fostered adolescents' social and emotional well-being
- 2.19 Appraisal of literature review

Literature review

The various literature related to the study were critically reviewed.

2.1 The Concept of adolescent fostering

Child development can be understood as the physical, cognitive, social, and emotional maturation of human beings from conception to adulthood, a process that is influenced by interacting biological and environmental processes. Of the environmental influences, the family arguably has the most profound impact on child development.

Traditionally, many researchers defined family stability in terms of factors related to family structure, for example, single parenthood (Petersburg, 2002). However, exploring the various family processes that pertain to stability may be a more useful means of understanding the specific characteristics of family stability that supports a healthy child development. For example, parental mental health, stable relationships among caregivers and positive parenting are cited as makers of family stability, (Polygreen, 2003). Characteristics of the home environment such as warmth, emotional availability, stimulation, family cohesion, and day-to-day activities, have also been implicated in the notion of family stability, (Odejide, 2002).

Children who experience family stability have caregivers who remain constant, consistent, and connected to them over time, caregivers who are mentally healthy and engage in appropriate parenting practices; a cohesive, supportive, and flexible family system, and a nurturing and stimulating home environment, (Sokan, 1990). This definition of family stability is not offered as a standard by which to evaluate families in the child welfare system, but rather as an essential goal of child welfare intervention with biological, foster and adoptive families. Children are more likely to have trusting relationships with caregivers who are consistent and nurturing, which leads to a number of positive developmental outcomes (Peter, 2003). Moreover, the research has it that positive and consistent caregiving has the potential to compensate for factors that have a deleterious impact on children, such as poverty and its associated risk factors, (U.S. Department of Health and Human Services, 2003). In other words, children have much better outcomes if their family lives are stable, despite the overwhelming influence of poverty and associated

risk factors. The outcome of research conducted by Eniola (2006) confirmed that family unit promotes positive outcomes for children within a particular developmental period.

Conversely, child maltreatment reflects an extreme form of family instability. Data from the National Survey of Child and Adolescent Well-Being (NSCAW) indicated that adolescents in foster care typical have troubled backgrounds with multiple social and emotional problems that places high demands on foster parents. While some children enter the system due to physical abuse, and a smaller number enter due to sexual abuse, (Odejide, 2002). Moreover, almost half of children who are maltreated experience more than one type of maltreatment. Thus, Vaughn, Ollie and McMillen (2007) recommend examining the consequences of maltreatment, in general, rather than specific types of maltreatment. Nevertheless, a large body of research documents the forms of maltreatment that are associated with adverse outcomes in physical health, brain development, cognitive and language skills, and social-emotional functioning, (U.S. Department of Health and Human Services 2003). For example, neglect is associated with a variety of developmental difficulties in childhood, including cognitive, language, and academic delays, poor peer relations, and internalising (anxiety, depression) and externalising (aggression, impulsivity) behavioural problems, (Horowitz, 2000). Physical abuse, in addition to its physical health consequences, has been linked to cognitive delays, aggressive behaviour, peer difficulties, post traumatic stress disorder, and other externalising and internalising behavioural problems. Documented consequences of sexual abuse include low academic performance, depression, dissociation, inappropriate sexual behaviour, and other high-risk behaviours in later childhood, (Sokan, 1990). Emotional maltreatment, which is implicated in all other forms of maltreatment, leads to declines in cognitive and academic functioning, as well as a variety of behavioural problems, (National CASA Association, 2002). The diagnosis of “failure to thrive” is a, particularly, illuminating health outcome of a problematic family environment. The experience of severe parental emotional unavailability leads to serious growth delays as well as psychological difficulties in young children, (Nelson, 2005; Schene, 2008).

Specific areas of child development research are particularly relevant to a consideration of the impact of family instability of fostered adolescents and on child welfare

policy and practice in general. Although the following paragraphs are by no means exhaustive, the research on attachment, brain development, and resilience seems particularly germane to an understanding of the development of fostered adolescents.

Adolescents enter foster care for a number of reasons. For some children, the journey begins at birth, when it is clear that a mother cannot care for her new born infant, other children came to the attention of child welfare when a social worker, a police officer, a neighbour, or a teacher reports suspected child maltreatment to social welfare agency. Some of these children may have experienced physical or sexual abuse at the hands of a loved and trusted adult, likewise parents battling with poverty, substance addiction, or mental illness, woefully neglect their children's needs, (Peter, 2003). The term foster care commonly refers to all out-of-home placements for children who cannot remain with their birth parents. Children may be placed with non-relative foster families, with relatives, in a therapeutic or treatment foster care home, (St. Petersburg, 2002) or in some form of congregate care, such as an institution or a group home.

After children are removed from their homes and placed in foster care, case workers develop a permanency plan based on an assessment of the child's individual needs and family circumstances. The plan is then reviewed by the court. For most children, the primary permanency plan is reunification with their birth parents. According to the Federal Law, States must make "reasonable efforts" to provide birth parents with the services and supports they need to regain custody of their children. However, there are exceptions to this requirement. States are not to require to pursue reunification under certain conditions, (Nelson, 2005). In these circumstances, alternative permanency options such as adoption or legal guardianship, are the goal for these children under current law, if children are in foster care for 15 out of the previous 22 months, states are to recommend that parental rights be terminated and the child be made available for adoption, (Polygreen and Worth, 2003). However, the child welfare agency can waive the termination requirement if birth parents are making progress in their case plans and workers believe they can reunify with their children soon, or if workers believe that another placement that does not require termination of parental rights such as legal guardianship, is in the child's best interests. (Horowitz, 2000).

2.1.1 Attachment and Adolescents in Foster Homes

The capacity of maltreated children to attach to caregivers has been a key concern and has been widely studied among child welfare experts. Attachment can be defined as the enduring emotional bond that exists between a child and a primary caregiver, who could be a biological parent or an unrelated caregiver. Most adolescents are securely attached to their caregivers. They look to their caregivers for comfort when distressed and are able to explore their environment because of the security they feel in their relationships with their caregivers. Alternatively, due to the uncertainty they feel in their relationships with their caregivers, insecurely attached adolescents may not be adequately consoled by their caregivers or able to explore their environments. Adolescents reared by caregivers who are inconsistent or demonstrate inadequate parenting practices are much more likely to be insecurely attached, or have disordered attachment. National Center for Youth Law, (2006).

Attachment disorders, which lead to the most problematic outcomes for adolescents, include those in which adolescents have disrupted attachments to their caregivers, displayed overly vigilant or overly complaint behaviours, shown indiscriminate connection to every adult, or have not demonstrated attachment behaviours to any adult. Adolescents with insecure “disordered” or “disorganised” attachments may also have many other adverse outcomes that persist throughout adolescence, such as poor peer relationships, behavioural problems, or other mental health difficulties. National Center for Youth Law, (2006).

Maltreated adolescents are often exposed to inconsistent and inadequate parenting and, as a result, may experience difficulty in forming healthy attachments. Nelson, (2005) studies suggested an upward of three-quarters of maltreated adolescents have disordered attachments, but that the proportion may diminish with age. The limited empirical work on attachment in fostered adolescents suggests that they are more likely to have insecure and disorganised attachments than non-fostered adolescents. However, the psychological and environmental characteristics of their foster families can influence the type of attachments they have to their caregivers. In addition, research on the impact of institutionalisation (that is, placement in large-group foster care settings) on adolescents suggests that adolescents

with multiple caregivers are more likely to display insecure attachments and indiscriminate friendliness, (Schene, 2008).

2.1.2 Resilience of Adolescents in Foster Homes

The institutionalisation of adolescents is a life transition caused, mostly by the difficulties of primary caregivers to assure emotional, social and economic conditions for a healthy development of children. In this sense, the frequent exposure of children and adolescents to contexts marked by physical or emotional abandonment ends with the intervention of formal networks and often with the placement of minors in care institutions. Usually institutionalisation is a temporary measure that aims to promote the development of care conditions. Munson and McMillen, (2009). However, institutionalisation is perceived by young people as an undesirable event, causing, at an early age, a sense of loss that may condition their emotional development. (Anaut 2005: Spence and Matos , 2000).

Entering one of these institutions carries, in general, a baggage of insecure relationships with primary caregivers. Bakermans-Kranenberg; Litrownik and Landsverk, (2011) describe a series of six studies with institutionalised children, analysing the quality of attachment to the nearest caregivers through a procedure similar to the strange situation. Results showed that 73% of children had insecure and disorganised attachment behaviour. The study also revealed that these children manifest difficulties in establishing friendship behaviours, being apprehensive to strangers when compared with non-institutionalised children. This question is relevant to the extent that the institutional environment is usually marked by a lack of sensitivity and responsive interactions due to the liability and turn over of the caregivers. To this extent, there is greater difficulty of children and adolescents to invest in social relationships and in being open to reorganisation of the attachment bonds with alternative figures, limiting the resilient process. (Masten and Wright 2010). Experiencing new personal and relational contexts generates, in some situations, personal vulnerability (Luthar and Goldstein 2004). Moreover, given that adolescents are in a stage of forming their individual identity, one of the major consequences of this contact with adverse situations is that it can lead to the formation of a diffuse identity, mental health problems, especially depression, early sexual activity and externalization of symptoms (Johnson and Gunnar 2011). Therefore, the situation of institutionalisation can weaken, at an early stage, the adolescents' support network, by the loss of the sense of belonging.

Feeling as “a part of” is fundamental of the growth of individual competence, to enhance self-image and the sense of self-efficacy (Siqueira and Dell’Aglia 2006).

To this extent, the discussion on how should the process of institutionalisation be managed becomes relevant, because adolescents, when not feeling unconditionally accepted, seek alternative defence strategies to avoid suffering, by building emotional barriers, such as silence, indifference and clearance, as well as a disorganised expression of aggression (Beckett, Arnett and Pilowsky, 2006; Mota and Matos 2008). The role of significant figures assumes relevance in this context, namely by the staff of the institution (Whether directors, technical staff, tutors, assistants or cooks among others) in the sense that they can promote the process of positive adaptation of young people and facilitate the creation of life projects (Ahrens, Eckenrode, Laird and Doris, 2011). It is in this context that operates the proximal processes that support adolescent development through the interactions with adults and peers (Formosinho, Racusin, Maertender and Sengupta, 2002). Thus, the social world of the institutionalised adolescents becomes more restricted, as their support network is now constituted mostly by people belonging to the institution (Wekerle, Courtney, Dworsky, Brown and Cary, 2007). According to Legaul, Kortentkamp and Ehrle, 2006, young people are more available to develop attachment behaviours and to recognise attachment representations; the more they feel a context of acceptance, security and tenderness in the institution.

The work on resilience is particularly relevant for fostered adolescents because it examines the factors that allow some adolescents faced with severe adversities to “overcome the odds” and become successful at a variety of developmental and life-adjustment tasks, (U.S. General Accounting Office, 2006). Several characteristics of children and their environments may compensate for the high-risk situations with which they must be contented, which will lead to more positive outcomes. These protective factors include child I. Q., temperament, and health, as well as a warm parental relationship, engagement with school, and support outside the family (such as mentor). Although the research on resilience in foster adolescents specifically is lacking, studies of maltreated resilience have a high cognitive competence, self-esteem, and ego control (including flexibility, persistence, and reflection) (Perry, 2002). Thus, fostered adolescents, who have an increased likelihood of experiencing multiple risk factors such as poverty, maltreatment, and separation from family

of origin, may have more positive outcomes if they are fortunate enough to also experience protective factors.

2.1.3 Developmental outcomes of adolescents in foster care

The existing research suggests that adolescents in foster care have more compromised developmental outcomes than adolescents who do not experience placement in foster care, (Altshuler and Gleeson, 2009). However, there is a considerable variability in the functioning of fostered adolescents and it is difficult to disentangle the multiple replacement influences on fostered adolescents from those that result from the foster care experience itself. Adolescent in foster care are biologically vulnerable to many poor developmental outcomes, due to genetic factors, and other physical challenges prior to foster care entry, which has been documented to have a major impact on adolescent's outcomes across developmental domains, (Weiter, 2000).

Additionally, many scholars argue that the risk factor leading to negative outcomes is not foster care per se but the maltreatment that children experience beforehand. For example, in the USCDC study, foster adolescents with experiences of severe maltreatment exhibited more compromised outcomes, (National Scientific Council on Developing Child, 2005). Other scholars suggest that foster care may even be a protective factor against the negative consequences of maltreatment, (Dicker, 2000). Similarly, it has been suggested that foster care results in more positive outcomes for children than does reunification with biological families, (Wulczyh and Hislop, 2002). Further, some studies suggest that the psychosocial vulnerability of the adolescent and family is more predictive of outcome than any other factor, (Okubanjo, 2007). Despite these caveats, the evidence suggests that foster care placement and the foster care experience more generally are associated with poorer developmental outcomes for adolescents.

2.1.4 Foster care experience and developmental outcomes

Regarding academic achievement, studies have shown that fostered adolescents perform more poorly on academic achievement tests, have poorer grades, and have higher rates of grade retention and special education placement, (Perry, 2002). The poorer academic functioning of fostered adolescents may not be attributable to their foster care experiences per se, but to their pre-foster care experiences such as poverty and maltreatment.

Additionally, lower school attendance of fostered adolescents due to placement instability may be a contributor to their poor school functioning, (Robert, 2006).

On socio-emotional measures, foster adolescents tend to have more compromised functioning than would be expected from a high-risk sample (Gomby and Lerner, 2005). Moreover, as indicated in the previous section, research suggests that fostered adolescents are more likely to have insecure or disordered attachments than non-foster care adolescents (Reynolds and Robertson, 2003). Many studies of foster adolescents postulate that majority have mental health difficulties (Wertheimer, 2002). They have higher rates of depression, poorer social skills, lower adaptive functioning, and more externalising behavioural problems, such as aggression and impulsivity, (Reynolds, 2003). Additionally, research has documented high levels of mental health service utilisation among fostered adolescents due to both greater mental health needs and greater access to services, (Wertheimer, 2002). Some scholars suggest that the poor mental health outcomes found in fostered adolescents are due to a variety of factors beyond their foster care experiences. These adolescents may be biologically predisposed to mental illness and may have experienced traumas that have set them on a path of mental health difficulty, (Gomby and Lerner, 2005).

2.1.5 The child welfare system

When entering foster care, or the “child welfare system”, the adolescent does not enter a single system, but rather multiple systems that intersect and interact to create a safety net for adolescents who cannot remain with their birth parents. State and local child welfare agencies, court, private service providers, and public agencies that administer other government programmes (such as public assistance or welfare, mental health counselling, substance abuse treatment), Medicaid all play critical roles in providing supports and services to children and families involved with foster care.

Child welfare agencies are central to the system, but their policies and practices vary significantly from state to state. For example, each state determines its own definition of maltreatment, its own laws, based on federal regulations, and its own level of investment in child welfare services. The organisation of child welfare agencies also varies significantly across states. In some states, the child welfare system is administered at the state level, whereas in others it is administered at the country level.

Private agencies, typically through contracts with public agencies, provide a significant proportion of foster care services to children and families. But currently, no mechanism for governing the system or managing resources exists. Instead, most agencies have established either formal or informal cooperative agreements.

The emergence and convergence of several significant social problems in the mid-1980s, had a tumultuous effect on the child welfare system. The crack epidemic, homelessness, the rapidly growing incarceration rate, and HIV/AIDS proved devastating for poor families and communities. In turn, families contending with multiple problems were unable to appropriately care for their children, and the number of children entering foster care rose, (National Centre for Youth Law, 2006). Today, children of families who enter the foster care system continue to wrestle with these complex and interrelated problems (Schene, 2008).

2.1.6 Addressing the needs of adolescents in foster care

Without question, preventing abuse, neglect, and entry into the foster care system is the best way to promote healthy child development. It is also true that foster care is a necessary lifeline that undoubtedly saves thousands of maltreated adolescents each year. Nevertheless, placing children into foster care is an extremely invasive governmental intervention into family life and, as such, the government bears a special responsibility for adolescents placed in foster care. When the government or private home assumes custody of a child, in effect, the government or the private home is stating that it can do a better job of protecting and providing for this child than his or her parents can. The first principle of child welfare system is to do no harm. The lives of the adolescents and the families should be enhanced, not diminished, by the foster care experience.

This point is particularly significant, given the vulnerable status and differing developmental needs of adolescents who come into foster care. To uphold the foster homes responsibility to adolescents in foster care, addressing their needs must begin at entry with initial health screening and continue with regular assessments throughout the adolescent's time in care. Case plan must be designed with the adolescent's individual needs in mind so that services and supports are age-appropriate. In addition, the welfare agencies must

incorporate cultural sensitivity into all aspects of practice to better serve the growing number of adolescents in foster care.

2.1.7 Assessing developmental and health care needs

Most adolescents who enter foster care have already been exposed to conditions that undermine their chances for healthy development. Most have grown up in poverty and have been maltreated – conditions associated with delayed development and, in the case of maltreatment, problems with behaviour regulation, emotional disorders, and even compromised brain development, (Reynolds, 2003). Once in foster care, the foster care experience itself can either exacerbate or ameliorate an adolescent's problems, adolescent in foster care are more likely to have behavioural and emotional problems compared to the adolescents who live in "high-risk", (Zambrana and Capello, 2005) parent care, and are not at much higher risk of poor educational outcomes. One study found that a substantial number of adolescents in the foster homes had low levels of school engagement and were less likely to be involved in extracurricular activities, (Littell and Schuerman, 2005).

2.1.8 Providing age-appropriate care

Adolescence is a critical stage in child development. During these years, children begin to discover who they are, their place in the larger society, and their own empowerment. Special efforts are needed to encourage and promote the healthy development of this age group. Children between the ages of 11 and 18 constitute almost half (47%) of the foster care population. Approximately 17% are over age 16, (Gomby, Lerner and Stevenson, 2005). These children need help in establishing healthy connection with other youths and caring adults, and in acquiring educational and life-skills training that can assist them in the transition of adulthood.

Older children in foster care face challenges. Children who enter foster care after age 12 are significantly less likely to exist to a permanent home than are all other children in foster care, including children with diagnosed special needs (Kusserow, 2002) and they are much more likely to simply age out of the system (to leave the system when they reach adulthood). Older children are less likely to live in a foster family and more likely to live in congregate care such as a group home (Wertheimer, 2002). However, the group home experience can be difficult for older youth. Like their younger counterparts, older youths

crave the stability and nurturance a family environment can provide. They may perceive placement in a group home as a form of punishment (Zambiana and Capello, 2005).

Many foster youths demonstrate remarkable resilience and transition out of the system to become healthy and productive adults. However, studies of youths who have left foster care indicate that they are more likely to become teen parents, engage in substance abuse, have lower levels of educational attainment, experience homelessness, and be involved with the criminal justice system compared to youths in the general population.

Researches suggest, however, that a number of steps can be taken to improve the experience of older children while they are in the foster care system and improve their outcomes as adults (Littlell and Schuerman, 2005). First, it is important to develop individualised permanency plans that address a youth's unique needs. Children who enter care later in childhood face a different set of challenges than those who enter at a younger age, and case plans should acknowledge these differences. Second, it is important to include youth in the decision-making regarding their case. Giving youths a voice in their care helps them to develop a sense of their future and can be empowering. Third, it is important to explore a broad array of permanency options and possibilities for connectedness to improve the foster care experience of older youths. The need for a family does not end when a child enters the teen years. However, case workers need to think creatively to connect older youth to supportive family ties. For example, older youths often have a longer history with and clearer memory of their birth families. For that reason, relatives, siblings, and even close family friends can play an important role in creating a healthy social network for these teens. Other positive adult mentors can also be vital sources of social support for older children.

Few youths prepared for full independence at age 18, and most continue to rely on family supports well into their twenties. Because older youths in foster care are less likely to have such family supports, it is important to provide them with independent, living-skills and life-skills training to help them in their transition to adulthood.

In sum, both very young and older children, in foster care, face unique challenges. Older children in foster care have their own specific developmental needs that must be met while in care, as they often face the additional challenge of aging out of the system without

connections to a permanent family. However, more can be done to leverage existing resources to meet the needs of these children.

It appears that poverty and poverty-related factors, high rate of single parenthood, structural inequities, and racial discrimination contribute to the disproportionate presentation of children in foster care. Poverty contributes to disproportionality, both directly and indirectly, to fostering of children. Although most poor families do not abuse their children, poor children are more likely to enter the foster care system, in part, because poverty is associated with a number of life challenges, such as economic increase in the likelihood of involvement with the child welfare system. Poor families are also more likely to have reported child maltreatment, so questionable parenting practices are more likely to be discovered, (Roberts, 2006).

Family structure may also contribute to disproportionality. Some evidence suggests that some children came from single-parent households and households where a parent or child is disabled types of households that are also disproportionately represented in the child welfare system.

2.1.9 The fragile families and non-related foster families

Children that come to the attention of child welfare agencies or foster homes are typically from families with multiple problems and minimal resources. These fragile families are overwhelmingly poor, live in high-risk environments, and are often simultaneously grappling with such intractable problems as substance abuse, mental illness, physical illness, violence in the home and inadequate housing (Carolyn, 2011).

Child welfare agencies, often, do not provide an appropriate array of services and support to meet the needs of these fragile families. Needed services may not be available or accessible, limiting the ability of birth families to meet their case plan requirements and regain custody of their children. For example, a study discovered that a lack of substance-abuse treatment programmes, affordable housing, and other services were among the barriers birth families must overcome to be reunified with their children, (Littell and Schuerman, 2005).

“Strengths-based” family interventions are another tool that child welfare agencies can use to provide individualised supports and services to birth families. Too often, welfare workers prescribed the same services to all families despite their widely disparate needs, even though child welfare policy allows for more individualised services; and too often, family assessments focus on deficits rather than strengths. As a result, birth families often experience the child welfare system as adversarial and may be reluctant to engage with a system they view as punitive. A strengths-based perspective identifies a family’s positive qualities – such as empowering an extended family support network or access to child care and works to activate these strengths and incorporate them into the case plan.

Foster parenting is one of the most demanding jobs a person can assume. Foster parents are expected to provide a home for the children in their care, work with child welfare agencies, schools, and other service providers to ensure that children’s needs are met; and simultaneously establish relationships and arrange visitation with birth parents, which may eventually result in the children leaving their custody. The difficulties of foster parenting are compounded by the high level of care foster children often require, no reimbursement from the government and inadequate support foster parents receive from the case workers except for the assistance from the philanthropists.

2.1.10 Kin caregivers

Kinship care is one of the oldest human traditions; it is recognised as a legitimate placement option for children in foster care. Kinship care has several distinct advantages for children in care. Usually, children have established relationships with kin, so the trauma of being removed from their birth parents may be less acute than when children are placed in non-relative care. A kin share the same racial and ethnic heritage of birth parents, familiar and cultural traditions can also be preserved. Children living with kin also tend to experience greater placement stability than children in other placements, (Little, 2008).

However, kin caregivers differ in significant ways from non-relative foster parents, and these differences suggest that kin often face more challenges as foster parents compared with non-relative caregivers. Kin also have existing relationships with the birth parents, who are often the caregivers’ own children. These ties can complicate efforts to control birth parents’ access to their children. Children who live in kinship care are more likely to

have unsupervised parental visitation than are children in non-relative care, which may put the children at greater risk of being re-abuse (Barbell and Freundlich, 2003).

Research also indicates that kin request fewer services and receive fewer of the services that they do request compared with non-relative foster families. Kin are often reluctant to contact child welfare agencies and may do so only when circumstances have reached the point of crisis. As a result, not only do they receive fewer services overall, but once they do request help, their needs may be more intense and immediate than those of non relative foster parents (Andrews, Ehrle, and Geen, 2003). Thus, this vulnerable group of caregivers often does not receive adequate resources to attend to the children in their care.

2.1.11 The importance of after-care services

Recent researches also suggest that children who are reunified with their birth parents may experience poorer outcomes compared to children who exited to other permanent placement (Taussig, Clyman and Landsverk, 2001). Again, these findings must be considered with caution. Determining what factors affect poor outcomes for maltreated children is often difficult to disentangle (Kusserow, 2002). However, research does indicate that the reunification process and the reasons children may not thrive when they are reunified, warrant further study. At a minimum, these findings suggest that the availability, duration, and quality of services and supports provided to families in the post reunification period may be inadequate.

When children are reunified, with their birth parents, or exit to another permanent placement, families need services to support the permanency process. Reunified families tend to need basic resources such as housing, employment, and income in addition to counselling, health services, and educational services (Taussig, Clyman and Landsverk, 2001).

2.1.12 Substance abuse and domestic violence

The links between substance abuse, family violence, and child maltreatment are startling. Because most child welfare agencies do not record this information, family problems with substance abuse and domestic violence, often, are not identified (Brown, Coates and Debicki, 2003). Nevertheless, studies suggest that 40% to 80% of children in foster care come from families with substance-abuse problems, and child maltreatment co-

occurs in approximately 30% to 60% of households where family violence has taken place, (Sellers, 2002).

Failing to identify and offer treatment and services to families affected by substance abuse or domestic violence can lead to children staying longer in foster care. For example, one study found that courts identified a lack of appropriate services, specifically substance-abuse treatment, as a barrier to making prompt permanency decisions (U.S. General Accounting Office, 2002). Moreover, left unidentified and untreated, chronic family problems such as substance abuse and domestic violence are likely to reemerge after a child is reunified, leading to reentry into the foster care system.

2.1.13 The Role of care workers

The success of foster care depends in many respects on the quality of the relationship between children, families, and caseworkers. Case workers are the face of foster care. They are involved at every level of decision-making; they link families with needed services, and they can provide children with a sense of continuity that is often lacking in their foster care experience. Yet few case-workers are able to play this supportive role. Most caseworkers carry large caseloads, with minimal training and limited supervisory support, must make life-altering decisions on behalf of children. As a result, children in foster care often report that they rarely see their social workers, and foster caregivers lament the lack of contact and support they receive.

In sum, judges and caseworkers are responsible for deciding the course of a child's journey through child welfare. However, large caseloads, shortened timelines, and other organisational challenges significantly limit these professionals' ability to build solid relationships with children and families that can improve decision-making and improve how children and families experience foster care. Court and child welfare agencies can do more to support judges and case workers and improve front-line practices.

2.2 Social and emotional well-being of adolescents in foster homes

Well-being is generally understood as the quality of people's lives. It is a dynamic state that is enhanced when people can fulfill their personal and social goals. It is understood both in relation to objective measures, such as household income, educational

resources and health status, and subjective indicators, such as happiness, perceptions of quality of life and life satisfaction.

The social and emotional well-being of children and young people is reflected in their behaviours, thoughts and feelings. However, the complex developmental stages that they move through from birth through to 19 years of age mean that there can be no one single constant measure for all children and young people. For instance, aggressive tantrums in a toddler may be seen as normal behaviour at that developmental stage, yet the same aggression in an older adolescent might be a sign of poor social and emotional well-being.

While there is no single definition of social and emotional well-being, it is usually associated with positive physical health outcomes, positive peer relationships, school readiness and achievement in school. In childhood and adolescence, it sets the foundation to successfully manage the challenges of life as an adult. Conversely, children and young people with low social and emotional well-being levels are more likely to have difficulties at foster homes and with their peer groups at school and often experience negative emotions (depression, worry, stress), negative behaviours (such as bullying), academic underachievement and disengagement from learning. (Jeseeph, 2002).

Poor social and emotional well-being can manifest in a range of negative behaviours, feelings and thought. Although it may eventuate into a mental problem or disorder in a small number of children and young people; individual characteristics associated with social and emotional well-being include the ability to manage and appropriately express emotions and stress, regulate behaviour, maintain confidence and exhibit resilience when faced with challenges. It is also about developing new skills and social competencies, including understanding and appropriately identifying and responding to emotions in other people, having social skills and forming strong and positive relationships.

2.2.1 Factors that promote social and emotional well-being

A range of factors related to individual and environmental characteristics have been associated with the promotion of social and emotional well-being of the adolescents in foster homes. Factors specific to the individual child can influence their social and emotional

well-being, such as particular cognitive style, learning styles, innate skills and abilities and temperament. (Zastrow and Krist 1997).

Positive family functioning is a key factor in promoting social and emotional well-being in children and is an important measure of how a family operates as a complete unit. Family factors are also critical to the development of positive social and emotional well-being in adolescents in foster homes, which, in turn, is closely linked to their parents' or primary caregivers' social and emotional well-being. As a child develops through adolescence, and becomes more independent and responsible for their own actions, their social and emotional well-being becomes more distinct from that of their parents and foster parents. (Harden, 2004).

There is a strong evidence to suggest that a range of aspects of family functioning are of particular importance, including parenting styles, parental stressors, family conflict and parental mental health. The available resources of a family can also promote or hinder positive family functioning. These resources include not only economic or financial resources, but also social resources, such as the support that they can draw on from family or extended family members, friends, foster homes and the broader community (Rathod 2006). The witnessing of family violence (e.g. towards a parent) by children and young people has long-term psychological, emotional and behavioural consequences for them, including anger, trauma, sadness, shame, guilt, confusion, helplessness and despair, which impact on their overall social and emotional well-being (Clarke, 2005).

The school environment is also seen as an influential factor in promoting positive social and emotional well-being in adolescents in foster homes. Aspects of importance include the culture of the school, the supportiveness of the environment, school 'morale', classroom and peer behaviours, bullying or other negative behaviours and leadership within the school.

2.3 Social factors and emotional well-being of adolescents in foster homes

The quality and reliability of relationships in young people's lives significantly affect the development of key social and emotional skills. Although little research exists on older youth in foster homes, studies of young children have found that children who have healthy,

compassionate, and responsive relationships with their primary caregivers are more likely to develop empathy, stronger cognitive skills, and greater social competence (National Scientific Council on Developing Child, 2004). Child who has less healthy and responsive relationships with caregivers are less likely to develop these critical social and emotional skills.

Research has also documented the critical interplay between placement stability and social and emotional well being. Youth who experience fewer placement changes also generally experience fewer school changes, less trauma and distress, and fewer mental health and behaviour health problems. They, also, are more likely to achieve academically and experience lasting positive relationships with adults (Gauthier, Fortin and Jeliu, 2004). Conversely, experiencing multiple placements has also been associated with an increase in externalising behaviour problems (Strijker, Zindberg and Van der Meulen, 2002). Although increased age is associated with more placement disruptions, behaviour problems remain one of the strongest predictors of placement instability (Newton, Litrownik, and Landsverk, 2004). There is a growing recognition that trauma-informed attention of social and emotional well-being provides a strong foundation for improved placement stability and leads to improvements in other outcomes, (Kortenkamp and Ehrle, 2006).

Well-being is easier to recognise as a concept than to define, some dictionaries speak in general terms of ‘health’, ‘happiness’, ‘comfort’, ‘contentment’ and ‘prosperity’. It lacks a universally acceptable definition and has numerous, and often competing, interpretations.

2.3.1 Child’s emotional and social well-being

Children develop in the context of interpersonal relationships. Young children develop through their relationships with the important people in their lives: these relationships are the ‘active ingredients’ of the environment’s influence on human development.

Nurturing caregiver-child relationships promote the development of emotional intelligence. Children who have healthy relationships with their mothers are more likely to develop insights into other people’s feelings, needs, and thoughts, which form a foundation for cooperative interactions with others and an emerging conscience’ (NSCDC, 2004).

As Peter Fonagy has suggested, the brain is a 'social organ'. Gerhardt (2004) describes the process thus: 'Our minds emerge and our emotions become organised through engagement with other minds, not in isolation. This means that the unseen forces that shape our emotional responses through life are not primarily our biological urges, but the patterns of emotional experience with other people, most powerfully set up in infancy. These patterns are not immutable, but, like all habits, once established, they are hard to break.

According to the (National Child Abuse and Neglect Data system 2006) as reported by (Gelles 2009) in the United States for instance, more than 900,000 children suffer severe life threatening injury and some 1,000 to 2, 000 children die as a result of abuse and those who survive often suffer emotional trauma that may take long for the bruises to be healed.

Early development is determined by the quality of their attachment experiences. Later development continues to be shaped through relationships – the brain can be reprogrammed through positive relationships (although it becomes increasingly difficult to do so). Children's relationships with non-family carers and professionals such as teachers can also 'reprogram' their brains.

2.3.2 Importance of emotional development

There are many well-trodden pathways to misery. People may choose to eat too much or too little, drink too much alcohol, react to other people without thinking, fail to have empathy for others, fall ill, make unreasonable emotional demands, become depressed, attack others physically, and so on, largely because their capacity to manage their own feelings has been impaired by their poorly developed emotional systems.' (Gerhardt, 2004). The development of emotional intelligence has long-term developmental implications:

- A growing body of scientific evidence tells us that emotional development begins early in life, that it is a critical aspect of the development of overall brain architecture and that it has enormous consequences over the course of a lifetime (NSCDC, 2005).
- The foundations of social competence that are developed in the first five years are linked to emotional well-being and affect a child's later ability to functionally adapt in school and to form successful relationships throughout life' (NSCDC, 2005).

According to the National Scientific Council on the Developing Child (2005); the core features of emotional development (or 'emotional intelligence') are the ability:

- to identify and understand one's own feelings;
- to accurately read and comprehend emotional states in others;
- to manage strong emotions and their expression in a constructive manner;
- to regulate one's own behaviour;
- to develop empathy for others; and
- to establish and sustain relationships

As Gerhardt (2004) notes, the attitudes we learn to towards feelings are crucial:

'If they are seen as dangerous enemies, then they can only be managed through exerting social pressure and fear. Alternatively, if every impulse must be gratified, then relationships with others become only a means to your own ends. But if feelings are respected as valuable guides to the state of your own organism, as well as that of others, then a very different culture arises in which others' feelings matter, and you are motivated to respond. Emotional life is largely a matter of coordinating ourselves with others, through participating in their states of mind, thereby predicting what they will do and say. When we pay a close attention to someone else, the same neurons are activated in our own brain; babies who see happy behaviour have activated left frontal brains and babies who witness sad behaviour have activated right frontal brains.

Well-being of fostered adolescent: this is a healthy state of fostered adolescent in which he or she possesses a number of positive qualities such as active adjustment to environment, engage in relationships, act meaningfully to pursue goals, cope with challenges and handle responsibilities.

Within each domain, the characteristics of healthy functioning, relate directly to how the fostered adolescent navigate their daily lives, how they engage in relationships, cope with challenges and handle responsibilities. For example, self-esteem, emotional management and expression, motivation and social competence are important aspects of well-being that are directly related to how the fostered adolescent move through the world and participate in society.

Emotional and social development encompasses a number of skills that the fostered adolescents need to develop in order to succeed at school and in life, in general. These include the ability to identify and understand one's feelings accurately read and comprehend emotional state in others, manage strong emotions and their expression, regulate one's

behaviour, development for others, and establish and sustain relationships. These skills form the basis for self-regulation, enabling the adolescents to withstand impulses, maintain focus and undertake task regardless of competing interests. (Australian Institution of Health and Welfare, 2009).

For the fostered adolescent, it could be said that emotional and social well-being has often involved observation of set of individual behaviours that are seen as socially problematic, such as disruptive behaviour at school, or drug use or other risky behaviour, which has in turn been associated with observation of another set of problems, for example hyperactivity, low self-esteem, anxiety or depression.

Nussbaum (2000) proposes an approach to wellbeing that is of global relevance for every citizen in every nation. She identifies a set of basic human capabilities to which she believes all societies should aspire and towards which policy should be geared, including life (being able to live to the end of a full human life), bodily health (being able to have good health such as nourishment, shelter, sexual satisfaction and freedom of movement), bodily integrity (being able to avoid unnecessary pain and to experience pleasure); senses, thought and imagination (to use the bodily sense and to possess the faculties of imagination and reason), emotions (the capacity to form attachments to things and persons outside of ourselves to love and feel longing, to grieve and to feel gratitude); practical reason (being able to form a conception of the good and to engage in critical reflection about the planning of one's own life) affiliation (being able to live for and with others, to recognise and show concern for other human beings, to engage in various forms of familial and social interaction); other species (being able to have concern for animals, plants and nature); play (being able to laugh and play and participate in recreation); and control over one's environment (being able to live one's own life in one's own context) (Aikire, 2002; Nussbaum, 2000).

In interacting with this perspective of fostered adolescents, it is important to acknowledge the benefit of recognising emotional well-being among fostered adolescent and understanding how it may impact their growth and development.

Coleman (2005) cites some disturbing data stemming from large survey of foster family; this survey of parent revealed that there is a "worldwide trend for the present generation of fostered children to be more troubled emotionally than the last; more lonely

and depressed, more angry and unruly, more nervous and prone to wrong, more impulsive and aggressive". The results of this study indicate that there is an increasing need to address the emotional health of fostered children and fostered adolescent. According to Salovey and Mayer (2000), emotional well-being involves abilities that may be categorised into five domains.

Self-awareness: Observing oneself and recognising a feeling as it happens

Managing emotions: Handling feelings so that they are appropriate; realising what is behind a feeling; finding ways to handle fears and anxieties, anger and sadness.

Motivating oneself: Channeling emotions in the service of a goal, emotional self-control, delaying gratification and stifling impulses. Empathy Sensitivity to others' feelings and concerns and taking their perspective, appreciating the differences in how people feel about things.

Handling relationships: It is managing emotions in others; social competence and social skills.

When one looks at the five domains summarised above, they have a wide range of useful implications for fostered adolescents. When faced with the struggle of broken families, abuse, the temptation of drugs, alcohol and sexual harassment, as well as other struggles, all five factors of emotional well-being can contribute to a fostered adolescent being true to his or herself. Indeed, much of the emotional development in the fostered adolescent stems from their interactions at their respective foster homes. However, the reality of today's world is that fostered adolescents are less and less impressed by their foster homes, and more and more impressed by their peers, television, mass media, and their school environment.

Coleman (2005) points out that emotional capacities essentially start to build from infancy. He cited that a child's transition into grade school and an early adolescent's transition into high school are two crucial points in a person's adjustments. He also points out that developing oneself within the domain of emotion is a key ingredient for facing these adjustments with success.

The transition into high school essentially marks the end of childhood and the beginning of an adventurous journey, known as adolescence. This transition is in and of itself a difficult challenge in the realm of emotions (Coleman, 1995). The fostered

adolescent entering the secondary school is faced with an atmosphere where proper social integration is of utmost importance for success. As the fostered adolescent travels on this journey to the time of graduation and engages in the progression towards adulthood, it becomes important that he/she is emotionally competent, because emotional competence is a necessary ingredient for a successful journey.

Coleman (2005) again cites Hamburg as stating that fostered adolescents who have emotional competency can better deal with the pressures of peer politics, the higher demands required for academics and the temptation of alcohol, drugs and sex.

2.4 Social factors and social well-being of adolescents in foster homes

An understanding of general child development and adolescent's individual developmental needs is crucial to understanding the type of caregiving to foster need.

For example, the recognition that adolescent in foster care often have achievement difficulties could promote the provision of more stimulating home environments.

In terms of environmental factor, characteristic of families and aspects of the wider social context are important as risk and protective factor. With foster homes and communities, protective factors may include the fostered adolescent's stable and close relationship with an authoritative primary caregiver, relationship with the foster home mates a supportive extended caregiver network, peer friendship, positive school experiences opportunities to engage in social life (including pro-social organisations and a religion faith community) and access to quality services and institution such as well-functioning schools.

Several dimension of vulnerability in the foster home and community may affects psychosocial outcomes, the type of adversity or risk the foster adolescent is exposed to, its severity and chronicity, may also be important.

For adolescents in difficult circumstances, the capacity to assess, recognise and mobilise social support from different quarters may be critical to their achieving a reasonable quality of life. The protective effects of social relationships for adolescents are differentially related to the variety of social contexts in their lives including peers, school and neighborhood, in addition to the care-giver-fostered adolescent relationship, and deficits in the foster home relationship and other social sphere. Peer relationship fulfills, critical

psychosocial and development needs for the fostered adolescent and along with the availability of caring adults (for example through formal or informal mentorship).

Children who experience rejection or neglect are more likely to develop antisocial trait as they grow up. Parental neglect is also associated with borderline personality disorders and violent behaviour (Schoro, 2003).

The social development of fostered adolescent is best considered in the context in which it occurs, that is, relating to peers, family, school, work and community. One of the most obvious changes in fostered adolescent is that the hub around which their world revolves shifts from the foster family to the peer group. It is important to note that this decreased frequency of contact with foster family does not mean that family closeness has assumed less importance for the fostered adolescent (O’Koon, 2007). In order to establish greater independence from their foster parents, adolescents must orient themselves towards their peers to a greater extent than they did in earlier stages of development.

Children who are removed from their homes and placed in the foster care often experience detrimental short and long-term effects. The adolescents in foster care exhibit emotional and/or behavioural problems either from their experiences before entering foster care or from the foster care experience itself. Foster adolescent entering foster care may experience grief at entering the separation from or loss of relationship with their natural parents. Adolescents in foster care also face emotional and psychological challenges as they try to adjust to new and often changeable environments. Within few months of placement, many adolescents exhibit signs of depression, aggression, or withdrawal. Some of them with severe attachment disorders may exhibit signs of sleep disturbance, hoarding food, excessive eating, self-stimulation, rocking, or failure to thrive. Many of the foster adolescent who remain in the foster care appear to have greater feelings of insecurity than those who are adopted from foster care. Moreover, many youth leaving foster care end up in jail or on public assistance, or otherwise represent an economic loss to the community. Most foster care causes severe disruption because of the need to blend into new neighbourhoods, schools and families and make new friends.

2.5 Environmental factors and emotional well-being of adolescents in foster homes

Early developmental theorists, such as Erikson, have defined the period of adolescence as one of identity versus role confusion, in which fostered adolescent must determine who they are, combining their self understanding and social rules into a coherent identity. While engaging in this process, they also try and keep connections with things from the past that they value and eventually move towards accepting group values and norms. Through the long and arduous process of finding themselves, the importance of fostered adolescent identity becomes stable, consistent, and mature is paramount. Having a stable, consistent and mature identity for adolescents helps bring in adulthood, and helps to connect various experiences in the adolescents past to who they wish to become in the present in terms of their goals, values and decisions in life (Erikson, 1975). As fostered adolescents try to discover who they are, it is often at this stage of development that rifts develop between fostered adolescents and their foster homes as the adolescents “know everything” and the foster families know nothing. The foster adolescents strive towards identifying their selves as separate from their foster carer and as a unique person. Essentially, fostered adolescents venture towards establishing their own goals and values while at the same time leaving behind the goals and values established by their foster homes or society with the ultimate goal being identity achievement (Erikson, 1968).

In the case of foster adolescents who experienced physical abuse and neglect as a very young child and received no treatment for reactive attachment disorder, the effects, at times, may be very severe. In very few cases, these foster adolescents grow up to become sociopaths and a severe threat to society. They may murder and rape countless victims as a result of never developing a conscience in the first few years of life, having no concept of right and wrong.

Some foster adolescents respond very well to a multitude of different social situations and interaction which would suggest they have strong emotional development while still many foster adolescent have quirks and ticks from emotional problems or trauma which causes them to have difficulty with interaction in social scenes, and find daily routine difficult to deal with.

Foster care can injure the individual’s emotional development and can lead to negative development outcomes due to inconsistent nurturing and maternal contact (Cassidy

et al, 1996). When placed in foster care, and if maternal care or care provided by the primary caretaker is inconsistent or inadequate, the adolescent becomes more insecurely attached and develops abnormal attachments (Cassidy & Berlin 1994, Zeanah et al, 2001). As detailed by Harden (2004) “the adolescents placed in foster care and who received inconsistent care from the primary caretaker, who “have disrupted attachments to their caregivers, display overly vigilant or overly complaint behaviours, poor peer relationships, behavioural problems, or other mental health difficulties”. They also exhibit “elevated levels of cortisol compared to adolescents reared by their biological parents” (Harden, 2004). Cortisol is secreted in response to stress, and cortisol not only affects the brain but can injure the immune system.

The adolescent in foster care has higher rate of depression, abnormal social skills, are more impulsive, and becomes more aggressive (Lausen 1998, Stein, 1996). They also show more compromised social-emotional functioning and their behaviour problems are worse. (National Survey of child and adolescent well-being (NSCAW), 2004).

2.6 Environmental factors and social well-being of adolescents in foster homes

When children enter the foster care system, many come from disadvantaged backgrounds that include poor family structures. This means that a child may already be identified as “at-risk” before being placed in foster care and the second is that they are placed into care, he/she must then face even more risk factors. The additional risks faced, by being placed into foster care include multiple home and school placements, lack of communication with family members (creating instability), separation from siblings, lack of self-identity by losing familial culture once used to, anxiety of not knowing “what next”, and much more.

A social and cultural condition of fostered adolescent’s development emphasises the importance of the wider social context that surrounds them, these social or “ecological” approaches focus not on the individual adolescent but rather on the adolescent interacting with the nested social system of family (including clan and kinship group) and wider society (including community, institutions and potentially religious and ethnic networks). The fostered adolescent’s social well-being and healthy development requires strong and responsive social support systems, from the family, the foster home, up to the societal levels.

The adolescents are vulnerable from the experiences of maltreatment and other environmental factors (for example, poverty and its associated stressors). The development of foster adolescents is further compromised if they experience more trauma and instability while in care. It is quite unfortunate that a significant proportion of foster families have parenting difficulties which may hinder their capacity to provide stable experiences for foster adolescent. Although the experience is not common place, fostered adolescents are also maltreated by their foster parents.

Environment is known to be an individual's surrounding, which is supposed to be the natural world. But when a child coming from unhealthy environment continues to grow and enters into new stages of life, he or she may not be able to rise to a given challenge, they, in turn, run from any such challenge. "Too often they have major learning blocks as they avoid any stimuli evocative of painful feelings and indirectly generalised these to whole subject areas (Katz, 2008). As a result of experiencing repeated traumatising events in the biological and foster home, adolescent who receive no treatment for psychological scaring suffer adverse effects.

"Observing placement from the younger child's point of view, no placement can be truly considered temporary if it exceeds the period of time during which the child can conceptually retain previous emotional ties, a later separation will be potentially as damaging as the initial one and will, inevitably, lead to a diminution to the child's ability and willingness to become attached again" (Katz, 2008). After so many separation and placements occur in the life of a foster adolescent, the adolescent becomes so scared that he or she loses all the hope of finding a permanent home.

"The adolescent who have been repeatedly traumatised suffer from post-traumatic stress disorder and automatically freeze when they feel anxious, and therefore, are considered oppositional or deviant by those who interact with them" American Academy of (Paediatrics 2000).

Smith (2005) stated that a child, adolescent, adult and family therapist stated that, "children with this disorder have a generalised distrust of others, particularly authority figures, who are seen as exploitive. They see themselves as defective victims of life and accept no responsibility for anything. Despite this outward presentation, internally, they feel responsible for everything bad that happens". Adolescent receiving no treatment for the

effects of attachment disorder only continue through life, unable to form healthy relationship and successfully meet any sort of challenge that may be presented. (Smith, 2003).

2.7 Fostered adolescents and school climate

Low educational attainment among foster youth is not easily explained by a single cause. Instead, a variety of interrelated factors affect a foster adolescent's school performance, including pre-care experiences such as school neglect and abuse, poverty, emotional challenges and behavioural issues. While low academic attainment of foster youth may be to the above listed factors, the experience of the adolescents, prior to a foster care placement, have lasting and profound effects on them, in addition. Sawyer and Dubavitz (2006) stated that foster youth may have difficulty developing relationships with other adults, such as their foster parents and teachers, because of earlier disruption in their family.

2.7.1 Poverty

In 2010, National center for children in poverty reported that "poor children are vastly overrepresented in the foster care system". Kerckehodd & Campbell (2004) found that the socio-economic status of a family contributes to a youth's success in adulthood more than education, skill level, or personal initiative. In addition, according to (Kerckhodd & Campbell 2004), parents with low socio-economic status are "less able than other parents to prevent their children's exposure to harm and to promote positive health and developmental outcomes". Low socio-economic status has been associated with school failure, partly because children from this background do not receive the same level of early education as children from a higher socio-economic background.

2.7.2 Emotional challenges

Many youths in foster care face emotional challenges that affect their academic performance. The trauma of being taken into care and leaving their families, possibly due to neglect or abuse on the part of their parents, can contribute to a sense of abandonment and low self-esteem for foster youth. Yet, many of these youths may have problems that are not identified by caseworkers or teachers. Ayasse, (2002) notes that foster youths are more prone than their non-foster peers to experience withdrawal, anxiety, depression, inability to

concentrate, and lack of social skills. Findings from Aldgate et al (2004) point out that each of these factors can influence students' ability to focus and do well in school.

2.7.3 Instability

Youths in foster care may experience a great deal of instability if they are moved from their biological homes to foster homes. Repeatedly changing schools disrupts the educational process and hinders a youth's ability to learn and succeed academically. Calvin estimates that "when students change schools they lose an average of four to six months of educational progress. School records are often lost or are not transferred in a timely manner. This results in delay in student enrollment or difficulties in receiving needed services for needs students. Moreover, a lack of continuity exists as students adjust to different curriculum, standards, and teachers, possibly finding that they have to repeat material already covered at the previous school or that they have missed various credits and are behind the rest of the class.

What happens to youth that come to school unprepared, not because of incomplete homework, but because of his/her unique familial situation - living in foster care. In this case, "unprepared" means that foster care students may have no stability with their birth families, a lack of schooling due to multiple placements, burst self-efficacy, and confused self-identity. Unfortunately, there is no lobby, voice, or ethical protection for children that clearly advocate to change their unprepared situation (Calvin, 2001).

Furthermore, youths who are taken out of their home and moved around before or during their high school educational years have a higher tendency to have difficulties in life such as depression, behavioural issues, or psychological problems, which negatively impart their educational skills and abilities (Ayasse, 2002).

In addition, issues related to familial separation, concern with siblings, and biological parents make it even more difficult for foster youth to cope and adjust to a new school and foster family (Ayasse, 2002). According to Calvin (2001) foster youths are also predicted to perform below average in school (approximately six months behind their peers) due to various level of distraction, ranging from their thoughts of personal belongings, movement, food and new placement feeling.

For most foster youths, their stories are often not discussed or attended to in an educational setting because of the lack of awareness from teachers. For every child, a consistent appropriate education can clear the path to adult independence and opportunity. For children in foster care, appropriate schooling and educational services can additionally strengthen prospects for a stable, permanent home. Unfortunately, for many children in foster care, the pressures of school disruptions learning difficulties and school failure diminish their well-being and undermine the family-building efforts of the child welfare system.

Children in foster care are among the most educationally vulnerable children in the nation. The factors leading to their entry into foster care, along with their experiences in the child welfare system, place them at great risk for educational failure. They often lack stability in school placement, continuity of educational services, and parental participation and advocacy in their school lives, each as a critical ingredient for school success. And more than half of all children in foster care suffer from serious health problems, developmental delays and other disabilities that can compromise their potentials (Palmer, 2002). Given the range of risks they face, it should not be surprising that the vast majority of children in foster care fall well behind their peers in academic achievement and drop out of school at twice the rate of children in the general population. Studies nationwide reveal that children in foster care with unmet education needs are at substantial risk for homelessness, poverty, and criminal court involvement, (Leiter, Jeffrey and Mathew, 2004).

According to Phillips (2003), children in foster care face unique challenges to success in the school environment. The vast majority is at particular risk for medical problems, developmental delays and disabilities that can undermine their ability to learn and function well in school. The experience of foster care placement itself with frequent movements in care, disruption in schooling and educational services, and isolation from friends and teachers can disrupt the rhythms of the already fragile life of a child in foster care and heighten the risk for poor educational outcomes. Perhaps most significantly, children in foster care can, too often, lack the most fundamental resources for ensuring educational success which is a lasting relationship with a caring adult who can observe their

development, over time, participate in their school lives , advocate on their behalf, and consent to evaluations and services.

Research by Levin (2002) confirms that children in foster care, generally, do not perform as well in school as other children, often repeating classes, failing grades and performing substantially below grade level. They are twice as likely to drop out of high school as other youths and more likely to drop off their schools radar screens. While frequent changes in placement, delays in school enrollment, gaps in attendance and disproportionate health problems are all significant factors contributing to poor school performance, children in foster care also face challenges to school success that are unique to their foster care experience. Children in foster care, often, are distracted by worries, peers and a sense of loss associated with separation from their family and placement in foster care. They may avoid making peer school connections because they are ashamed of their foster care status or anticipate challenges in school placement. They may have difficulty studying and completing homework without adult help after school.

Murnane (2011) stated that the adult involved with children in foster care, including permanency decision makers, need to watch for the red flags, identifying a child at risk for school failure or in need of specialised services. While report cards, transcripts, and standardised test results are measures of how a child fares in school, success also involves a child's social, emotional and physical well-being and safety. Children who experience school as a positive force in their lives and typically engage in their school community and participate in non-academic activities, including athletics, the arts, students clubs and school-sponsored social events, children who have adult and peer connections in school are more likely to view their schools as a supportive and safe haven. The carer can ask a child, as well as school staff, about a child's daily school life, including friendships and participation in school activities and extracurricular programmes. When a child is not known well by school staff, it is important to find out why and to connect the child with supportive school personnel. In addition, it is important to inquire whether a child in foster care is receiving or needs adult assistance with homework and studying.

Placement in foster care can profoundly affect a child's school life. The transient nature of foster care often means that children are abruptly and frequently uprooted from

one school and placed in another. Every school transfer requires a child to adjust to new teachers, curriculum, classmates and expectations. For some children, a change in school may offer a fresh start, better services or freedom from physical danger or emotional harm. For others, particularly adolescents, it can mean separation from friends, community and support systems that serve as a foundation for future success. For every child, school transfers can result in lost school records, delayed school enrolment and interruption in educational services. These disruptions can thwart a child's promotion to the next grade or prevent a student from receiving needed high school credits. A change in school can significantly affect a child's emotional well-being and compromise success in school and at home, creating stress for caregivers and undermining stable placements.

2.7.4 Key features of effective relationships

There are nine key features of effective relationships (Moore, 2006). These appear in relationships of all kinds, including those between adults and children, adults and other adults, managers and staff, etc.

- **Attunement / engagement:** The starting point for all effective relationships is tuning to the other person's world, understanding their perspective and experience, and successfully communicating that understanding to them. Two key skills needed for effective attunement and engagement are *observation* and *listening*. Observation involves paying a close attention to the other person or people, noting body language and behaviour and what they say and do, and what this tells you about their states of mind and body. The other key to effective attunement and engagement is listening. Listening involves hearing and understanding the messages others communicate, whether these messages are transmitted verbally or nonverbally, clearly or vaguely.
- **Responsiveness.** A second key feature of effective relationships is responsiveness, that is, when those involved in the relationship respond promptly and appropriately to each others' signals, communications and changing states. This can be done nonverbally (through facial)
- **Clear communication:** A third characteristic of effective relationships is clear communication. Effective communication skills enable us to listen effectively, monitor communication, build warm relationships, and support parents.

- **Managing communication breakdowns:** A fourth key feature of effective relationships is that those involved are able to acknowledge communication breakdowns and restore positive connections when these occur. When attuned, communication between parent and child is disrupted, as it inevitably will be, repair of the rupture is an important part of re-establishing the connection. Repair is important in helping to teach the child that life is filled with inevitable moments of misunderstandings and missed connections that can be identified and connection created again.
- **Emotional openness:** A fifth characteristic of effective relationships is that those involved acknowledge each other's emotions, both the positive joyful ones as well as the negative uncomfortable ones. It is through the acknowledgment and sharing of these experiences that emotional intelligence/emotional literacy develops **Understanding one's own feelings.** A sixth characteristic of effective relationships, closely related to the previous one, is understanding and managing one's own emotions. In relationships between adults, such as teachers and children, understanding and being able to manage one's feelings is also crucial. If caregivers do not have a comfortable relationship with their own feelings, they may not be able to help children become emotionally literate very effectively.
- **Empowerment and strength-building:** A seventh feature of effective relationships of different kinds is that they are characterised by an emphasis on each other's strengths and competencies, rather than on weaknesses and problems. A major reason for adopting a strength-based approach in relationships is that better outcomes are achieved.
- **Moderate stress / challenges:** Effective relationships are characterised by moderate stress and challenges. Stressful events can be harmful, tolerable, or beneficial, depending on how much of a bodily stress response they provoke and how long the response lasts. While chronic stress is damaging to development and health, moderate stress, as a stimulus to development, results when we set boundaries on people and when we set standards for them.
- **Building coherent narratives:** The last feature of effective relationships to be considered is the building of coherent narratives that is, telling stories that help

people make sense of their lives. Stories are the way we make sense of the events and our lives, and these stories are important for young children's development.

2.7.5 The medical developmental and emotional needs that affect the child's educational performance

Adolescents in foster care are at particular risk for medical and emotional problems, developmental delays and disability. However, it has been revealed that they have far more fragile health than other children and are far less likely to receive adequate health care. Lack of attention to the health needs of children, in care, compromises their health development and creates additional stresses that can disrupt stable placements and undermine family-building efforts. These health problems, also, can interfere with regular school attendance, which adversely affects a child's ability to learn or function in school. Children enter foster care with adverse life experiences and, once placed in care, must cope with the separation and loss of their families and uncertainty of out-of-home care. The cumulative effects of these experiences can create emotional health issues that warrant counselling by school or mental health professional or further evaluation by mental health professionals. All too often, adolescents in foster care lack the most fundamental ingredient for educational success, a stable relationship with an adult, who knows them, can observe their development, over time, advocate on their behalf and consent to services. Some studies by (Levin, 2003) revealed that foster parents and caseworkers, rarely, were aware of the academic needs of adolescents in foster care and that school staff had little knowledge of the adolescent foster care background and its bearing on the adolescent schooling. The absence of stable educational decision makers for children in foster care is alarming, given the research showing that adolescents whose parents are involved in their education have greater success in school.

Youths in foster care, typically, have troubled backgrounds and multiple emotional and developmental problems that place high demand on foster parents. While the health and safety needs of foster youth are easier to observe and document, the educational problems become, particularly, challenging when youth move in and out of foster homes and enroll in multiple schools. Once foster children reach age 18 and "age out" of state care, their future

prospects will be greatly enhanced or reduced according to their previous achievement in school.

Of all of these difficulties, poor academic achievement is known to have the most serious consequences for the futures of foster youths. The noticeable outcomes of youths from foster care reveal that there is an education gap between foster youth because they have more transfer records, and are less likely to be on a college academic track . According to Aldgate (2004), clearly, foster youths are currently facing an achievement and opportunity gap because, sadly, they embrace all of the risk factors that account for setbacks in graduating high school or attending university.

2.8 Fostered adolescents and foster officials' religious beliefs/attitude of the foster parents

It is the right of families to choose their religious and spiritual beliefs and practices. Very often, a family's religious choice is rooted in their cultural heritage, their community, their education and upbringing. Even when children and youths are placed in out of home care, it is recognised that one of the residual rights off the parents or guardian(s) is their right to the choice of the child's religious affiliation (Erickson, 2002). Parents may request their child's continuance in regular religious practices familiar to the child, including continued affiliation in their religious group.

On the other hand, there is a significant number of children and youths who enter group of fostering situations with no family religious affiliation. The question of whether a child care facility has the right to impose religious practices and organisational affiliation does not appear to be clear, but a child or youth may become involved in the religious practices and affiliations of a child care residential facility by either not objecting to participate in religious practices, or by simply taking on certain rituals in the environment, or through their ability to adapt to the daily patterns and observances of the facility.

The involvement of foster children in religious schools, services etc is to foster healthy moral development as well as make them belong to a social community. Yet, there are probably time that are difficult for foster children, for example, some families require foster children to attend child's religious programmes, and regular week-day worship

groups. These demands are often quite foreign to foster children. Many foster parents indicate that foster children entering their homes have little or no religious affiliation or experience.

2.8.1 Foster parents

From the foster parents' perspective, they use their religious organisations as supports for moral development of foster children. Postured to provide the best for the foster child, their efforts include daily, weekly and yearly religious activities. Foster parents must make opportunities available for a foster child to attend religious ceremonies chosen by the foster child, or the child's parents, within the community in which the foster family resides. The foster parents must respect and not interfere with the religious belief of the child and the natural family. (Fay, 2009).

The role of foster parents is nurturing and guiding foster children. Foster parents and agencies are not given decision-making capacity for this area. Exceptions may occur when religious choices or decisions may harm or compromise the safety and welfare of a child, or when adolescents objects to their parent's religious decision. If religious decisions or choices have not been made by the child's parents, foster parents must work together with the social worker of discuss the needs to the child with regards to religious participation.

2.8.2 Attitude of foster parents

Parents must fulfill several obligations in order to adequately and successfully care for their children. By law, parents are required to provide for the basic needs of their children. This includes ensuring their child's growth, safety, and health, as well as protecting their child from harm (Calvin, 2001). The majority of parents, however, go beyond this basic duty. Parents also engage with their children and form strong attachment. They provide their children with educational opportunities and help them to be independent and successful throughout the rest of their lives. However, it is important to note that within the general term of "parent" there are numerous distinctions among individuals and groups. Parents vary according to different dimensions of parenting characteristics, including discipline strategies employed, attitude about what makes a "good" parent, motivations for becoming a parent, and perceptions about the appropriate roles of parents and children.

Therefore, the term “parent” actually encapsulates many different types of individuals who hold variety of opinion regarding what it means to be a parent.

Given the diversity within the term, “parent”, it is important to clearly identify the type or types of parents who are involved in any investigation when reporting and interpreting study results. It is very important to differentiate between foster and biological parents and foster children. This section is dwelling on the foster parents while a lot has been said on the biological parents. Foster parents are those who care for children who have been placed apart from their biological caretakers.

2.8.3 Special needs of fostered adolescents

Upon receiving a fostered child into their care, foster parents may be placed in a difficult parenting situation from the outset. Fostered adolescent have several unique needs of their own that must be addressed by the foster parents. Fostered adolescents have been shown to experience greater mental and physical health problems than children who are not placed in foster homes, Burn (2004), Hill & Thompson, (2003). Foster children also have been found to demonstrate poorer academic performance than children’s not involved in the child welfare systems, as well as increased incidence of developmental delays and increased interaction with juvenile justice system than children who are not placed in foster care, Fanshel, (2008).

The children have also been found to have unique difficulties in forming secure attachment. Bowlby (1944) noted that broken relationships during childhood (e.g. a child being removed from his or her biological parents’ home) may result in increased likelihood that a child will become “psychopathic” ‘delinquent’, or ‘antisocial’ and as a result, have an “affectionless personality”. Therefore, it appears as if early attachment experiences determine future attachment styles. Given that many foster children are removed from their initial homes because they were abused and/or neglected, it is assumed that they have not formed a secure attachment to their biological parents. However, based on Green, (2008) research, it is also unlikely that foster children, without additional assistance, will easily be able to form a secure attachment to future caretakers (e.g. foster parents). Lanyado, (2003) stated that “when a young child has experienced neglect and abuse from his or her parents followed by abandonment, there is a fearfulness about allowing anyone else, possibly

particularly an adult-close to him. In the child's mind, this is risking a repeat of the painful rejection, attack, abandonment, or uncertainty of past relationships. The child may now be convinced that 'daring to try again' to allow a new relationship to grow is a highly dangerous position".

In support of Lanyado's statements, Green (2008) found that foster children with a history of abuse or early institutional care were likely to exhibit an insecure attachment and/or be diagnosed with Reactive Attachment Disorder.

Groze and Rosenthal (2003) reported that formation of relationships with new parents (e.g. foster parents) were least positive in the case of children who experienced multiple abuse episodes. These researchers also noted that frequent transitions between foster homes were associated with difficulties in trusting others and avoidant or ambivalent attachment styles but most children do not have bad experience in fosters care. "The most negative part of foster care is usually not where they are placed but it is how other people judged them" says Bissell and Geen (2006). "They further stated that people treat children in foster care like they did something wrong". According to the National survey of child and Adolescent well-Being (2004), the first comprehensive study of children in the child welfare system, "more than 85% of children in foster care reported they like the people they are living with, feel like part of their foster family, and believe their foster parents care about them". Bissell and (Geen, 2006) further stated that "child welfare agencies are relying on placement with caring relatives for abused and neglected children, at times, the foster parents often play an important role in helping birth parents enhance their parenting skills and improve their relationships with their children.

It is true that there is a shortage of foster parents. With the existence of child abuse and neglect, the number of children in foster care doubled, while the number of available foster care homes declined. But on a happier note, abuse by foster parents is rare. If there is any contrary opinion, this might have been developed by well publicised tragedies of children abused in foster care, that often distort public perceptions of the benefits that foster or families provide to children who have experienced abuse and neglect before entering foster care. Majority of the children who experienced abuse or neglect were abused by their

parents, but less than 10% reported abuse by their foster families Brown Cozby, Klee and Worden, (2001).

2.9 Fostered adolescents and peer influence

Peers are an important influence; they are viewed as socialisation agents that transmit consumption attitudes, goals and motives to adolescents. They are also important sources of emotional support and psychological well-being which increase self-esteem in adolescents. Chaplin and John, (2010).

Relationship, be it intra or inter, is a universal human experience. Emotions have been observed to play a major role in human interpersonal relationships. We experience and express emotions throughout our daily lives, and our emotional state, at any given moment influences our perception, cognition, motivation, decision-making and interpersonal judgment Azeez (2007). Our interpersonal likes and dislikes are determined by emotions. Any factor that affects emotions also affects attraction and relationships Ayodele, (2009).

However, peer influence quality is a key indicator of fostered adolescent psychosocial adjustment. The nature of peer group relationships among adolescents, especially on the fostered adolescents, varied as the individual member themselves. In addition, numerous other factors such as personality attitudes and environmental factors affect the totality of one's relationship in many ways. At one extreme, these peer influence can be personal and positive. This is when the fostered adolescents interact meaningfully, share mutual relationship and respect the dignity of others. Adolescent peer influence becomes negative when the fostered adolescent dislikes another, creates tension and crisis for one another or tries to humiliate the personality of another. Ayodele & Bello, 2008).

As fostered adolescents grow, their relationships with selves and others become increasingly influential. This relationship not only provides foundation for later adult relationship, they also buffer the fostered adolescents from stress and lessen the risk of later emotional and behavioural problems. When teens behave right, think positively and are socially successful, their relationship is a source of well-being pride and identity. Yet, some fostered adolescents have difficulties in getting along with others because of shyness,

conflict or any other challenges they are passing through Adeyemo (2003), Abosede (2007) and Salami, (2008).

In actuality, peer influence is more complex than our stereotype of the negative influences from friends. First, peer influence can be both positive and negative, while we tend to think that peer influence leads teens to engage in unhealthy and unsafe behaviours, it can actually motivate youth to study harder in school, volunteer for community and social services and participate in sports and other productive endeavours. In fact, most teens report that their peers pressure them to engage in drug use and sexual activity, Elegede, (2004). Eniola, (2006) further stated that peer influence is not a simple process where youths are passive recipients of influence from others. In fact, peers who become friends tend to already have a lot of things in common peers with similar interest, similar academic standing and enjoy doing the same things which tend to gravitate towards each other. So, while it seems those teens and their friends become very similar to each other through peer influence much of the similarity was present to begin with. While Fasina (2004) said friendships that emerge during adolescent tend to be more complex, more exclusive and more consistent than during earlier childhood, new types (e.g. opposite sex, romantic ties) and levels (e.g. best friends, cliques, and “crowds”) of relationships emerge, and teens begin to develop the capacity for very close, intimate, and deep relationship.

The adult perception of peers as having one culture or a unified front of dangerous influence is inaccurate. More often than not, peers reinforce family ventures, but they have the potential to encourage problem behaviours as well. Although the negative peer influence is overemphasised, more can be done to help the fostered adolescents experience the home and the peer.

2.10 Fostered adolescents and foster homes climate

Domestic influence is a social phenomenon that impacts every segment of the fostered adolescents. Adolescent neglect may occur when a caregiver does not give them the care he or she needs, according to its age, though the caregiver can afford to give the care or is offered help to give that care. Their neglect can mean not giving food, clothing, and shelter. It can mean that the carer is not providing an adolescent with medical or mental health treatment or not giving prescribed medicines the adolescent needs. This can also

mean neglecting the adolescent's education, keeping them from school or from special education, it may also include exposing them to dangerous environments, they may be poorly supervised, this may include putting them in the care of someone incapable of caring for them. It can also mean abandoning them or expelling them from home.

2.10.1 Impact of negative domestic influence on the fostered adolescent

Adolescents who live with negative domestic influence face increased risk; the risk of exposure to traumatic events, the risk of neglect, the risk of being abused; all these may lead to negative outcomes for the adolescents and may affect their well-being, safety, and stability Carlson, (2000); Rossman, (2001). Adolescent problems associated with exposure to domestic violence fall into three primary categories.

- Behavioural, social and emotional problems: Higher levels of aggression, anger, hostility, oppositional behaviour, and disobedience, fear anxiety, withdrawal, and depression, poor peer, sibling, and social relationships and low self-esteem.
- Cognitive and attitudinal problems: Lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem solving skills, pro-violence attitudes, and belief in rigid gender stereotypes and male privilege.
- Long-term problems: Higher levels of adult depression and trauma symptoms and increased tolerance for and use of violence in adult relationships, fostered adolescent's risk levels and reactions to domestic influence, exist on a continuum where some adolescents demonstrate enormous resiliency while others show signs of significant adaptive adjustment Carison, 2000; Hughes, Graham-Bermann and Gruber, (2001).

Additional assessment factors that influence the impact of domestic violence on children include:

- Nature of the negative exposure: Adolescents who witness frequent and severe forms of violence or fail to observe their caretakers' resolving conflict may undergo more distress than children who witness fewer incidences of physical violence and experience positive interactions between their caregivers.

- Coping strategies and skills: Adolescents with poor coping skills are more likely to experience problems than children with strong coping skills and supportive social networks.
- Age of the adolescent: Younger adolescents appear to exhibit higher levels of emotional and physiological distress than older adolescents. Age-related differences might result from older adolescent's more fully developed cognitive abilities to understand the violence and select various coping strategies to alleviate upsetting symptoms.
- Elapsed time since exposure: Adolescents often have heightened levels of anxiety and fear immediately after a violent event. Fewer observable effects are seen in children as more time passes after the violent event.
- Gender: In general, boys exhibit more "externalised behaviours" (e.g. aggression or acting out) while girls exhibit more internalised behaviours e.g. withdrawal or depression).
- Presence of child physical or sexual abuse: Adolescents who witness domestic violence and are physically abused are at risk for increased levels of emotional and psychological maladjustment than adolescents who only witness violence and abused. Carlson, 2000; Hughes, Graham-Bormann of Gruber, (2001).

Protective factors, such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationships and a supportive relationship with an adult, can help protect the adolescents from the adverse effects of exposure to domestic violence.

2.11 Fostered adolescents and exposure to drug/substance use

Most children become a part of the child welfare system because of confirmed child abuse or neglect, commonly referred to as maltreatment. With that system, foster care refers to the care of minors who for safety reasons, have been placed in an out of home living situation. Minors may be removed from their home due to severe maltreatment defined as neglect, physical abuse, sexual abuse, and emotional abuse. Child maltreatment can also include harm that a caregiver allows to happen or does not prevent from happening to a child. According to the American Humane Association (2012), youths may also be placed

out of home due to the parents' inability to address their child's delinquent and/or high risk behaviour. Substance abuse is a factor in at least three quarters of all foster care placements. Foster youth exhibit higher rates care placement. Foster youths exhibit higher rates of illegal drug use than youths who have never been in foster care. National Survey on Drug use and Health, (2005). Often times, the alcohol and other drug issues faced by foster youths can be traced to a family history of substance abuse and dependence. Prenatal addiction, both prematurely and during child rearing, is a significant factor in child abuse and neglect cases and can be a contributing factor in the removal of a child. These predisposing factors are multifaceted with research showing hereditary links, the influence of social norms, and the use of alcohol and other drugs as learned coping mechanism. Studies suggest that 40.0% - 80.0% of families in the child welfare system are affected by alcohol and drug dependency Child Welfare League of America, (2008).

2.11.1 Emotional harm and substance abuse

When maltreatment occurs in the home, even when substance abuse is not a contributing factor, it can still leave a child more vulnerable to substance abuse in adolescence. One of the most common coping strategies used by youths who are suffering emotionally is self medication through alcohol and other drugs, which can lead to further victimisation, mental health problems addiction and lack of self-care. In most extreme cases of child maltreatment, where exposure to abuse is repeated and /or severe, research shows that there can be changes in brain physiology that, in practical terms, impact how children think, feel and act. Such changes can leave these children at a higher risk for a variety of mental health problems and addictions. Nationally, 50.0% of children and youths in the child welfare system have mental health problems.

Youths in foster care often experience multiple placements in homes and schools. Children experiencing numerous placement changes are affected emotionally, cognitively and physically, contributing to both the internalising and externalising of negative behaviours. Newton, Litrownika Landsvel, (2000). For every change in school setting, foster youth fall three to six months further being their classmates, creating a downward spiral. Consequences include alienation from teachers and peers who are doing well, a loss of self-efficacy (the feeling of success) detachment from school and the acquisition of

friends who are also alienated. As a result of poor attendance and low economic achievement and lack of care, these youths may be transferred to other schools. Survey data show that some school students are likely to use drugs and alcohol with higher frequency and higher amount than their non -continuation school peers Vaughn, Ollie, McMillen, Scott and Munson, (2007).

2.12 Fostered adolescents and neighborhood characteristics

Neighborhoods are increasingly studied as a context where children and youths develop. However, the extent of neighborhoods impact remains debatable because it is difficult to disentangle this impact from that of the family context, in part, because fostered adolescents have no choice as to where they live. But from all perspectives neighbourhoods do matter in the life of the fostered adolescent. Suggestions were made that children and adolescents living in high-income neighbourhoods, may have higher cognitive ability and school achievement than those living in middle income neighbourhoods, and children and adolescents living in low income neighbourhoods may have more mental and physical health problems than those living in middle-income neighbourhoods. The home environment has been shown to be partly responsible for the link between neighbourhoods and the children's development for adolescence; neighbourhoods effects are partially accounted for by community social control Brooks-Gum, (2002).

Despite the recognition that multiple contexts influence adolescent behaviour, it is still difficult to identify the specific mechanisms through which neighbourhood effects occur. Neighbourhood structural characteristics are important because they affect the ability of neighbourhood residents to collectively establish informal social control in peer groups. When local social controls are weak, youths have greater opportunities to engage in violence and to become involved with violent peers in whose presence violence is experienced as highly rewarding Anderson, (2009). This perspective gives a cultural interpretation to the adolescent peer group and is consistent with Empey's, (1992) view of friendship networks as serving as a "vehicle for perpetuating delinquent tradition". Thus, exposure to a violent youth culture is likely to contribute to the higher rates of adolescent violence typically found in socioeconomically disadvantaged neighbourhoods Hoffman, (2003).

In contrast, adolescents residing in neighbourhoods with a high degree of informal social control are likely to experience greater supervision over their behaviour, thus reducing opportunities for delinquent peer groups to form and attract new participants. Osgood and Anderson, (2004). Youths residing in these more advantages neighbourhoods are more likely to form friendships with conventional peers and to orient themselves towards conventional behaviour such as academic achievement Osgood, (2006). Wilson (2003) suggests that structural changes in inner-city neighbourhood have resulted in the social isolation of poor minority youths from middle-class values and role models, and instead, increased youths' exposure to unconventional role models and values. Similarly, Anderson, (2009) argues that due to structural changes in neighbourhoods resulting in decreased employment opportunities and increased disadvantage, "the trust and perceptions of decent that once prevailed in the community are increasingly absent", and, in their place, a "code of the streets" has developed, which emphasises toughness, risk-taking, and the use of violence to achieve status. As Anderson points out, violence solutions to problems is disadvantaged (neighbourhood are an) essential part of the local subculture, a means of defending one's honour and winning respect from residents.

During adolescence, peers begin to occupy a central role in transmitting and modelling deviant and pro-social behaviours, and these peer networks may offer a potent context in which norms governing the use of violence mug consume to operate. This is because associating with delinquent peers enables the emergence of pro-delinquent peers group that promotes delinquent conceptions of the self, as well as pro-delinquent attitudes, justifications and motives to engage in delinquent behaviours. Therefore, involvement in delinquent peer networks is of great importance for understanding neighbourhoods' variation in youth violence, Thornbeery, (2003). This is consistent with research that finds that involvement with delinquent and violent peers occurs most frequently among youths living in structurally disadvantaged neighbourhoods.

2.13 Child rights act on fostering

The Child Rights Act (2003) is an Act promulgated by the Government of the Federal Republic of Nigeria that made provision for a child who is under foster care or who is to be fostered to guard against child abuse. The Act is as follows. According to the Child

Right Act (2003) section (100) subsection (1) a person may foster a child by making an application to the court, within the jurisdiction in which the person and the child reside at the date of application. An application for fostering shall be made in accordance with the procedure and in the manner prescribed by rules made under the provisions of this Act. The Child Rights Act stated the type of child to be fostered. Section 101 states that, a child who may be fostered under this Act includes a child who is abandoned by the parent or is orphaned, deserted by his relatives or voluntarily presented his relatives for fostering or voluntarily present himself for fostering where no relatives of his can be found, or has been abused, neglected or ill-treated by the person having care and custody of him, or has a parent or guardian who does not or cannot exercise proper guidance over him, or is found destitute, or is found wandering, has no home or settle place of abode, is on the street or other public place, or has no visible means of subsistence or is voluntarily presented by his parents for fostering. The Act explained further that only one person is allowed to foster a child except the fostering application is jointly from husband and wife.

Section (102) sub-section (2) says except where a man and his wife have applied jointly to foster a child, a fostering order shall not authorise more than one person to foster a child. The Child Right Act also stated that the number of children that may be fostered by a person shall not exceed three, unless exceptional circumstance. Section 104 sub-section (1) states that a fostering order shall not be made by the court, unless the applicant is not less than twenty-five years of age and is at least twenty-one years older than the child to be fostered. The applicant is a citizen of Nigeria; the applicant is certified by a medical officer to be physically and mentally fit.

A fostering order shall not be made in favour of a sole applicant who is unmarried, unless the years and the child to be fostered is the same sex as the applicant. The Child Rights Act also brought in the issue of consent in section 105 sub-section (1) where a married person is the sole applicant for a fostering order, the application shall be accompanied with consent, in writing by the other spouse that the order be made where it appears to the court that a person, other than the father or mother or relative of a child has any right or obligation in respect of the child under the order of court or an agreement or under customary law, the court may refuse to make the fostering order until the consent of that person is first obtained. The court may dispense with any consent required under this

section if it is satisfied that the person, whose consent would have been required, has abandoned, neglected or persistently ill-treated the child or cannot be found or is incapable of giving his consent. This section enlightens the applicant on the duties of a foster parent to a foster child. It says in section 110 that every consent under section 107 of this Act, which has not been dispensed and had been obtained and every person who has given his consent understands the nature and effects of the fostering order for which the application is made, the order, if made, will be for the maintenance, care, education and general welfare and best interest of the child. The Court may in a fostering order, impose such terms and conditions as it may think fit and, in particular may require the foster parent, by bond or otherwise, to make for the child such provisions as in the opinion of the court is just an expedient. Section 108 gives orders to the Chief Justice of Nigeria to make rules concerning practice and procedures of the court in respect of the fostering of children under this Act. The Act also indicated the Rights and duties of foster parents and other persons in section 110, sub section (1) on the making of a fostering order, all rights, duties, obligations and liabilities, including any matter arising under customary law, applicable to the parents of the child or any other person, or persons in relation to the custody, maintenance and education of the child and all rights to appoint guardian and be exercisable by and enforceable against the foster parents, all such rights, duties, obligations and liabilities in relation to custody, maintenance and education of the child's as if the child were a child born to the foster parent in a lawful marriage. Section 112 sub section (1) says the Chief Registrar and the appropriate child development service shall, each, keep and maintain a register and the appropriate child development service shall each keep and maintain a register to be known as the Fostered children register in which shall be made such entering as may be directed by a fostering order to be made there in. The Act also made provision for visits to fostered children by child development officer. Section (113) sub section (1) states that the appropriate child development service shall keep itself informed, from time to time of condition and welfare of each child fostered under this Act and for that purpose, arrange for child development officers to do all or any of the following things, that is to pay periodic visits at reasonable times to each child fostered under this Act until the child attains the age of eighteen years and to enter any premise for the purpose of ascertaining whether there is

any contravention by a person of any condition of fostering or of any other provision of this Act.

Section 114 of the Act says where it is proved to the satisfaction of a court that a foster parent has abandoned, neglected or persistently ill-treated or assaulted a fostered child, the court shall revoke the fostering order in respect of the Child Right Act. It also lays emphasis on the fact that no foster parent shall marry any child fostered by him. A fostered parent who marries a fostered child commits an offence under this Act and is liable on conviction to imprisonment for a term not exceeding fourteen years, according to section 120 sub section (1) A child shall be deemed to be fostered privately if he is cared for, and provided with accommodation by a person other than a parent of the child, or any other person who has parental responsibility for the child, or a relative of the child, and a person shall be deemed to foster a child privately if he cares for the child in circumstances in which the child is fostered privately as defined under paragraph (9) of this sub-section. A child is not fostered privately if the person caring for and accommodating the child has done so for a period of less than twenty eight days and does not intend to do so for any longer period. Section 124 of the Act ensures that justice is done to offences of fostering in the Child Rights Act 2003.

2.14 Government, fostering institutions and fostering of adolescents

Social welfare is the process used by certain welfare agencies to help individuals cope more effectively with their problems in social functioning. Social welfare does not have a concise definition as its components vary from time to time and from one country to another, depending on the needs and priority of each nation. The following are the accepted definition.

- 1) Social Welfare service is referred to as a scientific programme that ensures the satisfaction of basic human needs in associate life.
- 2) Social Welfare service connotes the welfare of the individuals, groups of individuals and the generality of the people in any society.

Social welfare in the 19th Century laid the foundation for the use of charity and philanthropy. Rich individuals established schools, hospitals, libraries, orphanages and homes for the aged. People believed that those with wealth should share it with others who

are less fortunate. Though the establishment and maintenance of such institutions for the up-lift of the masses or those who need care and help through no fault of their own will get it.

Two organizations are notable in tracing the origin of charity and philanthropy

- 1) Charity organization societies
- 2) Settlement houses

Both organisations originated in Britain in the later part of the 19th Century and were then copied in the United States charity organization societies functioned with the friendly visitors (i.e. group of aristocratic rich women who had money going from house to house to meet with the poor), visiting poor people, teaching and advising on good child caring, housekeeping and good health. Their belief was that there should be no misuse of money, or excess drinking and immorality, which lead to wrong living. This was the origin of the present day family service. The friendly visitors believed that the source of difficulties rested within the individual. They developed settlement house, which was a place in the neighbourhoods of low income families where wealthy and privileged people could live among the poor. The belief was that by becoming neighbours, the rich could bring the needed changes and thus meet human needs.

Later on, the moral foundation of the early casework approach became questionable when the “friendly visitors” began to realise that the cause of distress was not a character defect, but social conditions under which the client lived, such as illness of the client or of his family, numerous children, unsanitary, overcrowded housing, low wages, debts under nourishment, inadequate education, unemployment and lack of training. This recognition of the influence of environment on the individual was supported and also lack of understanding on how to cope with the environment, settlement house workers were, therefore, involved in identifying factors in the environment that were causing the particular needs.

The charity organization societies and settlement houses activities led to the establishment of many private agencies and emphasis was placed on private initiatives and aid giving. Today, many of these agencies receive government support through grants. Such agencies include those that are concerned with welfare of children, family counselling agencies, child guidance clinics and mental health services. Family counselling services and children services are jointly known as family services.

2.14.1 Social welfare administration in Nigeria

The newly approved social development policy for Nigeria defined social development as a process of continuous improvement of social structure and institutions in order to create a societal condition in which rights of citizens are advanced and protected, their welfare enhanced and their effective functioning and self actualisation ensured. It is expedient to explain that social welfare is the institutionalised instrument of service delivery which enhances social development.

In Nigeria, like every other part of the world, the development of mankind takes different dimensions and assumes diverse forms and shapes as a good number found themselves unable to cope with their families or community, while others are faced with problems of social adjustment. Social welfare, therefore, engages in helping to resolve problems of mal-adjustment in between individuals, families' communities and group of people, contributing to the creation of the type of situation which facilitated the development and prevent the break down of the potential of individual and the society. It helps the individual and groups to nurture their needs and aspirations in a socially acceptable direction.

Social welfare activities started in Lagos before it was shifted to Ibadan which was the seat of government of western region in early 1953. Social welfare activities have transformed its four cardinal principles to a wider concept to meet up with Millennium Development Goals. As at date, social welfare services is one of the sectoral components of social development, others are women development, child development, Prison welfare services, Medical social work, youth development, to mention few.

2.14.2 Objectives of social welfare services

- 1) To reconcile broken homes and make contact with couples of neglected children and ensure prompt payment of any maintenance allowance which may be ordered under the social welfare system.
- 2) To reform and rehabilitate delinquent and maladjusted youths through prevention, curative as well as after care services for those reformed.
- 3) To make provision for home-life and future security of abandoned children whether able or disabled.

- 4) To provide adequate care for the disable and less privileged, thereby meeting them through training to become economically self-reliant and thereby discourage street begging.

The highlighted objectives are achieved through the existing unit in the social welfare development;

- i) Juvenile welfare/probation and correctional services
- ii) Family welfare services
- iii) Relief and rehabilitation services
- iv) Adult welfare services
- v) Training and counselling services
- vi) School Social welfare services
- vii) After care services

Other related service delivery components are

- i) Juvenile Remand Home
- ii) Child care unit
- iii) Approved schools/Borstal Institution
- iv) Rehabilitation centre for the physically challenged persons
- v) Community Based Vocational Rehabilitation Programme
- vi) Nigerian Training centre for the Blind

2.14.3 Activities of each unit

a) Juvenile Welfare matters

This section of the Department deals with maladjusted juvenile of various categories such as:

- i) Beyond parental control
- ii) In need of care protection
- iii) Involvement in criminal offences

2.14.4 Probation and correctional services

A juvenile brought before social welfare office for any of the offence above are attended to by a probation officer who is a social worker of the ministry. The officer interviews the children and makes necessary supervision to a juvenile court for the treatment that the subject deserves. In this section, a child who commits a criminal offence is usually on probation while those who are beyond parental control or in need of care on protection are placed on supervision being first offenders. Subsequently, any other offence may lead the child to be placed in reformatory institution known and called Remand Home.

2.14.5 Juvenile remand home

It is another form of treatment adopted to check a maladjusted juvenile. In this case, a child is removed from the previous environment to a confined institution for a period of not more than 21 days. Necessary observations are carried out while in the kitchen, during morning chores, eating habits and his reaction to the environment. If this same child becomes a victim of circumstances again or has a recidivist trait, the child may be recommended to an approved school which is a reformatory/training establishment for socially maladjusted children.

2.14.6 Approved school

It is a reformatory institution for a child who has failed to yield to treatment of probation supervision and the remand home institutions. In this case, a child is sent for character and vocational training. He is expected to spend only 3 years and failure to yield to this treatment may lead him to the Borstal institution located in Kakuri, Kaduna State. A child above sixteen years has another opportunity at this home to learn a trade of his choice until he attains the age of 21 years. Unfortunately, currently, there is no approved school in Oyo State.

2.14.7 Family welfare matters

The social workers know and called family care workers are charged with the responsibilities of ameliorating the family in distress with a view to assisting the home from breaking or collapsing totally. Examples of complaints are:

- i) Case of neglect

- ii) Maltreatment
- iii) Paternal dispute
- iv) Other social problems associated with marriage

2.14.8 Matrimonial reconciliation

The officer in charge ensures that couples in distress receive adequate counselling and reconciliation. Where reconciliation is not possible or irretrievable such cases are referred to in juvenile court for its intervention.

Obstinate party may be legally advised to pay maintenance allowance on the offspring arising from that home for avoidance of problems leading to long-term delinquency.

The home must be visited by the officer with a view to assessing the progress about them.

2.14.9 Abandoned children

These are unfortunate children abandoned by their parents and brought to the social welfare office with an extract from the police.

Causes

- i) Resultant effect of economic recession
- ii) Paternity dispute
- iii) Malformation of baby at delivery, leading to various disabilities
- iv) Unwanted pregnancies.

2.14.10 Child care unit

The department has a child care unit which takes care of these abandoned children pending the time they will find a suitable fit person or adopt for them.

Malformed children are kept at the home pending the time they will be of school age. They are normally sent to handicapped schools. Others that are grown up are normally sent to Rehabilitation Centre, Moniya to receive vocational training in an attempt to acquire life skills and vocations for their self actualisation and sustenance.

2.14.11 Relief and rehabilitation services

Relief and rehabilitation services to various able and disabled persons processes all requests for assistance be it employment, financial and/or material such as computer sets,

singer 20U embroidery machine, Generating set, Grinding machines, Shoe Making equipment, crutches, walking stick, wheel chairs and so on, have been presented to these disadvantaged unemployed person/socio-economic problems.

The unit is equally responsible for supervision of all institutions and special schools established by the state and Federal Government for the physically challenged. Among these institutions are: (1) Rehabilitation centre for the disabled at Moniya.

(i) Community Based vocational Rehabilitation programme.

(ii) Nigerian Training centre for the blind, Ogbomosho

Welfare services as stated earlier originate variously from humanitarian, religious and democratic ideals and philosophies. It has the universal application to meet human needs arising from personal societal interacts and to develop human potentials. Welfare services are expected to be dedicated to services for the welfare and self-fulfilment of human beings and the development of resources to meet individual, group, national and international needs and aspirations and the achievement of social justice.

From the above listed services of the Social Welfare Department of Oyo State, it is noted that fostering in the Nigerian concept is of two types, informal kinship care which involves families taking children in without intervention by social welfare services agencies. The child is placed under the care of someone who could be a relative to the biological parents or a friend to the biological parents. This is the most common type in Nigeria.

The other involves the intervention of the Social welfare service agencies and the operation of this is guided by the Child Rights Act (2006) and children and young persons Act (2004). This is not a common phenomenon as no one goes through any welfare agency before fostering takes place in Nigeria except in very few cases. This means that the Child Rights Act has been a paper work only as most of the fostering done in Nigeria is without the intervention of the social welfare agency.

2.14.12 Process of fostering

Adolescents are placed in a new home setting to escape a stressed or dangerous living situation. The goal of foster care is to provide healthy parents to children who have been subjected to an unsafe and unstable environment. The child is removed from the present negative living situation and places. The goal of foster care is to provide healthy parents to adolescent who have been subjected to an unsafe and unstable environment. The child is

removed from the present negative living situation and placed in an arranged new environment. Through positive identification with the foster parents, the adolescent will grow and change.

Fostering care is intended to be a temporary living situation for children. The goal of foster care is to reunify with their parent or guardian or find another suitable permanent living arrangement. This may include an adoptive home, guardianship or placement with a relative. At times, the bond that develops during foster care will lead to the foster parents adopting the child. In some instances, children may be placed in a long term foster placement. For older adolescents, a foster care programme may offer education and resources to prepare for a transition to independent living.

Fostering, as defined by Living Stone Medical Dictionary (14th Edition), is placing “at risk” child with a compatible family as a short or long term measure. The aims are to provide children in need with security of home environment and to reunite child with natural family as soon as possible.

It can also be defined as the provision of substitute care with a family for a planned temporary or extended period when parents or legal guardian are unable to care for a child. “Children and young person’s act (2003)” section 27(2) provides that a child needing care and protection may be committed to the care of a fit person who is willing to take care of the child. The prospective foster parent must be financially, medically and morally fit, capable of exercising the desired care and guardianship over the child.

According to Barth, (2002) fostering is a system by which a certified stand in “parents” cares for minor children or young people who have been removed from their parents or other custodial adults by state authority. Responsibility for the young person is assumed by the relevant governmental authority and a placement with another family found.

There are various reasons for fostering a child; the family might have an emergency like a sudden illness or accident. Parents might be under stress, which is unable to care for their children adequately and desperately require relief. They may need time to address their problems and issues such as homelessness or substance abuse. Children may have to be temporarily removed from the home for their own safety because of abuse or neglect.

In Nigeria urbanisation is a major reason for fostering in which children want to move from rural to urban area for educational advancement and socialisation. A lot of children

who are with their biological parents in the rural areas or villages seek for better life in the urban to live with their aunts, uncles, sisters or step parent. To enjoy the social amenities of the urban area, lots of children move to the cities to be fostered by their relatives. Some are taken from their homes because their parents fail to care for them adequately. The failure may be brought about by the fact that they are oblivious of parental responsibilities; they may abuse, neglect or abandon their children.

Some of the foster children enter the system because they have problems with which the parents cannot cope. The child may, for example, be retarded or have mental or physical handicaps while some are caused by environmental factors such as financial need, inadequate housing or chronic unemployment, but poverty frequently contributes to the crisis that requires children to be placed in foster care.

For a family to be qualified to foster a child, a formal application must be made to the social welfare department which must be accompanied by recent photographs of the applicant, medical certificate of fitness and evidence of financial standing, among other things. A welfare officer from the social development is assigned to conduct an investigation on the applicant in order to determine his or her suitability. When the report is ready and the applicant is deemed suitable, the application is brought to court along with the child. Where the court is satisfied with the suitability of the applicant, it can commit the care and the custody of such a child to the applicant.

A successful prospective foster parent completes administrative formalities, which include completing in triplicate a formal undertaking which spells out the rules and duties of a foster parent before the child is finally handed over. The effect of an order is that the foster parent stands as a guardian to the foster child, properly trains the foster child and ensures that he or she receives appropriate religious, educational as well as moral training and medical attention where necessary. It must be noted that fostering may be turned into adoption where the court is satisfied that the child's parents or relatives cannot be traced Schor, (2003) from birth to the age of eighteen, but primarily they are adolescents.

Fostering in the Nigerian concept is of two types, informal kinship care which involves families taking children in without intervention by social welfare services agencies. The child is placed under the care of someone who could be a relative to the biological parent or a friend to the biological parent. This is the most common type in Nigeria. The

other type involves the intervention of the social welfare service agencies, and the operation of this is guided by the Child Rights Act (2006) and Children and Young Persons Act (2004). This is not a common phenomenon as no one goes through any welfare before fostering takes place in Nigeria.

2.15 Process of adoption

Adoption is the legal act of taking in a child born to other parents and formally making that child a full member of the family. Adoptive parents, taking on all the rights and responsibilities given to birth parents or other former legal guardians who relinquish all rights concerning that child.

2.15.1 Types of Adoption

- 1) Adoptions are undertaken either by people related to a child by blood or by unrelated adoptive parents, for example: (1) Blood related adoptions include a stepparent married to a birth parent adopting their daughter's child, and other relative adopting a child born into some branch of their own family.
- 2) Unrelated adoptions occur when the adoptive parents have no prior blood link to the child being adopted. Agency (or relinquishment) adoptions are conducted through a public or private social service organisation, with the agency contracting with the adoptive parents, providing counselling, assessing the placement, and overseeing the entire adoption process.
- 3) Independent Adoptions: In contrast, are initiated and conducted independently by the adoptive and birth parents, without agency involvement.
- 4) International adoptions are those in which parents adopt children from other countries. Federal regulations that require "a satisfactory home study" and proof of being or phoned govern these adoptions Barth, (1995).
- 5) Special needs adoptions involve children who have traditionally been more difficult to place in adoptive homes. These include children who have a specific factor or condition (such as ethnic background, age, membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental, or

emotional handicaps), such that adoptive placement is difficult without providing medical or other assistance.

- 6) Trans racial adoptions are those by parents of a different race than that of the child. For example, white parents might adopt an African American or Asian child.

2.15.2 The adoption process

Several steps are involved in the adoption process

- Step 1 - A child is identified as being in need of adoption. For example, children may have been removed from an extremely abusive environment, or the parents may have abandoned them or died.
- Step 2 – The child must be legally freed so that adoption can take place. Assistance should be given to the children to ease the trauma of separation from birth parents or guardians. Similarly, they may require help in adjusting and becoming attached to the new adoptive parents. Guardianship rights to the birth parents must be formally terminated.
- Step 3:- Adoptive parents are selected. Here the social worker conducts a home study in which potential adoptive parents are evaluated on a number of variables. These include
 - Age which must be below 45 years
 - Must be physically healthy
 - Must be married
 - Identify infertility status
 - Know the religion
 - Financial stability must be known
 - Must be emotionally healthy
 - Must have capacity for parenthood
 - Adjustment to sterility
 - Quality of marital relationship must be known
 - Identify the motive for adoption
 - Their attitudes towards illegitimacy must be known

Some of these requirements can be assessed objectively. Others are determined by subjective perceptions on the part of professionally trained adoption workers, often based on middle-class values expectations of what constitutes “good” parents Cohen, (2002)

There has been some liberalisation, especially with respect to special needs children, whereby “single parents, foster parents, parents of below average income, and in some instance, gay or lesbian couples who demonstrate the ability to love, nurture, and provide care and security to a child, are being considered as adoptive parents” Cohen, 2002; Mather and Lager, (2000).

- Step 4 – after the potential adoptive parents have been approved, the agency places the child with them. The agency social worker assists the adoptive family in integrating the child into the family system.
- Step 5 – as Smith and Howard (1999) explains, “Adoptive families undergo stresses and adjustments unique to the adoptive experience and lasting throughout the family life cycle whether the child is adopted in infancy or later”. At least four types of agency services may be provided after placement. First, educational programming on such issues as child behaviour management can be helpful. Second, therapy may be necessary to deal with issues such as the child’s grief at the loss of his or her family of origin or new readjustment issues being experienced by the entire adoptive family. Third, ongoing support groups may help both parents and adopted children deal with emotional and relationship issues. Fourth, adoptive families may need help linking up with necessary resources (e.g. programmes offering financial assistance, special education service, and therapy for children requiring special help)
- Step 6 – The adoption is formally legalised, and the birth parents’ legal rights are terminated.

2.16 Empirical Review

Some relevant studies have been surveyed in which the factors that determine the fostered adolescent’s social and emotional well-being have been adequately highlighted and emphasised, likewise environmental factors.

In the study by Okubanjo (2007), the evaluation of national outcomes of adolescent violence was examined, using 366 adolescents. The result showed that the influence of

friends and poor relations play a crucial but different role in the development of violent behaviour among adolescents.

Ayodele (2009) carried out a review on differential and interactive effects of psychological disposition, associated with adolescents in South-west, Nigeria. The study was done among 244 adolescents. Their ego was examined with positive and negative life event. The result indicated that development of ego is a very good instrument against stress.

In research on Child fostering in West Africa, Isiugo-Abanihe (1983), with 220 sample, observed that aggression and strictness of foster parents on their foster youths may make their adjustment to be very difficult.

Ayodele and Bello (2008) review a study using 650 adolescents on reduction of bullying behavioural tendencies among secondary students. The result revealed that adolescent conflict was significantly related to score on measures of psychological well-being, especially life satisfaction, good self esteem and school adjustment.

There was another review by Azeez (2007) on Intelligence and emotional intelligence as predictors of interpersonal relationships among adolescents in South-west, Nigeria. The review was done among 565 adolescents. The results indicated that the intelligent adolescent showed good competence levels and had good interpersonal relationship and their socio-cultural influence was encouraging.

In a study by Daniel (2002), the association between foster home functioning and fostered adolescent adjustment was examined, using 1,519 Chinese fostered adolescents. The results showed that the family functioning was significantly related to measures of adolescent social and emotional well-being (existential well-being, life satisfaction, self-esteem, sense of mastery, good psychiatric mobility) school adjustment (perceived academic performance satisfaction with academic performance, and school conduct), and problem behaviour (delinquent and substance abuse behaviour).

Finally, functioning was generally more strongly related to measures of fostered adolescent adjustment for fostered adolescents receiving foster care than for adolescents without foster care.

Suniya (2001) pointed out some factors that allow fostered adolescents to maintain socially competent behaviour. The study examined 144 fostered adolescents. Scores on a negative life events scale operationalised stress, and definitions of social competence were

based on peer ratings, teacher ratings, school grades. Moderator variable examined include intelligence, social skills, ego development, and positive life events. Following theoretical models by Garmezy and Rutter, distributions were made between compensatory factors (which are directly related to competence) and productive vulnerability factors (which interact with stress in influencing competence). Ego development was found to be compensatory against stress. Internality and social skills proved to be protective factors, while intelligence and positive events were involved in vulnerability processes.

In a review done by Joseph and Moore (2002) the exploration of the meaning and function of attachment organisation during adolescent and its relationship to multiple domains of psychosocial functioning was examined in a sample of 131 at risk adolescents. Attachment organisation was assessed using adult attachment interview, multiple measures of functioning were obtained from foster home, adolescents and their peers. Security displayed in fostered adolescents organisation of discourse about attachment experiences was related to competence with peers (as reported by peers) lower levels of internalising behaviours (as reported by adolescents), and lower levels of deviant behaviour (as reported by peers and by carers). Preoccupation with attachment experiences, seen in angry or diffuse and unfocused discussion of attachment experiences was linked to higher levels of both internalising and deviant behaviours.

Daniel (2007) reviews a study, using 365 Chinese fostered adolescents. The sample responded to instruments measuring their foster home environment, psychological well-being, school adjustment and problem behaviour of the fostered adolescents. Measures of the foster home environment include perceived home care and home functioning and conflict within the home. Result from divagate and canonical correlation analyses showed that, in general, fostered adolescents conflict were significantly related to score on measures of psychological well-being (general psychiatric mobility, life satisfaction purpose in life, hopelessness, and self-esteem) school adjustment (perceived academic performance and school conduct), and problem behaviour (smoking and psychotropic drug abuse). The findings suggested that foster homes factors play an important role in influencing the psychosocial adjustment, particularly the positive mental health of Chinese foster adolescents.

In a review by Suniya and Edward (2007), interactions between emotional and psychosocial factors were examined in terms of influences on social competence among 144 fostered adolescents. Psychosocial variables examined include ego development, positive and negative life event. Definitions of social competence were based on peer ratings: teacher ratings and school grades. Results indicated that, unlike their less intelligent peers, intelligent youngsters showed higher competence levels, at high versus low levels of ego development. Findings were interpreted in the context of socio-cultural influence on academic achievement among disadvantaged adolescents.

Jennifer, Sanel, Laura and Kamini (2004) reviewed that self-esteem can be important in terms of how one thinks, feels and responds to stressful life events. Results showed a relationship between low self-esteem and feelings of depression and hopelessness in adolescence. Besides a positive correlation between self-esteem and academic achievement, the report notes that the study found no significant differences between male and females or between races, with respect to self-esteem.

Jennifer and Brenda (2004) investigated the associations between self-esteem, family challenge and indication of fostered adolescents achievement high school grades and extracurricular involvement. Research on self-esteem and on family challenges has linked both of these factors to achievement in fostered adolescents, but the studies have not simultaneously examined the effects of these factors on achievement. This study finds that family challenges and self-esteem are correlated with one another, and examines the effects of each of these factors on achievement while controlling on the other factors. Controlling the family challenges, self-esteem was not found to be predictive of grades or extracurricular involvement in longitudinal analysis, but some evidence was found for a relationship in the opposite direction, with 10th grade predicting self-esteem in 12th grade. Result also suggests differences in academic achievement and extracurricular of these particularly by race/identity implication on these findings for the role of family challenge and self-esteem in positive development of fostered adolescent.

Wagner Cohen and Brook, (2006) conducted a study on “fostered parent/fostered adolescent relationships moderators of the effects of stressful life avails on a sample of 517 fostered adolescent and their fostered families. Data were obtained using Coddington Life events record Coddington, (1972), Child Report of Parental Behaviour (CRPB); (Schaefer,

1965) and Diagnostic interview schedule for the adolescents. Results of the study revealed that fostered adolescents who reported relatively warm parenting with the foster parents had a smaller association of stressful events with symptoms of depression as compared to other adolescents. Further, those fostered adolescents who reported relatively harsher discipline by the foster parents had a higher association of stress with depressive symptoms as compared with other adolescents.

Steinberg, Elmen, and Mounts (1999) conducted a study on “authoritative parenting, psychosocial maturity and academic success among foster adolescents”. In the study, the overtime relation between three aspects of authoritative parenting-acceptance, psychological autonomy and behavioural control and school achievement was examined in a sample of 120, 10 – 16 years old, in order to test the hypothesis that authoritative parenting facilitates rather than simply accompanies, school success. In addition, the mediating role of youngster’s psycho-social maturity was studied. Results indicated that (1) authoritative parenting facilitated adolescent’s academic success (2) each component of authoritativeness studied made an independent contribution to achievement and (3) the positive impact of authoritative parenting on achievement was mediated, at least, in part, through the effect of authoritativeness on the development of a healthy psychological orientation towards work. Adolescents who described their parents as treating them warmly, democratically and firmly, were more the likely than their peers to develop positive attitude towards, and belief about their achievement and, as a consequence, they were more likely to do better in school.

Research has shown that high affectionate parenting gives better home adjustment of the fostered adolescent. Sinha and Singh (2008) examined that respondent belonging to high affectionate foster family showed better home adjustment than that their counterparts. The study was conducted on 240 (11-14years) fostered adolescents with the objective of testing foster parent affection and adjustment to school student SPCQR by Govind (1980) and modified version of Bell’s Adjustment Inventory Bell (1934) and adjustment inventory by Jehan (1987) were used. Similarly, the same authors (1994) observed in this study on parental aggression and strictness on adolescent’s adjustment that the role of parent – child relationship in development of children’s personality as well as on their adjustment was highly significant.

Xinyin and Yunfeng, (2005), carried a study on “The peer group as a context; Moderating effects on relations between maternal parenting and social and school adjustment in Chinese children” on a sample of 535 third and sixth grade children with mean age 12years 8 months. Data were collected using revised class play RCP; Master, Morison and Pelligrini, (1985), socio-metric nominations school administrative records, child rearing practices report CRPR; Block, (1981); and social cognitive map techniques, Cairns (1989) result of the study indicated that contributions of supportive parenting to child social and school adjustment were moderated by prosocial-cooperative and anti-social destructive orientations of the peer group

Lier, Vitaro, Wanner, Vuljik, and Crijnen (2005) carried out a study on “Gender differences in developmental links among antisocial behaviour, friend’s antisocial behaviour and peer rejection in childhood; Results from two culture “on a sample of 289. Dutch children age 7 – 10years and 445 French – Canadian children, age 9 – 12 years. Data were obtained using peer nomination, 120-item youth self report YSR; Achenbach, (1991), Pupil evaluation inventory PET; Pekarik, (1977) and self-reported delinquency questionnaire SRDQ; LeBlanc, (1996). Results of the study indicated that boys had more deviant friends and were more often rejected than other children. A minority of girl followed the moderate antisocial behaviour trajectory. Girls had fewer deviant friends than moderate antisocial boys, but moderate antisocial boys and girls were equally likely to be rejected. The influence of friends and poor peer relations play a crucial but different role in the development of antisocial behaviour among boys and girls.

2.17 Theoretical framework

The following theories are to be examined as the study is anchored on them. These are:

2.17.1 The meaning of attachment

The British psychiatrist, John Bowlby, pioneered the concept of attachment in the 1940s, and used the term ‘attachment bond’ to describe a warm, intimate and continuous relationship with a mother permanent mother substitute in which both find satisfaction and enjoyment. In his influential work, Bowlby described the attachment system that helps an

infant to seek comfort from their caregiver and develop a sense of security. Bowlby used the term 'attachment behaviours' to refer to the action signals of infants, such as crying, smiling and vocalising, which usually summon their caregiver, and, therefore, help the infants feel calm and safe. The term attachment is most often used to refer to the relationship between an infant or young child and the infant or child's parent (usually the mother) or preferred caregiver. The theoretical basis most of the attachment research is that secure attachment in infancy will predict good social and emotional outcomes. However, attachment theory is continually evolving in the light of new research and the importance of attachment to developmental issues in middle childhood and adolescence, such as a child's independent involvement in life experiences beyond the home (at school, with peers and in the community), is also recognised Home, (1995). Attachments are best thought of as mutually reinforcing patterns of behaviour between a caregiver and a child. Although children play an active role in developing and maintaining an attachment relationship, what motivates a caregiver to respond to the child is as important to attachment as a child's behaviour in moments of need. How caregivers anticipate, respond to and interpret the child's attachment behaviour is influenced by many factors. For example, caregivers who are dealing with a major challenge, such as mental illness, domestic violence, are likely to have difficulty in focusing on and attending to their child's needs. Their own experience as children and the mental image of parental relationships that they bring to them as parents are also likely to affect how caregivers anticipate, respond to and interpret their own child attachment behaviour. Caregivers without secure attachments with others may also find it difficult to respond to a child in such a way that will lead to the formation of a secure attachment. Having a caregiver who provides consistent, responsive care, helps children to learn to recognise the nature of their own emotions, and to regulate their own behaviour and emotional states. Through experiencing responsive and sensitive caregiving, a child also develops social competencies, empathy and emotional intelligence, and learns how to relate to other people and understand what to expect from them, Home, (1995). When a caregiver is sensitive to a child's emotional needs and responds positively, it helps the child to develop a sense of being loved and lovable. This is how children learn that they will be able to rely on others for help in times of trouble later in life. Children are better able to cope with traumatic experiences when their earlier experiences are of being safe and protected Howes,

(1999). A child's confidence that a caregiver will be protective also enables the child to explore the world and learn new skills, using the caregiver as a secure base for exploration, play or other social behaviours. A child who feels that they are looked after and protected by reliable adults is freed from the fear or anxiety that accompanies a sense of being alone or abandoned. The more secure the child feels, the more energy and enthusiasm they have to be curious, to learn, to seek understanding and to try to make sense of the world. During adolescence, personal development leads children further away from those who protect them, to explore intimate relationships, and to develop a sense of belonging in a community. Research is beginning to show that attachment is integral in helping adolescents achieve autonomy from parents, and is important for the quality of ongoing peer relationships, social acceptance and functioning romantic relationships. Attachment to parents has also been associated with a range of indices well-being, including high self-esteem and low anxiety Joanna, (1996).

2.17.2 Attachment Theory

This was propounded by Bowlby (1979). It stated that the affectionate bonds created between the mother and the baby help to establish a secure base, particularly in the first year of life, where positive and trusted attachment foster feeling of confidence and self worth and act as a source of emotional stability and security. From this secure base, children develop self-confidence, trust and cooperation with others. Bowlby (1979), on the other hand, negative attachment figures who are inaccessible, unreliable, unhelpful or hostile can result in children feeling anxious, insecure, rootless, mistrustful and lacking self confidence.

Within this process, Bowlby emphasised the importance of children being able to recognise and collaborate with attachment figures in a way that feels reciprocal and rewarding. Bowlby (1979) stresses that healthy person involves both self-reliance and reliance on others. Howe (1995) also stressed early child development and relationship between Parents and children. He went further that attachment theory shows that parents or carers are important in the formation of children's future social competence. Some early relationship and experiences are formative that is they are, particularly, sensitive for creating effective relationship and learning later on. The qualities of relationship are warmth,

mutuality, support, security, and these produce coherent, well organised later selves. Bowlby continued that babies have innate desire and capacity to communicate, and it is through this that they gain emotional experiences, that help them to understand how they and other people feel.

Bowlby (1969) developed a theory of how seeking attachment to others is a basic drive. When children are under stress they seek attachment to others in three ways.

Proximity seeking: Where a child seeks to be near a parent or other secure person.

Secure base: Where a child feels able to take risk because a secure person is present.

Separation protest: Where a child tries to prevent separation from people.

What Bowlby means is that children deprived of their mother in the early stages of life (Maternal deprivation) later experience anxiety, feeling of loss and, eventually, disturbances in behaviour. The child first protests, then withdraws from relationship and finally becomes detached from relationship.

Early experience of loss, together with the quality of present relationship affects how we react to later losses. Children have a strong predisposition to attachment behaviour and parents, particularly mothers, are also predisposed to interact with their children. The two way interaction that occurs between mother and child brings warmth, responsiveness and consistency which help later development.

Bowlby elaborated further that communication and shared social experiences give children the basis for social competence later on. This does not wholly come from the parent; children have different temperaments that affect how the social relationships develop.

- Difficult temperaments show withdrawal intense expression of mostly negative mood and slow adaptation of change.
- Easy temperaments have the ability to deal with new situations, high adaptability and express mostly positive mood.
- Slow-to-warm up temperaments shows, withdrawal from unfamiliar situations, low adaptability and mild expression of mood. Howe opined that those temperaments and the consequent quality of relationship may be changed by social environment, although there is evidence that temperament is genetic. Through communication and social interactions that attachment behaviour generates, children develop competence

in dealing with social situations, and by experiencing the responses of others to them, gain a sense of self-worth and self-esteem. This allows them to develop working models of how the world works. They internalise models or pictures of self, other people and the relationship between them. If the important attachment relationships are coherent and consistent, children learn skill of relating to others and experiencing themselves as 'potent' that is, they feel they are able to have an impact on the situations they are in. On the other hand, a child can not develop a good working model where relationship and attachments are inconsistent, because there is no pattern to establish. Also where communication is not free flowing, they do not accept the risk of expressing emotions that may cause problems for the other person. This leads to withdrawals where there is experience of loss and separation.

Bowlby stressed further that the pattern of relationship that is first established will tend to persist throughout life, although therapy can help to bring about change. These models are internalised, to become working models of the self, from which children hold an inner picture of themselves, their self image, self esteem and sense of worth. These may be positive or negative, depending on the nature and quality of a child's past and present internal and external experience Bowlby, (1979). They lead to a range of expectations being established and a particular outlook of life and the future. As quoted by Trevithick (2005), Bowlby identified He identified three stages of reaction to separation from attachment figure influenced by the behaviour of the parents/carers as well as the situation and social context.

- **Protest:** At this stage, children demonstrate clear signs of being tearful, upset and agitated, sometimes calling for the attachment figure or searching for them.
- **Despair:** When the protest fails to bring the attachment figure back, children enter a period of despair, characterised by withdrawal behaviour, tearfulness, refusing to eat, bed wetting and soiling.
- **Detachment:** At this stage, children become detached, appearing to have adapted to the situation and to be disinterested in the attachment figure. They have learnt to fend for themselves and may use thumb sucking, rocking or masturbation in an effort to comfort themselves.

Howe (1995) cited the Ainsworth et. al. (1978) theory of attachment where some classifications were made; it involves watching young children with attachment figure to

see how they behave with the caregiver when there is a “secure base” and how they deal with separation and reform of the caregiver.

Five types of attachment experience were identified. These identified types have their impact on the psychosocial development of the child. Payne (2005) cited Howe (1995) echoing of Ainsworth et. al. classification of attachment theory

- **Secure type B:** Distress, separation positive reaction at reunion.

This type creates confidence with caregiver

- **Insecure or Avoidant (type A):** Distressed, at separation, avoid caregiver at reunion
- **Insecure and ambivalent or resistant:** Distressed at separation and difficult to calm at reunion.
- **Insecure and disorganised:** confusion and disorganised.
- **Non-attachments:-** little distressed on separation, people are inter changeable as long as needs are met.

Experience of separation is often a source of anxiety or anger for children. How they react helps them to adapt to the situation they are in, but if it becomes ingrained, may produce problems later, because social competence to deal with uncertainty and ambivalence is weakened. Reaction to separation is defense mechanism type B, child tends to move against people with aggressive complaint type C- children move against people and is aggressive type A – children move away from people and withdraw and avoid others. Pattern of attachment behaviour and defense mechanisms are often maintained across the life style cycle and affect relationships with parent and family, peers, society, partners and children. Howe (1995) reviews evidence of the effects of attachment behaviour on forming new relationships with adoptive parents, peers or partners and children. For example someone who developed aggressive responses will find relationship with others more difficult.

In short, attachment theory is a psychosocial theory that has effects on the development of the child, where there is no good attachment figure as a result of maternal deprivation or caregiver deprivation, the child becomes inaccessible, unhelpful, hostile, rootless and lacks self-confidence and trust, and this boils down to the fact that the mother or the caregiver helps in the formulation of the child’s social competence.

2.17.3 The different types of attachment that helps to explain children's behaviour

The original attachment classifications have been described for children up to 20 months, but there have been several attempts to classify attachment relationships in older children and in the adult population. This has confirmed the four patterns of attachment behaviour that originated from the 'strange situation'. Children who are secure in their relationship readily seek contact with the caregiver when stressed or worried. In turn, the caregiver is able to respond with comfort and nurture appropriate to the situation, and the child quickly returns to play and exploration. Thus, the child and the caregiver are in tune with one another Jain and Negi, (1998). In contrast, children who are insecure are not confident that their caregiver will meet their emotional needs. If children cannot rely on their caregiver to respond to distress, they may intensify a display of emotion by being very fussy or demanding to ensure they are not ignored. Since they are often angry that they cannot rely on the caregiver, they may also refuse to accept the caregiver's attempts to provide comfort. This can be very confusing to the caregiver, who may find it difficult to distinguish between the child experiencing true distress and the child just needing to be held and comforted. This confusion adds to the disharmony and dissatisfaction in the relationship Joseph and Moore, (2002). Another way children respond to insensitive or unresponsive care is by downplaying their distress and suppressing emotion in order not to provoke the anger of the caregiver. Although the child may seem independent and self-sufficient, insecurity and distress lie beneath this exterior. When upset, the child may retreat and use objects, such as toys to make contact with the caregiver and keep them physically near. By contrast, children with a disorganised attachment are left emotionally overwhelmed and distressed for long periods of time, as they do not have a clear strategy for dealing with their distress. In the 'strange situation', children with disorganised/disoriented attachment display odd, contradictory and conflicted behaviours. For example, they may show fear and move away from the caregiver, Krubb, (1987). Disorganised attachment behaviour in infancy is also known to shift to controlling attachment behaviour in later stages of development and this can involve, at times, displays of aggression towards the caregiver. A child is classified as controlling if they actively attempt to be in charge of the relationship and assume a role that is considered more appropriate for a parent in relation to a child. Attachment disorganisation is generally thought to arise when a child experiences their caregiver as frightening (e.g.

when an attachment figure engages in incidents of physical and sexual abuse) or frightened (e.g. when a caregiver is helpless, or unable to provide reassurance and protection to the child). Attachment disorganisation has been very closely linked to a history of parental maltreatment, maternal depression and drug abuse. Many foster children have suffered experiences of abuse and neglect, or have grown up with psychotic, alcoholic or drug-addicted parents, and may therefore display attachment behaviours that can be classified as disorganised Lanyado, (2003).

2.17.4 Using attachment to understand children in foster care

Although the extent of problems arising for children at placement will vary because of individual differences as well as the extent of dysfunction experienced in prior relationships, attachment theory is a useful framework for understanding how early adverse experiences influence later emotional and behavioural development, Dorsey, (2009). The way a child reacts in a distressing situation, how they react to a new caregiver's attempts to offer care and concern, and the amount of energy they have available to explore something new are all influenced by the type of attachments children formed in past relationships. Children's attachments are based on how they expect their caregivers to respond when the children show distress. Children internalise attachment experiences in the form of 'mental models' or 'mental images' of caregivers and themselves, Owens, (2003). Children with secure attachments build mental models of a secure self, caring parents and a kind world. In contrast, children with insecure or disorganised attachments come to see caregivers and the world as dangerous and unpredictable, and themselves as bad or unworthy of love and care. The mental models that children construct affect their later relationships, which are why these models are sometimes referred to as attachment working models Philips, (2011). At placement, children will invariably carry multiple mental models, both positive and negative, of attachment figures, including their birth parents, relatives, previous foster caregivers and social workers. Mental models formed in early relationships influence the way a child approaches new relationships. Children often enter care with an expectation that those who care for them will be unresponsive or will hurt them. They cannot understand how their present caregiver can be available and nurturing when all their previous experience tells them that caregivers are unresponsive and frightening. Initially, foster

children may not respond to new caregivers as they really are, but as representative of caregivers, in general, who are associated with unhappy and frightening perceptions and memories. Some foster children keep their feelings under wraps. These children shy away from emotional closeness, and are closed and cautious. They may seek safety in activities or may be overly compliant. These children may stiffen when held, or refuse to admit that they have been hurt or to seek comfort. Emotionally distant children are likely to have experienced rejection or to have been physically or sexually injured, and thus use defensive attachment strategies that are designed for self-protection. Emotionally distant children may also have experienced multiple placement failures. Children who experience multiple separations never develop a working model of the self and relationships as secure, and come to expect rejection and separation at each new placement. Such children learn not to form attachment relationships in order to avoid the pain of losing them, and resist forming attachments by either actively detaching or alienating themselves from the caregiver. For example, a carer may find that, whatever good activities they arrange, the child always spoils the fun. It is as if the child cannot bear to wait for the 'nice' experience to end, and the child takes control to finish the waiting by ensuring a bad outcome that leads to rejection, Roberts, (2006). Destructive behaviours can also be used with the intention of damaging relationships. At the extreme, multiple separations and repeated loss can cause a condition known as reactive attachment disorder (RAD), which may indicate an inability to develop meaningful relationships with others. There are other foster children who appear emotionally needy, they seem starved of attention and easy to please, and show intense emotions and feelings of anger and frustration as well as pleasure. These children may be physically restless and lack concentration. They may also use an ambivalent/resistant attachment strategy, which involves heightening their emotion expression to gain attention from caregivers, and are likely to have a history of neglectful or preoccupied parenting (Rossman, (2001). Foster children may also behave in an *overly* affectionate or over-friendly manner towards any adult (even strangers), or show distress in an aimless and undirected way. These behaviours may be explained by a history of unstable placements early in life, resulting in the absence of an attachment to a specific caregiver. Other disturbing behaviours that are often reported at placement can also be linked to children's past relationships. For example, self-image, self-esteem and self-confidence are all

influenced by early relationships. Low self-esteem, as well as feeling inadequate and/or unloved, can manifest itself in a number of troubling behaviours, such as self-harm, infantile behaviours and eating disorders Schofield, (2002).

When caregivers do not respond to children's distress, or when the threat of abuse leaves children in a permanent state of anxiety or fear, children do not learn to regulate their own emotions by developing self-control. This can explain the over-reactions and intense negative emotions that foster children often show in response to stress or disagreements. Children who have been abused by a caregiver are often watchful, fearful and alert to danger, even when there is no threat apparent. With so much energy directed towards self-protection, or tied up with anxiety, there is little left over to develop an interest in learning. As a result, and because of a tendency to be inattentive and uncooperative and to perform poorly at school, some foster children are diagnosed with attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD) or conduct disorder at higher rates than other children. Empathy and concern for others is also acquired through experiencing comfort and compassion from a sensitive caregiver. This can help explain why foster children who have experienced negative early relationships often lack an ability to be sensitive to the thoughts, feelings and behaviours of others, or lack remorse and the capacity to calm distress in others (Trost, (1996). Foster caregivers often see a number of other worrying or disturbing behaviours in foster children that can be linked to their abusive pasts. Some foster children show cruelty towards other people or animals. Anger, aggression and other hostile behaviour are clearly linked to attachment history, and can be regarded as a reaction to chronic rejection and insensitivity from caregivers.

2.17.5 How carers and others can help children to build relationships in foster care

While much more needs to be understood about how new relationships can influence children's development, there is evidence that children with disturbed relationship histories are able to develop positive attachment relationships with new and sensitive caregivers. A recent study has shown, for example, that children from very impoverished Romanian orphanages who were adopted into caring and sensitive home environments were eventually able to develop secure attachments to their adoptive parents. However, this and earlier

studies emphasise that older children have more difficulties in placements than younger children, because they have been exposed to adversity for longer periods Trost, (1999).

Positive attachments develop when caregivers respond to situations of distress with warmth and sensitivity. A child with a disturbed attachment history needs to develop trust that the caregiver will provide predictable, sensitive and effective care during times of emotional need. Indeed, recent foster care studies have related highly sensitive care and the experience of feeling loved unconditionally by a sensitive and available carer to measures of attachment. Attachment theory defines sensitivity as the ability and willingness to try and understand behaviours and emotions from the child's point of view. To see the world through the child's eyes involves looking beneath the child's behaviours to see the emotional needs driving the behaviour. Challenging, irrational and rejecting behaviours can bewilder, frustrate and demoralise even the most committed and experienced foster caregiver. Looking at the child's behaviour from an attachment viewpoint can help foster caregivers find alternative explanations, make sense of difficult situations, have empathy with the child, and develop parenting strategies that can reduce a child's distress Waiter, (2000).

For older children and adolescents, the provision of comfort may involve physical care and opportunities for safe physical intimacy (such as cuddles) that one generally associates with the parenting of younger children. As children develop security in the relationship, comfort can be provided in more age-appropriate ways. Older children also need caregivers to point out where their expectation of parental responsiveness and social situations depart from reality. Although more information is needed about the way children's representations of relationships change as they enter adolescence and adulthood, and to what extent they can be changed, it is thought that in time children will adjust to new information and experiences. Maladaptive perceptions and representations will be challenged and re-evaluated, and children will eventually be able to make sense of their own and other's thoughts and feelings. Sensitive caregiving is intrinsically linked to availability. Each time a caregiver responds to a child in a distressing situation they are teaching the child to trust, value and enjoy open communication Nelson, (2005). However, certain events can threaten a child's sense of caregiver availability and trigger intense feelings of anxiety. Unwanted physical separations, such as the absence or departure of new caregivers,

can make a child feel insecure. Realising this, the caregiver can inform the child in advance of comings and goings, to allay their fears of being abandoned.

Being a sensitive foster caregiver can be enormously challenging. It requires an acceptance of high emotional demands, and parenting based on a sensitive understanding of what the child needs, often in the face of continued rejecting and difficult behaviour. Foster caregivers will know that they have broken through and instilled feelings of safety and security when a child shows wariness of strangers seeks the caregiver in times of stress uses the caregiver as a secure base for play and exploration shows greater independence, based on feelings of security and self-worth. In many ways, providing a secure base in a foster care situation and coping with destructive and disturbing behaviours goes beyond ordinary, good-enough parenting. To remain sensitive to foster children and keep them safe and contained long enough to reverse the damage done in previous relationships can require expert support and guidance (Gidion, 2010). A social worker who, with her husband and birth children, fostered 12 children over 25 years, proposed four conditions that are necessary for success in parenting a child with negative prior attachment experiences. These include: *Commitment*, personal support, professional supervision, working with others to build an environment that promotes secure attachment. *Commitment* requires that foster parents be absolutely committed to the task of 'sharing the child's journey', and that they have empathy with the child and are able to see the world through the child's eyes at least some of the time. *Personal support*. It is vital that an attachment to the child is not built at the expense of neglecting or even losing the close, confiding, intimate attachments that nourish the resilience of carers themselves. *Professional supervision* requires that a link be established with a source of professional supervision and support. The perspective of professionals is needed to assess progress, to warn of risk and to propose solutions. *Working with others to build an environment that promotes secure attachment*. In such an environment, all those close to the child cooperate to achieve consistency in the child's life. The child is respected and valued as a (perhaps still only potentially) lovable and sociable being. There is a deliberate and concerted effort to promote change in attachment patterns based on an understanding of the way attachment develops. (Dorsey, 2009). There is a good reason to believe that when children develop a sense that their new caregivers will protect them from harm, can be relied on, and really care what happens to them, difficult behaviours and

emotional need will diminish, and resilience and development will be enhanced. A number of research studies have found that, if a child has just one attachment figure who is trustworthy and makes the child feel secure, the child has a much better chance of growing up to be a healthy adult than if they have never found anyone to rely on. Judy Cashmore and Marina Paxman's landmark longitudinal study of wards leaving care also shows that feeling a sense of attachment and belonging while in care can greatly assist children when they exit the care system and must find their place in the adult world.

2.17.6 Attachment issues in foster adolescents

There are a number of factors faced by children, placing them at risk for developing insecure attachment. Gray, (2002). These risks are particularly salient in foster children. As foster children move towards adolescence, they often begin to ask questions about their birth parents' motives. They begin to assess their feelings of belonging in their current family situation. They also may develop a sense of abandonment or feelings of isolation, which form additional obstacles at this already turbulent developmental stage.

The process of identity formation (e.g. defining oneself while individuating from family) is particularly prominent during adolescence strongly affecting adolescent attachment relationships. Gray, 2002, Grotevant, 1997; Kohler, Grotevant & McRoy, (2002). Foster children often experience increased difficulty during this developmental stage. Grotevant, (1997). The developmental process can reawaken feelings of loss, loneliness, and abandonment by biological parents (Riley & Meeks, 2005). Further complicating this process for foster individual can be a heightened sense of missing personal history based on a lack of knowledge about birth parents. Grotevant, 1997, Riley & Meeks, (2005). All of these factors can impact Foster adolescents' attachment relationships with their foster parents.

Foster adolescents are also at a heightened level of risk for insecure attachment relationships with caregivers if they were fostered after attachment to a different primary parental figure, experienced prenatal exposure to drugs and alcohol, were exposed to severe trauma, abuse, or neglect, or spent time in foster care. Gray, (2002). The single most critical factor predicting foster adjustment, however, is age of placement. Riley & Meeks, (2005). Parental awareness of the effect of such circumstances can help families deal with the

behavioural and emotional difficulties faced by these children. Being aware of their own and their children's attachment needs place parents in a healthy position to strengthen family relations and address these challenges. Gray, (2002).

Awareness of differences from other family members emerges with increased consciousness for foster adolescents. This is, particularly true for children fostered across racial and/or cultural lines. With these children they often have social pressures to categorize oneself by group identification or affiliation during adolescence, as well as personal awareness of differences and internal struggle to find one's place and identity. Grotevant, 1997; Riley & Meeks, (2005). It is important to note that being able to speak openly to parents about these issues is linked to higher functioning in foster adolescents. Riley & Meeks, (2005).

As indicated earlier, peer attachment relationships become a central issue during adolescence. Peers are increasingly used for companionship while parents continue to be a source of comfort during times of distress. Furman & Buhrmester, (1985). By the end of high school, the transition from parents to peers as principle attachment figures should be well-established. Freeman & Brown, 2001; Hunter & Youniss, (1982) Foster adolescent may experience this connection as somewhat compromised. Many foster adolescents believed that they are "different," which can interfere with the sense of comfort and similarity obtained by belonging to a peer group. Riley & Meeks, (2005). If this common bonding element is less available, foster adolescents may experience increased isolation in their search for independence. Riley & Meeks, (2005). This can make this life stage particularly tumultuous and further compromise attachment relationship.

2.17.7 Implications

The implication of this theory is that a child that does not have maternal attachment figure as a child through adolescent stage may become inaccessible, lack self-confidence and self-worth. He or she becomes emotionally unstable. The child may also become hostile. There is evidence of mistrust for people. The adolescent might not be able to form an intimate relationship later in life. The adolescent lack confidence in relating to others as a result of his inability to have attachment relationships that is consistent and coherent.

The child may grow up to become a parent who does not know how to nurture a child because of his or her own childhood experience. This, therefore, shows that a good attachment figure brings about formulation of future competence in a child. A child that has been separated from his/her biological parent from childhood and is being maltreated by the foster parent does not have a good attachment figure and this would later affect such a child in future as an adult.

2.17.8 Reasons for the adoption of attachment theory

The theory has explored how attachment impacts relationship outcomes and how attachment functions in relationship dynamics (e.g. affect regulation, support, intimacy, jealousy). It also teaches on the approach that can be used to understand early social development and the formation of children's close relationship.

2.17.9 Social learning theory

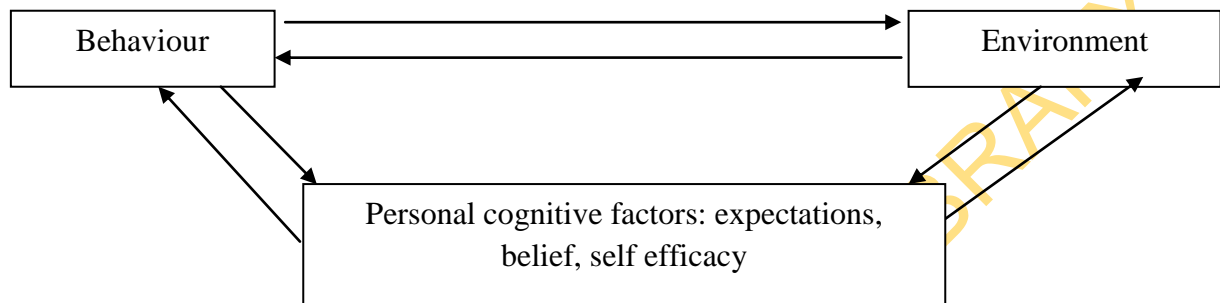
Social learning theory was proposed by Albert Bandura (1977) which explains the role of social environment in controlling human behaviour. According to Bandura, human development is a lifelong process of socialisation in which modelling and reinforcement of behaviour shape biological drives.

Bandura (1981, 1982) agrees with the fundamental thrust of behaviourism that personality is largely shaped through learning. However, he contended that conditioning is not a mechanical process in which people are passive participants. Instead, he maintains that people are self-organising, proactive, self-reflecting and self-regulating, not just reactive organisms shaped and shepherded by external event.

Bandura (1999) also emphasised the important role of forward-directed planning, noting that people set goals for themselves, anticipated the likely consequences of prospective actions, select and create courses of action likely to produce desired outcome and avoid detrimental ones. Comparing his theory to Skinner's highly deterministic view, Bandura advocated a position called reciprocal determinism. According to his notion, the environment does determine behaviour (as Skinner would argue). However, behaviour is also determined by the environment (in other words, people can act to alter their environment). Moreover personal factors (cognitive structure such as beliefs and expectancies) determine and are determined by both behaviour and environment. Thus,

reciprocal determinism is the idea that internal mental events, external environmental events and overt behaviour all influence one another.

Fig. 1: Bandura's Reciprocal Determinism



Children, sometimes, create behavioural problem. They become difficult for parents and other supervising adults to manage. When they enter school, these management problems continue. Teachers and administrators find some children difficult to control. Frequently, as children get older, problems escalate. Children can learn how to be affectionate, considerate, fun-loving and responsible. They can also learn how to be selfish, and inconsiderate. Children need to know how to get along in social settings in order to become emotionally mature and well-adjusted adults. Learning theory concepts are useful for recognising why anyone's child behaves the way he or she does.

In evaluating, social learning theory shows that learning needs not occur through direct experience but that human beings observe, and imitate other's behaviours. The model has been variously called observational learning i.e. learning by observing and imitating the behaviours of others vicarious and modelling.

The social learning theories assume that all human behaviour cannot be explained by conditioning principle alone. That cognitive and social mediations play significant roles in the manifestation of human behaviour. The process of observing and imitating a specific behaviour is often called modeling. By observing and imitation models, we learn all kinds of social behaviours, for example, to encourage children to smoke, expose them to parents and older youths who smoke or to encourage children to read books and expose them to

people who read books. To this end, cognitive and social dimension should be considered when attempts are made to assess, predict and manage the behaviour of beings.

Attachment theory is concerned with how children's early relationships affect their development and their capacity to form later relationships. It can be useful in helping those who work with children in care to think about both past and future. It can increase understanding about what children may bring into the new relationships that care involves, and, looking forward, how one can build on the past, modify expectations and strategies that are no longer helpful, and help the development of new positive relationships. The concepts derived from attachment theory have been widely embraced by those who work in child welfare as they offer a framework for understanding the developmental importance of close relationships. These concepts help to explain why children who have had a poor start to relationships with others, or who have experienced seriously disrupted care, often behave in very troubling ways in care. They are also used in making decisions about the arrangements for family visits and specific forms of therapy for children experiencing behavioural problems. Social learning theory shows that learning needs not occur through direct experience but that human beings observe, and imitate other's behaviours. The model has been variously called observational learning i.e. learning by observing and imitating the behaviours of others vicarious and modelling.

This shows that a child's behaviour can be influenced by the environment he grew up in and he too, in turn, influences his own environment later in life explains "parents who neglect their children were often neglected themselves as children". For them, it is a learned way of life. Their parents have produced in them nothing but anger and indifference. These adults' lives are dedicated to meeting the needs that were not met for them as they were growing up.

The theory has explored how attachment impacts relationship outcomes and how attachment functions in relationship dynamics (e.g. affect regulation, support, intimacy, jealousy). It also teaches on the approach that can be used to understand early social development and the formation of children's close relationship.

The social learning theory is used to explain why a child behaves the way he or she does. This is because children copy adults' behaviour and, thus, learn to behave in a similar way e.g. a fearful care-giver (through her behaviour and utterances) transmits the fear to the children without directly teaching the children. Usually, when adults approve of the behaviour the children are copying here is high tendency that learning will take place; disapproval of the behaviour will decrease the rate of learning by the children according to reinforcement principles. Imitation learning can be bad if it is not well-planned.

2.17.10 Reasons for the adoption of social learning theory

This theory teaches that there are environmental influences on personality development and that personality is totally dependent upon environmental influence and this shows that personality can be developed through reinforcement and conditioning. The theory is also adopted because it is mainly concerned with how children and adults operate cognitively on their social experiences and with how these cognitive operations come to influence their behaviour and development, that is the theory makes it possible to understand human social development which can be used for the management of the foster adolescent.

2.17.11 Differences between the adopted theories (attachment theory and social learning theory)

Bowlby (1969; 1982, 1988) described several fundamental beliefs concerning attachment. First, children are born with a predisposition to develop an attachment to their caregivers. Second, children will organise behaviour and thinking in order to maintain those attachment relationships believed to be key to psychological relationships at great cost to their own functioning. Finally, with the distortions in feeling and thinking that stem from early disturbances in attachment strategies, they may continue to use them even when they occur most often in response to the parents' inability to meet the child's needs for comfort, security, and emotional reassurance.

Albert Bandura's social learning theory (1977, 1986, 1989) is mainly concerned with how children and adults operate cognitively on their social experiences and with how these cognitive operations then come to influence their behaviour and development.

2.17.12 The Role of the adopted theories in optimising the management of foster adolescents

Many foster adolescents begin with childhood experiences of abuse, neglect, poverty, divorce, deformities etc. Sometimes, the foster adolescents are strong enough or have enough support, to weather these storms. More often, it is found that these experiences leave them with an ongoing apprehension about life.

Many of these theories were developed in order to help those who cannot cope. Looking at Bowlby, and Bandura, it is found that they have a great deal of agreement as to the details. It is noted in their theories that in order to cope with life's difficulties, we need positive regard, a little love, approval, respect, attention. But for some foster adolescents, some of the caregiver often make that love and approval conditional upon meeting certain standards, and not all of which the foster adolescent can meet. Over time, the foster adolescents may learn to judge themselves by those standards. It is this incongruence (Rogers term) between what the foster adolescents need and what they allow themselves that leaves them with low self-esteem or what others call a poor self-concept or an inferiority complex.

These theories established that a child with loving parents and compassionate relations, peers and teachers may well be able to cope with these problems. On the other hand, lack of support, a lack of positive regard, can leave even a child blessed with a comfortable environment troubled with self-doubt and insecurity. Foster adolescent with insecure attachments often lack trust and typically engage in high levels of conflict. Attachment theory led not only to increased attention to attachments as a psychosocial process, it also led to a new understanding of child development. Attachment theory creates an environment conducive to a disruption of insecure attachment cycles by beliefs. Although individual's internal working models are long-lasting and hard to change but attachment theory facilitates change as it disrupts the influence of early negative relational experiences and also exposes the evidence that contradicts existing relational representations. This creates an opportunity for personal re-evaluation.

Bandura also believed that individuals will abstract and integrate information that is encountered in a variety of social experiences, such as exposure to models, verbal discussions, and discipline encounters. Through this abstraction and integration, they

mentally represent their environment and themselves in terms of certain crucial classes of cognitions that include response – outcome expectancies, perceptions of self-efficacy, and standards for evaluative self-reactions. These cognitions are believed to affect not only how they respond to environmental stimuli but also the sort of environments they seek out for themselves.

These theories are central evidence that can be used as companion in the management of foster adolescents and if they end up suffering from anxiety, guilt, sadness, anger not just as a direct result of the specific experience, but because they no longer trust life.

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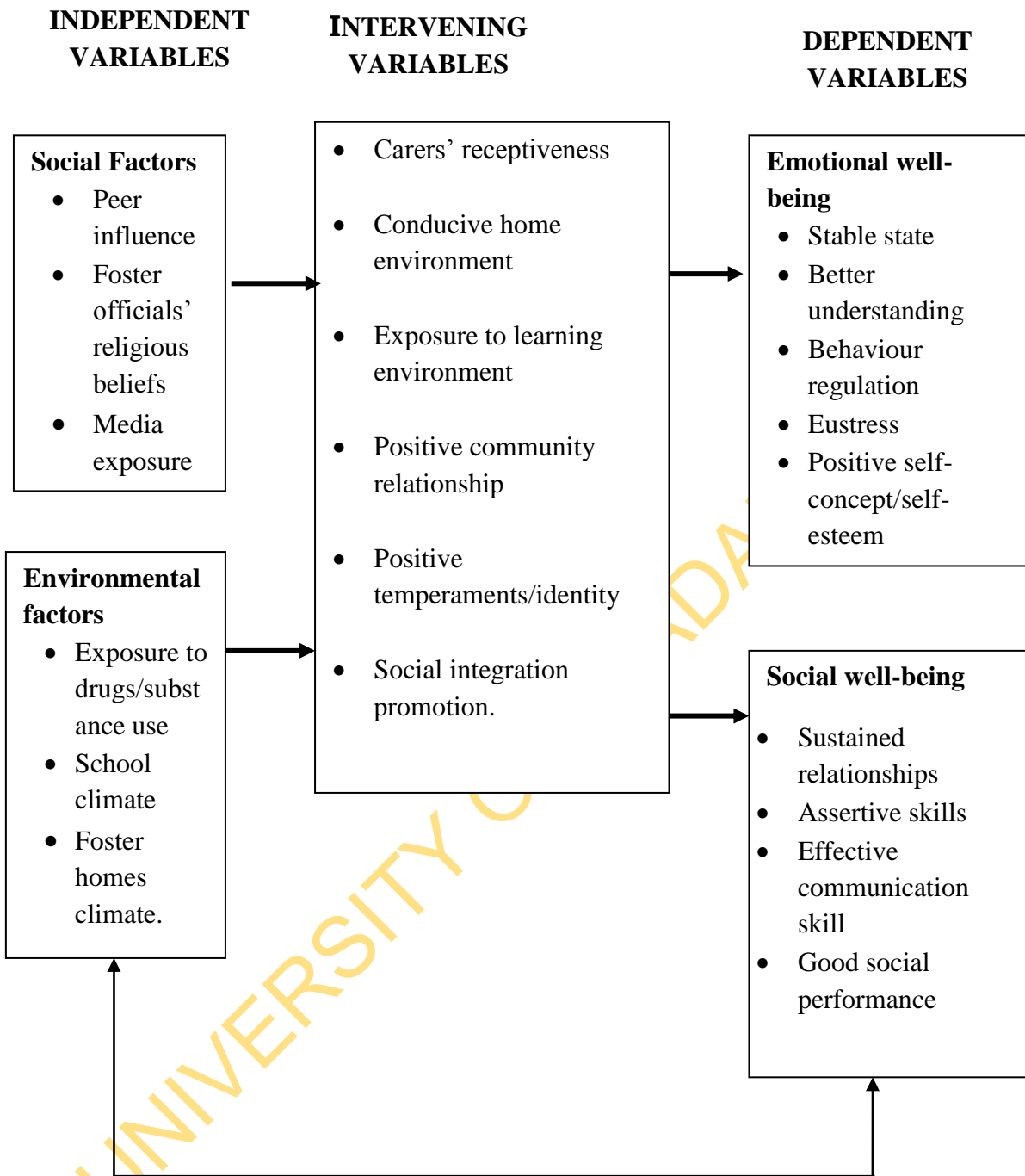


Fig.: 2. Conceptual Model of Improved Fostered Adolescents' Social and Emotional well being.

2.18 Conceptual model for improved fostered adolescents' social and emotional well-being

There are many models for understanding well-being of children and youth. While these frameworks differ in minor ways, they generally identify similar domain and definition of well-being. In an effort to understand what well-being looks like and how to support it for young people who have experienced maltreatment, the framework identifies four basic domains of well-being (a) social and environmental functioning (b) intervention (c) emotional and social well being (d) outcome of effective foster family. Aspects of healthy functioning within each domain are expected to vary according to the age or developmental status of children or youth. The framework also takes into account contextual factors, both internal and external to children that may influence their well-being. These include environmental supports, such as foster family receptiveness and community organisation as well as personal characteristics, such as positive temperament identity development, good communication in order to prevent isolation and feeling of loss.

Within each domain, the characteristics of healthy functioning relate directly to how children and youth navigate their daily lives, how they engage in relationships, cope with challenges, and handle responsibilities. For example, self-esteem, emotional management and expression, motivation and social competence are important aspects of well-being that are directly related to how young people move through the world and participate in society.

In addition, youths need the ability to recognise the difference between healthy and unhealthy relationships, to cultivate supportive relationships, and to make good decisions about all the relationships they engage in both physically and emotionally. Socially and emotionally healthy youths will be able to effectively communicate their wants and needs and cope with the routine ups and downs and stressors of life.

Youths who have experienced trauma as well as those who have experienced multiple moves often have difficulty acknowledging, regulating, managing, and expressing their own emotions, as well as interpreting emotional signals, communicated by the people around them. Resilient youth will learn to gain competence in emotional management and self-regulation and engage in positive social behaviours throughout life.

2.19 Appraisal of literature review

The literature has reviewed the following

Fostered adolescent issue: Fostered adolescent development has engaged as a major area of research. This is because adolescents have long been regarded as a group of people who are searching for themselves to find some form of identity and understanding in their lives. The fostered adolescent has also been regarded as a unique group with a wide range of difficulties and problems in their transition to adulthood.

The aspect of their emotions: This is often being overlooked; the aspect that is not usually assessed is the emotion. Emotion is now considered by many as being essential for successful living not only for fostered adolescents but also cut across everyone. Perhaps if we tie in the question of emotion in life with the fostered adolescent, we might come to recognise that a lack of emotion of many fostered adolescents may be a contributing factor leading to the struggles and turmoil of emotions that the fostered adolescents face day to day. Given the above implications with regard to the destructive forms of behaviour that fostered adolescents engage in, it is important to help build both moral competency and values to deter against these behaviours. Since the schools are the major environment where these behaviours are acted out, it is within the schools, and in the home environment that moral development should be encouraged so that they can have a positive impact on their overall well-being.

Social development of fostered adolescents: Having a stable, consistent and mature identity for the fostered adolescent helps to bring in adulthood and helps to connect various experiences in the fostered adolescents' past to who they wish to become in the present in terms of their goals, values and decisions in life. The fostered adolescents strive towards identifying themselves as separate from their parents and as unique persons. Essentially, fostered adolescents venture towards establishing their own goals and values while at the same time living behind the goals and values established by their foster families or society with the ultimate goal being identity achievement.

The issue of environment: Due to the fostered adolescent's exposure in their environment, most of them become hardened and sometimes have a sense that they will never fall victim to certain tragedies as a consequence of their actions. Therefore, fostered adolescents will engage in more risky behaviours such as smoking, drinking, drugs, unprotected sex, to name

a few. Fostered adolescent feel sense of power, and the idea of “that will never happen to me” encompasses much of their behaviour patterns.

Self-esteem development: For adolescents in foster care progress towards achieving the developmental tasks of adolescence may be more challenging because of the additional stress of being separated from their birth families. Although adolescents in foster care face the same developmental challenges as other adolescent, their struggles for mastery take place within the context of an overwhelming emotional stress-separation from parents. To facilitate a youth’s ability for live successfully upon leaving the foster care system, adequate achievement towards accomplishing the developmental task of adolescence is necessary. It is adolescence, then, that provides a transition period to adulthood and a time of preparation for life which, if not successfully completed, could mean failure in one’s adult life and successful completion could mean happiness as an adult.

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CHAPTER THREE
METHODOLOGY

3.1 Research design

The research design adopted for the study was the descriptive survey research design of *ex-post-facto* type. This design was considered appropriate for the study of this nature because the design did not give room for manipulation of any kind. In addition, the researcher was able to get factual and detailed information about the opinion of the population in relation to the influence of social and environmental factors as the determinant of emotional and social well-being of adolescents in foster homes in Southwestern Nigeria.

3.2 Population of the study

The population of this study comprised of all adolescents in foster homes in Southwestern Nigeria. The foster homes selected for the purpose of this study are:

Table 3.1: List of foster homes in Southwestern Nigeria

S/N	NAME OF HOMES IN SOUTHWESTERN NIGERIA	POPULATION OF FOSTERED ADOLESCENTS
1.	Juvenile Correctional Home, Sango, Ibadan	18
2.	Jesus Children Missions Outreach, Bodija, Ibadan	38
3.	Oyiza Orphanage Home, Oke-Ado, Ibadan	15
4.	Galilee Foundation (Kings kids Children Village), Ibadan	19
5.	Covenant Children Home, New Bodija, Ibadan	10
6.	Jesus Kids Home, Manotan, Ibadan	5
7.	Living Word Mission Home, Isale-Ososami, Ibadan	21
8.	Rosarian Voice, Sango, Ibadan.	21
9.	His Heritage Home, Oluyole Extension, Ibadan	10
10.	The Care People Foundation, Ibadan.	13
11.	Correctional Home, Ondo Road, Akure	23
12.	El-Rol, Street Children Rehabilitation Home, Ondo	13
13.	Children's Home Oba-Ile, Akure, Ondo State	18

14.	Correctional Home, Ikenne Road, Ado-Ekiti, Ekiti State	22
15.	Home for Jesus Children, Ado-Ekiti, Ekiti State	5
16.	Correctional Home, Testing ground, Osogbo, Osun State	31
17.	Abiye Orphanage Home Agowande, Oke-Onitea Osogbo, Osun State	19
18.	Our Lady of Fatima, Jaleyemi, Osogbo, Osun State	28
19.	Correctional Centre for Junior Boys, Birrel Yaba, Lagos	33
20.	Correctional Centre for Senior Boys, Isheri, Lagos	24
21.	Special Correctional Centre for Girls, Idi-Araba, Lagos	20
22.	S.O.S Children's Village, Isolo, Lagos	14
23.	Living Foundation Orphanage, Victoria Island, Lagos	19
24.	Little Saints Orphanage, Palmgrove Estate, Lagos	33
25.	Juvenile Correctional Home, Asero, Abeokuta, Ogun State	39
26.	Stephen Children's Home, Aregbo, Obantoko, Abeokuta, Ogun State	44
27.	S. O. S. Children's Village, Owu-Ijebu, Ogun State	20
	TOTAL	575

3.3 Sample and sampling techniques

In the selection of the sample size for this study, stratified, proportionate and simple random sampling techniques were adopted for this study. Purposive sampling procedure was used to select 27 foster homes for the study; while a combination of stratified, proportionate and simple random sampling techniques were used to select 575 respondents (i.e. 339 boys and 236 girls). They were stratified into three (3), stratum based on age below 14 years, 15-18 years and 18 years and above.

3.4 Instruments

The instruments for data collection were four separate standardised instruments: Socio-Environmental Factors Scale (SEFS), Emotional Well-Being Scale (EWBS), Social Well-Being Scale (SWBS) and Adolescent Fostering Questionnaire (AFQ). These

instruments were designed to collect information on the impacts of Socio-Environmental factors on fostered adolescent well-being in private and government fostering homes.

They were complemented with Focus Group Discussion (FGD) sessions with the fostered adolescents while Group Key Informant Interview (GKII) was used for the officials in the foster homes.

3.4.1 Emotional well-being scale (EWBS)

The emotional well-being of fostered adolescents were assessed with the Emotional Well-Being Questionnaire (EWBQ) adapted and modified from (Vedder, 2003), a 5-item, self – report survey that assesses fostered adolescent perception of available emotional support from the officials in the foster homes. To address the fostered adolescents, the social support sources were changed to carers in the foster homes. Respondents rated each item on a 4-point scale from 1 (hardly ever) to 4 (always). The items were validated through a pilot study, using test-retest to ascertain its reliability. The test-retest provided an internal reliability coefficient of 0.65. This instrument was validated prior to the administration. In order to achieve this, the instrument was given to the researcher's supervisor, the internal/external examiner and experts in the area of the social work for vetting, proper structuring, adequacy and contents validity of each of the items of the instrument. This was to ensure that the instrument measures what was expected to be measured.

Furthermore, the instrument was pilot-tested, using fostered adolescents outside the selected foster homes, and was conducted on 28 fostered adolescents from Helpline Initiative for the less privileged, Ikeja, Lagos, Olakunle Oluwole Foundation, Sadiku Street, Lagos. These adolescents were found appropriate for this purpose because they shared similar characteristics with the fostered adolescents in the selected foster homes; however, they were not included in the real study.

3.4.2 Social well-being scale (SWBS):

The social well-being of fostered adolescents were assessed with the Social Well-Being Questionnaire (SWBQ) adapted and modified from Vedder, (2003), a 4-item, self – report survey that assesses fostered adolescent perception of available social support from the officials in the foster homes, for the fostered adolescents to have better understanding of

the questions, social support sources were changed to carers in the foster homes. Respondents were rated each, on a 4-point scale from 1 (hardly ever) to 4 (always). The items were validated through a pilot study using test-retest to ascertain its reliability. The test-retest provided an internal reliability coefficient of 0.67. This instrument was validated prior to the administration. In order to achieve this, the instrument was given to the researcher's supervisor, the internal/external examiner and experts in the area of the social work for vetting, proper structuring, adequacy and contents validity of each of the items of the instrument. This was to ensure that the instrument measures what was expected to be measured.

Furthermore, the instrument was pilot-tested, using fostered adolescents outside the selected foster homes, and was conducted on 28 fostered adolescents from Helpline Initiative for the less privileged, Ikeja, Lagos, Olakunle Oluwole Foundation, Sadiku Street, Lagos. These adolescents were found appropriate for this purpose because they shared similar characteristics with the fostered adolescents in the selected foster homes; however, they were not included in the real study.

3.4.3 Socio-environmental factor scale (SEFS)

The socio-environmental factor scale is a self report inventory scale designed to measure several aspects of family environment. The respondents rated each item on a four points scale from 4 (always) to 1 (rarely). The questions were divided into subscales, but the entire items were re-structured to suit the purpose of the study. However, 19 of the items were adapted and modified to suit the study. The items were validated through a pilot study (testing its suitability with similar audience), using a test- retest to ascertain the reliability. The instrument was adapted from Moos & Moos, (1981). The test-retest produced an internal reliability coefficient of 0.72. This instrument was validated prior to the administration. In order to achieve this, the instrument was given to the researcher's supervisor, the internal/external examiner and experts in the area of the social work for vetting, proper structuring, adequacy and contents validity of each of the items of the instrument. This was to ensure that the instrument measures what it was expected to measure.

Furthermore, the instrument was pilot-tested, using fostered adolescents outside the selected foster homes, and was conducted on 28 fostered adolescents from Helpline Initiative for the less privileged, Ikeja, Lagos, Olakunle Oluwole Foundation, Sadiku Street, Lagos. These adolescents were found appropriate for this purpose because they shared similar characteristics with the fostered adolescents in the selected foster homes; however, they were not included in the real study.

3.4.4 Adolescent fostering scale (AFS)

Adolescent fostering scale has to do with adolescent fostering. This is a self structured instrument on adolescents fostering, made up of thirty items drawn on scale of 1 to 4 where 4 is very happy or very satisfied and 1 is very unhappy or very dissatisfied. The items were validated through a pilot study, using test-retest to ascertain its reliability. The test-retest provided an internal reliability coefficient of 0.69. This instrument was validated prior administration. In order to achieve this, the instrument was given to the researcher's supervisor, the internal/external examiner and experts in the area of the social work for vetting, proper structuring, adequacy and contents validity of each of the items of the instrument. This was to ensure that the instrument measures what it was expected to measure.

Furthermore, the instrument was pilot-tested, using fostered adolescents outside the selected foster homes, and was conducted on 28 fostered adolescents from Helpline Initiative for the less privileged, Ikeja, Lagos, Olakunle Oluwole Foundation, Sadiku Street, Lagos. These adolescents were found appropriate for this purpose because they shared similar characteristics with the fostered adolescents in the selected foster homes; however, they were not included in the real study.

3.4.5 Focus group discussion and group key informant interview

The qualitative method of focus group discussion (FGD) and key informant interview (GKII) were used to complement the questionnaires to ensure that some information which were not captured by the survey technique were obtained through physical interaction between researcher and the respondents. This is necessary because the

questionnaire administered to the adolescents may not be sufficient to collect, adequately, all relevant information from respondents.

3.4.6 Schedule group key informant interview (GKII) sessions conducted for the study

Key Informant interview is the in-depth interview of the carers from the selected institutions in order to get first hand knowledge about the fostering homes. The interviews were loosely structured, relying on a list of issues to be discussed. Though the key informant interview resembled normal everyday conversation, it allowed free flow of ideas and information. A total of four GKII sessions was conducted with minimum of three and maximum of four respondents from the four homes that granted us interview. The GKII sessions were conducted with the aid of discussion guide and tape recorder to capture accurate responses from the respondents.

Table 3.2: showing schedule GKII sessions conducted for the study

Name of Institution	Location of GKII	No. of Sessions	Date	Designation
Correctional Centre for Junior Boys Birrel, Yaba, Lagos	Lagos	1	June 22, 2013	Welfare officers - 3
S. O. S. Children's Village, Owu-Ijebu, Ogun State	Owu Ijebu	1	Aug 13, 2013	Father - 1 Carers - 3
Covenant Children Home, New Bodija, Ibadan	Ibadan	1	Jan. 11, 2014	Director - 1 Carers - 2
Jesus Children Missions Outreach, Bodija, Ibadan	Ibadan	1	Jan. 14, 2014	Director - 1 Carers - 2

3.4.7 Focus group discussion

A focus group is a group of interacting individuals, having some common interest or characteristics, brought together by a moderator, who uses the group and its interaction as a way to gain information about a specific or focused issue.

The qualitative method of focus group discussion (FGD) was used to complement the questionnaires to ensure that some information which were not captured by the survey technique was obtained through physical interaction within the group. This is necessary because the questionnaire administered to the adolescents may not be sufficient to collect, adequately, all relevant information from respondents. A total of three FGD sessions were conducted with a minimum of 10 and a maximum of 38 respondents from the three homes that granted us interview. The FGD sessions were conducted with the aid of discussion guide and tape recorder to capture accurate responses from the respondents.

Table 3.3: showing schedule FGD sessions conducted for the study

Name of Institution	Location of FGD	No. of Sessions	Date
S. O. S. Children's Village, Owu-Ijebu, Ogun State	Owu Ijebu	1	Aug 13, 2013
Covenant Children Home, New Bodija, Ibadan	Ibadan	1	Jan. 11, 2014
Jesus Children Missions Outreach, Bodija, Ibadan	Ibadan	1	Jan. 14, 2014

3.5 Procedure for administration of instrument

Introduction letter was taken from the school authority, introducing the researcher to the directors of institutions to be visited; prior permission from the directors of all the registered fostered homes was sought. Member of staff of the homes were approached for their cooperation and requested to spare their time for administering the questionnaires.

On the days of visits to the different homes by the investigator, all the fostered adolescents were present and were used for the research work. The fostered adolescents were made to sit in the comfortable places that were provided by the directors of the homes and the questionnaires were administered. They were asked to fill the personal information and education background. The questionnaire was self-administered with the help of trained research assistants and the member of staff of the homes after they had rehearsed the entire

routine of data collection technique. Instructions were given to the fostered adolescents before filing the questionnaire. (Please give your responses to the best of your knowledge. There is no right and wrong answers, your opinion or response is very much honoured).

3.6 Method of data analysis

Data collected in this study were analysed using descriptive statistics, such as simple percentages for the demographic data, multiple regression analysis for research questions and Pearson product moment correlation for the hypotheses.

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CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

This chapter presents the analysis of the data collected from the responses of the respondents used for this study.

4.1: Demographic characteristics of the respondents

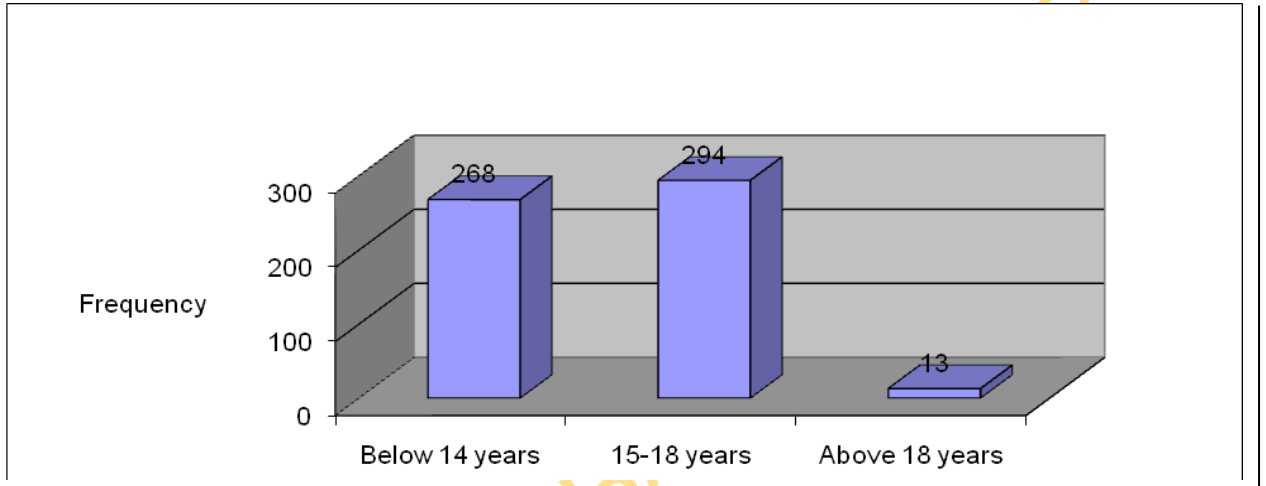


Fig. 4.1: Bar Chart showing the distribution of the respondents by Age

4.1.1 Discussion

Figure 4.1 shows the distribution of the respondents' age. It shows that the respondents below age 14 years were 28.3% out of the total respondents of 575. It further shows that the respondents between the age bracket of 15-18 years were 41.6% while those respondents within the age bracket of 18 years and above were 30.1%. The implication of this is that the respondents in the age range of between 15 and 18 years formed the bulk of the respondents used for this study. It also implied that adolescence exhibitions and traits are common at this period of age bracket.

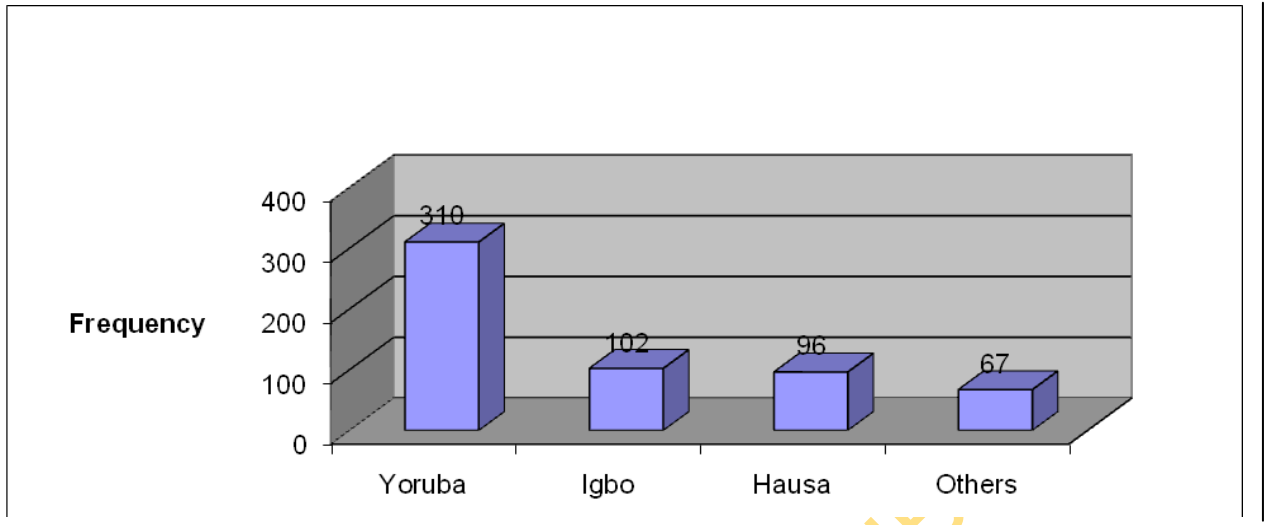


Fig. 4.2: Bar chart showing the distribution of the respondents by ethnicity

Figure 4.2 highlights the distribution of the respondents by ethnicities. The figure reveals that 54.0% were Yoruba, 17.7% were Igbo and 16.7% were Hausa. Other ethnic nationalities not mentioned in this study were 11.6%. It could be seen that the Yoruba formed the majority of ethnic group used for this study because the study was conducted in Southwestern Nigeria which is a Yoruba-speaking geo-political Zone of Nigeria. The Southwestern Zone, because of her harmoniocity and relative peace, houses other ethnic groups in Nigeria and non-Nigerians, hence, the relations of over 45.0% of non-Yoruba among the fostered adolescents involved for this study.

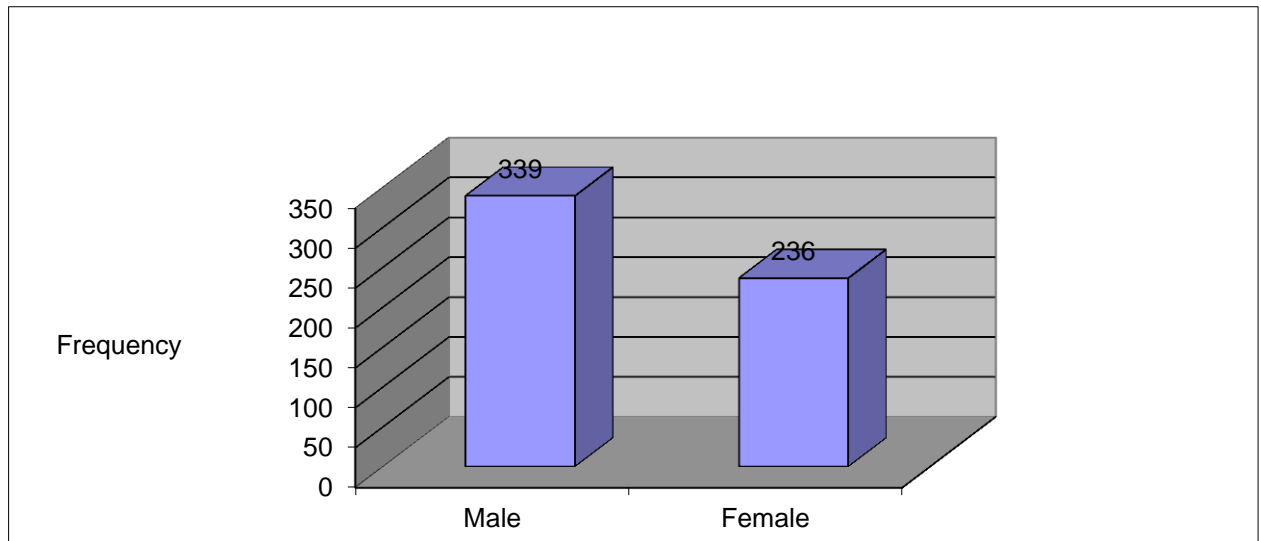


Fig. 4.3: Bar chart showing the distribution of respondents by gender

Figure 4.3 shows the distributions of the respondents by sex. The figure highlights that 59.0% were the male adolescents' respondents while female adolescents' respondents were females 41.0%.

This study shows that male fostered adolescents were more than their female counterparts, the implication is that, by nature, male adolescents were more restless and at the same time more prone to distractions that could lead to maladjustment and abnormalities at adolescent. The result further revealed that female fostered adolescents exhibited good social skills and trust than the male fostered adolescents

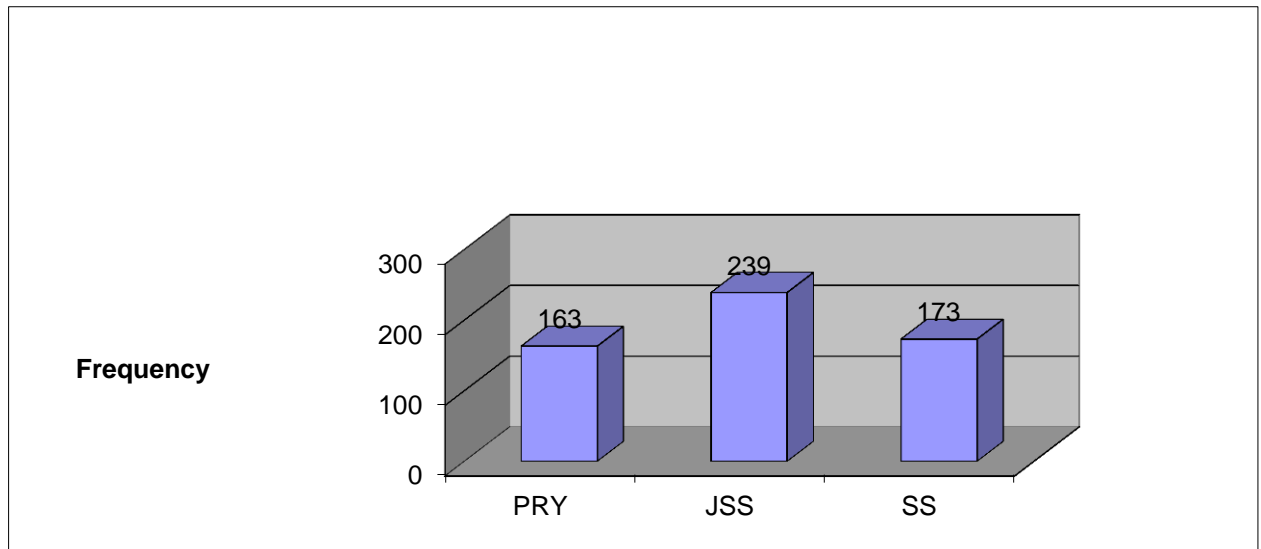


Fig. 4.4: Bar chart showing the distribution of respondents by level of education

Figure 4.4 shows the distribution of the respondents by their levels of educational attainments. It shows that 28.3% respondents were holders of primary school leaving certificate while 41.6% respondents were holders of Junior Secondary School Certificates. The remaining 30.1% respondents were holders of Senior Secondary School Certificates. This implies that children are more prone to fostering at junior and senior secondary school levels. This is attributable to the fact that, at this level of education, children are family independent and are more influenced by the peer groups.

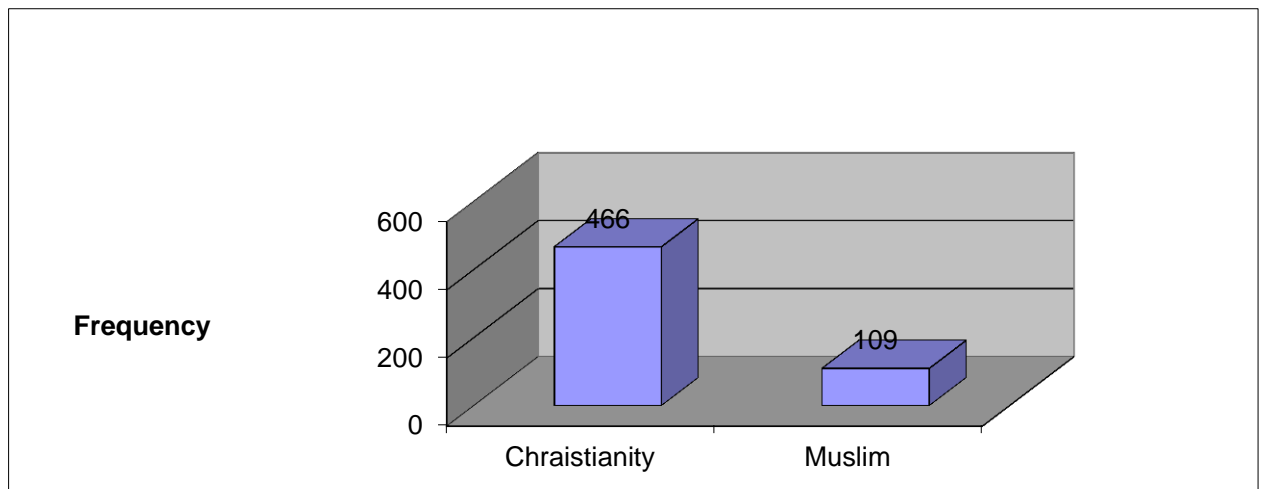


Fig. 4.5: Bar chart showing the distribution of respondents by religion

Figure 4.5 shows the distribution of the respondents' religion. It shows that 81.1% of the total respondents were Christians while 18.9% were Muslims. The implication of this is that both the adherents of the two major religions in Nigeria are prone to adolescents maladjustments and that no religion is free from such though the number and reasons could differ. Greater number of the respondents practises Christianity because they have to abide by the religion they are practising in the homes they are residing though they are of other religions, and the majority of the institutions available were Christian homes except for the government owned institutions that allow them to practised their respective religions.

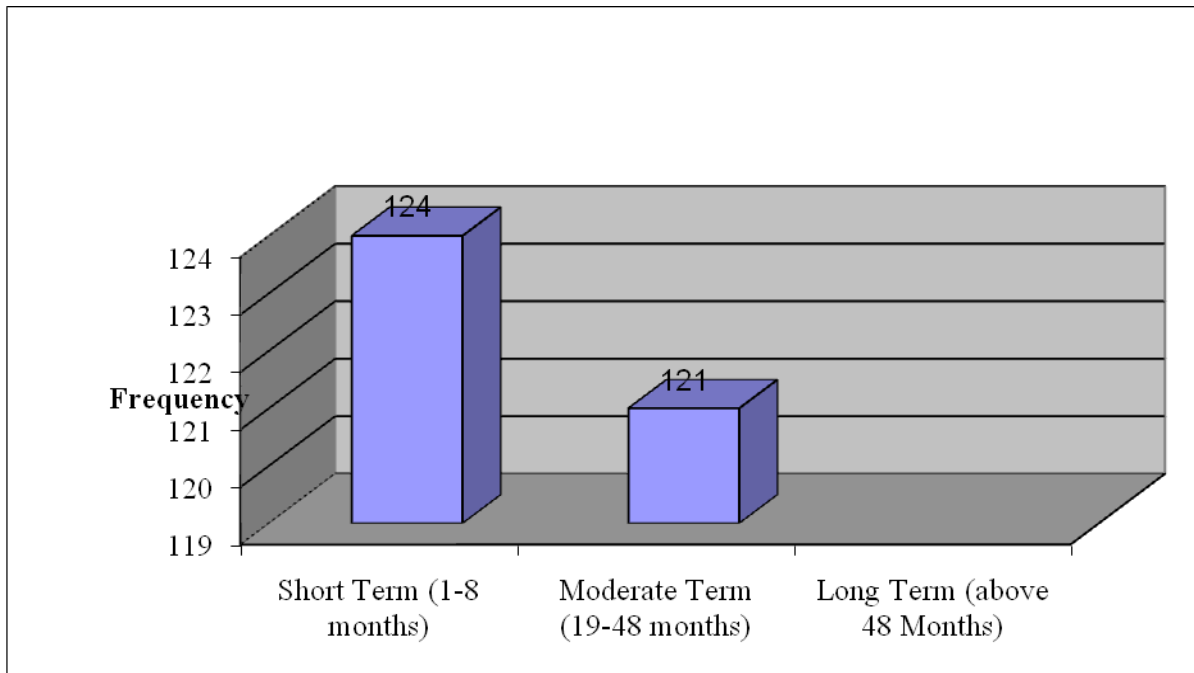


Fig. 4.6: Bar chart showing the distribution of respondents by duration of placement

Figure 4.6 shows the distribution of the duration of placement of the respondents. It reveals the categories of placement viz: short-term (1-8 months), moderate term (9-48 months) and long-term (over 48 months). The figure reveals that respondents under short term category were 21.6% of the total respondents, while 21.1% respondents fall under the moderate term category. The remaining 57.3% respondents were under the long term category. This might be due to the level of correction and state of mind of the fostered adolescents in the homes concerned.

4.2 Part B

Results of findings

This section deals with the presentation of the results pertaining to the test of influence (and extent of contribution) of the independent variables on the dependent variable as well as their strength of the relationship. The presentations were done on the basis of each research question and hypothesis raised. Each result and findings is clearly presented in tabular form followed with interpretations and detailed discussions.

Joint predictions of social and environmental factors on emotional well being of the fostered adolescents in Southwestern Nigeria

This portion of part B presents the joint predictions of the independent variables on the dependent variables, it is derived from the result presented in tables 4.1a, 4.1b and 4.1c which were obtained from data collected on the null hypothesis one (H_{01}) which states that: there is no significant relationship between the component of social and environmental factors (peer influence, media exposure, foster officials' religious belief, neighbourhood characteristics, school climate, foster home climate and exposure to drugs/substance use), emotional well-being of fostered adolescents in Southwestern, Nigeria.

The data collected from the respondents on this, were subjected to multiple regression as well as correlation matrix while the results obtained were followed by a detailed discussion.

Table 4.1a: Joint predictions of social and environmental factors on emotional well-being of fostered adolescents in Southwestern Nigeria

Model	Sum of Squares	DF	Mean Square	F	Sig.
Regression	470.341	6	78.390	8.370	.000
Residual	5319.652	568	9.366		
Total	5789.993	574			

$R = .285$, $R^2 = .081$, $Adj R^2 = .072$

Table 4.1b: Relative predictions of social and environmental factors on emotional well-being of fostered adolescents in Southwestern Nigeria

Source	Unstandardised Coefficient		Standardised Coefficient	T	Sig.
	B	Std. Error	Beta Contribution		
(Constant)	12.128	1.219		9.947	.000
Peer Influence	9.201E-02	.045	.091	2.055	.040
Academic Performance	.109	.058	.085	1.893	.059
Attitude of the Foster Family	.117	.031	.179	3.738	.000
Domestic Influence	2.001E-02	.037	.023	.536	.592
Neighbourhood Characteristics	-7.528E-03	.054	-.006	-.139	.889
Drugs/Substance Abuse	-1.977E-02	.038	-.022	-.525	.600

Discussion

It was shown in the table 4.1a that the joint effect of all the two composite independent variables sub-related social and environmental factors on emotional well-being of fostered adolescents were significant ($F_{(6,568)} = 8.370$; $R = .285$, $R^2 = .085$, $R^2 = .081$, Adj. $R^2 = .072$; $P < .05$). Besides, 8.0% of the variation was accounted for by the independent variables while the remaining 92.0% was due to chance. This, therefore, reveals that emotional well-being of fostered adolescents in Southwestern Nigeria to a large extent is being determined by one or combination of the two independent variables.

In addition, the result of table 4.1b shows the relative contribution of each of the two independent variables on the emotional well-being of fostered adolescents for the study were as follows: Peer influence ($\beta = .091$, $P < .05$), Academic Performance ($\beta = .085$, $P < .085$), Attitude of the foster family ($\beta = .179$, $P < .05$), Domestic influence ($\beta = .023$, $P > .05$),

Neighbourhood characteristics ($\beta = -.006$, $P > .05$) and Drug/substance abuse ($\beta = -.022$, $P > .05$), respectively.

It is noted from the above results that while peer influence, academic performance and attitude of the foster family were significant, domestic influence, neighbourhood characteristics and drug/substance abuse were not.

The study, like many before, also reveals the effects of the two independent variables on the emotional well-being of the fostered adolescents. This study, therefore, in tune with Chaplin and John (2010), in their research on interpersonal influence on adolescent materialism, shows that Peer is important influence. They are viewed as socialisation agents that transmit consumption attitudes, goals and motives to adolescents. They are also important sources of emotional support and psychological well-being which increase self-esteem in adolescents. This is detailed by Ayodele and Bello (2008) that peer influence quality is a key indicator of fostered adolescents' psychosocial adjustment. The nature of peer group relationships among adolescents, especially on the fostered adolescents, varied as the individual member themselves. Also, numerous other factors such as personality, attitudes and environmental factors affect the totality of one's relationship in many ways. At one extreme, these peer influences can be personal and positive. This is when the fostered adolescents interact meaningfully, share mutual relationship and respect the dignity of others. Also, Adeyemo (2003), Abosede (2007) and Salami (2008) opined that as fostered adolescents grow, their relationships with selves and others become increasingly influential. This relationship, not only provides foundation for later adult relationship, it also buffers the fostered adolescents from stress and lessen the risk of later emotional and behavioural problems. Yet, some fostered adolescents have difficulties in getting along with others because of shyness, conflict or any other challenges they are passing through.

This is in agreement with the submission of one of the carers in the home visited Mrs. X of Covenant Children Home, New Bodija, Ibadan during GKII session says.

The major challenge we are having with majority of our adolescents is that they want to do things their own way e.g. females want to paint lips, boys want to sag their trousers, majority of them want to go with fashion trend, they are easily influenced by their friends, in fact peer group influence is rampant among them.

The above is supported by the submission of another carer in a home Mrs. Y of S.O.S village, Owu Ijebu who states as follows in GKII session:

They may occasionally and a times refuse to bath or brush their teeth before going to school and this is related to their background (their ethnic group) at times wear unwashed uniform to school or unwashed house dresses. With the exception of those few negative characteristics, they are generally obedient children

This is in line with the findings of Schoro (2003) that “children who experience rejection or neglect are more likely to develop antisocial trait as they grow up. Parental neglect is also associated with borderline personality disorders and violent behaviour”

In consistence with the findings, Carlson (2000), Rossman (2001), in their research in which they study children exposed to intimate partner violence and longer term effects on children’s exposure to domestic violence, respectively, revealed that adolescents who live with negative domestic influence face increase risk, the risk of exposure to traumatic events, the risk of neglect, the risk of being abused. All these may lead to negative outcomes for the adolescents and may affect their well-being, safety, and stability. They further stated that adolescents’ problems associated with exposure to domestic violence include the following, behavioural, social and emotional problems, higher levels of aggression, anger, hostility, oppositional behaviour, and disobedience, peer anxiety, withdrawal and depression, poor peer, sibling, and social relationships and low self-esteem, cognitive and attitudinal problems, lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem solving skills, pro-violence attitude, and belief in rigid gender stereotypes and male privilege.

Hughes, Graham, Bermann and Gruber (2001), in their research titled Resilience in children exposed to domestic violence, added some other problems they may further experience which include higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships-fostered adolescent’s risk levels, reactions to domestic influence exist on a continuum where some adolescents demonstrate enormous resiliency while others show signs of significant adaptive adjustment.

The result further shows that while peer influence and attitude of foster family have significant impact on fostered adolescents, the remaining sub-related factors had very low significant effects on their emotional well-being. In further contradiction to the findings of the research, Katz and Linda (2008), in their study in which they examined current clinical issues in separation and placement in child adolescent, stated that environment is known to be an individuals surrounding, which is supposed to be the natural world; but when a child coming from unhealthy environment continues to grow and enter into new stages of life, he or she may not be able to rise to a given challenge, they in turn run from any such challenge, too often. They have major learning blocks as they avoid any stimuli evocative of painful feelings and indirectly generalise these to whose subject areas. As a result of experiencing repeated traumatising events in the biological and foster homes, adolescents who receive no treatment for psychological scaring suffer adverse effects.

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Table 4.1c: Correlation matrix between emotional well-being, peer influence, academic performance, attitude of the foster family, domestic influence, neighbourhood characteristics, and drugs/substance abuse

	Emotional Well-Being	Peer Influence	Academic Performance	Attitude of the Foster Family	Domestic Influence	Neighbourhood Characteristics	Drugs/Substances Abuse
Emotional Well-Being	1						
Peer Influence	.188**	1					
Academic Performance	.189**	.274**	1				
Attitude of the Foster Family	.256**	.406**	.422**	1			
Domestic Influence	.081	.059	.171**	.214**	1		
Neighbourhood Characteristics	.020	.106*	.076	.097*	-.178**	1	
Drugs/Substances Abuse	-.020	-.016	-.004	.017	.069	.179**	1
Mean	18.0035	16.7148	12.4122	25.9478	14.4887	13.5930	12.7635
Std. Dev.	3.1760	3.1554	2.4796	4.8353	3.6175	2.4823	3.4701

*Sig. at .05 level

To complement the tables 4.1a and 4.1b table 4.1c shows that there is a positive significant relationship between emotional well-being, of the study's respondents and the components of social and environmental factors. They are as follows: emotional well-being and peer influence ($r = .188^{**}$, ($r = .189^{**}$, $P < .01$) and emotional well-being and attitude of the foster family ($r = .256^{**}$, $P < .01$); but there is no significant relationships between emotional well-being and domestic influence ($r = .081$, $P > .05$), Emotional well-being and neighbourhood characteristics ($r = .020$, $P > .05$) and Emotional well-being and

drugs/substances abuse ($r = -.020, P > .05$). This result shows that although all the components of social factors correlated with the emotional well-being of the fostered adolescents which shows that appropriate schooling and educational services can, additionally, strengthen them and are more likely to view their schools as a supportive and safe haven. To further support the result of this study on attitude of the foster family, National survey of child and Adolescent well-being (2004) stated that “the first comprehensive study of children in the child welfare system, more than 85.0% of children in foster care reported that they, like the people they are living with, feel like part of the foster family, and believe their foster parents care about them”. Adeyemo (2003), Abosede (2007) and Salami (2008) also supported the outcome of the findings of peer influence, states that peer influence buffer the fostered adolescents from stress and lessen the risk of later emotional and behavioural problems. They further stated that when teens behave right, think positively and are socially successful, their relationship is a source of well-being, pride and identity.

However, the insignificant relationships between emotional well-being and environmental factors show that protective factors, such as social competence i.e. good peer influence, positive attitude of the foster family, positive academic influence among others, will safe guide, them from poor environmental factors and as such may not have negative influence on them. Also the intelligence of the fostered adolescents, their high self esteem, their outgoing temperament, strong sibling and peer relationships and a supportive relationship with an adult, can help protect the adolescents from the adverse effects of exposure to domestic violence. This is buttressed with FGD response from a discussant at Stephen Children’s Home, Obantoko, Abeokuta:

when I see my friends reading, this usually motivates me to read.

Another discussant of Covenant Children Home, Bodija, Ibadan says:

we usually gather to read and discuss, even when I don’t” feel like reading, they usually call me and this encourages me.

KII discussant Mr. Y of S.O.S Children’s Village, Owu, Ijebu says:

Many times successful experienced people are invited to share their past in foster home with them and how they excel in their career.

Another GKII discussant Mr. B of Jesus Children Missions Outreach, Bodija, Ibadan says:

programme are organised for them for example one on one, room by room, age grade to meet with each other.

Joint predictions of social and environmental factors on social well-being of the fostered adolescents in Southwestern Nigeria

This portion deals with the joint and relative influence of the independent variables on the dependent variables, it is derived from the result presented in tables 4.2a, 4.2b and 4.2c which were obtained from data collected on the null hypothesis two (Ho2) which states that: there is no significant relationship between social and environmental factors (peer influence, academic performance, attitude of foster family, domestic influence, neighbourhood characteristics and drugs/substances abuse) with social well-being of fostered adolescents in South-west, Nigeria. The data collected from the respondents on this, were subjected to multiple regression as well as correlation matrix while the result obtained were followed by a detailed discussion.

Table 4.2a: Joint effect of social and environmental factors on social well-being of fostered adolescents in Southwestern Nigeria

Model	Sum of Squares	DF	Mean Square	F	Sig.
Regression	676.417	6	112.736	11.650	.000
Residual	5496.452	568	9.677		
Total	6172.870	574			

R = .331, R² = .110, Adj R² = .100

Table 4.2b: Relative predictions of social and environmental factors on social well-being of fostered adolescents in Southwestern Nigeria.

Source	Unstandardised Coefficient		Standardised Coefficient	T	Sig.
	B	Std. Error	Beta Contribution		
(Constant)	11.074	1.239		8.935	.000
Peer Influence	.133	.046	.127	2.911	.004
Academic Performance	.123	.059	.093	2.094	.037
Attitude of the Foster Family	.140	.032	.206	4.373	.000
Neighbourhood Characteristics	-1.724E-03	.038	-.002	-.045	.964
Drugs/Substance Abuse	-3.012E-02	.055	-.023	-.548	.584
	4.706E-03	.038	.005	.123	.902

Discussion

It was shown in table 4.2a that the joint effect of all the two composite independent variables (social and environmental factors) on social well-being of fostered adolescents were significant $F_{(6,568)} = 11.650$; $R = .331$, $R^2 = .110$, $Adj R^2 = .100$; $P < .05$). Besides, 11.0% of the variation was accounted for by the independent variables while the remaining 89.0% was due to chance. This, therefore, reveals that social well-being of fostered adolescents in Southwestern Nigeria, to a large extent, is being determined by one or combination of the two independent variables.

Also, the result of table 4.2b shows the relative contribution of each of the two independent variables on the social well-being of fostered adolescents for the study were as follows: Peer Influence ($\beta = .127$, $P < .05$), Academic Performance ($\beta = .093$, $P < .05$), Attitude of the foster family ($\beta = .206$, $P < .05$), Domestic Influence ($\beta = -.002$, $P > .05$),

Neighbourhood characteristics ($\beta = -.023$, $P > .05$) and Drug/substance abuse ($\beta = -.005$, $P > .05$) respectively.

It is noted from the results that while peer influence, academic performance and attitude of the foster family were significant, domestic influence, neighbourhood characteristics and drugs/substance abuse were not.

This result corroborates the position of Murnane (2011) in his study, which examined the impact of school resources on the learning of inner city children. He stated that fostered adolescents may experience school as a positive force in their lives and typically engage in their school community and participate in non-academic activities including athletics, the arts, students clubs and school sponsored social events, some of them who have adult and peer connections in school are likely to view their schools as a supportive and safe haven. This has shown that either, individually or collectively, the independent variables does impact fostered adolescents, while the findings of Palmer (2002) contradicts the result of the research. In it, he examined children in long term care, their experience and progress and reported that “unfortunately, for many children in foster care, the pressures of school disruptions learning difficulties and school failure diminish their well-being and undermine the family-building efforts of the child welfare system. He further stated that the factors leading to their entry into foster care, along with their experiences in the child welfare system place them at great risk for educational failure. They often lack stability in school, continuity of educational services, and parental participation and advocacy in their school lives, each a critical ingredient for school success, it should not be surprising that the vast majority of children in foster care fall well behind their peers in academic achievement and drop out of school at twice the rate of children in the general population. Lieter, Jeffrey and Johnson, (2004).

This result was further buttressed with the qualitative information gathered by the researcher through the FGD sessions. Specifically, a discussant, Mrs. O of Covenant Children’s Home, New Bodija, Ibadan in one of the FGD sessions had this to say:

I am happy, relieved and stable because I have the opportunity to go to school, while some others do not have the opportunity, without this home, only God knows where I will be, I feel loved because I am taken as one of their children, when I was in the village I did not go to school, our mummy in this home has really helped me

Another discussant Mrs. G of Jesus Children Missions Outreach, Bodija, Ibadan, Oyo State says:

The only problem we have in this home, especially the one that is affecting our education is the problem of transportation, especially to our different schools. Though the younger ones among us are taken to their schools in mummy's car, also another problem is that we are still living in rented apartment and I pray that God will provide a permanent site for us.

Bissell and Geen (2006) who concluded in their study on fostering progress, children's voice stated that "child welfare agencies are relying on placement with caring foster parents for abused and neglected children at times, the foster parents often play an important role in helping birth parents enhance their parenting skills and improve their relationships with their children. In the same vein Cozby, Klee and Worden (2001) buttressed on the above that on a happier note, abuse by foster parents is rare. If there is any contrary opinion, this might have been developed by well publicised tragedies of children abuse in foster care, that often distort public perceptions of the benefits that foster or families provide to children who have experienced abuse and neglect before entering foster care. The majority of the children who experienced abuse or neglect were abused by their parents, but less than 1.0% reported abuse by their foster families.

The result further showed that while social factors have high significant impacts on fostered adolescents, the environmental factors had low significant effects on the dependent measure. It disagrees with the findings of Brooks-Gum (2002), who examined neighbourhoods influence, child and adolescent development. In it, he highlighted the significant effects that neighbourhood characteristics can have on fostered adolescents. In his research, he stated that adolescents living in high-income neighbourhood, may have higher cognitive ability and school achievement than those living in middle income neighbourhoods, and children and adolescents living in low income neighbourhoods, may have more mental and physical health problems than those living in middle-income neighbourhoods. The home environment has been shown to be partly responsible for the

link between neighbourhood and the children's development. For adolescents, neighbourhood effect is partially accounted for by community social control. Still on the issue of environment, Anderson (2009) stated that when local social controls are weak, youths have greater opportunities to engage in violence and to become involved with violent peers in whose presence of violence is experienced as highly rewarding. While a study by Osgood and Anderson (2004) examined fostered adolescents residing in neighbourhoods with a high degree of informal social control, the result indicated that they are likely to experience greater supervision over their behaviour, thus reducing opportunities for delinquent peer groups to form and attract new participants.

Table 4.2c: Correlation matrix between social well-being, peer influence, academic performance, and attitude of the foster family, domestic influence, neighbourhood characteristics and drugs/substances abuse

	Social Well-Being	Peer Influence	Academic Performance	Attitude of the Foster Family	Domestic Influence	Neighbourhood Characteristics	Drugs/Substances Abuse
Social Well-Being	1						
Peer Influence	.234**	1					
Academic Performance	.212**	.274**	1				
Attitude of the Foster Family	.294**	.406**	.422**	1			
Domestic Influence	.070	.059	.171**	.214**	1		
Neighbourhood Characteristics	.019	.106*	.076	.097*	-.178**	1	
Drugs/Substances Abuse	.022	-.016	-.004	.017	.069	.179**	1
Mean	18.0609	16.7148	12.4122	25.9478	14.4887	13.5930	12.7635
Std. Dev.	3.2793	3.1554	2.4796	4.8353	3.6175	2.4823	3.4701

* Sig. at .05 level

To complement the tables 4.2a and 4.2b, table 4.2c shows that there is a positive significant relationship between social well-being of the study's respondents and the components of social and environmental factors; they are as follows: social well-being and peer influence ($r = .234^{**}$, $P < .01$), social well-being and academic performance ($r = .212^{**}$, $P < .01$) and social well-being and attitude of the foster family ($r = .294^{**}$, $P < .01$) but no significant relationships between social well-being and domestic influence ($r = .070$, $P > .05$), social well-being and neighbourhood characteristics ($r = .019$, $P > .05$) and social well-being and drugs/substances abuse ($r = .022$, $P > .05$). This result shows that although all the components of social factors correlated with the social well-being of the fostered adolescents, there is an insignificant relationship between social well-being and environmental factors of the fostered adolescents. This clearly indicates that despite recognition that multiple contexts influence adolescent behaviour, it is still difficult to identify the specific mechanisms through which neighbourhood effects occur.

Social factors and emotional well-being of fostered adolescents in Southwestern Nigeria

This deals with both joint and relative predictions of the independent variables on the dependent variables, and it is anchored on research question three (RQ1) of the study which states that: To what extent has social factors influenced emotional well-being of fostered adolescents in Southwestern Nigeria? The data collected from the respondents on this, were subjected to multiple regression while the result obtained were presented in table 4.3a and 4.3b followed by a detailed discussion.

Table 4.3a: Joint prediction of social factors (peer influence, academic performance and attitude of the foster family) on emotional well-being of fostered adolescents

Model	Sum of Squares	DF	Mean Square	F	Sig.
Regression	464.400	3	154.800	16.597	.000
Residual	5323.593	571	9.327		
Total	5789.993	574			

$R = .283$, $R^2 = .080$, $Adj R^2 = .075$

Table 4.3b: Relative predictions of social factors (peer influence, academic performance and attitude of the foster family) on emotional well-being of fostered adolescents

Model	Unstandardised Coefficient		Standardised Coefficient	T	Sig.
	B	Std. Error	β		
(Constant)	11.985	.886		13.526	.000
Peer influence	9.108E-02	.045	.090	2.045	.041
Academic performance	.112	.057	.088	1.963	.050
Attitude to the foster family	.120	.031	.182	3.880	.000

Discussion

It was shown in table 4.3a that the joint effect of peer influence, academic performance and attitude of the foster family on emotional well-being of fostered adolescent was significant ($F_{(3,571)} = 16.597$; $R = .283$, $R^2 = .080$, $Adj. R^2 = 0.075$; $P < .05$). About 8.0% of the variation was accounted for by the independent variables while the remaining 92.0% was not due to chance. The result above also shows the relative contributions of each of the components of sub-related factors on the dependent: peer influence ($\beta = .090$, $P < .05$), academic performance ($\beta = .088$, $P < .05$) and attitude of the foster family ($\beta = .182$, $P < .05$). It is shown in the result above that all the independent variables were significant.

The result revealed that peer group has important influence on the fostered adolescents while education also serves as important socialisation agent on them, it is also revealed that the foster family attitude is adolescent's source of emotional support and their psychological well-being which may increase self-esteem in the fostered adolescents. Elegbede (2004), on fostering social competence in adolescence through cognitive self-modelling and participant modelling strategies, pointed out that peer influence can be both positive and negative, while we tend to think that peer influence leads teens to engage in

unhealthy and unsafe behaviours, it can actually motivate youths to study harder in school, volunteer for community and social services and participate in sports and other productive endeavours. The majority of the respondents (51.8%) were of the opinion that they get along well with their friends and that they enjoy each other's company. Hence, (28.9%) respondents submit that though they make friends with few of their folks but still they can not trust them fully to meet their social needs.

Therefore, peers, foster family and the foster adolescents exposure to academics either directly, or indirectly affects their emotional well-being. In the same vein the majority (85.2%) of the respondents submitted that they go to school for these adolescents in foster care, appropriate schooling and educational services which are seen as social agents can additionally strengthen prospects for a stable future for them. Therefore, the majority of them embrace it, while 1.7% of them rarely go to school, 30.0% of the fostered adolescents, sometimes, go to school, 10.1%, occasionally, are absent at school for some logistic reasons. It also showed that the majority of the respondents (54.1%) accepted that they can count on their carers to help them when the need arises. This agrees with the findings of "National survey of child and Adolescent well-being (2004) the first comprehensive study of children in the child welfare system, more than 85.0% of children in foster care reported they like the people they are living with, feel like part of their foster family, and believe their foster parents care about them".

On the issue of carers if they criticise the adolescents, either positively or negatively, almost 41.4% of the respondents were of the opinion that they were sometimes criticised by their carers, either positively or negatively, when the need arises, while 25.9% of respondents feel otherwise, that is, they are rarely criticised by their foster parents. In essence, this means that some carers go beyond their basic duty, not only ensuring their growth, safety, health, as well as protecting them from harm but also employing discipline strategies and motivating them when the need arises. This shows that protective factors, such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationship and supportive relationship, with an adult, can help protect the adolescents from the adverse effects of exposure to domestic violence.

However, the results disagree with the findings of Phillips (2003) on factors associated with placement decisions in child welfare. In his study, he reported that children in foster care often lack the most fundamental resources for ensuring educational success which is a lasting relationship with a caring adult, who can observe their development over time, participate in their school lives, advocate on their behalf, and consent to evaluations and services.

Levin (2002) also contradicts the result of the findings. In his study, he reported that children in foster care, generally, do not perform well in school as other children, they often repeat classes, failing grades and performing substantially below grade level. While frequent changes in placement, delays in school enrolment, gaps in attendance and disproportionate health problems are all significant factors, contributing to poor school performance, children in foster care also face challenges to school success that are unique to their foster care experience. Children in foster care are often distracted by worries, peers and a sense of loss associated with separation from their family and placement in foster care. They may avoid making peer school connections because they are ashamed of their foster care status or anticipate challenges in school placement. They may have difficulty studying and completing home work without adult help after school.

Environmental factors and emotional well-being of fostered adolescents in Southwestern Nigeria

This deals with the examination of the extent to which components of environmental factors influence the emotional well-being of fostered adolescents in South-west, Nigeria. This section is derived from the results presented in tables 4.4a and 4.4b which were obtained from data collated on the research question four (RQ₂) which states that: what is the relationship between environmental factors and emotional well-being of fostered adolescents in South-west, Nigeria. The data collected from the respondents on this, were subjected to multiple regression, while the results obtained were followed by a detailed discussion.

Table 4.4a: Joint predictions of environmental factors on emotional well-being

Model	Sum of Squares	DF	Mean Square	F	Sig.
Regression	50.669	3	16.890	1.680	.170
Residual	5739.324	571	10.051		
Total	5789.993	574			

R = .094, R² = .009, Adj R² = .004

Table 4.4b: Relative predictions of domestic influence, neighbourhood characteristics and drugs/substances abuse on emotional well-being

Model	Unstandardised Coefficient		Standardised Coefficient	T	Sig.
	B	Std. Error	B		
(Constant)	16.521	1.038		15.910	.000
Domestic influence	7.924E-02	.037	.090	2.120	.034
Neighbourhood characteristics	5.337E-02	.055	.042	.966	.334
Drug/substance abuse	-3.067E-02	.039	-.034	-.787	.432

Discussion

It was shown in the table 4.4a that the joint effects of domestic influence, Neighbourhood characteristics and drugs/substances abuse on emotional well-being was not significant ($F_{(3,571)} = 1.680$; R = .094, R² = .009, Adj. R² = 0.004; P > .05). About 1.0% of the variation was accounted for by the independent variables while the remaining 99.0% was not due to chance.

The result shows the relative contribution of each of the independent variables on dependent; domestic influence ($\beta = .090$, P < .05), neighbourhood characteristics ($\beta = .042$, P

> .05), and drugs/substances abuse ($\beta = -.034$, $P > .05$). It is, therefore, noted in the result above that only one of the factors was significant (domestic influence) while the other two were not (neighbourhood characteristics and drug/substance abuse). As revealed by the result, out of all the three components of the environmental factors, domestic influence has the highest contribution to the adolescents' emotional well-being. This is because, to most of the respondents, domestic influence is an environmental phenomenon that impacts every segment of the fostered adolescents. This is followed by neighbourhood characteristics and drug/substance abuse. Notably, the extent of neighbourhoods impact in the life of fostered adolescents remains debatable because it is difficult to disentangle this impact from that of the family context, but from all perspective neighbourhood does matter in the life of the fostered adolescent.

A GKII interviewee, Mrs. J of Jesus Children Missions Outreach, Bodija, Ibadan had this to say:

We usually encourage them to mix with good people, they attend good club like GINEXT which is a Christian programme, they are all attending private schools, even the younger ones, they are encouraged to put on good dresses, even most of the people that brings gift to us are aware that they have to bring presentable gifts, like dresses, shoes and some other items, some of them are member of the choir in the church and are even leaders in their social groups, if they do not attend church on a Sunday, some of their group members may come around to look for them. Those that have once lived in a foster home before and are currently doing well in their careers are also allowed to visit them so as to have word of encouragement with them, all these will definitely boost their moral and prevent them from being badly influence

Yet another discussant, Mrs. R of S.O.S. Children's Village, Owu- Ijebu, Ogun State, State says:

We usually do all we could to ensure that the environment is conducive for them, they are all allowed to go to school, we also allow their friends to visit them and they too are allowed to visit their friends, they are given opportunity to bring out their talents, they watch television. The orphans among them are told that their parents are just contractors that give me more children and we usually make them to believe that I am their real mother even though there is nothing like having children to stay with their parents.

Like Thornberry (2008), in his study on the co-occurrence of problem behaviours among adolescents, this study reveals that sustained foster family and community relationships are important in providing critical support to a fostered adolescent as he or she faces the challenges of young adulthood. No individual can completely escape the influence of the culture and society in which he lives, since he is an integral part of the whole, each individual is a product of his early experiences and learning (Odejide, 1999). In addition, Rathod (2006) in his study based on individual factors associated with drug dependence, his study revealed that as the individual grows up, he can adopt one of the three attitudes towards the values and attitudes which surround him. He can reject them (non-conformity) or submit to them (conformity) or he can stay neutral and form his own values. Also, the results from this study revealed that 44.3% of the respondents confirmed that they always get along well with their carers 25.9% of the respondents, sometimes, get along with their carers, while 20% rarely get along with their carers. Those few who could not get along with their carer argued that they require to have their own freedom because they are of age to do things their own way. The second group sometimes, disagrees with their carers despite that they are caring for them, but then the carer should be able to understand their plights. The remaining 9.7% did not want interference from anyone.

This result is contrary to various studies on the environment variables and the fostered adolescents Katz and Linda (2008), in their study based on Adolescent's separation and placement, revealed that when a child is coming from an unhealthy environment he or she may not be able to rise to a given challenge, they in turn run from such challenge, too often they have major learning blocks as they avoid any stimuli evocative of painful feelings and, indirectly, generalise these to whole subject areas. Sawyer and Dubavitz (2006) report that the experience of the adolescents prior to a foster care placement have lasting and profound effects on them; they may also find it difficult to develop relationships with other adults such as their foster parents and teachers, because of earlier disruption in their family. According to Ayasse (2002), in the study on special education experiences of foster children, it was discovered that "Youths who are taken out of their homes and moved around different environments have a higher tendency to have difficulties in life, such as depression, behavioural issues, or psychological problems, which negatively impart their relationship with others".

Social factors and social well-being of fostered adolescent in Southwestern Nigeria

This is the examination of the extent to which components of social factors influence the social well-being of fostered adolescents in South-west, Nigeria. This section is derived from the results presented in table 4.5a and 4.5b which were obtained from data collected on the research question 5 which states that: To what extent has social factors (peer influence, academic performance and attitude of foster family) influenced the social well-being of fostered adolescents in South-west, Nigeria. The data collected from the respondents, on this, were subjected to multiple regression while the results obtained were followed by a detailed discussion.

Table 4.5a: Joint predictions of social factors on social-well-being of fostered adolescents

Model	Sum of Squares	DF	Mean Square	F	Sig.
Regression	673.450	3	224.483	23.308	.000
Residual	5499.420	571	9.631		
Total	6172.870	574			

R = .330, R² = .109, Adj R² = .104

Tables 4.5b: Relative predictions of social factors (peer influence, academic performance, attitude of foster the family) on social well-being of fostered adolescents

Model	Unstandardised Coefficient		Standardised Coefficient	T	Sig.
	B	Std. Error	B		
(Constant)	10.771	.900		11.962	.000
Peer Influence	.131	.045	.126	2.887	.004
Academic Performance	.121	.058	.092	2.089	.037
Attitude to the foster family	.139	.031	.205	4.428	.000

Discussion

It was shown in the table that the joint predictions of independent variables (peer influence, academic performance and attitude of the foster family) on social well-being was significant ($F_{(3,571)} = 23.308$; $R = .330$, $R^2 = .109$, $\text{Adj. } R^2 = 0.104$; $P < .05$). About 11.0% of the variation was accounted for by the independent variables while the remaining 89.0% was not due to chance. The result above shows the relative contribution of each of the independent variables on the dependent; peer influence ($\beta = .126$, $P < .05$), academic performance ($\beta = .092$, $P < .05$) and attitude of the foster family ($\beta = .205$, $P < .05$). Obviously, the attitude of the foster family had highest contribution on the social well-being of the fostered adolescent used for this study.

This is followed relatively by Peer influence and academic performance. Results above show that all the social factors were significant. Although, low educational attainment among foster youth is not easily explained by a single cause but is associated with pre-care experience such as neglect, abuse, poverty, emotional challenges and others.

Findings of researches show that children in foster care face unique challenges to success in the school environment. The experience of foster care placement itself with frequent movement in care, disruption in schooling and educational services and isolation from friends and teachers can disrupt the rhythms of already fragile life of a child in foster care and heighten the risk for poor educational outcomes.

The academic performance which had the least of influence on the foster adolescent shows that the transient nature of foster care often means that children are abruptly and frequently uprooted from one school and placed in another. Every school transfer requires a child to adjust to new teachers, curriculum, classmates and expectations. For some children, a change in school may offer a fresh start, better services or freedom from physical danger or emotional harm. For others, particularly adolescents, it can mean separation from friends, community and support systems that serve as a foundation for future success. A change in school can significantly affect a child's emotional well-being and compromise success in school and at home, creating stress for caregivers and undermining stable placements. Levin (2003) revealed that foster parents, rarely, were aware of the academic needs of adolescents

in foster care and that school staff had little knowledge of the adolescent foster care background. The absence of stable educational decision-makers for children in foster care is alarming, showing that adolescents whose parents are involved in their education have greater success in school. Ayasse (2002) notes that foster youths are more prone, than their non-foster peers, to experience withdrawal, anxiety, depression, inability to concentrate and lack of social skill, while Aldgate's (2004) findings point out that each of these factors can influence the fostered adolescents' ability to focus and do well in school.

On neighbourhood characteristics, 54.1% of the respondents involved in the study agreed that they can count on the people in their neighbourhood to help them when the need arises, while 24.5% of them saw their neighbours as very supportive and friendly and are welcoming to them, 13.7% were unable to decide on their neighbour's character towards them 7.7% noticed their neighbours pitying them always, although most of them cannot say their minds out.

Findings of research shows that structural changes in inner-city neighbourhood have resulted in the social isolation of poor minority youths from middle-class values and role models and instead increased youths' exposure to unconventional role models and value, Wilson (2003), similarly, Anderson (2009) argue that due to structural changes in neighbourhoods, resulting in decreased employment opportunities and increased disadvantage, "the trust and perceptions of decent that once prevailed in the community are increasingly absent" and in their place a "code of the streets" has developed, which emphasises toughness, risk-taking, and the use of violence to achieve status. Of particular interest is this GKII respondents Mrs. J of S.O.S. Village, Owu-Ijebu, Ogun State that says:

they are obedient children, when they are instructed at home concerning their conduct outside, they usually abide by the instruction they are given at home, they do not imitate bad character because of the self value that has been impacted on them, except for the normal naughtiness, refusal to bath or brush their teeth before going to school and this is related to their background, at times they may wear unwashed uniforms to school or even at home unwashed house dresses. With the exception of those few negative characteristics they are generally obedient children

The study, therefore, like so many before it, concluded that for youths in foster care, the transition to adulthood can be perilous, it was revealed from the study that, upon

receiving a fostered adolescent into a foster home, the foster parents may be placed in a difficult parenting situation from the onset. This is because most of the adolescents have several unique needs of their own that must be addressed by the foster parents. This is confirmed by Mrs. X of Covenant Children's Home, New Bodija, Ibadan, a GKII interviewee.

The major challenge we are having with majority of our adolescents is that they want to do things their own way e.g. females wants to paint their lips, put on micro mini lips, boys want to sag their trousers, majority of them want to go with fashion trend, where such is not permitted, having forgotten that they are in Christian home they are easily influenced by their friends, in fact peer group influence is rampant among them but thanks to God because he is in control of everything.

Apart from this, almost all the respondents agreed that they have troubled backgrounds, and multiple emotional and developmental problems that place high demand on foster parents. Of all of these difficulties, poor academic achievement is known to have the most serious consequences for the futures of foster youth. A GKII respondent Mrs. M. of S.O.S. Children's Village, Owu-Ijebu, Ogun State had a contrary opinion about some other opinion:

No major challenge different from any other outside except for the payment of their school fees but God has been so faithful because they are all attending private secondary schools and before they are sent out, their school fees are paid. I know that their future is brighter, I am praying for good job for them in the future and I am also praying for good life partner for them. In general I usually pray a lot to God for them, that God should help their future.

Another FGD respondent, Mrs. O of Covenant Children's Home, New Bodija, Ibadan, Oyo State says:

The only problem we have in this home is the problem of transportation to our different schools, though the younger ones are taken to their schools in mummy's car, also we are still in rented apartment and I am praying that God should provide permanent site for us.

The above shows that social factors have great effects on the fostered adolescents which can bring about either positive or negative effects on them. This finding of this study, therefore, corroborates the findings of many scholars before it.

Environmental factors and social well-being of fostered adolescents in south-west, Nigeria

This examines the extent to which the environmental factors influence social well-being of fostered adolescents in Southwestern Nigeria. This section is derived from the results presented in tables 4.6a and 4.6b which were obtained from data collected on the research question 6 which states that: What are the effects of environmental factors (domestic influence, neighbourhood characteristics and drug/substance abuse) and social well-being of fostered adolescents. The data collected from the respondents on this, were subjected to multiple regression, while the results obtained were followed by a detailed discussion.

Table 4.6a: Joint predictions of environmental factors on social well-being

Model	Sum of Squares	DF	Mean Square	F	Sig.
Regression	36.948	3	12.316	1.146	.330
Residual	6135.922	571	10.746		
Total	6172.870	574			

R = .077, R² = .006, Adj R² = .001

Table 4.6b: Relative predictions of domestic influence, neighbourhood characteristics and drug/substance abuse) on social-well being

Model	Unstandardised Coefficient		Standardised Coefficient	T	Sig.
	B	Std. Error	B		
(Constant)	16.554	1.074		15.418	.000
Domestic influence	6.948E-02	.039	.077	1.798	.074
Neighbourhood characteristics	4.525E-02	.057	.034	.792	.429
Drug/substance abuse	-8.995E-03	.040	-.010	-.223	.823

Discussion

It was shown in table 4.6a that the joint effect of domestic influence, neighbourhood characteristics and drug/substance abuse on social well-being was not significant ($F_{(3,571)} = 1.146$; $R = .077$, $R^2 = .066$, $Adj. R^2 = 0.001$; $P > .05$). About 1.0% of the variation was accounted for by the independent variables, while the remaining 99.0% was not due to chance. The result above also shows the relative contributions of each of the components of sub-related environmental factors on the dependent: domestic influence ($\beta = .077$, $P > .05$), neighbourhood characteristics ($\beta = 0.34$, $P > .05$), and drug/substance abuse ($\beta = -.010$, $P > .05$). It is shown in the result above that none of the independent variables were significant.

The result revealed that the environmental influence on the fostered adolescent was less, since most of them were within the custody of the foster parents. They do not have the opportunity of mixing with the people within their neighbourhood, thereby preventing them from being exposed to drugs or substances. The majority of them said that their homes have buses that take them to school and usually bring them back home. Also, their foster parents usually protect them from unnecessary exposure, in order for them not to be influenced negatively. As obtained in this study, Calvin (2001) concluded in her work titled, make a difference in a child's life in which she provided manual for helping children and youths get

what they need in school, stated that foster parents must fulfil several obligations in order to adequately and successfully care for the children in their custody. By law, they are required to provide for their basic needs, this includes ensuring their growth, safety and health, as well as protecting them from harm.

Lanyado (2003), in his study on the emotional tasks of moving from fostering to adoption, concluded that “when a youth has experienced neglect and abuse from his or her parents, followed by abandonment, there is fearfulness about allowing anyone else, particularly an adult close to him or her. In the youth’s mind, this is risky, a repeat of the painful rejection, attack, abandonment, or uncertainty of past relationships. The youths may now be convinced that daring to try again’ to allow a new relationship to grow is a highly dangerous position”. Green (2008), in his study on concept of attachment disorder, supported Lanyado’s statement. In it, he found that foster children with a history of abuse or early institutional care were likely to exhibit an insecure attachment and or be diagnosed with Reactive Attachment Disorder. The majority of the respondents (47.3%) were of the opinion that their carers make the home to be loving always, 27.7% still accept that their carers cheer them up when they are sad or worried, 18.6% still accept that their carers are forth coming in certain areas but not in totality, while the remaining 6.4% are biased about their carers.

It also showed that adolescents residing in these homes where love is shown to them and are not negatively influenced by their neighbours are more likely to form friendships with conventional peers and orient themselves towards conventional behaviours, such as academic achievement. This is further supported by Thornberry (2003), in his study, which was carried out on delinquent test interactional theory. In the outcome of the study, he stated that involvement in delinquent peer networks is of great importance for understanding neighbourhood variation in youths’ violence. This shows that delinquent and violent peers occur most frequently among youths living in structurally disadvantaged neighbourhoods.

However, the result disagree with the findings of Fanshel (2008) in his study on children in foster care where he reported that foster children usually experience changes that affects them emotionally, cognitively and physically, contributing to both the internalising and externalising of negative behaviours. Hoffman (2003), in his analysis of differential

association, social control and strain theories of delinquency social force, contradicted the outcome of the study when he explained that when social controls (foster family) are too familiar with the youth, they tend to have greater opportunities to engage in violence and become involved with violent peers in whose presence violence is experienced as highly rewarding. Thus, exposure to a violent youth culture is likely to contribute to higher rates of adolescent violence typically found in socio-economically disadvantaged neighbourhoods (Anderson, 2009).

There are indications from the results and the findings of this study that domestic influence has the highest rate among the fostered adolescents. Some of the respondents (65.9%) were of the opinion that they are always free to discuss their personal problem with their carers without any hindrance, while about 11.5% of the respondents said that they are free to discuss their personal problems with their teachers. However, the remaining 12.3% supported discussing their personal problems with their peers. This research was able to deduce from the result that domestic influence on the fostered adolescent has a lot to do in determining the outcome of their character. The more committed the carer on the youth, the more stable their character will be. This study lends credence to some of the past studies on domestic influence - Carlson (2000) and Rossman (2001).

The result showed that neighbourhood impact remains debatable because it is difficult to disentangle this impact from that of family context, since fostered adolescents has no choice as to where they live. Nevertheless, from all perspectives neighbourhood does matter in the life of the fostered adolescent, as domestic influence is seen as a social phenomenon that impacts every segment of the fostered adolescents, the home environment has been shown to be partly responsible for the link between neighbourhood and children's development. For the adolescents, neighbourhood effects are partially accounted for by community social control (Brooks-Gum, 2002).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study investigated the extent to which socio-environmental factors determine the emotional and social well-being of adolescents in foster homes in Southwestern Nigeria. This chapter, therefore, presents the summary of the study, conclusions, recommendations, limitation to the study and contributions to knowledge as well as suggestions for future studies.

5.1 Summary

The first chapter covers the background to the study, statement of the problem, objectives to the study, research question, Hypotheses and significance of the study and the delimitation of the study. To end this chapter, some terms that appeared ambiguous were carefully defined under the operational definition of terms so as to aid a better understanding of the variables as well as concept used in the study.

The second chapter of this study covers a comprehensive review of past but related literature on the independent (social and environmental factors) and dependent variables (emotional and social well-being of fostered adolescents. Besides, a detailed review of the concept of adolescents fostering, well-being of fostered adolescents, there were also spiral review of independent variables on dependent variables and adoption of fostered adolescents were extensively done. All these were done with a view to linking the present study with the past studies, so as to show critically the gap that this present study will be filling in literature. Apart from this, a theoretical review of the Attachment Theory and Social Learning theory were undertaken with a view to using the assumption that emotional and social well-being of fostered adolescents in Southwestern Nigeria may be adduced to social factors, especially, but not only from that but to certain the extent from environmental factors also. Hence, deducing from the theoretical review, a framework guiding future studies like this was developed by this researcher.

The third chapter of the research was on a vivid and detailed explanation of how the study was conducted by this researcher. This comprises of the research design, population,

sample and sampling techniques adopted and instrumentation procedure for the administration of instruments as well as the procedure adopted for data analysis. The fourth chapter of the study contained the different results and findings obtained from the field, their interpretations and detailed discussions on each of the findings. The demographic information collected on the respondents of the study were presented through the use of descriptive statistic of bar charts followed by detailed discussion on each. The correlation matrix and multiple regression analysis were employed for the analysis of data collected on the field by the researcher relating to core focus of this research. These were complemented with the qualitative information of Group Key Informant Interview and Focus Group Discussion.

Findings of this study revealed that:

1. Social and environmental factors significantly predisposed emotional well-being of fostered adolescents in Southwestern Nigeria. Each of peer influence, media exposure, foster officials' religious beliefs, school climate, foster home climate, neighbourhood characteristics and exposure to drug/substance use) are important influence in moulding the personality of the adolescents, likewise, education is seen as an agent of change while their relationship with foster family and neighbourhood is increasingly influential.
2. There is a positive significant relative influence of social and environmental factors on social well-being of fostered adolescents in Southwestern Nigeria. Each of peer influence, media exposure, foster officials' religious beliefs, school climate, foster home climate, neighbourhood characteristics and exposure to drug/substance use) brings positive force in their lives while greater supervision over their involvement with their neighbours reduces opportunity for delinquent peer group.
3. There is also a positive significant joint influence of social factors (peer influence, media exposure, foster officials' religious beliefs) on emotional well-being of fostered adolescent. The fostered adolescents' positive attitude is their source of emotional support and their social well-being and this may increase their social competence.

4. There is no significant joint influence of environmental factors (foster home climate, school climate, neighbourhood characteristics, and exposure to drug/substance use) on emotional well-being of the fostered adolescents. This study revealed that with greater supervision from their foster family, the fostered adolescents may reject some of the negative attitude of their neighbours.
5. There is also a positive significant joint influence of social factors on social well-being of fostered adolescents. This shows that the adolescents whose foster families are involved in their education may have greater success in school. It also points that each of these factors may influence the fostered adolescents' ability to focus and do well generally.
6. There is no significant joint prediction of environmental factors on social well-being of fostered adolescents. This means that the foster parents usually protect them from unnecessary exposure in their neighbourhood in order for them not to be influenced negatively.

However, the last chapter which is the fifth presented the summary of the entire study, conclusion and recommendations, policy implication of the study. The contribution of the study to knowledge, limitations of the study and suggestions for further studies were also explored in this chapter.

5.2 Conclusion

Children in foster care face a challenging journey through childhood. In addition to the troubling family circumstances that bring them into foster care, they face additional difficulties within the child welfare system that may further compromise their social and emotional well-being. Family stability is best viewed as a process of care-giving practices that, when present, can greatly facilitate healthy child development. Adolescents in foster care, as a result of exposure to risk factors such as poverty, maltreatment, and the foster care experience, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social and emotional skills etc. Providing stable emotional and social well being for them and nurturing families can boost the resilience of children in care and ameliorate negative impacts on their developmental outcomes.

5.3 Recommendation

Adolescents in stable family environments are likely to experience positive, engaged parenting and to have positive developmental outcomes. By contrast, adolescents in foster care have often experienced family instability and other types of maltreatment and compromised healthy development. However, providing safe, stable, and nurturing homes for the adolescents may lessen the harmful effects of their experiences by exposing them to protective factors that can promote resilience. There should be public enlightenment programme and education to combat the mass ignorance on the acts that constitute abuse and to protect the Nigerian child against these abuses.

Government should know that they have to bear the principal responsibility for the welfare of the children that require fostering, especially the neglected ones, and not to leave the care in the hands of the philanthropists and the extended family members alone. Government should be encouraged at all levels to strengthen their own administrative legal structures and establish programmes to address the various facets of child welfare supportive services for families and ensure the provision of financial assistance, and placement of children outside the home.

5.4 Policy implication of the study

Children in foster care traverse a challenging journey through childhood, with many obstacles to their optimal development. Many have experienced compromised prenatal environmental, maltreatment prior to foster care, or multiple moves while in foster care. The impact of these experiences on their development can be devastating over the short and long term. However, as with other children at environmental risk, a stable nurturing family environment can protect foster children against the negative effects of these experiences.

The child welfare system, and its policy makers and practitioners, must ensure safe and stable family environments for children in foster care. Ensuring that each foster child receives a permanent home is a major step towards this goal, but it is not sufficient. The implementation of high-quality programmes that document effectiveness in promoting positive family experiences for foster children is essential. In order to create “harm-free, effective environments” for foster children, child welfare systems must provide support and

training of foster parents, establish a well-specified model of care to promote child well-being, focus on the positive behaviours of caregivers and children, and create consumer-oriented services that respond specifically to child and family needs.

As adults who are responsible for the protection and nurture of the young of our species, we have an obligation to ensure that these very vulnerable groups of children have the need opportunities for developmental progress. This should be achieved through appropriate child-centered interventions, as well as through support for the families who care for foster children whether they are biological parents or relatives, or foster or adoptive caregiver. Children's development is dependent upon reciprocal activity with others with whom they have a strong and enduring bond, who are engaged in no better developmental enterprise than enhancing its support of these strong, enduring relationships with the ultimate goal of optimising the development of both children and families in the foster care system.

5.5 Contribution of this study to knowledge

The study showed the importance of socio-environmental factors on the emotional and social well-being of adolescents in foster homes in Southwestern, Nigeria. It showed that peer influence, media exposure, foster officials' religious beliefs, neighbourhood characteristics, exposure to drug and substance use, foster home climate and school climate were potent factors in the determination of emotional and social well-being of adolescents in foster homes. The study provided more information on the contributions on the conduciveness of home environment, carers receptiveness, positive community relationship, exposure to recreational activities and learning environment towards emotional and social well-being of adolescents in foster homes.

This study further establish that self esteem positive self concept, effective emotional expression, re-established trust in adult with diminish isolation and violence were the product of good socio-environment, factors among the adolescents in foster homes.

The study covered both public and private registered foster homes in Southwestern, Nigeria; hence the result will serve as reference point for researchers in social sciences and child welfare.

5.6 Limitations of the study

The study covered the six states in Southwestern, Nigeria, Oyo, Ogun, Lagos, Ondo, Ekiti and Osun. If not for financial constraints, the study could have been carried out to cover the thirty-six states of the federation, for a wider coverage. Again, in the six states, only government and private registered foster homes were covered. This is due to the fact that others that are under the kinship foster care or non-kinship foster care did not want to declare their foster care status because they are ashamed of how people judged those who declare themselves, they were seen as if they did something wrong and this is a big constraint because they saw fostering as a stigma to them. Meanwhile, it would have been a robust study if they were included.

There was also the problem of bureaucracy and bottlenecks. It took as long as more than two weeks to get the ethical approvals from the directors of some homes, National Director, the Permanent Secretaries of the States Ministry of Women Affairs and social welfare, and Ministry of Youth and Social Development in some other states to administer questionnaires and conduct the interviews. Even with the ethical approval at hand, some of the carers still refused to be recorded neither did they grant any discussion with the adolescents in their custody. Notwithstanding the identified problems, the findings of the study are cogent and empirically sustainable and could be generalised for all the fostering homes/institutions in Southwestern Nigeria.

5.7 Suggestions for further studies

Arising from the limitations, this researcher wishes to state that it is very expedient that other researchers should carry out more studies to cover a wider scope. The researcher suggests that the same study should be carried out with the individual families that are fostering adolescents in Southwestern Nigeria. Also, a comparative study could be carried out between the emotional well-being of fostered adolescents in private homes and those of their counterparts in the government institutions.

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APPENDIX I
DEPARTMENT OF ADULT EDUCATION
FACULTY OF EDUCATION
UNIVERSITY OF IBADAN, IBADAN
QUESTIONNAIRES ON SOCIO -ENVIROMENTAL FACTORS AS
DETERMINANTS OF EMOTIONAL AND SOCIAL WELL-BEING OF
ADOLESCENTS IN FOSTER HOMES IN SOUTHWESTERN NIGERIA

Dear Respondent,

All the attached questionnaires are basically meant to elicit information on fostered adolescent's socio-environmental variables that can determine the emotional and social well-being of the involved adolescent in Southwestern Nigeria. They are primarily for research purpose. All your responses will, therefore, be treated with utmost confidentiality. Your maximum cooperation is hereby solicited.

Thanks.

SECTION A: FOSTERED ADOLESCENT'S SOCIO DEMOGRAPHIC BACKGROUND

Instruction: Kindly indicate your response by putting answer appropriately.

1. Age
 2. Ethnicity: (a) Yoruba.....(b) Igbo.....(c) Hausa.....
(d) Others..... (Please specify)
 3. Sex M/F.....
 4. Name of Institution.....
 5. Level of Education: Primary (); JSS (); SS () and Others
(specify).....
 6. Religion.....
1. Duration of Placement: (a) Short Term (1 -8months)
(b) Moderate Term (19 – 48month)
(c) Long Term (Over 48months)

SECTION B: EMOTIONAL AND SOCIAL WELL-BEING QUESTIONNAIRE (ESWBQ)

Instruction: Kindly read through the following statements and rate accordingly. You are to tick (√)

1. When you don't understand a lesson, who can you count on to explain it to you?

- 1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

2. Who encourages you when your performance is weaker than usual?

- 1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

3. When you need advice, whom do you turn to?

- 1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

4. When you are not able to complete your schoolwork, whom do you ask for help?

- 1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

5. Who do you discuss your personal problems with?

- 1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

6. Who shows that he or she is happy when you perform well?

- 1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

7. Who is prepared to help you when you have problems with your homework?

- 1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
- 2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
8. When you just can't get something right, who do you count on to show how it's done?
1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
9. Who shares your feelings when you are happy?
1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
10. Who shares your feelings when you are sad?
1. Carer: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
2. Teacher: (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()
3. Peer : (a) Hardly Ever () (b) Never () (c) Often () (d) Always ()

SECTION C: SOCIO-ENVIRONMENTAL FACTORS QUESTIONNAIRE (SEFQ)

(Please give your responses to the best of your knowledge. There is no right and wrong answers, your opinion or response is very much honoured).

FRIENDS

S/N	ITEMS	Always	Most of the time	Sometimes	Rarely
1.	Do you have friends?				
2.	Do your friends visit your home?				
3.	Do you get along well with your friends?				
4.	Do you borrow notes from your friends to copy?				
5.	Do your friends cheer you up when you are sad or worried?				
6.	Do you have good times with your friends?				

CURRICULAR ACTIVITIES

S/N	ITEMS	Always	Most of the time	Sometimes	Rarely
1.	Do you go to school?				
2.	Are you happy with your school environment?				
3.	Are your school subjects chosen by you?				
4.	Do you benefit from extra-curricular activities?				

FOSTERING HOME

S/N	ITEMS	Always	Most of the time	Sometimes	Rarely
1.	Do they expect too much from you in academic achievement?				
2.	Is your carer too strict with you?				
3.	Do your carers put too much pressure on you to do well in school activities (school studies, sport, extra-curricular)?				
4.	Do you get along well with your carers?				
5.	Do your carers criticise you negatively or positively?				
6.	Can you count on your carers to help you when the need arises?				
7.	Do your carers cheer you up when you are sad or worried?				
8.	Do you have fun, laugh or joke with your carer?				
9.	Do your carers really understand how you feel about things?				

SECTION D: ADOLESCENT FOSTERING QUESTIONNAIRE (AFQ)

Instruction: Below is a list of statement dealing with your general feeling about yourself. The scale of 1 - 4 where five is very happy or very satisfied and one is very unhappy or very unsatisfied, kindly select accordingly.

1. In general how happy would you say you are?

Very happy	
Happy	
Unhappy	
Very unhappy	

2. Now taking everything into account, how satisfied or dissatisfied are you with your life these days?

Very satisfied	
satisfied	
Dissatisfied	
Very dissatisfied	

3. Now, taking everything into account, how satisfied are you with your leisure time?

Very satisfied	
Satisfied	
Dissatisfied	
Very dissatisfied	

4. Altogether, how satisfied are you with the balance between your school work and other aspects of your life such as time with your foster family or leisure?.

Very satisfied	
Satisfied	
Dissatisfied	
Very dissatisfied	

5. Would you say that people can be trusted or that you can't be too careful in dealing with people?

People can almost always be trusted	
People can usually be trusted	
You usually can't be too careful in dealing with people	
You almost always can't be too careful in dealing with people	

6. How often, in the last twelve months, have you felt lonely?.

Always	
Most of the time	
Sometimes	
Rarely	

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APPENDIX II

KEY INFORMANT INTERVIEW GUIDE

Good evening and welcome to our session. Thank you for taking the time to join us to talk about fostering and the effects it has on emotional and social well-being of the involved adolescents. My name is Adeyoola Oluwamotemi and to assist me is Nike Olayiwola, I am a student of University of Ibadan, Ibadan, while she is my research assistant.

We want to know all you know about fostering, what made you to be involved in it, how you would describe your involvement with the adolescents in question and how things might be improved. We are having discussions like this with several carers around South-West Nigeria. You have been invited because your fostered adolescents participated in the answering of the questionnaire, so you are familiar with the research work.

There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we are just as interested in negative comments as positive comments and, at times, the negative comments are the most helpful. We are tape recording the session because we do not want to miss any of your comments. People often say very helpful things in these discussions and we can not write fast enough to get them all down. We will not use any name in our report, you are assured of complete confidentiality. Well let's begin.

Guidelines

- No right or wrong answers, only differing points of view
- We are tape recording, one person speaking at a time
- We are on a first name basis
- You do not need to agree with others, but you must listen respectfully as others share their views
- Rules for cellular phones and pagers, if applicable. For example: we ask that you turn off your phones or pagers. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can.

My role as moderator will be to guide the discussion.

Talk to each other.

Now let us begin

APPENDIX III

FOCUS GROUP DISCUSSION GUIDE

Good evening and welcome to our session. Thank you for taking the time to join us to talk about your opinion on fostering and the effects it has on your emotional and social well-being. My name is Adeyoola Oluwamotemi and to assist me is Nike Olayiwola, I am a student of University of Ibadan, Ibadan, while she is my research assistant.

We are having discussion like this with several fostered adolescent around South-West Nigeria. You have been invited because you participated in the answering of the questionnaire, so you are familiar with the research work.

There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we are just as interested in negative comments as positive comments, and, at times, the negative comments are the most helpful. We are tape recording the session because we do not want to miss any of your comments. People often say very helpful things in these discussion and we can not write fast enough to get them all down. We will not use any name in our report, you are assured of complete confidentiality. Well let's begin.

Guidelines

- No right or wrong answers, only differing points of view
- We are tape recording, one person speaking at a time
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- You do not need to agree with others, but you must listen respectfully as others share their views
- Rules for cellular phones and pagers if applicable. For example: we ask that you turn off your phones or pagers. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin us as quickly as you can.

My role as moderator will be to guide the discussion.

Talk to each other.

Now let us begin.

APPENDIXES

UNIVERSITY OF IBADAN, IBADAN, NIGERIA
DEPARTMENT OF ADULT EDUCATION

Ag. Head of Department
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Website: www.aante.uibadana.edu.ng

our Ref:

06-08-2012



TO WHOM IT MAY CONCERN
OLUWAMOTEMI, Christiana Adeyoola

The above named person is a doctoral student in the Department of Adult Education, University of Ibadan, Ibadan. She is currently working on her PhD thesis titled: **Socio-Environmental factors as Determinants of Emotional and Social Well-being of fostered Adolescents in South-west, Nigeria.**

Kindly, allow her to use your facilities and to administer her questionnaire to your fostered adolescents.

It will be appreciated if you can oblige her with all necessary assistance required as all information will be strictly treated with utmost confidentiality.

Thank you

Dr. O. E. Olajide
Supervisor.
UNIVERSITY OF IBADAN

Our Vision:

To be a world-class institution for academic excellence geared towards meeting societal needs.

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To expand the frontiers of knowledge through provision of excellent conditions for learning and research.
To produce graduates who are worthy in character and sound judgement.
To contribute to the transformation of society through creativity and innovation.
To serve as a dynamic custodian of society's salutary values and thus sustain its integrity.

Faculty of Education,
Department of Adult Education,
University of Ibadan,
Ibadan.
Oyo State.
12th June, 2013.

The National Director
S.O.S Children Villages Nigeria,
No 18 Church Street, off Salvation Army Road,
Opebi, Ikeja.
Lagos

Dear Sir,

REQUEST FOR ADMINISTRATION OF QUESTIONNAIRE

I am a doctoral student in the Department of Adult Education, University of Ibadan, Ibadan. I am currently working on my Ph.D thesis titled.

Socio-Environmental factors as Determinants of Emotional and Social well –being of institutionalised fostered Adolescents in south –West, Nigeria.

I will be most grateful if I can be allowed to distribute questioners among the Adolescents in the homes within Lagos and Ogun State.

Attached is a copy of my introduction letter from the University.

Thanks Sir for your anticipated cooperation.

Yours sincerely,

Oluwamotemi Christiana Adeyoola.

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duru.p@sosvillages-nigeria.org

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- Inusa-Ahmed Anth...
- Nwakaudu M.C

Referral of Researcher to Conduct a research on children and youth in Isolo and Owu-Ijebu

Inbox x

Duru P <duru.p@sosvillages-nigeria.org>

Jun 26

to me, Inusa-Ahmed, Erhumwunse, Bolanle, Niama

Dear Colleague,
Oluwanotemi, Christiana Adekoyoola, a doctoral student of the University of Ibadan has the approval of the National Director to conduct research on PhD thesis titled "Socio-Environmental Factors as Determinants of Emotional and Social Well being of Fostered Adolescents in South-West, Nigeria". She will administer questionnaire on adolescents of 12-18 years old in SOS CV, Isolo and the Youth Facility and in SOSCV, Owu-Ijebu and the Youth Facility.
Kindly orientate her about the organization and let her read and understand the undertaking for confidentiality of information which she needs to sign before the commencement of the research.
Attach to this mail is a copy of the Undertaking for Confidentiality of Information for your print.

Thanks,

~
PAUL DURU
National Education Coordinator

SOS Children's Villages Nigeria
National Office
18, Church Street
Off Salvation Road



**SOS CHILDREN'S
VILLAGES
NIGERIA**

UNDERTAKING FOR CONFIDENTIALITY OF INFORMATION WITH SOS CHILDREN'S VILLAGES NIGERIA

I, OLUWAMOTEMI Christiana Adeyoola of University of Ibadan, Ibadan do hereby wish to state that I shall abide with:

1. The principles guiding the operations in the SOS Children's Villages, Nigeria as will be told by the assigned officer
2. The principles of United Nations Convention on the Rights of the child (UNCRC) and as adapted to form the Child Rights Act, 2003 in Nigeria
3. The Child Protection Policy of the SOS Children's Villages which forbids all forms of abuse: physical, sexual, molestation, emotional, negligence, violations of privacy through encroachment or visual images without permission from authority thus:
 - a. Seek permission when taking photographs or video footage of individuals from the parent/guardian (for those children who are not of age) or from the children/youth directly
 - b. Give special consideration to photographs depicting children with disabilities.
 - c. Wherever possible, explain to the subject the likely use of the images
 - d. Never take pictures of people who say they don't want to be photographed
4. That information got from the research will be shared with SOS Children's Villages, Nigeria before publication and a copy of the research outcome will be deposited with SOS Children's Villages, Nigeria for references
5. That in the event of violation of any of the above principles in the course of the period of research which is/was found traceable to me, I shall be held responsible and the SOS Children's Villages Nigeria shall have no option than to take legal action against me.

Signature of Researcher: [Signature]
Date: 12/08/13

Signature of witness: [Signature]
Date: 12-8-13

Signature/seal of the National Director/Village Director: _____ Date: _____

<p>National Office 16, Church Street, Off Salvation Road, Opebi-Ikeja P. O. Box 660 Shomolu, Lagos, Nigeria Tel: 234-1-8929519, 7378446 E-mail: info@sosvillages-nigeria.org Website: www.sosvillages-nigeria.org</p>	<p>Isoolo Lagos 153, Mushin Road, Immediately after the Lagos State Polytechnic, Isoolo Lagos Tel: +234-1-8049830 +234-1-7938901</p>	<p>Social Centre 30, Dasu Aina Efon Street, Corcora Bus Stop, Ejigbo, Lagos, Tel: +234-1-7938901</p>	<p>Owo-Ijebu P. O. Box 492, Ijebu-Ode Ogun State</p>	<p>Gwagwalada, Abuja Dukwa Road, Gwagwalada, P. O. Box 288 FCT, Abuja Tel: +234-9-4832452, +234-9-4832452</p>	<p>Jos Kwata Zawan Bukuru Vom Road, Jos, Plateau State</p>	<p>Ibadan 11, Koso Street, Off Fagbemi, Mobi-Ring Road, Ibadan, Oyo State</p>	<p>Kaduna Plot 67, Dan-Ahaji Street - Off Zambia Road, Barnawa New Extension, Kaduna State</p>
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A loving home for every child

Faculty of Education,
Department of Adult Education,
University of Ibadan,
Ibadan
Oyo state
18th June, 2013

The Permanent Secretary
Ministry of Youth and Social Development,
Block 18 Alausa
Ikeja, Lagos



Dear Sir,

REQUEST FOR ADMINISTRATION OF QUESTIONNAIRE

I am a doctoral student in the Department of Adult Education, University of Ibadan, Ibadan. I am currently working on my PhD thesis titled.

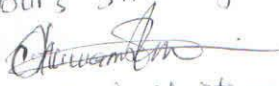
Socio-Environmental Factors as Determinants of Emotional and social Well-being of institutionalized Fostered Adolescents in South-West Nigeria

I will be most grateful if I can be allowed to distribute questionnaires among the adolescents in the homes under your control within Lagos state.

Attached is a copy of my introduction letter from the University.

Thanks for your anticipated co-operation.

Yours Sincerely


Oluwamotemi Christiana Adeyosun

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19/6/13.
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LAGOS STATE GOVERNMENT

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Office of Youth And
Social Development,
The Secretariat,
Alausa.

Date: 20/6/13

The ACSWD/C, Special Correctional centre for Boys, Dregun
The ACSWD/C, Correctional centre for Girls, Idi-Ataba
The P-S-W-D/C, Special Correctional centre for Girls, Idi-Ataba
The ACSWD/C, Correctional centre for junior Boys, Biniyele
The P-S-W-D/C Correctional Centre for Senior Boys, Bokeri

LETTER OF INTRODUCTION

RE: Research


I am directed to introduce to you Oluksimotemi Christians who is a student of University of Ibadan, Ibadan, Nigeria to undertake research on Socio-environmental factors as Determinants of Emotional and social well-being of Institutionalized fostered Adolescents in South-West Nigeria. and your Institution/Unit has been chosen for the assignment.

Kindly accord him/her necessary assistance, please.

Thank you.

Commencement Date 20/6/13

Termination Date 20/8/13


Adestina C.A. (MRS.)

For: Permanent Secretary

UNIVERSITY OF IBADAN, IBADAN, NIGERIA

DEPARTMENT OF ADULT EDUCATION

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OFFICE OF THE
 PERMANENT SECRETARY,
 MINISTRY OF WOMEN AFFAIRS &
 SOCIAL WELFARE
 24 JUN 2013

RECEIVED
 SIGN: *Cibnc*

our Ref:
 06-08-2012



TO WHOM IT MAY CONCERN CLUWAMOTEMI, Christiana Adeyoola

The above named person is a doctoral student in the Department of Adult Education, University of Ibadan, Ibadan. She is currently working on her PhD thesis titled: Socio-Environmental factors as Determinants of Emotional and Social Well-being of fostered Adolescents in South-west, Nigeria.

Kindly, allow her to use your facilities and to administer her questionnaire to your fostered adolescents.

It will be appreciated if you can oblige her with all necessary assistance required as all information will be strictly treated with utmost confidentiality.

Thank you

Wale Efec
 Dr. O. E. Jigidi
 Supervisor.

Warden

DSWD ~~for~~ *file* *24/6/13*

*Pls accord her the necessary assistance,
 AAdeyola (W/m)
 PS
 24/06/13.*

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To be a world-class institution for academic excellence geared towards meeting societal needs.

Our Mission:

To expand the frontiers of knowledge through provision of excellent conditions for learning and research
 To produce graduates who are worthy in character and sound judgement.
 To contribute to the transformation of society through creativity and innovation.
 To serve as a dynamic custodian of society's salutary values and thus sustain its integrity.