FOSTER PARENTS' PERCEPTIONS OF PSYCHOSOCIAL NEEDS OF CHILDREN IN FOSTER HOMES: EVIDENCE FROM AN URBAN TOWN IN NIGERIA

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ABSTRACT: *The aim of the study was to examine foster parents' perceptions of psychosocial needs of children in foster homes in Nsukka Urban in Enugu State of Nigeria. The study was survey research. A sample of 370 foster parents was selected for the study through simple random sampling. The reliability coefficient of the instrument used for data collection was 0.86alpha. One research question and one hypothesis guided the study. Mean and standard deviation (SD) was used to answer the research question while ANOVA was used to test the hypothesis at 0.05 level of significance. First, the study found that foster parents have positive perceptions about the psychosocial needs of children in foster homes which include the need for adequate nutritional food, water and sleep; need adequate protective and child-friendly housing; and need safe environment for leisure activities amongst others. Further, it was found that there is no statistically significant difference in the mean perceptions of male and female foster parents on psychosocial needs of children in foster homes in Nsukka Urban. Recommendations were made based on these findings.*

KEYWORDS: Foster homes, Foster Children, Foster Parents, Psychosocial Needs, Nigeria, Parents' Perceptions

INTRODUCTION

Historically, the foster care system had its beginnings in 1853 in both the United Kingdom and the United States. In the U.K. the Reverend John Armistead removed children from a workhouse in Cheshire, and placed them with foster families. The local council was legally responsible for the children and paid the foster parents for their maintenance. In the U.S. the New York Children's Aid Society founded by Charles Loring Brace started the Orphan Train Movement to help get orphaned, abused and neglected children off the streets. These children were known as the "train orphans" and taken by farmers and trades-people interested in caring for them (Crosson-Tower 2001; Lindsey, 1994; McCutcheon, 2010). Traditionally, fosterage has been long in existence in many societies of the world. Many researchers have noted that child fostering – the institution in which parents send their biological children to live with another family – is widespread in Sub-saharan Africa (Akresh, 1996). This is because in African society, children belong not only to their biological parents but also to the entire community hence, both are supposed to play significant role in the training and discipline of the child. Current trends in developing countries like Nigeria, especially in cities demonstrate a departure from the ways and manners of raising children in the past even the perceptions, ideas and attitudes toward children in pre-colonial era on fostering have been rendered

impracticable by the quest of materialism and increasing level of poverty (Okunola & Ikuomola, 2010).

In recent time, children in foster homes as a result of exposure to risk factors such as poverty, maltreatment, and other foster care experiences face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties. Providing stable and nurturing families can bolster the resilience of children in care and ameliorate negative impacts on their developmental outcomes (Harden, 2004). Foster home is a household in which a child is given parental care by someone other than its birth parent or adoptive parent (Random House Kernerman Webster's College Dictionary, 2010). In the same line of thought, Lawrence, Carlson and Egeland (2006) used the term 'foster care' to describe this setting and referred it to as a protective intervention designed to provide out of home placement to children living in at-risk home environments. In essence, the foster care social service system is designed to ameliorate adverse family and environmental conditions that may interfere with typical child development. For the purpose of this study, foster homes are considered as places other than a child's biological household where a child is being nurtured, provided for and parented for as long as circumstances would permit.

From a global perspective, United Nations (2007) in its report on implementation of the UN convention on the rights of the child in Scotland stated that in certain circumstances, a child is defined, as being under the age of 18. For example, the Protection of Children Act (Scotland) 2003, which provides for the list of people unsuitable to work with children, defines children as under the age of 18. In this study, children refer to any individual below the age of pubescence. It includes those at the childhood stage of human development. They are usually kept under the care of adults who are expected to provide a buffering relationship for them. It should be noted that criteria for placing children into foster care are not well delineated. Entry is often associated with a history of child maltreatment perpetrated by the primary caregiver, failure of primary caregivers to protect children from maltreatment by others, parental chemical addiction, psychological or physical illness of the primary caregiver, homelessness, children's behaviour problems, poor quality of the parent– child relationship, and parental abandonment of children (Arad, 2001; Curtis, 1999; Jones, 1985; United States General Accounting Office, 1995). These factors notwithstanding, all adults have the capacity to love and care for and guide children under their care. However, it is also true, that some caregivers or guardians do this more than others and the reasons for this includes but not limited to extreme poverty, stress of daily living, ill health, depression or other emotional problems. In some cases it can simply be a lack of awareness and understanding of the need for such care. Through intervention, one hopes to reactivate such capabilities if they are dormant or to encourage the caregivers to improve the quality of their caregiving by providing them with some guidance and motivation. Hence when one talks about intervening to promote better psychosocial care for children, it is not so much to teach new caring skills but more to release the innate capabilities already in the caregivers (World Health Organization, 1997).

In another line of thought, Rochat, Mitchell and Richter (2008) have observed that the most critical period of a young child's physical, cognitive, emotional and social development occurs in the first five years of life. To them, development is taking place at a rapid rate and is easily disrupted if a child's fundamental needs are not met. They are also of the view that what a child most needs during this time is a loving and stable caregiver who plays a role in fulfilling critical developmental functions in the cognitive and neurological development, language

development and socio-emotional development of the child. However, to be specific, other hings the child needs ranges from nutritious food, health care for protection from childhood illnesses, to human interactions that nurture mental and emotional development. These needs can be met through psychosocial approach. Schininá and Nuri (2010) described psychosocial approach as an interrelation between psychological and social factors, between the mind and society. A psychosocial approach, therefore, tends to respond to people's interconnected social and psychological needs, addressing them in an integrated manner. To them, working on the interconnectedness between the internal and the external, between mind and society, the psychosocial approach progressively focus on the reconstruction of individual, group, and community identities and roles. This is particularly important in situations where individual, groups and community roles are questioned, annihilated, and are frequently in need of adaptations, like in emergency displacement, return, and recovery.

For many years, as Pupavac (2001) observed, there have been much confusion over the meaning of psychosocial among aid agencies and the concept was under-theorized in academia. Psychosocial is a term involving aspects of both social and psychological behaviour (The American Heritage Medical Dictionary, 2007). In this study, the researchers considered the term 'psychosocial' to mean the psychological and social factors within an individual that interacts together to shape the individual's personality which they may be aware or unaware of. Psychosocial needs relates to a person's psychological and social requirements for survival, wellbeing and full functioning in relationship to themselves, others and their environment (Eseadi, 2014). Contributing, World Health Organization (1997, p. 5) stated that "children need a loving and secure environment for their optimum growth and development. Their physical needs must be met but at the same time their emotional and psychosocial needs also have to be fulfilled". They need love, care, attention and guidance in order to develop as stable, well-adjusted and sociable human beings. In this study, psychosocial needs refer to psychological and social concerns of an individual which when not met could result to psychological and/or social dysfunctions.

 Most foster parents seem to be unaware of what may be lacking in terms of the psychosocial needs of children under their care. They do not care to provide psychosocial support for these children. As a result, children in foster care have an overall higher mortality rate than children in the general population (Barth & Blackwell, 1998). A study conducted in Finland among current and former foster children up to age 24 found a higher mortality rate due to substance abuse, accidents, suicide and illness. The deaths due to illness were attributed to an increased incidence of acute and chronic medical conditions and developmental delays among children in foster care (Kalland, Pensola, Merilainen & Sinkkonen, 2001). A retrospective analysis of case records in government owned family welfare institutions was done by Issa and Awoyemi (2006) in Kwara state of Nigeria between 1995 and 2005. Oral interview was conducted for officer's in-charge of these institutions and the researchers found that cases of child abuse and neglect are the major reasons for child placement in foster care, and a steady rise has been noticed in spite of the existence of protective laws and regulations. This has led to an overwhelming of the available family welfare services in the state. In the United States, McCutcheon (2010) examined the historical policy context of foster care programs and also explored the reasons children enter foster care and the ways the foster care system addresses these reasons from the perspective of social workers working in a private, non-profit foster care agency. Using interviews from thirteen social workers who work with children, their families, and the foster care system, the researcher also explored the causes of foster care placement. One of the findings is that the vast majority of interviewees agreed that child abuse and neglect

is a leading cause of children entering the foster care system. Most of the interviewees supported the idea that substance abuse by parents also contributed to foster care placement. Causes such as the mental and physical illness of parents or children were found to occur less often. Therefore, negligence by foster parents could lead to several threats to children's healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties among others.

In a study of social deprivation in an orphanage in Iran, J. McVicker Hunt (1983) as cited in World Health Organization (1997, p.5) found that the children wore glum expressions, failed to play with toys and showed no interest in either things or people. The children were wary and withdrawn initiating no interaction with adults and seldom with other children. Most reached age 3 without any sign of either expressive or receptive language and during their third year, only 2 out of 25 ever used their voice for anything but crying and yelling. These children were retarded in all areas of development: language, social, emotional and intellectual skills. When the group of children who were deprived of interactive contact were compared with a group of children receiving early stimulation and social enrichment, the difference was that these children wore alert and interested expressions. They were almost always interacting with toys or people of their own choice and tended to approach with interest almost any adult who came within view. Their language development was normal, and the difference in terms of IQ points between the two groups was 47 points or 3 standard deviations. This dramatic difference as later observed by McVicker (1991) in World Health Organization (1997, p. 6) was the outcome of a simple intervention programme in which caretakers were made aware of the needs of children and instructed to respond to their needs as soon as these were expressed, to show them love and to play with them. In addition, they were instructed to imitate the cooing and babbling sounds of the babies. The personal contact was made possible by reducing the children-caregiver ratio from 35:3 to 10:3. The caregivers gradually developed a strong emotional attachment to their children which again strengthened their sensitivity to the children's needs and initiatives.

In a similar study, Lawrence, Carlson and Egeland (2006) employed prospective longitudinal data (N =189) to investigate the effects of foster care on the development of child behavior and psychological functioning taking into account baseline adaptation prior to placement and socioeconomic status at the time of placement. Comparisons were made among three groups: children who experienced foster care, those who were maltreated but remained in the home, and children who had not experienced foster care or maltreatment despite their similarly at-risk demographic characteristics. The researchers found that children placed in out of home care exhibited significant behaviour problems in comparison to children who received adequate care, and using the same pre-placement and post-placement measure of adaptation, foster care children showed elevated levels of behaviour problems following release from care. Similarly, children placed into unfamiliar foster care showed higher levels of internalizing problems compared with children reared by maltreating caregivers, children in familiar care, and children who received adequate caregiving. Their findings suggest that outcomes related to foster care may vary with type of care and beyond the effects associated with maltreatment history, baseline adaptation, and socioeconomic status.

In a related study, Allison and Robert (1999) examined the sexually and physically abused foster care children and posttraumatic stress disorder. In the study, 3 groups of foster care children were compared. The groups included 50 sexually abused, 50 physically abused, and 50 nonabused foster care children. Participants completed the Child Post-Traumatic Stress

Reaction Index, the Childhood PTSD Interview, and the Modified Stroop Procedure (MSP), which included sexual abuse and nonsexual abuse stimuli. The MSP has not been previously used in child abuse research. Results indicated that sexually and physically abused children demonstrated PTSD at a high level. The MSP discriminated between the sexually abused children with PTSD and those without PTSD. Responses to the MSP sexual abuse stimuli resulted in significantly longer color-naming times than responses to nonsexual abuse stimuli; and preadolescents demonstrated more severe PTSD than early adolescent children.

In a more recent study, Harris (2014) focused on eighteen adopted adults who have been abused or neglected within their adoptive family. The findings were drawn from a larger study of post-adoption services and suggest that the abuse and neglect of children by adoptive family members may be more common historically than has been hitherto acknowledged. This finding was considered in the context of the changes that have occurred in adoption legislation, policy and practice since these adults were placed. It highlighted barriers to effective support for abused adopted adults and discusses their support needs and by looking at one aspect of what can go wrong in adoptions – abuse and neglect perpetrated by adoptive family members – it is argued that appropriate support will not be forthcoming unless we are truly hearing what people want.

THEORETICAL FRAMEWORK

Erik Erikson's theory of psychosocial development (1950)

According to Erik Erikson in his theory of psychosocial development propounded in 1950, an individual passes through eight stages of psychosocial development. The first four stages are considered to be specifically within the scope of this study as they relates to children themselves. The stage five (Identity vs. Confusion) relates to adolescence. Stage six (Intimacy vs. Isolation) and stage seven (Generativity vs. Stagnation) relates to adulthood while stage eight (Integrity vs. Despair) relates to old age and is focused on reflecting back on life. Therefore, only the first four stages of Erickson's psychosocial theory are discussed here as in Cherry (2005).

Psychosocial Stage 1 - Trust vs. Mistrust: This first stage of Erikson's theory of psychosocial development occurs between birth and one year of age and is the most fundamental stage in life. Because an infant is utterly dependent, the development of trust is based on the dependability and quality of the child's caregivers. At this point in development, the child is utterly depending upon adult caregiver for everything – food, love, warmth, safety, nurturing. If a caregiver fails to provide adequate care and love, the child will come to feel that he/she cannot trust or depend upon the adults in his or her life. If a child successfully develops trust, he/she will feel safe and secure in the world. In the context of this study, the implication is that foster parents who are inconsistent, emotionally unavailable, or rejecting contribute to feelings of mistrust in the children they care for. This could bring about failure to develop trust on part of the foster child and will result in fear and a belief that the world is inconsistent and unpredictable. For Erikson, successful development is all about striking a balance between the two opposing sides. When this happens, foster children acquire hope, which Erikson described as 'openness to experience' tempered by some wariness that danger may be present.

Psychosocial Stage 2 - Autonomy vs. Shame and Doubt: This second stage of Erikson's theory of psychosocial development takes place during early childhood and is focused on children developing a greater sense of personal control. At this point in development, children are just starting to gain a little bit of independence. They are starting to perform basic actions on their own and making simple decisions about what they prefer. By allowing children to make choices and gain control, foster parents can help children develop a sense of autonomy. Like Freud, Erikson believed that toilet training was a vital part of this process. However, Erikson's reasoning is quite different from that of Freud's. Erikson believed that learning to control one's bodily functions leads to a feeling of control and a sense of independence. Other important events include gaining more control over food choices, toy preferences, and clothing selection. Children who successfully complete this stage feel secure and confident, while those who do not are left with a sense of inadequacy and self-doubt. Erikson believed that achieving a balance between autonomy and shame and doubt would lead to will, which is the belief that children can act with intention, within reason and limits.

Psychosocial Stage 3 - Initiative vs. Guilt: During the preschool years, children begin to assert their power and control over the world through directing play and other social interactions. Foster children who are successful at this stage feel capable and able to lead others. Those foster children who fail to acquire these skills are left with a sense of guilt, self-doubt, and lack of initiative. An understanding of this phenomenon by foster parents is essential in providing an environment of warmth and creativity for the child. This is because when an ideal balance of individual initiative and a willingness to work with others is achieved, the ego quality known as purpose emerges in the child.

Psychosocial Stage 4 - Industry vs. Inferiority: This stage covers the early school years from approximately age 5 to 11. Through social interactions, children begin to develop a sense of pride in their accomplishments and abilities. In other words, foster children who are encouraged and commended by their foster parents develop a feeling of competence and belief in their skills. Those foster children who receive little or no encouragement from foster parents will doubt their abilities to be successful. Foster parents should therefore realize that being successful at finding a balance at this stage of psychosocial development for foster children leads to the strength known as competence or a belief our own abilities to handle set tasks.

Hierarchy of Needs Theory by Abraham Maslow (1943)

Maslow's hierarchy of needs theory was propounded in 1943 by Abraham Maslow. Maslow's hierarchy of needs is often portrayed in the shape of a pyramid with most fundamental levels of needs at the bottom and the need for self-actualization at the top. The most fundamental and basic four layers of the pyramid contains what Maslow called 'deficiency needs': esteem, friendship and love, security, and physical needs. If these deficiency needs are not met –apart from the most fundamental need (physiological) – there may not be a physical indication, but the individual will feel anxious and tense (Maslow, 1943). For Maslow, the most basic level of needs must be met before the individual will strongly desire the secondary or higher level needs. Maslow coined the term "metamotivation" to describe the motivation of people who go beyond the scope of the basic needs and strive for constant betterment (Goble, 1970). With respect to this study, the emphasis is that foster parents, based on Maslow's position, understands that the child, just like themselves, has basic needs and that their most basic level of needs must be met before the child will focus motivation upon the secondary or higher level needs. In addition, foster parents are to be seen also as having the motivation to go beyond the

scope of the basic needs of the child and strive for constant betterment of such a child under their care.

Need Theory of McClelland (1988)

Need theory, also known as Three Needs Theory, proposed by psychologist David McClelland in 1988, is a motivational model that attempts to explain how the needs for achievement, power, and affiliation affect the actions of people. McClelland stated that we all have these three types of motivation regardless of age, sex, race, or culture. The type of motivation that each individual have is driven by life experiences and the opinions of their culture (McClelland, 1988). This implies that foster parents' life experiences and cultural background driven by a certain type of motivation may influence their perception of children's psychosocial needs. The trueness of this can be obtained through evidence-based research with foster parents in different settings and with varying life experiences.

Murray's System of Needs Theory (1938)

In 1938, Henry Murray propounded the system of needs theory. For Murray, human nature involved a set of universal basic needs, with individual differences on these needs leading to the uniqueness of personality through varying dispositional tendencies for each need (Murray, 1938). In other words, specific needs are more important to some than to others. Frustration of these psychological needs plays a central role in the origin of psychological pain (Shneidman, 1996). Murray differentiated each need as unique, but recognised commonalities among the needs. To Murray, one's behaviours may meet more than one need. With respect to this study, one may ponder on whether foster parents' do perceive children's psychosocial needs in manners that promotes psychological pain or in ways that would subdue psychological pain. In another way, based on Murray's viewpoint, it may be right to say that investigating foster parents' perception of children's psychosocial needs may help to explain parent's dispositional tendencies toward each psychosocial needs of their foster children.

Many studies in have been carried out in Nigeria to examine the trend and outcome of fostering practices and child labour independently as well as child labour in fostering practices, but appears to have neglected the issue of foster parents and their attitudinal tendencies in particular. In the light of these expositions, the main thrust of this study is to reach out to foster parents to examine their perceptions of psychosocial needs of children under their care. Specifically, the researchers are interested in examining foster parents' perception of the psychosocial needs of children in foster homes in Nsukka Urban of Enugu State.

RESEARCH QUESTION AND HYPOTHESIS

Research Question

What are the psychosocial needs of children in foster homes as perceived by male and female foster parents?

Hypothesis

Ho: There is no statistically significant difference in the mean perceptions of male foster parents and female foster parents on psychosocial needs of children in foster homes in Nsukka Urban.

Ha: There is statistically significant difference in the mean perceptions of male foster parents and female foster parents on psychosocial needs of children in foster homes in Nsukka Urban.

METHODOLOGY

Design of the Study

The study is survey research. According to Nworgu (2006) a survey research is one in which a group of people or items is studied by collecting and analyzing data from only a few people or items considered to be representative of the entire population. This design is considered appropriate for the study since it helped to collect data from representative sample of foster parents on the psychosocial needs of children in foster homes.

Area and Population of the Study

The study was carried out in Nsukka Urban of Enugu State. Nsukka is the headquarters of Nsukka Local Government Area. This area was chosen due to the observed decline by the researchers in psychosocial supports of children manifesting in their increasing needs deficiencies across the schools in the area. The population of the study comprised of all of the foster parents in Nsukka Urban of Enugu State. This consisted of both male and female foster parents resident in Nsukka Urban that have at least one foster child under their care. Based on the 2006 Population Census, Nsukka local government area has a population of 309,448 consisting of 149,418 males and 160,030 females (National Population Commission, 2010).

Sample and Sampling Technique

Sample of 370 foster parents (185 female foster parents and 185 male foster parents) were selected through simple random sampling. Since, simple random sampling is considered a type of probability sampling technique used for unbiased representation of a population, the technique was considered appropriate for use.

Instrument for Data Collection

The instrument for data collection was design by the researchers. It is a 10-items questionnaire entitled "Psychosocial Needs of Children in Foster Homes Questionnaire". The questionnaire has two sections – A and B. Section A sought information regarding the foster parents' gender, number of children being fostered, and duration of fosterage. Section B sought information on psychosocial needs of children. Section B is designed on a four point Likert rating scale of Agree Strongly (4, AS), Agree Mildly (3, AM), Disagree Mildly (2, DM), and Disagree Strongly (1, DS). In order to ascertain the reliability of the instrument for the study, 30 copies of the instrument were trial tested in Enugu Town, which is also an urban area. Data collected was subjected to the test of internal consistency using Cronbach Alpha method. The reliability coefficient of the instrument was 0.86alpha.

Method of Data Collection and Analysis

A total of 370 copies of the questionnaire were administered by the researchers aided by two research assistants who were briefed on method of administration and collection of the instrument. The instruments were retrieved on the spot from foster parents. Mean and standard deviation (SD) was used to answer the research question. Analysis of Variance was used to test hypothesis. The decision rule regarding the hypothesis testing is that if p-value reported is equal to or less than 0.05, the difference between group means is interpreted to be statistically significant and as such the null hypothesis is rejected. However, if the p-value reported is greater than 0.05, the difference between groups is not statistically significant, and as such the null hypothesis is not rejected.

RESULTS

The data collected in respect of items 1 – 10 of the instrument which dealt on psychosocial needs of children in foster homes were used to answer the research question and to test the hypothesis. Summary of the results is presented in table 1.

Table I: Analysis of Variance with Means (SDs) and η^2_p on Foster Parents' Perception of Psychosocial Needs of Children in Foster Homes in Nsukka Urban

Psychosocial Needs of Children	Male, n=185		Female, n=185		F(1,368)	Sig	η^2_p
	M	SD	M	SD			
Need for adequate nutritional food, water and sleep	3.32	.77	3.17	.74	3.741	.05	.010
Need adequate protective and child-friendly housing	3.42	.75	3.39	.74	.149	.70	.000
Need safe environment for leisure activities	3.34	.77	3.31	.76	.126	.72	.000
Supply of clean and adequate clothing	3.22	.82	3.26	.83	.126	.72	.000
Safety and security against adverse childhood stress	3.30	.87	3.34	.84	.144	.71	.000
Access to appropriate health care	3.19	.83	3.25	.84	.469	.49	.001
Need for love, attention and care	3.42	.75	3.39	.74	.149	.70	.000
Having significant primary relationships with parents and others	3.34	.77	3.31	.76	.126	.72	.000
Need for basic education and warm acceptance	3.22	.82	3.26	.83	.126	.72	.000
Need for protection against social exclusion due to disability	3.30	.87	3.34	.84	.144	.71	.000

η^2_p =Partial Eta Squared, M=mean, SD=Standard Deviation

With respect to the research question raised in the study, the result of data analysis showed that the foster parents have positive perception about the psychosocial needs of children in foster homes. Such needs include the need for adequate nutritional food, water and sleep; need adequate protective and child-friendly housing; need safe environment for leisure activities; supply of clean and adequate clothing; safety and security against adverse childhood stress; access to appropriate health care; need for love, attention and care; having significant primary relationships with parents and others; need for basic education and warm acceptance; and need for protection against social exclusion due to disability. This is indicated by the means and standard deviations of both male and female foster parents shown in the table 1.

With respect to the hypothesis of study, only one of the one-way ANOVA tests showed a significant difference in the perception of male (M=3.32, SD=.77) and female (M=3.17, SD=.74) foster parents on the psychosocial needs of children in foster homes, that is, the need for adequate nutritional food, water and sleep, F(1,368)=3.74, p=.05; η_p^2=.010. However, the observed effect size η_p^2 of gender on foster parents' perception of psychosocial needs of children in foster homes is too small to substantiate that it is practically significant. Other observed effect sizes for psychosocial needs of children such as need adequate protective and child-friendly housing F(1,368)=.149, p=.70; η_p^2=.000; need safe environment for leisure activities F(1,368)=.126, p=.72; η_p^2=.000; supply of clean and adequate clothing F(1,368)=.126, p=.72; η_p^2=.000; safety and security against adverse childhood stress F(1,368)=.144, p=.71; η_p^2=.000; access to appropriate health care F(1,368)=.469, p=.49; η_p^2=.001; need for love, attention and care F(1,368)=.149, p=.70; η_p^2=.000; having significant primary relationships with parents and others F(1,368)=.126, p=.72; η_p^2=.000; need for basic education and warm acceptance F(1,368)=.126, p=.72; η_p^2=.000; need for protection against social exclusion due to disability F(1,368)=.144, p=.71; η_p^2=.000, revealed non-significant differences in the perception of male and female foster parents regarding the psychosocial needs of children in foster homes. The observed effect sizes η_p^2 are small and this is indication that gender does not have significant impact in perception of psychosocial needs of children in foster homes especially among foster parents. Therefore, the hypothesis which stated that there is no significant difference in the mean perceptions of male foster parents and female foster parents on psychosocial needs of children in foster homes in Nsukka Urban is not rejected.

DISCUSSION

The study found out that foster parents have positive perceptions about the psychosocial needs of children in foster homes which include the need for adequate nutritional food, water and sleep; need adequate protective and child-friendly housing; need safe environment for leisure

activities; supply of clean and adequate clothing; safety and security against adverse childhood stress; access to appropriate health care; need for love, attention and care; having significant primary relationships with parents and others; need for basic education and warm acceptance; and need for protection against social exclusion due to disability. These were further confirmed by the finding that there is no significant difference in the mean perceptions of male foster parents and female foster parents on psychosocial needs of children in foster homes in Nsukka Urban. These findings reinforces McVicker's (1991) simple intervention programme. Since foster parents positively perceived the psychosocial needs of foster children, the implication is that if they were made aware of the needs of children and instructed to respond to their needs as soon as these were expressed, to show them love and to play with them, they would truly and gradually developed a strong emotional attachment to their children which will in turn strengthen their sensitivity to the children's needs and initiatives.

The findings also agrees with Rochat et al. (2008) that the psychosocial needs of children include nutritious food, health care for protection from childhood illnesses, and human interactions that nurture mental and emotional development. The outcomes of this study in part, explains why Rochat et al. really feel that what a child need most is a loving and stable caregiver who plays a role in fulfilling critical developmental functions. The findings provides supports to the tenets of theories on which this study is anchored on, that is, Erikson's theory of psychosocial development, Maslow's hierarchy of needs theory, Need Theory of McClelland, and Murray's System of Needs Theory.

CONCLUSION

It is concluded that foster parents do have positive perceptions regarding the psychosocial needs of the foster children. Further, the psychosocial needs of children in foster homes include the need for adequate nutritional food, water and sleep; need for adequate protective and child-friendly housing; need for safe environment for leisure activities; supply of clean and adequate clothing; safety and security against adverse childhood stress; access to appropriate health care; need for love, attention and care; having significant primary relationships with parents and others; need for basic education and warm acceptance; and need for protection against social exclusion due to disability. For the now, it is established that no statistically significant difference exist in the mean perceptions of male and female foster parents on psychosocial needs of children in foster homes, especially foster parents in urban areas.

RECOMMENDATIONS

Based on the outcome of the study, the following recommendations are made:

i. Caregivers or guardians should provide the necessary psychosocial supports to help foster children's psychological and social wellbeing.

ii. Guidance counsellors need to increase their involvement in promoting psychosocial assessments of children through counselling intervention and services.

iii. Government and Non-Governmental Organizations should promote psychosocial intervention projects targeting at-risk children in foster care homes.

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