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Foster care in Egypt: A study of policies, laws, and practice.

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School of Global Affairs and Public Policy

Foster Care in Egypt: A Study of Policies, Laws, and Practice

A Thesis Submitted to

Department of Public Policy and Administration

In partial fulfillment of the requirements for

Master's in Public Policy

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Under the supervision of Dr. Ghada Barsoum

January 2016

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Abstract:

Foster care in Egypt is regulated by Ministry of Social Solidarity according to detailed procedures of the child law no 126 for the year 1996 and its amendments of the year 2008. The system combines features of western foster care as well as adoption with the guidelines of Islamic Kafalah system. Children who are deprived from parental care for any reason are eligible to enter the foster care system. This qualitative study analysed the child law against the UN guidelines on alternative care to identify legislative and procedural gaps. It also analysed the current field practices of how placement of children with foster families take place against what is actually mentioned in the child law to identify challenges and opportunities for the enhancement of the service. The study has shown significant discrepancies between practice and national and international legislations.

Introduction & Problem Statement

Foster care has been commonly used in western countries as a care solution for children without parental or appropriate care. In Egypt, foster care is offered as a service to abandoned children through Ministry of Social Solidarity and under the name of 'alternative care/families' and is regulated by the child law no 126 for the year 2008. The Alternative Famililies is a mixed service that combines features from adoption and foster care within the guidelines of Islamic Sharia and the Kafalah system.

Child abandonement and chldren without parental care is a universal phenomenon that exists in almost all countires. Reasons for such category of children to emerge include death of one or both parents, domestic violence, or poverty. Countries have varied in developing alternative care systems to deal with these children. A mass number of literature proves that family environment is the best setting for children to achieve high developmental outcomes; which goes hand in hand with the global move away from care institutions due to the negative developmental outcomes attributed to them.

There are a number of international legislations and documents developed and universally agreed upon to guide countries in developing national systems and legislations in providing care and protection for children without parental care. The most important and well recognized international legislation is the United Nations Convention on Child Rights issued in 1989. All countries except for the United States have ratified the UNCRC and are hence obliged to put it into action. The CRC has two clear articles describing how states should promote family- based alternative care options for children without parental care. In 2013, the United Nations has developed guidelines that specifically tackles alternative care provision titled "United Nations

Guidlines on Alternative Care". These guidelines details the different aspects of alternative care and encourages states to design family- based alternative care options

The first chapter of this thesis study is the background and literature review of which I introduce the topic of children without parental care and the most common reasons for child abandonment. Then, it presents the different care options available internationally and in Islamic states as well. including residential care, adoption, foster care and kafalah. It outlines the basic features of each option and how different it is from the others. In the first chapter, I also present key available literature on different trends of child placement in an alternative family- based care option with specific focus on common assessment methodologies and post placement activities that alternative care authorities should provide to alternative families.

In the Second chapter, I present the conceptual framework of which the research is designed. I specify that my research looks into international best practice outlined in the UNGAC and how the national laws and real practices match with these practices. I specifically look on operational issues of the foster care delivery including how social workers recruit, assess, monitor and support foster parents.

In the third chapter, I conduct the first comparison between the UNGAC against the national child law and its bylaw to identify legislative gaps with regard to the operations of foster care service.

In the fourth chapter, I present the methodology and design of which the data collection is carried out. I explain why the qualitative methodology was seen as the most adequete method for the data collection. I also present the used methods in data collection as well as targeting strategies. I conclude this chapter with the ethical considerations present in the research.

In the fifth chapter, I present the findings of the data collection using the conceptual framework. Here, I conduct my second comparison between the current practices interpreted from the field work against the standards of the bylaw as well as the UNGAC.

This paper aims at evaluating the current practice and policies of the Egyptian government in alternative care provision and regulation through identifying the main re-ocurring gaps found in the Egyptian alternative care system in the different phases of placement. It will provide better understanding of the sufficiency of how public alternative care social workers recruit alternative parents, conduct necessary pre-placement assessments and provide ongoing support and monitoring of alternative parents after placement is done.

Problem Statement

In Egypt, the state heavily depends on residential care as alternative care for children without parental care. However, research has proved that residential care has negative developmental outcomes on children. Egypt provides alternative families as a Muslim-friendly form of adoption. However, the current literature ensures that there are no proper procedures, guidelines, for social workers to follow and ensure quality service provision. There is a huge gap in research to identify what are the current capacities, processes, prodecures and resources available to ensure quality service provision and how do they align with the current national and international standards. The paper will answer a set of research questions to understand how the foster care is regulated in Egypt.

1) What is the fundamental purposes, values and motives that underpins the Egyptian foster care service?

2) To what extend does the national law matches the UN Guidelines on Alternative Care?

3) To what extend does the current practices in the field match national law and UN

    Guidelines in terms of placement process of alternative parents?

    -How does social workers reach out for prospect alternative parents?

    -What are the tools and assessment models for selecting prospect alternative parents?

    -After the placement is done, how do social workers follow up on the children and what

    kind of support do they provide for alternative parents and children?

4) What are the current operational challenges faced by social workers in delivering and

maintaining quality of service?

1. Background & Literature Review

This section aims to present information on children without parental care who benefit from alternative care as well as the available alternative care options that can be provided to children. Also, this section will present background information on Egypt's policy and practice status wirh regard to alternative families. It will present the available legislations and procedures as documented within laws, bylaws and past research studies. This section will also present the available literature on different trends of adoption and foster care placement models with regard to the placement phases: recruitment of prospect parents, placement assessment and matching, post placement services.

1.1 Children without parental care

Out of home children is a universal phenomenan and has been recurring over history. UNICEF has reported that, globally, there are around 120 million of children deprived from their families due to the death of one or both of the parent, parent are not able to afford children's expenses, child abandonment, or due to violence or abuse of children. According to the international convention for child rights, states are commited to fulfill children's right to grow up in a loving and caring family or a family-like context. In case the family is unable to provide such care for one reason or another, the state is to provide support to vulnerable families or provide alternative care for the child based on what is best for him/her.

Children who are considered to be vulnerable are those outside of protective family care, whether living on the streets or in institutions, or exploited at work (Bader, 2012). Some children are pushed out of their homes or are abandoned by their parents due to poverty, abuse, or failure in education while others choose to separate from their parents specifically around the phase in which they transit to adulthood (Megahead & Cesario, 2008).

Child abandonment is a universal practice that occurs in all segments of society, and across all generations. The motivations for this practice are varied and depend on the social, religious and cultural norms of communities (Megahead & Cesario, 2008) . For centuries, biological parents have abandoned their own infants for different reasons including poverty, population control, cultural reasons, or loss of interest in parenting (Browne, Chou, & Vettor, 2006). In Egypt, three main reasons have been proved to justify child abandonment. First, parents may abandon a child due to carelessness or lack of concern interest in parenting, which causes parents to get rid of them (Sujimon, 2002).This motive commonly occurs when a child was of unwelcome gender. Second, parents may abandon a child they are unable to provide for, in hopes that a more suitable home can be found (Sujimon, 2002) .Poverty and emergencies decrease parental ability to care for a child. Self-interest or the interest of another child when inheritance or domestic resources are limited also compromise ability of the parent to care for an additional child. Third, unwanted pregnancy leads parents to let go of their children (Megahead & Cesario, 2008).

As a general rule , families are the best care provider for children. Research findings have proved that children who are deprived from intimate care at young age, suffer from prolonged consequences, resulting in increased number of what is called out of home children. Being out of home subjects children to wide range of dangers and risks. Therefore, Governments undertake various measures to ensure maximum protection of this vulnerable group such as placement of children in residential care, foster care or adoption.

 There has been historic over use of residential care until recent studies have proved that the outcomes of living in residential care on children is not positive. Currently, most of the countries are shifting or have already shifted towards investing in family- based alternative care such as foster care and adoption in which a child is placed with another family other than the biological

family. In general, family- based alternative care is considered a success when it is durable and is contributing effectively on child's development (Allison, et al., 2012). Due to its high sensitivity and importance in determing the future of children, alternative care tends to be a complex process that involves high levels of specialization, However, many factors hinder the alternative care process resulting in placement disruption and negative outcomes on children, especially in our parts of the world.

There are various international documents and legislations that outlines the states' role in establishing cares systems for children without parental care such as the United Nations Convention on Rights of the Child and its complementary guidelines on Alternative Care.

1.2 Alternative Care in the United Nations Convention on Rights of the Child:

The United Nations Convention on the Rights of the Child (UNCRC) is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities. In 1989, the United Nations issued the convention and Rights of the Child to promote the rights of the child and emphasize the role of states in preserving them. Almost all countries including Egypt have ratified the CRC except for the United States of America. The CRC is based on five basic principles:

Definition of the Child: The CRC defines the child as any individual under the age of 18 unless the local laws says otherwise.

Non- Discrimination: the articles of the CRC applies to all children regardless of their race, religion, or abilities.

Best Interest of the Child: any decision concerning the wellbeing of children should be based solely on what is in the best interest of the child

Right to Life, Survival, and Development: States should ensure quality life to children

Respect to the View of Children: Child participation should be guaranteed within different realms that involve them (UNICEF: http://www.unicef.org/crc/files/Guiding_Principles.pdf) Out of the 41 articles of child rights stated in the CRC, it has specified two articles specifically on alternative care that guide states in providing care for children without care.

Article 20

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Article 21

States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning

parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counselling as may be necessary;

(b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;

(c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;

(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;

(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavour, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs.

Furthermore, in 2012, the United Nations has developed specific guidelines on Alternative Care to enhance the implementation of the CRC ad other relevant international legislations with regards to the protection and wellbeing of children who are deprived of parental care or who are at risk of being so.

1.3 The United Nations Guidelines on Alternative Care:

The guidelines outlines standard practices of authorities in providing alternative care in general. It emphasises the states' responsibility as sole duty bearer of children without care and ensures the state's responsibilities in allocating adequate financial resources to increase alternative care

options and enhance standards of all forms of care to strengthen children's wellbeing. Care options should be able to respond to long-term, short- term and emergency situations for children without parental care.

UN Guidelines on Alternative Care also ensures that states provide quality alternative care services by qualified and certified authorities and individuals that understand importance of core concepts such as confidentiality and permanency of placements. It bases alternative care decision making on a case by case manner that depends only on the best interest of the child. Moreover, the guidelines confirms the importance of specifying individuals or authorities that are known to children without care and to whom they can refer when in need to complain. Last but not least, the guidelines reaffirms the state's role in monitoring and inspecting the quality of care provided to children in different forms of alternative care placement.

The guidelines outlines its scope to cover children who are:

"Children without parental care: all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. Children without parental care who are outside their country of habitual residence or victims of emergency situations maybe designated as:

(i)   "Unaccompanied" if they are not cared for by another relative or an adult who by law or custom is responsible for doing so; or

(ii)   (ii) "Separated" if they are separated from a previous legal or customary primary

(iii)   caregiver, but who may nevertheless be accompanied by another relative;"

1.2 Care options for Children without Parental Care:

Evidence indicates that permanent family care setting is the ideal option when a child faces separation and abandonment. Permanent family care is generally defined as the provision of unconditional, loving and nurturing commitment to a child by an adult or adults with parental roles or responsibilities that provide lifelong support to the child (Allison, et al., 2012).Therefore, decision makers should, as much as possible, provide such quality and durable care settings to children out of home. Another important consideration when identifying care options that serve the best interest of the children without care is to select care options and approaches that do not focus solely on individuals but rather focus on family and community (Allison, et al., 2012). The UN guidelines for alternative care affirms that in order for states to assume their responsibility towards children without care, states need to take all necessary measures to ensure that the legislative, policy and financial conditions exist to provide for adequate alternative care options, with priority to family- and community-based solutions. Therefore, States should ensure the availability of a range of alternative care options for emergency, short-term and long-term care. Moreover, states should ensure the quality of care provision of the different forms of alternative care they provide through competent processes, procedures and human resources. Below are the most common offered formal alternative care to children in need of care and an evaluation of how each option contributes to children's developmental outcomes as drawn from the available literature.

1.2.1 Residential Care

Up until the twentieth century children out of home were mainly cared for in residential care (del Vall & Bravo, 2013) which had always been perceived as a common method to address the needs of children who do not have families or homes (Allison, et al., 2012). Examples of

residential care is orphanages and care institutions where children live in and are cared by caregivers such as social worker. This method of protection was aimed exclusively at children, while disregarding the alarming rates of children out of home and whose families are alive and .leaves the family outside the protection equation (del Vall & Bravo, 2013)..

The literature has evidenced significant criticism of the practice of residential care as it continues to present big problems due to the low qualification of residential staff and the lack of clear intervention frameworks (Allison, et al., 2012). Moreover, it has also been proven by the literature that existing institutions for infants and young children do not contribute effectively to the children's physical, cognitive and psychosocial wellbeing (del Vall & Bravo, 2013). However, it is important to highlight the important function of residential care in dealing with complex profiles of children such as young people with serious behavioral problems or mental health disorders; children with complex behavioral problems such as aggression and violence towards foster parents and members of the family. . Therefore, one of the most important functions of residential care is to deal with adolescents with serious problems that only residential care can accommodate (del Vall & Bravo, 2013).

Much of the literature on child protection systems recommends moving toward a more "holistic" view of a child's protection needs, as children can suffer from multiple vulnerabilities and "single-issue" interventions are often viewed as less sustainable or effective (Allison, et al., 2012). Recent years have seen the appearance of a model which combines elements of dealing with the families while at the same time guaranteeing the protection of the children (Gilbert, 2014; Allison, et al, 2014).

1.2.2 Foster Care, Adoption and Kafalah:

As stated earlier, over the past few decades, countries had gradually reached the realization of the importance of placing children within family context for better development outcomes for children without care (Bader, 2012). Globally, children without parental care are left with various family- based options including foster care, adoption, and kafalah in Islamic countries. In the three care options, children live with a non- biologically related family which is responsible for the overall wellbeing of the child.. The United Nations Guidelines on Alternative Care define foster care as 'situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care'. Generally, children in foster care developed better on a variety of outcomes in comparison to those who grew in residential care, especially those children placed at younger ages (Allison, et al., 2012). The child remains under the guardianship of the state and usually the placement duration is set. Adoption, on the other hand, is not considered a form of alternative care according to the UN Guidelines for Alternative Care because adopted children are considered children with parental care. In adoption, children are in formally under the guardianship of the adoptive parents and hence enjoys the rights of biological children. Adoption addresses the right of the child to have a stable family however it ignores his/her right to get reunified with their biological parents. This is one of the most sensitive topics in child care, as it is an irreversible decision which needs a very thorough evaluation of the family and child situation (del Vall & Bravo, 2013).

Islamic Sharia prohibits adoption completely but it also encourages communities to care for orphaned children. Thus, the term Kafalah emerged of which families can foster orphaned

children within their homes without trying to formally being the child of the foster parents such as giving the child the family name or granting the child the rights of biological children such as inheritance. Egypt child welfare system developed a formal alternative care service under the name "alternative families' that is inspired by Kafalah. The alternative families system draws from a mixture of aspects of both foster care and adoption. Alternative Families are families who are willing to care for a child either voluntarily or in exchange to a monthly stipend while the child remains under the full guardianship of the state.

The above mentioned care options may be more appropriate than others for specific at-risk populations. Social workers exert effort and time to ensure that the children are living in a nurturing and supporting environment and hence flip along these options in identifying which of these options will serve the best interest of the child (Allison, et al., 2012).

There are numerous obstacles that face developing countries in establishing effective national alternative care systems such as lack of policy and ineffective or absent legislative and social service structures, poor quality of services and social and religious norms. There are common social taboos that prevent developing countries from addressing the alternative forms of care such as domestic violence and family breakdown (Allison, et al., 2012). Such social sensitivity results in an increased number of children without parental care and children on the street. In the developed countries such topics are widely discussed in the developed world and hence there are preventive family strengthening programs as well as flexible alternative care options ((Shanti , Oudenhoven, & Wazir, August 2013). Moreover, even in states that are trying to adopt policies

to support children without parental care, they are often struggling with lack of expertise and resources (Shanti , Oudenhoven, & Wazir, August 2013).

They are not sufficient as standalone policies. For example, many countries state that they are pro family-centered policy, however this statement by itself does not usually result in children leaving institutions (Allison, et al., 2012). Governments need to prove their commitment to the claimed policies by allocating needed resources to implement policies. Governments also need to provide all the necessary support for monitoring the implementation of policies. Another drawback that governments usually fall into resulting in weak outcomes on children is de-prioritization of child welfare on the governmental agenda which may stall implementation (Allison, et al., 2012). In general, evidence suggests that policies for vulnerable children and youth must be accompanied by system components, including structures, functions, services, and training to address implementation and sustainability (Allison, et al., 2012)

1.4 Trends in placement of children in foster care

Over the past decades, different family assessment tools have been developed to help child welfare professionals in the matching process. These tools are used along with other tools to minimize subjectivity. However, objectivity has been proven to be difficult to achieve since the final decision yet remains informed by the subjective judgment of child welfare professionals (Hanna & Mcroy, 2011). In this section the most commonly used assessment tools will be presented. I rely on both adoption and foster care literature since placement processes in both care settings require similar rigorous procedures.

The Hennepin County Matching Tools

The Hennepin County Matching Tools were one of the first adoption matching tools to be developed. The Tools are used in the adoption placement of children and youth. They are based on the idea that ideal child development is possible when children and youth have a sense of belonging. The tools are designed to help find a match between the characteristics and preferences of children and youth and the characteristics and preferences of prospective adoptive parents. There are three matching tools: The Caregiver Tool for prospective adoptive parents, the Child Tool, for children two years and older, and the Child under Two Tool, for infants and young toddlers (Keshkinen & Gilgun, 2005).

This tool can be used as recruitment tool for the screening of parents and to better match parents with children. It can also be used as a tool to predict and mitigate possible challenges that parents may face while caring for the child (Hanna & Mcroy, 2011).

Even though the Hennepin County matching tools are comprehensive in terms of aspects included, however, it is significantly subjective in terms of responses. For instance one of the questions in the tools is: the child has good social awareness and skills. The social worker is expected to respond with one of the following options (yes, maybe, no, unknown). There is no definition provided to what exactly is social awareness. What is "yes" to one social worker might be "maybe" to the other.

SAFE:

The second assessment tool is The Structured Analysis Family Evaluation (SAFE) home study. SAFE's methodology depends on gathering several information using different tools including two questionnaires, one autobiographical and the other designed to access family functioning; a uniform reference letter, a psychological inventory and a compatibility inventory (formally

known as matching inventory). Similar to the Hennepin Caregiver Matching Tool, the SAFE psychological inventory explores prospective adoptive parents' capacity to adopt a child with special needs; however, it differs from the Hennepin County tool in that it is completed by a social worker trained in the SAFE methodology without the involvement of prospective parents. The social worker completes the assessment after then he/she has met the family and completed the information gathering phase of the home assessment (www.safehomestudy.org). SAFE home study emphasizes on the importance of ensuring uniformity in which personal attitudes and cultures of agencies and practitioners do not interfere in family assessment. Therefore the compatibility inventory is formatted to score the child's needs side by side with the ratings of the prospective family's capacity to meet those needs on the same form. Similar to the Hennepin County tool, the Compatibility Inventory is a comprehensive list of special needs or issues that the child may have including temperament, challenging behaviors, attachment issues, stress-related behaviors, medical or emotional conditions, educational issues, and sexual behaviors (Hanna & Mcroy, 2011).

Casey Foster Family Assessments:

University of Tennessee and Casey Family Programs developed together Casey Foster Family Assessments which consists of two tools: the Casey Foster Applicant Inventory (CFAI) and the Casey Home Assessment Protocol (CHAP) (www.fosterfamilyassessment.org). . The tools allow the parents to assess themselves first and then the social worker verifies using his or her own version of tools. The two tools aim to assess the parents' motives behind fostering, psychosocial abilities, family functioning and parenting styles (Hanna & Mcroy, 2011). What is missing from

the Casey Foster Family Assessments is a child friendly tool to collect first hand opinions from children.

1.5 Trends in post placement services:

After placement takes place, social workers are required to provide strong and effective support for foster parents. Literature has shown that social workers need equip themselves with up to date literature on child development, specifically for children who had undergone difficult circumstances in order to provide realistic support to foster parents (Glaser D., 2000). However, due to lack of general knowledge of social workers, they often set high expectations from foster parents and misinterpret children's developmental outcomes that cause frustrations and may lead to placement disruption (Wright, 2009). Therefore, there is a lot of literature that specifically explore the possible post placement services that social workers can offer to foster parents. We can group post-adoption services into three basic categories: (a) educational and informational, (b) clinical, and (c) material services. Educational and informational services include providing adoptive parents with information-through literature, seminars, support groups, or the adoptive agency itself about their child or about various aspects of the adoption process (e.g., financial costs, special services offered, explaining adoption to extended family). Clinical services span a broad range and include individual, marital, and family counselling; respite care; and intensive crisis counselling, among others. In addition, families also request material services, which include adoption subsidies, health benefits, respite care, and support for temporary placement of children into residential care (M. Miller & Barth, 2000).

1.5 Alternative Care in Egypt

Egypt heavily depends on residential care to deal with orphaned children or children whose families cannot support them. Limited literature is available to understand the quality of foster care service in Egypt, however some trends were identified that capture general understanding of foster care provision. While infant abandonment in Egypt occurs for many of the same reasons as it does worldwide, the care for abandoned infants in Egypt is quite different. Islamic family law does not allow for adoption and the available care options, other than residential care, is referred to as Kafalah system. The governmental authority in Egypt clearly differentiates between legal guardianship and the fostering of orphaned children. Guardianship may only be assigned to blood relatives while fostering takes different shapes. This placement of children with foster families may be made through (1) financial support to children while they are living residential care, (2) contractual agreement with residential home to fully support children in their own home, or (3) contractual agreement with the Family and Childhood governmental administration under Ministry of Social Affairs to fully support children (Megahead & Cesario, 2008). The Egyptian family foster care system primarily addresses care of newborns that have been abandoned while older children and adolescents are placed in foster care only under rare and extreme circumstances.

1.5.1 Policy and legislation
Egypt has ratified the convention of child rights (CRC) in 1989 which emphasizes the right of the child to grow in a family setting. In time of ratification, most Muslim countries including Egypt had expressed their official reservation regarding the articles which oblige states to provide alternative care to children deprived of their families with direct reference to adoption as an option. In response to the reservations, the CRC added the option of Kafalah to accommodate

for the Islamic context. After the ratification, Egypt enacted the child law in 1996 and amended in 2008 to also promote further the act of Kafalah under the name "alternative family".

 Even before the ratification, alternative care was initiated and regulated in 1968 by a ministerial Decree No. 17 (Megahead & Cesario, 2008).The goal of both legislations was to provide social, psychological, and health care for newborn abandoned children.

The legal framework of Kafalah is often backed by religious Fatwa due to the sensitivity of the topic. Generally speaking, adoption is strictly prohibited in Islam, however Dar Alifta Al Misrryah (the sole body authorized to issue official religious rulings in Egypt) issued a fatwa in 2005 to clarify that stand of Islam with regard to adoption:

Islam encourages that children deprived of parental care should be sponsored and provided for by people acting as if they were their parents based on the Sunnah. Based on this, the responsibility of sponsoring an orphan in Islam includes all the responsibilities and duties of adoption except changing lineage, which Islam prohibits and its ensuing consequences. Allah Almighty knows best (source: Dar Alifta Al Masriah, the legal ruling for adoption).

In spite of the existence of legislative framework that guides foster care, the procedures and implementation mechanisms are not clear. Moreover, the child law does not provide necessary details on eligibility criteria and the rest of the procedures. Before 2014, children under two years were under the jurisdiction of the Ministry of Health, which made this age group not eligible to enter kafalah system (The Alternative Care System in Egypt, 2014). The main reasons of why children under two were under the supervision of MoH is due to the medical needs of this age group such as necessary vaccinations, the fragility of the babies when found and necessity of health follow ups. Moreover, the ministry of Health provides a special service for children

under two to of natural breastfeeding through Mordiat or nannies in exchange to 90 LE as monthly stipend. This practice is only based on a ministerial decree because the child law does not state clearly how to deal with children at the age of 0-24 months. In 2014, a new declaration by Ministry of Social Solidarity has moved the care of 0-24 month old children under MOSS and hence made them eligible to enter Kafalah system (The Alternative Care System in Egypt, 2014).

1.5.2 Practice

Egyptian alternative care is managed by Family and Childhood department (FCD) under the Ministry of Social Solidarity (MOSS). In each directorate, there is a FCD to carry out the alternative care program for the governorate. The practice of "alternative families" is defined as the placement of abandoned children, based on a decision of the Regional Alternative Care Committee, in the care of a family. There are no available data on the exact number of alternative families in Egypt, however a high level official at MOSS has stated in my interview with him that there are a total number of ten thousand and thirty seven families, most of them are in Greater Cairo (around 4814 families). Placement takes place until the child reaches the age of 18 or 21, if enrolled in a university or until the girl gets married. Usually, FCD suffers from lack of funding and operational support that do not allow it to perform the program in quality. For example, the annual budget for holding committee meetings has been reduced from 1400 LE to 500 LE which does not cover any transportation allowance. Therefore, the committee does not meet more often and rather waits until there is a significant number of applications for it to meet and review. Moreover, FCD staff do not have sufficient transportation methods to conduct field visits or even a reliable filing system to provide safe and confidential saving of applications and field reports (The Alternative Care System in Egypt, 2014). FCD staff are generally not encouraged to conduct field visits. Aside from the low operational budgets, according to the law,

the state should provide financial support to alternative families to help in raising the child with insignificant amount (maximum of 250 LE per month per child). However, due to the tight budgets, a practice had developed to accept only well of families who will not need the financial support. Normally, the alternative family receives minimum financial support from the Childhood and Family department, however, the majority of alternative families choose not to receive the monthly stipend (Megahead & Cesario, 2008).

Moving away from the state's financial capacity in alternative care provision, the technical capacity also forms a major challenge. The Central FCD office does not offer a standardized procedural guidelines to specify criteria of selection or required documents. Therefore, FCD offices in different directorates improvise their own standards and selection criteria that sometimes may be totally different than what the law or the bylaws stipulate. For instance, some FCD require medical report that proves the infertility of parents which is not at all stated in any piece of legislation. The website for the Ministry of Social Affairs state that it takes up to three months for the committee to make a decision regarding alternative care applications the three months period is not set as a Foster families are visited monthly by a foster care social worker, with six month reports to the Regional Foster Care Committee. No much information is available regarding the quality of placement process (The Alternative Care System in Egypt, 2014).

2. Conceptual Framework:

In this section, I will present the conceptual framework of which the thesis is written and presented. I will use the UN Guidelines for Alternative Care (UNGAC) as the main reference in assessing the quality of placement process of foster care, or alternative families' service in terms of national legislations as well as real practices. In order for me to do that, I will first compare the UNGAC with the alternative care chapter in the bylaw of the child law in an attempt to identify similarities and gaps of national legislations. Then, I will compare the current practices that are identified in the data collected with the national law as well as the UNGAC.

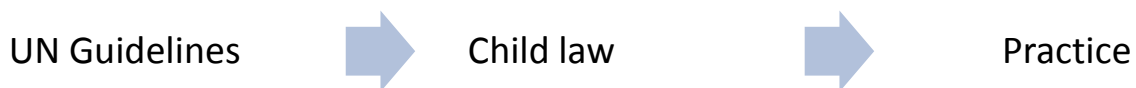The two levels of comparison will be based on the below diagram:

Diagram 1:

UN Guidelines ➡ Child law ➡ Practice

Diagram 2:

Recruitment of prospect parents ➡ Placement assessment and matching ➡ Post assessment services: support and monitoring ➡ safe premanancy
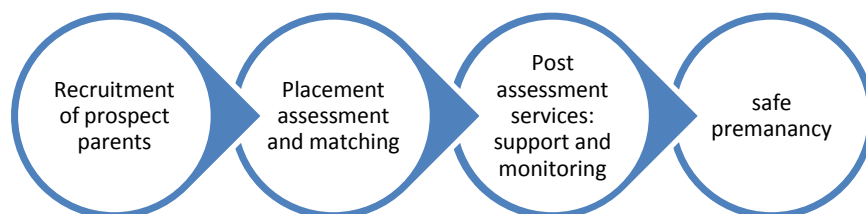
Diagram 2 illustrates the three phases of alternative families' placement and will be the framework of which the study results will be presented. In order for a child to be safely and permanently placed with an alternative family, social workers need to go through a specialized process that require high level of quality. The process depends heavily on having qualified and sufficient number of social workers who carry out the service based on a clear and detailed procedural guidelines that highlights how placement process works. It must be well outlined that the main objective of alternative families' placement process is to ensure the safety and permanence of children placement with alternative parents. The process starts with promotional activities that aims at recruiting prospect parents and raising awareness in general on the service. Then, after prospect alternative parents apply to the service, social workers are expected to conduct a rigorous assessment process to ensure the eligibility of applicants and quality matching of children with parents. Then, after placement is done based on maximum objectivity in decision making and on best- interest of the child, social workers should provide post placement services to alternative parents that help them better care for children. These services also aim at mitigating any placement disruption that may occur. Also, social workers should closely and regularly monitor the quality of care and protection that alternative parents are providing to children. In some cases, civil society can complement the role of the government in the different phases of service delivery. The role of civil society varies according to the capacity of civil society as well as the willingness of the governmental entity in cooperating with civil society.

3. UN Guidelines versus national bylaws:

In this section, I will compare the current national regulations of alternative care services as detailed in the bylaw of the child law against the articles of UN guidelines for alternative care.

The purpose of this comparison is to identify the areas of strengths and gaps found in the national legislations.

3.1 Purpose of service:

The UNGAC has identified the goal of alternative care is to provide children with permanent stability and love and should be the basis of decision making.

> Decisions regarding children in alternative care, including those in informal care, should have due regard for the importance of ensuring children a stable home and of meeting their basic need for safe and continuous attachment to their caregivers, with permanency generally being a key goal.

The objective of alternative care in the national bylaws agrees with the essence of what is stated in the UNGAG

> The objective of alternative care is to provide comprehensive services (health, psychosocial, vocational) of children above two years old who are abandoned.

What is missing in the bylaw is the acknowledgment of permanency and attachment as success indicator for the service provision.

3.2 Recruitment:

> The location and/or design of the agency responsible for the oversight of alternative care should be established so as to maximize its accessibility to those who require the services provided.

The UNGAC suggests that authorities should have accredited foster parents ready to care for children.

119. A pool of accredited foster carers should be identified in each locality who can provide children with care and protection while maintaining ties to family, community and cultural group

This means that foster care authority should execute ongoing recruitment of foster parents. In the bylaw, there is no mention to the recruitment of parents. Instead, the service is delivered on demand. Meaning that the service starts when parents apply to foster for a child that they choose in one of the care institutions or orphanages. The bylaw sets eligibility criteria of which parents are selected against:

Married couple for at least 5 years with age range between (25- 55 years) and who care for maximum of two children.

At least 45 year for single women.

Same religion of the child and live in an appropriate neighbourhood.

Agrees to cooperate with FCD during monitoring visits and in setting the childcare plan.

Stipends should not be the motive behind fostering children

Both the bylaw and the UNGAC encourage the safeguarding of child's identity and cultural/religious affiliations during selection of foster families. Moreover, the UNGAC suggests that religious and cultural aspects should be broadly discusses with the involvement of religious and cultural leaders as well as other stakeholders. This practice is also encouraged by the bylaw that controversial issues should be discussed case by case by a specific committee.

75. Cultural and religious practices regarding the provision of alternative care, including those related to gender perspectives, should be respected and promoted to the extent that they can be shown to be consistent with the rights and best interests of the children. The

process of considering whether such practices should be promoted should be carried out in a broadly participatory way, involving the cultural and religious leaders concerned, professionals and those caring for children without parental care, parents and other relevant stakeholders, as well as the children themselves (UNGAC).

3.3 Assessment:

The UNGAC emphasizes on using strong placement assessment tools, structures and mechanisms that involves diverse team for the decision making of cases. The assessment process should also involve children and their legal guardians or caregivers for consultations. The assessment phase should pay attention to the child's immediate as well as long term developmental needs. It should also consider the child's "personal and developmental characteristics, ethnic, cultural, linguistic and religious background, family and social environment, medical history and any special needs" UNGAC.

According to the national bylaw, the assessment process is a method to validate that parents fit the eligibility criteria for entering the system. It requires social workers to conduct a social assessment within a time frame of two weeks to assess the foster parents' social, financial, behavioural status. The proposed mechanism for the assessment meets what is proposed in the UNGAC; decisions should be made by a diverse committee that involves representatives from health, education, MOSS, security. The objective of this committee is to reach placement decisions after assessing applications and social assessments.

 The fact that the assessment process should take maximum two weeks indicate that social workers do not have enough time to conduct rigorous assessment that includes all aspects

mentioned in the bylaw. It also indicates that there is limited time to consult with the different parties namely children and their current caregivers.

Another point in the bylaw that collides with UNGAC, is the discouragement of caring for siblings. The bylaw refuses to provide siblings to the same parents unless the committee approves. However, the UNGAC highly encourages keeping siblings together with the same family.

> Siblings with existing bonds should in principle not be separated by placements in alternative care unless there is a clear risk of abuse or other justification in the best interests of the child. In any case, every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests.

3.4 Placement planning:

Once a decision is made, UNGAC states that child care plan should be developed according to the results of assessment. The purpose of care plans is to ensure that the child's placement is safe, meets developmental needs and is not disrupted. The care plan should include specific objectives and measures of how to achieve them. The UNGAC also ensures that "all care provision should be based on written statement of the provider's aims and objectives in providing the service and the nature of the provider's responsibilities to the child that reflects the standards set by the Convention on the Rights of the Child,2 the present Guidelines and applicable law" UNGAC. The bylaw does not mention at all childcare planning as a step towards safe and long placement. It only states that a social worker should cooperate with the parents for the overall wellbeing of the child.

The bylaw obliges parents and FCD to sign a childcare contract that contains roles and responsibilities throughout the placement process, which somehow meets the UNGAC proposed "written statement".

The UNGAC tackles the transition phase in more details compared to the bylaw. The guidelines ensures that the child should be "prepared for all changes of care settings resulting from planning and review processes". It also ensures sensitive and child friendly transfer of the child into the new care setting. The bylaw, on the other hand, does not include any articles with regard to what should be done during the transition phase. It only mentions that the child should move with the parents once the childcare contract is signed.

3.5 Monitoring:

Monitoring of placement is one of the most critical roles of foster care authorities that is emphasized in the UNGAC as well as the national bylaw. The guidelines regular reviews every three months (at least) that looks at the quality of care provided to the child and progress in personal development. The bylaw also requires FCD to conduct monthly visit to the child to learn about any emerging issues and support foster parents in resolving them.

Different articles in the UNGAC stresses on importance of monitoring the safety of children from abuse and trafficking, which is an element absent from the bylaw.

> children must be treated with dignity and respect at all times and must benefit from effective protection from abuse, neglect and all forms of exploitation, whether on the part of care providers, peers or third parties, in whatever care setting they may find themselves.

3.5 Post placement services:

Providing support to alternative parents during placement is one of the important roles that social workers should play to prevent disruptions. Options of support vary according to the responsiveness and need of parents. Social workers can provide alternative parents with the tools they need to parent children who are placed in their homes such as learning effective skills in child behavior management (Blakey, et al., 2012). Research has shown that placing foster children with highly trained and supervised alternative parents is linked to reduction in both behavior problems and placement disruptions (Blakey, et al., 2012). In foster care, some studies have looked at whether increasing foster parents' monthly stipends or providing other kinds of support would decrease placement disruptions and results have shown that a combination of financial support, training, and specialized support, compared to providing just a stipend, resulted in almost two-thirds fewer dropouts of foster parents (Blakey, et al., 2012). Reducing the disruption rates for a child is an important target for any social worker, but services need also to ensure that alternative parents and their family are well supported. Some studies strongly suggest that alternative parents should not be forced to continue caring for a child if they have reached their emotional limit and cannot continue in order to reduce disruption rates since it will not bring benefit to the alternative family or to the child. Instead, the focus should be in understanding the needs of alternative families in a timely manner and that they are provided with necessary support and motivation to mitigate any possible crisis (Wright, 2009).

The UNGAC includes several articles on provision of post placement services. First, it states that authorities should provide trainings to foster care parents on how to better care for children

before and during placement takes place. The bylaw also encourages social workers to organize capacity building opportunities for foster parents.

Special preparation, support and counselling services for foster carers should be developed and made available to carers at regular intervals, before, during and after the placement, article 120, UNGAC.

Second, the UNGAC encourages the spirit of information sharing and coordination among the different agencies and individuals concerned with the child's care. The bylaw, on the other hand, does not explicitly encourage networking and coordination.

Third, the UNGAC states that children placed in alternative care should remain in contact with their previous caregivers, friends, and neighbours and should have access to information of their situation. The guidelines also reassures the importance of maintaining ties between children and their parents who are imprisoned or suffer from chronic illness. The bylaw, however, does not include any articles that points out maintaining ties with the child's previous caregivers or community.

When a child is placed in alternative care, contact with his/her family, as well as with other persons close to him or her, such as friends, neighbours and previous carers, should be encouraged and facilitated, in keeping with the child's protection and best interests. The child should have access to information on the situation of his/her family members in the absence of contact with them. UNGAC

States should pay special attention to ensuring that children in alternative care because of parental imprisonment or prolonged hospitalization have the opportunity to maintain contact with their parents and receive any necessary counselling and support in that regard.- article 82, UNGAC

Fourth, the guidelines requires foster care authorities to identify mechanism of which children can easily access to report complaints and provide general feedback on the quality of care provided. The mechanism should be accessible and effective in looking into feedback.

Children in care should have access to a known, effective and impartial mechanism whereby they can notify complaints or concerns regarding their treatment or conditions of placement. Such mechanisms should include initial consultation, feedback, implementation and further consultation. Young people with previous care experience should be involved in this process, due weight being given to their opinio**ns. Article 99, UNGAC**

Finally, the guidelines requires states to encourage "the establishment of associations of foster carers that can provide important mutual support and contribute to practice and policy development" (UNGAC, article 122). This crucial requirement is absent from the bylaw. The bylaw does not identify roles of non-governmental associations that are active in the field of alternative care.

3.7 Operations:

Foster care is a sensitive and complex service that involves various operational details that have been proved by the literature review to influence the quality of service. This section will discuss a number of operational issues that are mentioned in the literature review, UNGAC as well as the bylaw.

First of all, foster car service authorities should develop standards operations procedures that details preferable practices of the entire delivery process. The SOPs should be developed in light of the available international and national legislations and should outline methods and measures for implementation.

> All agencies and facilities should have written policy and practice statements, consistent with the present Guidelines, setting out clearly their aims, policies, methods and the standards applied for the recruitment, monitoring, supervision and evaluation of qualified and suitable carers to ensure that those aims are met (UNGAC, article 106).

In Egypt, the bylaw is considered to be the national legislation as well as the local standards of operations procedures and there aren't any supporting documents or methods to further illustrate aspects of delivery. However, the bylaw has detailed the specific roles of social workers with regard to placement of children as well as the specific roles of the supervisors in providing over sight and support to social workers.

One of the main aspects that should be clarified by the SOPs is a staff code of conduct that defines roles and responsibilities of each professional and of the foster carers with a clear reporting mechanism in cases of allegations of misconduct, UNGAC.

Second, the foster care authority should clarify and articulate its stands regarding confidentiality. Privacy of data and confidentiality of individuals involved in foster care are two crucial aspects

that are well recognized and articulated by both the guidelines and the bylaw. Both documents have several articles on promoting the value of confidentiality and identifying individuals that have access to children's files. The guidelines, however, requires authorities to formulate the value of confidentiality into a clear policy, which is not mentioned in the bylaw.

> All alternative care services should have a clear policy on maintaining the confidentiality of information pertaining to each child, which all carers are aware of and adhere to.
> Article 112, UNGAC.

Third, literature has assured the level of competency of social workers to the quality of service delivered.

The UNGAC has mentioned several times the authority's roles in recruiting and retaining of qualified staff to carry out the service.

> As a matter of good practice, all agencies and facilities should systematically ensure that, prior to employment, carers and other staff in direct contact with children undergo an appropriate and comprehensive assessment of their suitability to work with children.

The bylaw, on the other hand, does not include any articles with regard to recruitment since it is a public service and hence is carried out by public workers. These public workers are hired according to the governmental general recruitment policy. The bylaw however agrees with the UNGAC on the necessity of offering specialized trainings to staff to build their capacities on how to better deliver and monitor foster care.

Third, foster care authorities should provide staff with an enabling working environment, including proper remuneration that maximizes their productivity and effectiveness; another point that is stressed by the UNGAC but is missing from the bylaw.

Conditions of work, including remuneration, for carers employed by agencies and facilities should be such as to maximize motivation, job satisfaction and continuity, and hence their disposition to fulfil their role in the most appropriate and effective manner (UNGAC, article 114).

4. Methodology & Ethical Considerations:

Methodology

This paper aims to evaluate the current placement system that the ministry of social solidarity follows in running the foster care service (Alternative Families). The framework of which the system will be evaluated through derives from the best practices that are captured in the literature review and also the analysis of comparing the national law against the UN Guidelines on Alternative Care. In order to answer the main research question, a field study employing qualitative research method seemed to be the most appropriate approach. I conducted semi-structured interviews with the social workers employed at Family and Childhood unit Moreover, I carried out 'expert interviews' with key informants in the field of alternative care in Egypt including representatives from the key active non- governmental organizations that work on promoting foster care in Egypt. These interviews were held prior to the field study to get oriented to the overall picture of alternative care in Egypt. I also used the data of experts' interviews to validate the findings derived from the interviews with social workers.

Furthermore, this study draws on a variety of secondary data sources including: 1) A *desk review* of the available relative literature. 2) *Document analysis* through reviewing the documents and the records used by FCD in conducting placements.

Sampling

Since all governorates follow the same policies and procedures as set by the general of Family and Childhood department, I used purposeful sampling and selected Cairo as a case study for understanding practices of alternative care in Egypt since it has the highest number of foster families in Egypt. The FCD divides Cairo operationally into four district: Sharq, Gharb, Wasat, Ganoub with total of thirty six sub- districts. I interviewed a social worker in each of the four districts as well as one supervisor and the department manager. On the central level, I interviewed the minister's advisor on alternative care to understand how alternative care is being managed at macro- level. As for the documents review, I had the chance to review the forms and assessment tools used by social workers in providing alternative care service. I also interviewed the alternative care focal point of, one of the most active local organizations in Egypt. I also interviewed alternative care manager at the only active international NGO in the field of foster care in Egypt.

In order to facilitate and formalize my access to MOSS, I applied for approval letter from the ministry's security department. I submitted a summary of my research proposal, a copy of my university ID as well as a letter from the Dean to strengthen my application. Upon three weeks from my application, I received the approval letter which indeed facilitated my field work.

Ethical Considerations

The research will deal with sensitive and confidential personal data of alternative parents and children. Therefore, during the data collection phase, I communicated from the early beginning that I can only review and discuss cases that are not identified. Out of the six interviews conducted with the social workers and supervisors, three of them were proactive in ensuring the confidentiality of data discussed during the interview. However, in the remaining three

interviews, I had to frequently remind the interviewee to disguise names and remove personal data from files that I review.

Before the data collection started, I applied and acquired for IRB approval. I used verbal consent form from all informants prior the beginning of the interview. I shared the purpose of the interview and research. I also shared operational details on length on type of interview. I made it clear that the data shared will only be used for the purpose of this research and will be used anonymously.

5. Data Analysis and Research Findings

5.1 Findings and Discussion

In this chapter I present, analyze and discuss data collected from the semi-structured in-depth interviews conducted with informants as part of this study. The interviews rendered rich data which are linked and triangulated to existing literature and previous research. The findings below reflect recurrent data, concepts and patterns from all participants.

As a result of the rich data collected from interviews, the findings presented in this chapter successfully address the five research questions set for this study, as well as provide additional insights related to alternative care practice in Egypt. This research piece will be a significant contribution to existing literature, as well as stimulate further research in the topic.

Below is a table to illustrate the coding used to refer to informants throughout this section:

NGO Rep.1	NGO representative number 1	Interview conducted on 7 September 2015
NGO Rep.2	NGO representative number 2	Interview conducted on 10 September 2015
SW1	FCD social worker #1	Interview conducted on 2 November 2015
SW2	FCD social worker #2	Interview conducted on 9 November 2015
SW3	FCD social worker #3	Interview conducted on 16 November 2015
SW4	FCD social worker # 4	Interview conducted on 23

		November 2015
SV	FCD Cairo supervisor social worker	Interview conducted on 9 November 2015
CM	FCD Cairo manager	Interview conducted on 9 November 2015
M.A	Minister of Social Solidarity Advisor on alternative Care	Interview conducted on 31st August 2015

5.1 Definition of Alternative Care Service:

Almost all respondents said that alternative care is a service that is provided to families who cannot conceive for any reason and who would want to care for children.

SW2: "alternative care is service that allows couples who God did not gift them with children to raise a child at their home".

The social worker described the service as a mean for infertile couples to have children. It is noticeable that social workers described alternative family as a service for families and not service for children without parental care.

5.2 Placement Process:

In this section, I will present the research findings with regards to the different phases of placement process. I will link the practices derived from the semi- structured interviews with what national bylaws state on alternative system as well as with the best practices that are included in the conceptual framework and literature review.

5.2.1 Recruitment of Alternative Parent and eligibility criteria for parents and children

Ministry of Social Solidarity handles solely the overall service delivery of foster care with conditional external support. According to the social workers, it is not their role to advertise for the service. This reality was supported by the fact that there are no communications materials or information sheets available for the public to describe the service. When I asked if I am a parent and I need a brochure that describes the requirements they said that this is not available and that they would tell me orally the required documents along with all the details that I might need as a prospect alternative parent. Moreover, the advisor of Minister on alternative care confirmed that promotional activities should be carried out by civil society who are active in the community and who has better outreach potential.

M.A: "we made an agreement with Orman NGO to carry out promotional activities in mass media".

The minister's advisor clarified that the ministry has signed protocols with active NGOs to carry out the promotional activities.

Other than promotional activities, NGOs seem to have additional role in preparing prospect parent into getting an approval from MOSS.

NGO Rep1: "Usually parents approach us to get support in being alternative parents. They usually choose a child from our orphanages and ask us to help them in formally fostering them in their homes. We support parents in preparing their documents and give them tips on how to approach FCD to receive the approval."

The NGOs are considered a backstop for prospect parents to walk them through the placement process.

When respondents were asked how they receive applications, social workers confirmed that there are no outreach activities conducted by MOSS. They usually receive applicants through referrals from NGOs, orphanages and police stations. When I asked social workers to show me a copy of the application form two of them confirmed that there is no application form, while the other two showed me a one page application form. There is a FCD office in each district and so parents should approach the FCD department within their residential area.

SW3: "We tell parents the standard content of the application and they just handwrite and sign it. There is no specific application form. We then ask them to prepare the required documents".

Not all social workers seemed to know that there is a formal application that parents should fill. The ones who were unaware of it said that parents handwrite a piece of paper requesting to foster a child.

Social workers agreed that all required documents should be ready prior entering the parents' application to assessment. The required documents are: ID of both parents with current residence address, apartment contract, parents' salary statement, social insurance number, medical report ensuring the inability of parents to give birth, signed ratification of both parent that they do not have children, signed ratification from the father that he is not married to another woman, signed ratification from a third party. Two social workers said that she also asks for the criminal page of parents and also asks for the fingerprint of the child to be in the application. The interviews have proved that social workers require parents to submit additional documents that are not required by the bylaw. For example, the bylaw does not specify the status of residence whether owned or

rented but the practice is that social workers prefer if parents are living in an owned apartment or at least an open ended rent contract.

SW4: the idea is that I need to acquire as much evidence as possible. The more documents I collect the better the situation. Because I need to make sure that the parents are serious about fostering a child.

SW 3: "the new type of rented apartments is not secure; parents can be out of an apartment in two years. Owned apartments is much more secure. Sometimes we approve if the rent is up to at least 5 years. But they rented apartments for less than that is not preferred".

The above response proves that social workers request extra documents as well as extra conditions in order for parents' to gain the trust of social workers.

A second apparent disconnection between the bylaws and the current practice is the necessity of parents to provide a medical report that confirms their inability to conceive. According to the bylaw, parents should be married for at least five years before they can foster children. However, in practice, parents should be married *childless* for at least five years before they can foster children. The bylaw tries to ensure the stability of marriage while practice tries to ensure that parents have failed to give birth.

The current bylaw states that parents should be between the ages of 25 to 55 and if a single woman wants to foster a child, she should be at least 45 years old. However, according to the advisor of minister said that the age range has changed for married couples to be up to 60 years and the age of single women has decreased to at least 30 years. This is part of the current amendments undertaken by the central committee on alternative care. The four social workers

were unaware of the presence of central committee and consequently they are unaware of any changes in the bylaw.

As for the children, social workers confirmed that they have to make sure that children are orphans or can never be united to their biological parents.

SW1: "We cannot put children whose parents are known into the alternative families system. It will be very problematic when biological parents demand their children back. After all, they are the real parents. This will only bring us all drama that we do not need".

The bylaw however generalizes the service to serve children who are lost and can't reach their parents, orphaned children, children who cannot be cared by their parents for any reason. As for the children's age, there is no restriction in practice of towards age since it depends on the preference of parents.

SW4: Parents usually prefer young children so that they build a connection with them from the beginning. Some also prefer at the age of two so if they both work so that they can leave the child in a nursery in the morning. We sometimes get applications from parents who want older children who are at their teenage. To be honest with you this is creepy to us. Why would parents want a child at the age of 15? We usually refuse because we fear that they might want them to work".

The NGO representative said that foster parents usually prefer girls than boys and they usually prefer "cute" babies. The FCD social workers confirmed that girls are more likely to be fostered because in cases of boys they are not "mehrem" so it would be "uncomfortable to live with the boy" SW3.

5.2.2 Assessment and matching

After the file of applicants is complete, the social worker within the district FCD starts the social assessment process. According to the bylaw, the social assessment is supposed to verify that parents meet the set criteria. In practice, the social assessment process starts with the social worker's interview with parents to gather information on the social situation of parents. The interview can take place inside the office and then is continued during a home study that the social worker conducts.

SW2: "in the social assessment we try to be indirectly collect data from parents during our home study. I ask her on when was the last time she visited a doctor and if she has any problems with her neighbors. Then after I chat with the parents, I go back to the office and fill in the social assessment form".

As for the quality of assessment phase, I managed to acquire a copy of the social assessment form and hereunder is a summary of its components:

(Names of parents, name of child, gender of child, marriage history, educational level of parents, medical history, area of residence, parents' relations with neighbors, recommendation of social worker).

According to the literature review, placement of the right children with the right families might be the toughest yet most important phase of the foster care process and that disruption of placement of children in foster care is strongly associated to the quality of work done during the placement phase (Blakey, et al., 2012). From the gathered data, there are a number of significant issues that can be concluded. First, it is apparent that the social assessment tool focus on assessing the financial and social statues. While the Literature confirms that lack of economic

resources has been associated to maltreatment of foster children in family foster care (Orme, et al., 2004). However, it has also proved that it is vital to assess the psychological wellbeing of parents along with parents' personal attitudes and readiness. The different assessment methodologies discussed in the literature review include psychometric assessments to validate the psychological wellbeing of parents. I asked the four social workers on how do they ensure the psychosocial wellbeing of parents and the four of them said that they can easily detect psychological disorders during the interview.

SW2: "you can easily tell by the appearance if parents have psychological problems or not. Also, smart probing in asking questions reveal the reality. We have been doing this job for years and we have gained the sense and experience that allows us to easily tell if there is something creepy with the parents or not".

Second, the literature review has noted the negative impact of subjectivity and how assessment tools need be sophisticated to some extent to minimize likelihood of a subjectivity. The tool is a set of open ended questions that depend merely on the social worker's professional and personal judgement. For example, in one of the social assessment forms the social worker replied to the question on "medical situation of the mother" with "good". The tool does not allow social worker to objectively assess the different aspects of the families' situation. Third, the social assessment tool is conducted to parents only and there is no equivalent tool to assess the child's developmental situation and aspirations. Fourth, the social assessment tool is directed only with parents and it disregards the extended families or close community members as encouraged by the literature (Delgado & Pinto, 2011).

After the tool has been filled by the social worker either after a home study or an interview in the office, the social worker includes his/her opinion with regard to the placement decision. Then, all

cases are presented during an area meeting to discuss the placement and the assessment. As stated in the methodology, Cairo governorate has a total of 36 districts and is divided operationally into four areas. Every month, a technical meeting is conducted with each area to discuss the new applications. The meeting is attended by the social workers who conducted the assessment, a senior social worker from the directorate level and the head of FCD in Cairo governorate. In this meeting social workers present their cases and provide a recommendation of placement. The supervisors start discussing case by case and together reach a decision. Afterwards, another meeting is conducted by a local committee consisting of : representative of health, education, Azhar, legal department, and civil society. This committee is composed according to the bylaw and its role is to take decisions in case by case manner to reach approval or declining of placement. During this committee, the representative of MOSS present all cases from the four areas and also present the ministry's suggested decision for each case. Then, the committee members ask necessary questions and according to discussions and based on majority's votes, a decision is made.

SV: "the committee is composed of a diverse representation of relevant governmental authorities. The purpose of the committee is to eliminate any subjectivity and to make sure that the decision is made after we have paid attention to all dimensions of the case whether education, health or religious".

While the committee as an idea is beneficial because it does eliminate the element of subjectivity in decision making, however, the fact that the whole assessment process is done by one social worker while using a weak assessment tool is sufficient to guarantee a subjective decision.

According to the UN Guidelines on Alternative Care, all decisions should be made on the basis of the best interest of the child. When I asked social workers on what is their definition of best interest of the child the answers revolved around financial security and stability of parents. They also attributed the best interest of the child to the type of apartment the child will live in.

SW2: "I don't exactly know what this term means but I know that all decisions should consider the different aspects of the child's wellbeing. The most important standard to me is that the child is living with rich parents who can attend to his or her needs. These children are very vulnerable and they need security. This security will only be granted if the parents secure the future of the child by specifying money for him or her when they grow up".

SW1: "to me the most important standard or requirement on which I base my placement decision is the type of residence the child will live in. I have to ask if the child will have his or her own rom that is separate from the parents. I have to check the quality of the room and the furniture. The child should feel comfortable while living in his or her new home".

5.2.3 Monitoring

According to the guidelines on alternative care, authorized agencies should monitor the wellbeing of the child and the status of the child at least once every three months. According to the national bylaw, monitoring takes place every month. The guidelines ensures that states should identify an independent body for monitoring to regularly investigate the protection of child's rights within their care settings. In practice, FCD is also responsible for monitoring the quality of placement. I asked the senior social worker who is in charge of supervising the local social workers on the real frequency of field monitoring and she said:

SV: "theoretically, social workers should pay a monthly visit to the parents. But in reality, we know as supervisors that this is not the case. Many social workers contact parents via telephone and ask about the child updates. We also know that some of them just make up the report". When I asked about the administrative penalties for the obvious violation of the bylaw the response was that social workers are deprived from any financial support which is why they do not blame them.

"I cannot blame them. The ministry used to provide social workers with transportation allowance for every visit and recently it got cancelled. Even though each social worker follows up with families within her working area, nevertheless it is still a financial burden on her specifically that the monthly salary is already low".

When I asked the advisor of minister on what is the ministry doing with regard to transportation allowance the response was that it is a national problem that all ministries are suffering from.

"This is a national problem. We cannot do anything about it. There can be no increase in salaries and also no increase in perdiems or transportation allowances. This is the case in all ministries, not just us".

As for the monitoring tool that is used, I had the chance to review it and it is not different than the social assessment form. It asks open questions regarding the medical and educational progress of the child as well as if there are any behavioral problems. It asks the general feedback of the social worker from the visit. The applications that I reviewed had very short answers that are vague such as "medical progress is good" with no clarification on what "good" means.

The interviews have noted that some parents who happen to be celebrities or "VIP" as described by one of the social workers can get an informal waiver from a senior official at central level to skip the monitoring process.

5.3 Confidentiality and Privacy of documents:

According to the literature review, ensuring confidentiality is one of the main competencies of a qualified social worker. Confidentiality is essential in the general interaction between social worker, parents and children. Moreover, social workers are expected to work with a strict information system that ensures the privacy of data. Two out of the four social workers I interviewed ensured that confidentiality is one of the most important part of their jobs. This was reflected in how both kept the files of children coded. Also, when I asked to review the applications, these two social workers made sure that the basic information of children and their parents is hidden from me. On the other hand, the other two social workers did not mention confidentiality measures while working with families. They handed me random files of children that are titled with the children's names. I had to ask for the removal of basic information and pictures before I can review the file.

Another area where confidentiality is questioned is during the one to one interaction between parents and social workers throughout the placement process. The four offices that I visited were not at all hospitable for a confidential meeting to take place. Social workers share office with other social workers and there are no private meeting rooms. When asked how social workers preserve confidentiality one of them said that some interviews take place in office while others take place at the parents' home.

SW1: "Some social workers do interviews in office but I prefer having all the interview at home so that we have privacy. I am careful not to spill out confidential data".

Even though some social workers conduct the whole interview during the home study, it is noticeable that the primary visits of parents during application phase is also done in public without having a proper space for questions and answers or for submitting applications. In fact, during my interview with the social worker in her office with the presence of seven other colleagues, a parent arrived. They had the full conversation on the child's status in front of everyone in the room.

5.4 Post- placement support and issues

According to the literature review and the UN guidelines on alternative care, the relationship between social worker and the family after placement takes place is important to maintain a safe and permanent placement. In Egypt, however, the only relationship that links the social worker with foster parents is during the monitoring visits or phone calls. The Literature has noted several necessary activities that social workers need to conduct with foster parents such as training, counseling, parenting sessions. In reality, however, social workers have confirmed that such activities do not exist. Social workers have attributed this to the unwillingness of parents to participate in any activities for confidentiality reasons.

SW4: "After parents receive the child, they do their best to disappear. They really give us a hard time to contact them. They are always worried that people know that the child is not biologically theirs".

Social workers narrated a number of stories that describe how parents intentionally cut all relations with social workers such as ignoring the phone calls and not inviting social workers in when they drop a visit.

SW1: "one time, a social worker told us that she went to visit a family for the regular monitoring visit, she overheard the parent tell the child not to open the door".

From the interviews, I was able to conclude that there is a general discomfort between parents and social workers. I am unable to elaborate more on this matter because the study did not include parents as key informants. However, from the responses of social workers, it was clearly communicated that social workers are negatively perceived by parents which discourages any opportunities for support services.

The advisor of minister said that such services could be delivered by active NGOs in the field of alternative care since the human and financial resources of the ministry does not allow for such activities.

The two NGOs representatives' interviewed confirmed that such activities are important however they haven't offered them before.

NGO rep 1: "We provide support to parents when they are applying and we respond to any of their queries. But we do not have organized activities for them."

The UN Guidelines on Alternative Care states that authorities should create a safe and accessible complaint mechanism where children can report any violations of their rights that they might be facing during the placement duration. The interviews have confirmed that there are no complaint mechanisms in place and attributed that to several reasons. In most cases, the children are not aware that they are foster children which makes it impossible for social workers to notify children with their rights to complain. Second, social workers also attributed the absence of complaint mechanism to the claim that it is unnecessary since they have carefully selected eligible parents.

SW2: "I am always in contact with the child and with the parents. I can identify problems in my field monitoring visits".

The above statement claims that the social worker is able to identify the problems through the monitoring visits which contradicts with the high number of placement disruptions that take place. One of the main issue that was raised in the interviews that usually emerge after placement is done, is cases when parents wish to end the care contract. According to the contract, parents need to give the FCD at least two weeks before they can break the contract. The idea is to have time in finding alternative care setting.

SW1: "this is one of the worst cases that we face. We really don't know what to do with the child after the parents wish to discontinue fostering the child. Usually all care institutions or orphanages are over-crowded and the ones that are not full refuse to take in old children".

The above statement confirms the fact that even though cases of placement disruptions are frequent, nevertheless there are no temporary safe shelter for children who got out of alternative family to stay in.

Just as there are no post- placement activities for parents, the interviews showed that there are no post- placement activities that are done with children for the same reason of their unawareness of the fact that they are foster children.

5.5 Capacities of social workers:
According the literature review, social workers need to be equipped with certain tools and surrounded by a supportive environment in order to provide better quality service. First of all,

In some cases shared by social workers where monitoring reports prove that the child is unsafe with the alternative family for any reason, social workers reported that they usually do not have the power to take the child away.

SW2: "One time, a colleague of ours presented in the local committee the ineligibility of an alternative family to continue caring for the child because they were in the process of changing the child's father's name. The committee approved the decision of taking the child away from the family. When I went to receive the child I was threatened by the family that they would bring thugs to beat me up. I wrote a memo describing the incident and sent it to my managers. We managed to liaise with the police to join us in taking the child and we did it. If it wasn't for the police we would've never been able to take the child. Unfortunately the police is not available every time we will need it. This time we were successful to get the police but this is not the norm".

The interviews revealed that social workers are not empowered to carry out administrative decisions. It also revealed that social workers are not protected from any potential threat or actual act of danger that they may face due to decisions of declining applications or discontinuing placements. Even though the decision is made by the local committee, however, it is well known that social workers are the ones who actually conduct the social assessments and monitoring reports and hence their opinions are vital in the decision making process.

Aside from the external factors that disempower social workers and devalues their judgements such as parents' threats and in- cooperation as well as the support of police, the interviews revealed internal disempowering factors as well. In the interviews, many issues have been raised in the whole decision making process. According to one of the supervisors at the directorate

level, many social workers refuse to share their opinion with regard to placement due to pressure practiced by their manager. They prefer to leave decision making in the hands of the upper level of the hierarchy to avoid criticism from the managers or to be held accountable for a bad decision.

SW2: "sometimes the manager has different opinion and she prevents me from sharing my opinion in the area level meeting. I prefer to leave it to the committee. I don't want to be blamed also if the parents were not good enough. I know that I will be blamed if the parents returned the child later and I had advised the committee to approve".

The advisor of minister confirmed this pattern of neutrality of social workers and described it as "social workers fear the central ministry's monitoring of cases and documents. They sometimes refrain from making decisions and keep applicants waiting until the central ministry approves or declines".

Second, the literature review has agreed that each social workers should be working with a limited and reasonable number of cases, which is also confirmed by the bylaw. The four social workers that I interviewed varied in the number of cases that they handle. The first social worker had a case load of 6 cases, the second had 17 cases, the third had 50 cases and the fourth had 10 cases. The uneven distribution of cases confirms that there isn't set ratio of number of cases per each social workers. The case load depends solely on the actual available number of cases in each district. The four social workers I met were held the role of head of FCD in the district as well as the alternative care social worker. This is because the Egyptian government has stopped new hiring several years ago. When staff retire, they are not replaced by new members and hence the duties are distributed among the available staff.

Third, regarding the staff's technical capacity, the interviews have revealed that social workers who are the primary service providers are not equipped enough technically. Two out of four respondents have reported that they actually studied social work. The other two reported that they are graduate of commerce and agriculture. Moreover, when I asked on professional development activities, social workers confirmed that they have never received any trainings or participated in any capacity building activity.

The area committee meeting seemed to be the perfect opportunity to use it for professional development. I asked one of the supervisors on why she does not use these meetings to provide trainings the answer was these meetings are usually stuffed with presentations and discussions of applications. She also said that it is difficult for social workers from different districts to meet when transportation allowance is absent.

SV: "It would be unfair from me to ask the social worker in Heliopolis to come and attend a training without providing her with transportation allowance".

Once again, the lack of professional development opportunities has been attributed to lack of financial resources. The advisor of minister said that the central committee on alternative care is assigned to prepare and deliver trainings to social workers.

Advisor: "We asked representatives of Azhar who is a member of the committee to deliver a seminar on Islam rules regarding alternative care. We asked the health representative to also prepare and deliver a seminar (to social workers) on how to follow up on the child's health situation".

The central ministry is referring to seminars and knowledge- based professional development while the literature is more concerned with competency- based professional development.

NGO official representative 2 said that their NGO has been advocating for the creation of an alternative care unit to be the technical hub of which social workers can access professional development opportunities. However, this preposition was not approved and instead the central committee was composed to perform this duty.

The third dimension of working environment is the quality of supervision social workers receive from their supervisors. Supervisors are involved merely during the area committee meetings to review the applications and sign them. In the interviews, social workers have confirmed that supervisors provide advice with regard to the completion of applications. The bylaw states that supervisors at the directorate level should randomly pay visits to families to spot check on the performance of social workers. Supervisors that I interviewed honestly expressed that they do not do that due to financial constraints. Some FCD district offices are located in the same building of the local FCD office. These social workers have communicated that they can refer easily to their supervisors when they need their advice; a luxury that is unavailable to other social workers who are located outside of this building.

According to the bylaw, the local FCD is supposed to generate statistics and reports on the common and newly emerging trend in placements. However, the interviews have confirmed that such role is not carried out.

Fourth and the most mentioned working environment factor in the interviews is the weak salaries. Social workers have been deprived from the transportation allowance due to lack of financial resources. It has been mentioned in almost all interviews that the cancellation of the transportation allowance has directly affected the number of monitoring visits. The literature proves that social workers payment is directly related to their performance.

5.6 Role of Civil Society

In many countries, foster care service is carried out by independent non- governmental entities

who follow national and local standards operations procedures and are regularly monitored and

regulated by the state. However, in Egypt this is not available at all and is not encouraged as well

by the government. The government insists in keeping the service provision in house while

involving the civil society in outreach and promotional activities, provision of trainings,

participating in local committees. NGO representative has expressed the need for orphanages to

at least have the right to follow up on the child after the placement.

6. Conclusion

Foster care in Egypt is a service that combines features of adoption and foster care as known in the western countries. It operates under the name "alternative families" and takes into consideration the Islamic Sharia. Foster care is internationally an alternative care setting for children without parental care. There are several reasons for children in Egypt to be outside of parental care including financial challenges, unwanted pregnancy, or carelessness and lack of interest in parenting. The most commonly used alternative care for those children is residential care which has been universally discouraged for its negative developmental outcomes on children.

The United Nations Convention on the Rights of the Child, which Egypt has ratified on, has also encouraged states to promote family- based solutions for children without parental care. The UN has also developed a separate guidelines to support states in executing quality alternative care for children. The Egyptian child law has outlined the procedures of foster care services and how it should be delivered and regulated. In this paper, I analyzed the child law with the guidelines and found out that the child law actually matches the guidelines on many levels. I then executed a field study to identify the current practices of how FCD carry out the placement process and found out significant discrepancies between what happens on the ground and what is regulated in the child law.

The main challenges that I found is first the professional capacities of social workers. Social workers are governmental bureaucrats who are not carefully selected to carry out such a complex and sensitive process. They are not trained, and are not provided with necessary supervision. Second, there is a lack of rigorous assessment tools that eliminate objectivity and ensure the true

eligibility of parents. Third, lack of financial resources to enable social workers' mobility and to ensure fair remuneration. Fourth, there is lack of serious monitoring of families which leaves room for child abuse. The field work also showed that parents do not receive any support from social workers in how to better care for children. The whole service seems to be concerned more about paper work and ensuring that the files are complete.

It is hard to isolate the day to day challenges that face foster care in Egypt with government's policy towards family- based alternative care. There should be a strong statement of the Egyptian government for the promotion of foster care reflected in allocation of financial and human resources to enhance the service. Moreover, it was clear that the bylaw is not sufficient to guide the delivery of foster care on its own. Therefore, it is recommended that the government, represented in MOSS, should also develop supportive documents such as standards operations procedures to guide social workers in different governorates in understanding and executing their exact expected roles. Compliance measures should also be put in place to regularly and constructively ensure the compliance of social workers to the standards operations procedures. The government can also benefit from civil society such as orphanages or national and international organization that are active in the field of alternative care to support in service delivery when it comes to professional development, placement assessment, and placement monitoring. In conclusion, the improvement of foster care service in Egypt needs a strong policy that is well articulated and operationalized.

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