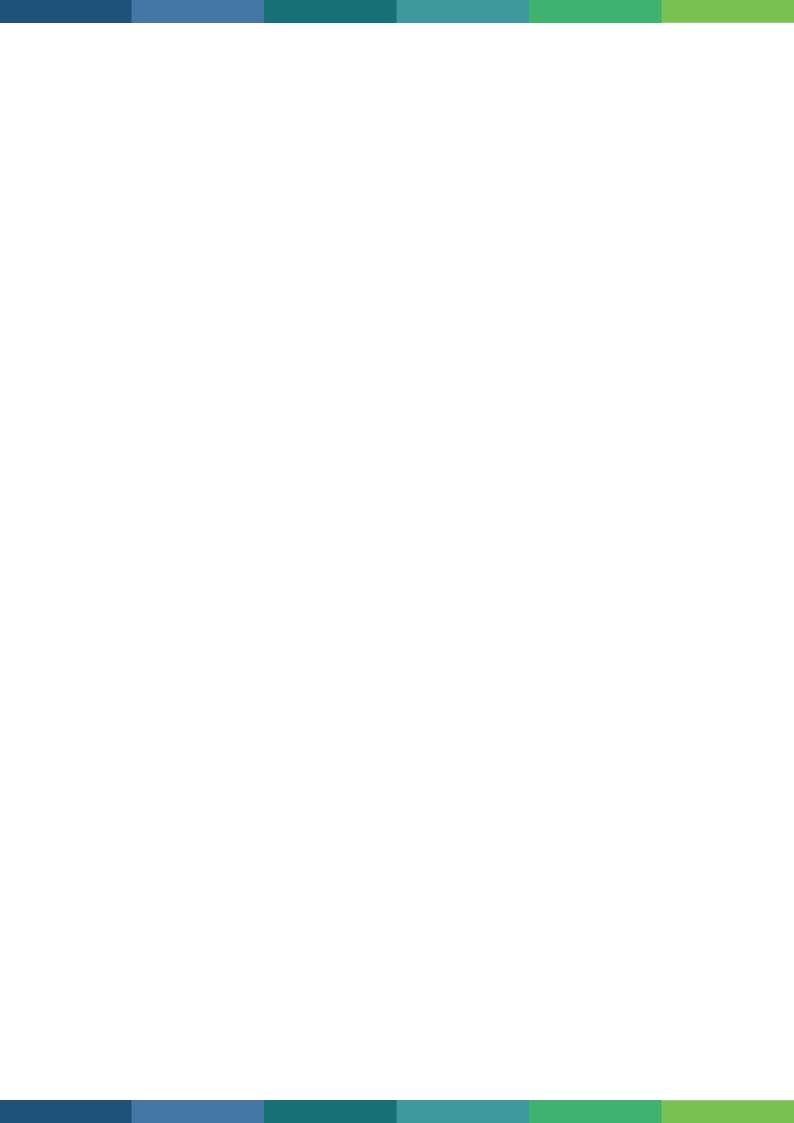# The Applicability of the International Quality Standards of Caregivers in Egypt: Limitations and Constraints

Youth Policy Working Paper
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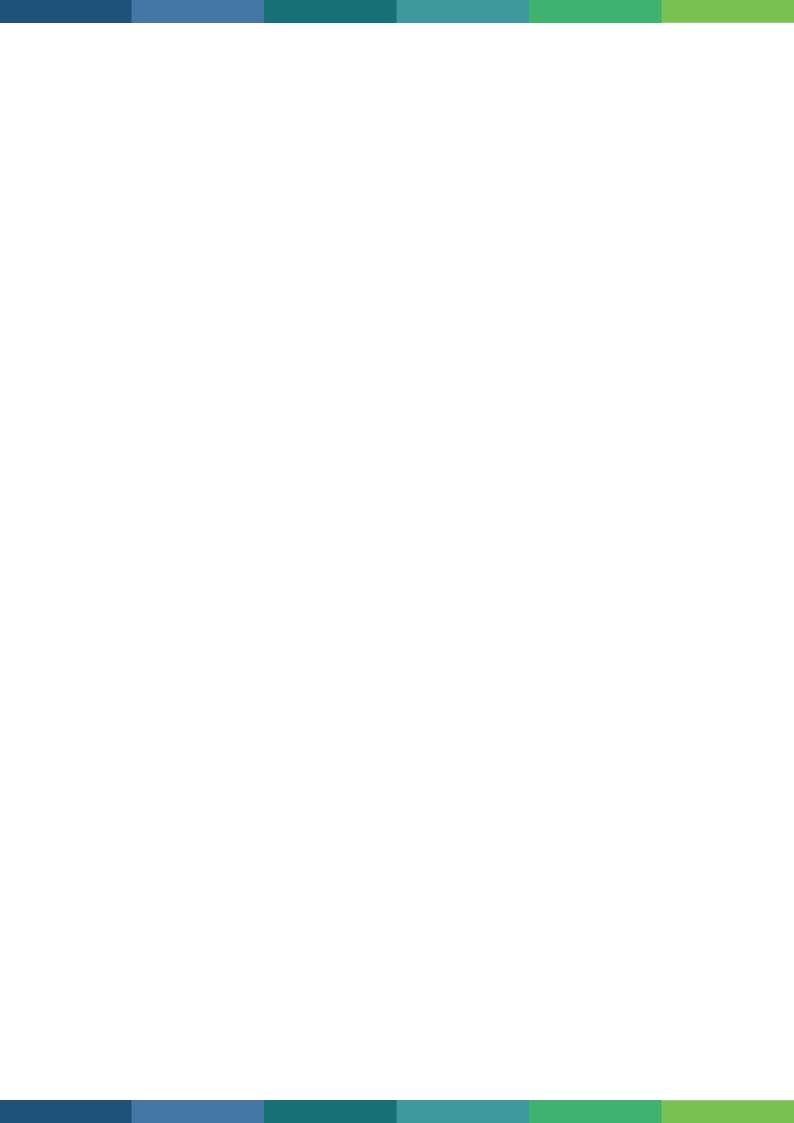May 2016

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Abstract

This paper is a qualitative study that investigates the applicability of the international guidelines on the quality standards of caregivers in the Egyptian context, in terms of the limitations and constraints that are associated with application. However, this investigation is confined to caregivers who are working for Cairo-based residential institutions operated by non-governmental organisations (NGOs). This paper draws on interviews with two Cairo-based NGOs; one of them is an international donor NGO, while the other is a national NGO, with a residential facility for 150 children and youth of both sexes.

The study revealed that the applicability of the international quality standards of caregivers seems to be limited in the Egyptian case, both on the micro- and macro- levels. The micro-level limitations revolve mainly around insufficient financial resources, which has implications for the recruitment of sufficiently qualified caregivers and/or equipping them with the needed on-the-job training. The macro-level constraints are comprised of: the deterioration of the social work profession and the declined value of the social work education in Egypt; the charity-oriented social welfare system (versus a rights-based approach); and the negative attitude of the society regarding the institutionalised children and youth in general, and street girls in particular. Therefore, awareness-raising and promotion of child rights is recommended and should encompass all concerned partners including members of society, caregivers, and government officials. This awareness-raising should be done in parallel with lobbying the government to develop national quality standards for children and youth without parental care. Furthermore, an effective mechanism of cooperation and coordination between the government, NGOs and donor agencies should be established.

Contents

1 Introduction

The number of children and youth without parental care is increasing across the world. Although there is no reliable global figures of the number of children and youth who are living in institutions, estimates suggest that there were eight million institutionalised children and youth in 2003 (Save the Children UK, 2003), with UNAIDS projecting that this number would reach 106 million by 2010 (Save the Children UK, 2005).

In the Egyptian context, the UN Committee on the Rights of the Child, in its concluding observations on Egypt's third and fourth periodic report in 2011 (CRC/C/EGY/CO/3-4) noted that the number of institutionalised children and youth is very high (United Nations Committee on the Rights of the Child, 2011). One category of this population is street children and youth. The exact figures are either outdated or inaccurate. In 2009, the National Council of Childhood and Motherhood (NCCM) estimated that there are 5,000 children and youth living on the streets of Cairo, and 10,000 in the four largest governorates of Egypt (UNICEF, 2009). In 2013, the Ministry of Social Solidarity (MOSS)[1] pointed out that there were 18,000 children and youth living on the streets (Ministry of Social Solidarity, 2013). In October 2014, the same ministry conducted a survey that estimated the number of street children and youth across Egypt to be 20,000 children (Wahba, 2015). This differs greatly from a UNICEF Rapid Situation Analysis which, though calculated in 2001, estimated the number to amount to more than one million street children and youth in Cairo and Alexandria (UNICEF, 2001). These discrepancies could be attributed to the fact that the term "street child" is "contested and without an accepted definition, [meaning that] it is not possible to determine the magnitude of those children accurately" (Ennew, 2003, p. 4).

Also, there is no accurate figure regarding the institutionalised street children and youth except the number of those arrested who are accused of being 'delinquent' as they were begging or sleeping on the streets over night, estimated at 11,000 alone, out of a total of 42,505 arrested children and youth in 2001 (Human Rights Watch, 2003).

Despite the lasting negative impact of institutionalisation on a child's development and overall well-being, which has been documented since the early twentieth century, institutional care is still the first-choice response in Egypt (Save the Children, 2009). There are over 70,000 children who reside in social care institutions[2] (UNICEF, 2010) compared to nearly 5,705 children living with foster care families (UNICEF, 2014). However, the figures of children and youth in institutional care are most likely higher taking into account non-governmental residential institutions (Megahead & Cesariob, 2008).

"If children and youth in general are in need of special protection and support, then this is particularly true of those who have been removed from their family" (SOS Children Villages International, 2013). Thus, the immediate priority should be to provide those children and youth with alternative care through their wider family. However, sometimes the family members cannot be traced, have deceased, or are unable to take care of them due to poor economic conditions (Save the Children UK, 2003). In such cases, out-of-home care provision can be provided (Save the Children UK, 2005). In Egypt, the latter is geared toward institutionalisation rather than a family-oriented environment (United Nations Committee on the Rights of the Child, 2011). In addition, care institutions have been developed without policy guidance or national standards, and they lack any monitoring mechanisms for the protection of children and youth, which in turn exposes them to "additional neglect, abuse, or exploitation by over-burdened or unscrupulous care providers" (Save the Children UK, 2005, p. 5).

[1] MOSS is the pertinent body in Egypt that is responsible for all issues related to children without parental care and supervising NGOs working in the field.

[2] In its report on the 'Child Poverty and Disparity in Egypt', UNICEF did not specify the types of the social care institutions whether orphanages, institutions for at-risk children or for juvenile delinquents.

Since "it is well known and accepted within the youth and childcare field that the essential ingredient of quality care is quality carers" (Save the Children UK, 2005, p. 28), this paper therefore focuses mainly on the human aspects of the residential institutions in Egypt, specifically the caregivers, to interrogate the main research question of this study, namely; *to what extent are the international quality standards of caregivers working with institutionalised street and youth applicable in the Egyptian context?*

It is noteworthy that even though the currently developed international quality standards are addressing different aspects of the residential institutions, focus here is mainly given to the human aspects and more specifically to caregivers for three reasons; first, international experiences and best practices stress on the fact that social service reform is based on the capacity of social workers. If social workers are qualified and are working in an enabling environment that promotes their empowerment and provide necessary resources, quality of services will automatically be enhanced (Osman, 2014). Second, caregivers are in direct contact with the children and youth, and are spending longer periods of time with them compared to the managerial staff. Third, the international standards in place have an explicit concern about caregiver qualifications and the minimum standards of quality that they should enjoy, if they are to work with children and youth, unlike other professions.

Though the international standards are applicable to residential institutions, both governmental and NGO, the scope of this analysis excludes caregivers of governmental institutions for reasons including the lack of literature, and the difficulties associated with collecting data because of the complex bureaucratic procedures to get approval to access these facilities or to hold interviews with their staff. Also, it should be noted that the geographical scope of this paper is only Cairo-based non-governmental residential institutions, as Cairo is well-known for its high density of street children and youth, and the majority of NGOs relating to street children are based in Cairo (UNICEF, 2001).

This paper is structured into four main sections. The first section defines the key definitions, namely residential care and street children, with reference to the legal definition provided in Egypt's Child Act of 2008. The second section provides an overview of the current situation of Cairo-based non-governmental residential institutions. The third section summarises the international quality standards of caregivers in place, while the last section analyses the limitations and constraints associated with the application of the international standards in the Egyptian context. The author hopes to help policy-makers in their endeavor to contextualise and translate these guidelines into action.

2 Methodology

This paper depends on a literature desk review including currently existing international quality care standards of caregivers such as: the UN Guidelines for alternative care of children and the Save the Children guidelines on quality childcare provision. In addition, semi-structured interviews were held with one INGO/donor, namely Save the Children Egypt, which is working on developing contextualised international quality standards for residential institutions in Egypt. Thus, it is important to include their experience and perspective in that regard. Also, the Banati Foundation for Children in Street Situations, a Cairo-based NGO with residential facilitates, was interviewed, which was established in the same year that the UN guidelines and Save the Children Egypt's project on developing national quality standards for residential institutions[3] were launched. The aim of the interviews was to collect data that will help understand the applicability of international standards, and what kind of limitations might exist.

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[3] A request for interview was sent to Hope Village NGO and it was selected on purpose because it is the oldest NGO that operated a shelter residency in Egypt. However, they did not respond to the emails. As an alternative, a profile on this NGO was documented by the Consortium for Street Children in its report on the regional forum that was organised in cooperation with Hope Village during 3-6 March, 2004 in Cairo, Egypt.

3   Key Definitions

3.1   Street Children and Youth

The term 'street children' is problematic and there is no agreement amongst scholars, academics and practitioners on a universal standardized definition (Fahmi, 2012).

3.1.1   The Terminology

'Latchkey child', 'vagrant', 'abandoned', 'waif', 'urchin'; these are just some of the terms synonymous with 'street-child/youth' in the developing countries (Veale, 1992, p. 109). Likewise, the term 'vagrant children and youth' was commonly used in Egypt by the public and officials alike until 1993, when the term 'street children and youth' was first used (Fahmi, 2012). This term, however, engendered a prolonged controversy: some say it implies stigmatisation and carries a negative connotation as it applies a label and thus is discriminatory. In contrast, others say that it gives this group an identity and a sense of belonging. Moreover, others argue that the term is very loose and could include other categories of children (Williams, 1993). As a result, terminologies continued to develop in order to enclose the variability and differences in children's circumstances, including terms such as 'street-connected children', 'children working and/or living on the street' and 'children in street situations'" (The Office of High Commissioner for Human Rights OHCHR, 2011, pp. 8-13).

3.1.2   The Definition

The most commonly used definition was provided by the Inter-NGO Programme for Street Children and Street Youth in 1983: a "street child is any minor for whom the street (in the widest sense, including unoccupied dwellings, waste lands, etc.) has become his or her habitual abode and/or source of livelihood and who is inadequately protected, supervised or directed by responsible adults" (UNICEF in Williams, 1993, p.832). As this definition falls short in recognising the different characteristics and differences between those children, UNICEF in 1986

developed a typology that differentiates between street children according to their degree of involvement in street-life and family contact (Veale, 1992, p. 109). Williams (1993) pointed out that this typology, which includes three categories, relates essentially to countries in the developing world (p.832). According to UNICEF, the three categories are:

1. **Children on the Street**: those who spend most of their time on the street, returning back home at night after spending the whole day away. They are either pushed by their parents, or chose to work themselves, in order to help their families financially, providing income for themselves, or both. A few of them are still attending school (regularly/irregularly) and those who are, are often using their limited income made on the street to spend on their education.

2. **Children of the Street**: those who are working and sleeping on the street, but still maintaining family contact, visiting their families from time to time.

3. **Abandoned Children**: those who do not have a place/home to go to because their parents had died, or the parents had rejected or kicked out the children, and there was no possibility to stay with extended family (UNICEF in Veale, 1992, pp. 109-110).

Although this categorisation may seem overly precise and well-elaborated, it stimulates debate. On one hand, "the situation of many children does not fit easily into either category and due to the wide variety of ways of how the children use the streets, it is difficult to decide when the child becomes of the street rather than merely on it" (Fahmi, 2007, p. 85). This categorisation overlooks other categories such as street families, second generation of street children who live and work with their families on the streets, children at high risk of street life who are prone to go to the streets due to extreme poverty or inadequate parental care or domestic violence, working children, and so forth (El-Sayed, 2013). Additionally, "it does not include children who move between different (life) circumstances and situations, such as the home and the street, as well as NGOs and corrective institutions" (El-Sayed, 2013, p. 8). Moreover, "there is no clear distinction between the first two groups as they often differ

from their common definition. For example, some children of the street may still have links with their families and some children on the street often sleep on the street" (Ibrahim, 2012). As another consideration, the term street child has now also been recognised by researchers as "a social construction reflecting society's disquiet at children who are very visible, but who are deemed 'out of place'" (Ray, et al., 2011, p. 8).

In the Egyptian context, this definition is also problematic. Generally, there are two main trends in defining street children and youth in Egypt. One is adopted by NGOs, researchers, the media and MOSS in its five-year national strategy for homeless children (2013):

> Street children are children less than 18 (based on how childhood is legally defined in Egypt), males or females, who spend all or most of their time on the street, who maintain minimal contact with their families, or have no contact all, and lack supervision, protection or guidance, which makes them vulnerable to a wide range of health and psychological hazards. (Ministry of Social Solidarity, 2013)

The other definition is a legal one adopted by the Social Defence Department and various legislators, which consider street children as 'children at risk' according to Article 96 of the Child's Act of 2008, identifying 14 cases in which children are "at risk" (UNICEF, 2001). However, according to these 14 situations, the street child, from the legal viewpoint is "a criminal offender and a threat to social order and should be treated as such" (Fahmi, 2007, p. 88). This legal definition seems to be the functional/operational definition of street children and youth at the governmental level. While the term 'street children' is not used explicitly in the Child's Act, all of the 14 situations described in the Act are applicable to them.

Consequently, as Fahmi (2007) points out,

> the debate around who the street children are has led to the realisation that this phenomenon is typical of many complex, multifaceted social issues for which no simple, agreed upon definition exists. The mutli-causal and diverse nature of the phenomenon needed to

> be discussed and elucidated. (Fahmi, 2007, p. 86)

3.2 Definition of Residential Care

Residential care is "one form of alternative care arrangements that are provided to children and youth without parental care who are not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances" (SOS Children Villages International, 2013, p. 10). The UN guidelines on Alternative Care for Children defines residential care as "care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities including group homes" (UN General Assembly, 2009, p. 6). Save the Children defined it as "a group living arrangement for children and youth in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society" (Save the Children UK, 2003, p. 5).

Despite the fact that adverse effects of institutional care are fully recognised to be almost always harmful on children's development, including cognitive, social and motor development and physical growth and substandard healthcare (Carter, 2005), the care for children without parental care in Egypt relies largely on institutionalisation (Megahead & Cesariob, 2008). Foster care or alternative families do exist; however, expanding the foster family system is challenging on two levels: 1) "the legal and policy gaps are difficult to address since they are related to religious beliefs and thus politically sensitive"[4]; 2) "the procedural constraints, such as complicated and time-consuming procedures, as well as prescriptions as outlined in the executive by-law of the Child's Act of 2008 that foster care can only be provided until the age of 18, act as a deterrent" (Megahead & Cesariob, 2008, p. 34). Furthermore, while Egypt's Child Act of 2008 provides a wide range

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[4] Article 4 of the Child's Act of 2008 explicitly rules out adoption. Based on provisions of the Islamic shari'a, full adoption entitling the child to adopt the name of the adopting family and inherit is legally not possible. However, Article 46 permits foster care by surrogate families.

of court dispositions for arrested street children (for example, referral to mental health and social services, or probation and release into the custody of the parents), institutionalisation is the most common disposition (Fahmi, 2007). This could be linked to the mainstream societal perception of Egypt's street children as immoral and perpetrators of serious social violations (ibid). According to the Egypt's state ideological discourse on family values and public order, the visible presence of street children contradicts this ideology (Fahmi, 2007). Therefore periodic removal of children and youth from the streets through arrests, imprisonment and institutionalisation is justified (Human Rights Watch, 2003). Moreover, MOSS has perceived the prevalence of the foster family system as problematic because it is hard to monitor (Osman, 2014). Thus, the main focus in this study is mainly given to institutional care facilities.

4 Overview of the Current Situation of Non-governmental Residential Institutions

This section gives a glimpse of the current situation and practices of NGOs in Egypt, drawing mainly on the rapid assessment situation analysis that was developed by Friends-International organization in 2008. This overview aims at providing an understanding of the environment and the country-context where the NGOs are working and running their residential facilities. This environment and context will have implications on the applicability of the international quality standards of caregivers, as will be elaborated in the sixth section of this paper.

In its rapid assessment report, Friends-International (2008)[5] provides an institutional analysis of the existing services for children and youth in street situations in Cairo. Generally speaking, NGOs do not provide alternatives to street life to the street children and youth (Friends-International, 2008). There is a general lack of a holistic approach in developing all the needed services to support children and youth' reintegration, including a lack of adequate and safe shelter, formal/non formal education, family support, vocational training and employment, and psychological support (ibid). The lack of a holistic approach stems from the insufficient resources and the lack of coordination with other NGOs to provide all the needed services through referrals (ibid). The insufficient resources have implications on the human resources as the NGOs are unable to recruit a high caliber of qualified staff due to limited resources and thus they are seeking less qualified staff, who when hired, are also underpaid (ibid).

Residential institutions lack clear child protection policies, and staff, children, and youth alike are not trained on identifying and dealing with situations of abuse (ibid). This lack of training is sometimes associated with loss of control and use of physical punishment when dealing with children and youth (ibid). Children and youth themselves are unable to react to any situation where an abuse has happened, or when one or more of their rights are violated, due to the lack of knowledge and the lack of complaint mechanisms (ibid).

In addition, one of the main gaps in appropriately fulfilling the needs of institutionalised children and youth is the absence of a Case Management System (CMS) (ibid). Consequently, rehabilitation

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5   Friends-International is a social enterprise that has been working with marginalised urban children and youth since 1994 when it established the Mith Samlanh project in Phnom Penh, Cambodia. It runs local programmes for street children and youth in four countries of Asia, Central America and Egypt since 2008. The rapid assessment report that is used in this study assessed the provided services to street children and youth by five Cairo-based NGOs in Egypt which are: Nour El Haya reception center, Al Amal reception center for girls, EASC reception center, Ma' wa reception center and Caritas Reception Center and Mobile Unit, in addition to 15 days of street outreach (day and night) with FACE organisation.

plans (one component of the CMS) are developed in a piecemeal manner and sometimes applied with a 'one size fits all' approach. Moreover, there is no real rights-based-approach in the current residential institutions. Children and youth are not involved in the design, implementation and evaluation of the activities and projects that target them, and access to services is seen more as a 'favor' for the children and youth, and not as a right (ibid).

Furthermore, the analysis reveals that NGOs staff are often judgmental in regarding children and youth's risky behaviors, such as drug use, sexuality, and so forth. The belief is that bad behaviours can be corrected through teaching children and youth to conform to certain social rules and practices (ibid). The impact of this judgmental approach is two-fold. First, it negatively affects the contact children and youth have with these NGOs, and erodes their trust in them. This prevents staff from fully understanding the situation of the children and youth, creating tensions in their relations with them. Second, this behavior discourages children and youth from joining the residential institutions (ibid).

The analysis shows that most of the staff are not trained as social workers. Generally, they have good theoretical knowledge about sociology and psychology, however many of them are unable to apply their theoretical knowledge to their daily work (ibid). Though they have an understanding about issues affecting street children and youth, they are not able to work with them and provide them with adapted support (ibid).

5 International Quality Standards of Caregivers

There are different quality standards for each position at the residential institutions. The qualifications and standards needed for managerial staff are not the same as those for psychologists, social workers, and advocates. There are some common qualifications that are needed for all staff who work with children and youth, for example, sound knowledge in the field of children's rights in general, and children and youth in street situations in particular. Also having a genuine interest and strong motivation to work with children and youth is required. However, as mentioned above, this paper focuses only on the caregivers. Below is a summary of the quality standards of caregivers, as outlined in the guidelines of the United Nations and Save the Children.

5.1 The UN Guidelines for Alternative Care for Children

The UN Committee on the Rights of the Child in 2009 developed the '*Guidelines for Alternative Care for Children*' to enhance the implementation of the Convention on the Rights of the Child (UNCRC)[6] regarding the protection and well-being of children and youth deprived of parental care or who are at risk of being so (UN General Assembly, 2009). Since Egypt is a member state of the UNCRC (1989), these guidelines are regarded as a benchmark for minimum quality standards needed for caregivers who are working with institutionalised children and youth.

These guidelines set forth a number of quality care standards with the aim of de-institutionalisation of residential institutions (ibid). Caregiver-related standards can be grouped under five thematic areas:

5.1.1 The Recruitment Process

All carers and other staff in direct contact with children and youth shall undergo, prior to employment, an appropriate and comprehensive assessment of their suitability (UN General Assembly, 2009, p. 16). Also, all caregivers are required to receive due authorisation by a competent authority that they are accredited to work with children and youth. For that purpose, these authorities are requested to develop appropriate criteria for assessing the professional and ethical fitness of care providers and

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6   United Nations, Treaty Series, vol. 1577, No. 27531.

for their accreditation, monitoring and supervision (ibid). For better quality alternative care provision in a non-family setting, the guidelines state that the role and the function of the carers should be clearly defined and clarified with respect to those of the child's parents (UN General Assembly, 2009, p. 12).

5.1.2 On-the-Job Training

Once employed, all caregivers should be provided with different types of trainings on,

> the rights of children and youth without parental care and on the specific vulnerability of children and youth, on dealing appropriately with challenging behaviour, including conflict resolution techniques and means to prevent acts of harm or self–harm, and on dealing with children and youth with special needs, notably those living with HIV/AIDS or other chronic physical or mental illnesses, and children and youth with physical or mental disabilities. (UN General Assembly, 2009, p. 17)

Additionally, States should also provide adequate resources and channels for the recognition of these professionals in order to favour the implementation of these provisions (ibid).

5.1.3 Inspection and Monitoring

All providers should undergo through a regular monitoring and review by the entitled competent authority to keep in line with the guidelines. Furthermore, the guidelines stipulate:

> Each State should have a written policy that sets out clearly the standards applied for the recruitment, monitoring, supervision and evaluation of qualified and suitable carers, and to develop a staff code of conduct that defines the role of each professional and of the carers in particular and includes clear reporting procedures on allegations of misconduct by any team member (UN General Assembly, 2009, p. 18).

5.1.4 Conditions of work, including remuneration

Remuneration should be appropriate "to maximize motivation, job satisfaction and continuity, and hence their disposition to fulfill their role in the most appropriate and effective manner" (UN General Assembly, 2009, p. 17).

5.1.5 Caregivers — Child Ratio

The guidelines point out that "States should ensure carers are sufficient to allow individualised attention and to give the child and the young person, where appropriate, the opportunity to bond with a specific carer" (UN General Assembly, 2009, p. 18).

5.2 Quality Childcare Provision in East and Central Africa – Save the Children UK

Save the Children UK also has developed their own child care provision guidelines, which are relevant to this analysis for three reasons: 1) While these guidelines were developed in 2005, four years before the UN guidelines were developed, yet there is no contradiction found between both sets of guidelines. Rather, they are identifying the same standards but in an operational manner, giving guidance on practical implications; 2) Since this paper is focusing mainly on the non-governmental residential care facilities, it is important to include the perspective of NGOs about quality standards, particularly given that the UN guidelines are applicable only to States; 3) These guidelines are designed in an adaptive way, which provides the foundation for the development of national childcare standards with due regard for further contextualisation baselines establishment, and additional sections as needed (Save the Children UK, 2005).

5.2.1 Recruitment and Selection Procedures

All agencies should have clear, written policy and practice statements regarding the recruitment of the best-quality carers (Save the Children UK, 2005). The guidelines point out two things that should be done prior to recruitment. First, perform

basic checks to establish some sort of assessment of the applicant's character such as: references from a former employer, village elder or chief, and the checking of records with the local magistrate. Second, make sure that the applicants are clearly informed about the variety of tasks and are able to relate their skills to these tasks (ibid). During the interviews, the guidelines highly recommend the involvement of children and youth in the process of interviewing their carers. One objective of the interviews is to assess the psychological well-being of the interviewed carers through applying some psychological tests during the interviews (ibid).

In addition, the guidelines highlight that only carers with a genuine interest in working with children and youth should be targeted, and to avoid those who are seeking an employment opportunity only to earn a salary. It also emphasises the importance of avoiding employment on the basis of friendship and/or relatives with existing employees, as this would "allow for breeding grounds of networks to develop, which easily allows the abuse of the programme and children in its care" (Save the Children UK, 2005, p. 28).

After recruitment, the guidelines advise a probationary period to orient the new carers on the agency's child protection policy and mechanisms in place to monitor complaints (Save the Children UK, 2005). Moreover, it stresses the necessity of the "removal of staff who are unsuitable to work with children and youth through their attitudes and lack of experience and those who would pose a danger to children" (Save the Children UK, 2005, p. 29).

5.2.2 Supervision, Monitoring, and Support

The guidelines point out that formal supervision sessions between managers and carers should be available at regular intervals but with agreed frequency (ibid). According to the guidelines, the importance of these sessions is three fold, First, they form the "basis of good communication, effective workload management, delegation of tasks, evaluation of performance and target setting" (Save the Children UK, 2005, p. 29). Second, they assist in the evaluation and development of the provided services as they give an opportunity to explore and discuss key issues relating to the day-to-day

functioning of the organisation and its developing needs (ibid). Third, it makes the carers feel that their skills, qualities, and work are being valued (ibid). Moreover, the guidelines point out that informal support sessions may take place but should not be regarded as a replacement for formal ones, and are rather in addition to them. Also, it encourages group supervision to complement individual supervision (ibid).

5.2.3 Sufficient Carers

The guidelines emphasise the importance of sufficient numbers of carers to fulfill three objectives:

» To make sure that tasks are covered in the case of carers' absence due to sickness or any other unexpected events;
» To provide some individual attention to children and youth that goes beyond basic human survival;
» To ensure that children and youth with special/individual care, such as those of a young age or who have medical needs, are receiving the required care.

The guidelines suggest that the basic minimum standard of caregiver-child ratio should be one caregiver to five children or youth (1:5), while for children under five years old, the ratio should be 1:1 or 1:2 (Save the Children UK, 2005, p. 30). However, the guidelines point out that the staff-child ratio needs to be defined according to each context and should vary in accordance with how many children and youth have specific care or protection needs, the age and gender, the sex of carers where intimate personal care task need to be undertaken, and the competences of the carers (ibid).

The guidelines also make special reference to institutionalised street children and youth. "Carers should be available during nights rather than merely deploy security personnel" (Save the Children UK, 2005, p. 31). Furthermore, they recommend collaboration between agencies that work with children and youth, in terms of sharing knowledge and skills between carers, complement the other agency's services, and even lend support to each other when the number of carers is low (ibid).

5.2.4 On-the-Job Training

The guidelines point out that agencies should be committed to train its staff and carers in order to carry out the complex task of working and looking after vulnerable children and youth (ibid). They also indicate that even when attempts are made to recruit carers who have the skills and training to care for children and youth, there could exist specific challenges to carers due to the nature of needs, such as children and youth with disabilities, those who have been sexually abused, and other traumatised children and youth (ibid). In addition, the guidelines take into consideration resource constraints and offer two suggestions for agencies to provide their carers with required training to make them more effective: 1) well-organized carer-exchange programs; 2) providing training to one carer who has responsibility for disseminating the learning to colleagues or mentoring programs (Save the Children UK, 2005, p. 32). They also suggest that for greater effectiveness, such training programs should include management and basic grade workers alike (ibid).

6 The Applicability of the International Standards in Egypt

Based on the collected data from the interviews that were held with Save the Children Egypt[7] and Banati NGO[8], there are a number of limitations associated with the application of the abovementioned quality standards which are elaborated below per standard. However, before investigating and analysing the applicability of the caregiver-related standards, there is another obstacle that impede the implementation of these standards regardless of its applicability in Egypt, which is the lack of knowledge on international standards, and their coordination.

6.1 The lack of Knowledge and Coordination

There is a lack of knowledge of the existence of these standards amongst NGOs that are operating residential care facilities, as well as the government, specifically MOSS. While both the UN and Save the Children guidelines were developed recently (in 2005 and 2009, respectively), governmental residential institutions were established in the 1930s (Directorate of Social Solidarity in Cairo, 2014) and in the 1980s for the non-governmental institutions (Consortium for Street Children, 2004). This means that governmental and non-governmental residential institutions have been operating with no guidance until the guidelines were developed, developing their own standards, which are of poor quality:

> *The quality of care provision in the NGOs' residential facilities is below standard and that such poor quality of care stems from a lack of knowledge of the existence of such guide-*

[7] Online Interview with Ms. Samar Osman, Child Protection Officer at Save the Children Egypt on the 20th of October 2014.

[8] Online Interview with Mrs. Rania Fahmy, Executive Director of Banati Foundation for Children in Street Situations, Egypt on the 17th of October 2014.

lines and the lack of understanding of the quality of care that is necessary or accepted in non-family care services. In addition, the current youngster and childcare provision is often developed in a fragmented and piece-meal manner. (Osman, Personal Communication, 20 October 2014)

Furthermore, the most recently established NGOs with residential facilities, such as Banati, which was founded in 2009 as the same year the UN developed its own guidelines, also lack the knowledge about the existence of these guidelines:

> *I have been calling for the formulation of standardized quality standards to be applied on both government care institutions and NGOs but did not know that such standards were being drafted by Save the Children and MOSS except coincidently last summer of 2014. (Fahmy, ibid)*

MOSS, which is entrusted the supervision of NGOs sector in Egypt, indicated that they did not know about these guidelines until Save the Children initiated a project to develop national quality standards of residential institutions in partnership with the Egyptian government. This absence of knowledge could be attributed to the lack of coordination between the different ministries in Egypt, and reflects on the government's responsibility to disseminate these guidelines among all NGOs, and to develop an application mechanism that translates these guidelines into action (Osman, ibid).

Nonetheless, the lack of knowledge of the existence of the international guidelines is not the sole hindrance. Based on the collected data, there are a number of limitations with regard to the application of international guidelines in the Egyptian context, aside from the lack of knowledge of the guidelines by the residential institutions' staff.

6.2 Recruitment Process

Basic checks on applicants are not always available because most applicants either have no previous work experience at all, or have limited work experience in unrelated fields (Fahmy, personal

communication, 17 October 2014). However, in line with the international standards, Banati uses an in-house psychologist who is present during interviews for new caregiver applicants:

> *We revisited the recruitment policy of caregivers by first having a psychologist present in the first interview, then scrutinizing the performance of the newly recruit for the first month of her post to ensure that she abides by the child and youth protection standards that she was introduced to when she first started undertaking her tasks[9]. (Fahmy, ibid)*

Psychological work in Egypt is undervalued and stigmatised as it is related to mental illness. Consequently, the number of psychologists in Egypt is insufficient as most young people are unwilling to join this field. Moreover, even when psychologists are available and are involved in the interviews, applicants from caregivers do not feel at ease during the interviews due to the connection between psychological work and mental illness (Osman, ibid).

> *Qualified psychologists are very scarce due to the low quality of education in this field. Psychologists in Egypt are not highly skilled and their assessment of the applicants (caregivers) during the interview is highly questionable, in terms of what tools they are using and whether it is up-to-date with the latest scientific researches in that field or not. In addition, such assessment tools are very expensive to purchase and it needs to be translated into Arabic and localised. Psychologists should be trained on how to use them and interpret the results as well, which goes beyond the limited budgets of the NGOs (Osman, ibid).*

In addition, not all of NGOs with residential facilities have psychologists. In cases where NGOs have a team of psychologists, they are underpaid (Fahmy, ibid).

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9 Banati received extensive child protection training by Friends International in 2012 and has been applying them ever since.

6.3 Caregivers-Child Ratio

The standard ratio (1:5) for the children above five years old suggested by Save the Children is highly difficult to achieve in the Egyptian context, both on the quantity and the quality of the caregivers levels. Finding qualified caregivers is a challenge as:

> The quality of education and training for social workers is very low and work with street children and youth is not respected in the society, which makes it difficult to find qualified or motivated staff (Consortium for Street Children, 2004, p. 9)[10].

This difficulty is doubled when recruiting female caregivers:

> It is a great burden to find female live-in supervisors[11] since the society's culture does not allow females to stay overnight out of their homes. The only acceptable solution is to seek females who are living in different cities other than Cairo, where our residential care facility is located. Staying at her workplace is acceptable by society, as it is a way to save money instead travelling every day for hours, and also being exposed to danger on her way to work. (Fahmy, ibid)

However, the recruitment of non-Cario-based female caregivers poses further challenges as the majority of them do not hold bachelor's degrees, the education they have received is unrelated to the work, and they lack knowledge about children and youth rights in general, and street children and youth in particular (Fahmy, ibid). The scarcity of caregivers with a social work background from other cities than Cairo is pointed out by Awad (2013):

> The Cairo-based residential institutions that work with females are burdened in finding qualified female social workers from other governorates to stay overnight. This is due to,

among other factors, the limited number of social work institutes and faculties in other governorates compared to Cairo and Alexandria (Awad, 2013).

Due to these challenges, the caregivers are under-staffed and not highly skilled. The current caregiver-child ratio at Banati is (1:8) for children aged (6-16 years) and (1:6) for children in the age group (3-5 years). In times of emergency, such as in the case of absence of the responsible caregiver due to sickness, backup or replacement plans are very spontaneous (Fahmy, ibid).

6.4 On-the-Job Training

Since the recruited caregivers are not of high caliber, on-the-job training is highly needed to raise the standards of the caregivers and the care provision. Providing on-the-job training for caregivers in Egypt is challenged on three levels:

6.4.1 Lack of genuine interest in working with the children

According to Fahmy (ibid):

> Despite the low standards and qualifications of our caregivers, we are thriving to provide our caregivers with the necessary trainings and skills to be able to do their work. However, some of them are not keen in sharpening their professional or even their interpersonal skills as they are regarding their job as an opportunity to earn money for marriage. Consequently, investment in them is not cost-effective because sooner or later they will leave.

6.4.2 Shortage of funds

Banati NGO, like many other NGOs in Egypt depends mainly on the funds from donor agencies (Schimmel, A humanistic approach to caring for street children: The importance of emotionally intimate and supportive relationships for the successful rehabilitation of street children, 2008):

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10 This information was given by Hope Village NGO in a regional forum that was organised by Consortium for Street Children in Cairo.

11 Mrs. Fahmy preferred to call caregivers who stay overnight with children as "Live-in Supervisors".

Most of the donors are refusing to fund the running expenses of the residential centers, and one item of these expenses is the remuneration of the caregivers, while some other donors are willing to allocate 10% of the total grant to the salaries component (Fahmy, ibid).

This strain on financial resources has implications on different levels:

» NGOs are unable to hire a high caliber of qualified caregivers.
» Even they are unable to get the needed number of those less qualified caregivers to meet the suggested optimal ratio.
» Inability to deliver on-the-job training to their less qualified staff.
» The qualified educational and training centers to deliver tailor-made trainings according to the needs of caregivers are costly due to the low quality of education in general and for social work in particular.

Fahmy (ibid) reflects:

One of the hurdles that NGOs face is the high cost of trainings compared to allocated budgets.

Accordingly, the low level of satisfaction and motivation of the caregivers is underpinned by the fact that they are underpaid. The current salary scale ranges from LE 700-1200, i.e. 76 – 131 Euro (Osman, ibid).

6.4.3 The "Un-Institutionalisation" of the Knowledge-Sharing Mechanisms

Alternatively, there are some training programs that are available for free for NGOs work in the field and are provided by specialised agencies such as Save the Children, UNICEF, Plan International-Egypt, and so forth. The knowledge-sharing mechanism operates as follows: one or two caregivers are selected per NGO to attend training, and then are expected to disseminate the knowledge and skills they acquired to their co-workers. However, this model needs to be better institutionalised

and incentivised, because in reality caregivers who are trained leave their NGOs before training their co-workers, having found another job with a higher salary (Osman, ibid).

Ironically, some donors are only concerned with providing the maximum number of children and youth with services in the residential institutions regardless of the caregivers' ratio (Schimmel, A humanistic approach to caring for street children: The importance of emotionally intimate and supportive relationships for the successful rehabilitation of street children, 2008). Unrealistic caseloads are inconsistent with the international guidelines to meet the children and youth' individualised needs of care and protection, especially when the children are very young. Furthermore, it indicates that the quality of the care provision is compromised.

6.5 Monitoring and Evaluation

Differentiation between internal and external monitoring mechanisms must be made. Most of NGOs do not have clear internal monitoring and supervision schemes. In addition, the culture of monitoring and evaluation in Egypt is negative and more often punitive (Fahmy, ibid). There are some difficulties with having effective internal monitoring mechanisms inside NGOs, associated with the degree of commitment of the management and the lack of or insufficient documentation of their work (Osman, ibid). The same applies to the external monitoring system by MOSS in supervising the NGOs, which is due to the lack of knowledge about rehabilitation programs and of the international quality standards (Osman, ibid). The current form of external governmental monitoring is restricted to administrative and financial aspects, which is also affected by the inefficiency of the governmental bureaucracy, and corruption (Osman, ibid).

7 Conclusion and Remarks

Based on the findings, the application of the international quality standards of caregivers seems to be limited on four levels:

» **Financial Resources:** The shortcoming of these resources is a great hurdle for NGOs. It has implications on the quantity and the quality of the caregivers' skills set, as mentioned above.

» **Social Work Education in Egypt:** The field of study for caregivers in Egypt is social work. However, social work as a profession in Egypt is experiencing an 'identity' crisis: "it has some ambiguity and confusion in defining its identity for itself, for other professionals, and even for the public" (Abo-El-Nasr, 1997, p. 208). Moreover, the social work profession has deteriorated, in terms of its position and role. Currently, social work ranked second or third place, subordinate to the education profession in schools and to medicine in hospitals (Abo-El-Nasr, 1997). Similarly, social work education is of a lower quality. Awad (2013) points out that "the expansion of educational programs does not correlate to the advancement of social work knowledge. Therefore, the quality of graduates is, to some degree, compromised" (Awad, 2013, p. 40). As an indicator of the declined value of social work education, high school students who attain lower grades but still seek a university degree, are joining the social work faculties and institutes (Awais, 2014).

As a result, even when a caregiver has a social work background, they are unlikely to be competent for the work, and the situation is worse with caregivers with no social work background whatsoever. Both types of caregivers are in need for more training programs to acquire theoretical and practical skills. As earlier discussed, such training programs are costly and often beyond an NGOs budget. Moreover, the gender of the caregivers is a great hurdle for female residential institutions, due to the lack of social work institutes outside of Cairo and Alexandria. However this is not the only limitation, as society's disapproval of females staying overnight outside their homes is also a great obstacle for NGOs, in their endeavor in securing the optimal caregiver-child ratio rate.

7.1 Egypt's Social Welfare System

The welfare system in Egypt is charitable-oriented instead of rights-based, since the values of the social work and social welfare system are derived from Islamic religion. According to Soliman (2013), "Islam has to a large degree contributed to the acceptance of social work instruction in the Middle East and has provided the foundational set of values which, to a great degree, match social work values" (Soliman, 2013, p. 15). In Muslim-dominated countries like Egypt, "the amalgam of religions will have a powerful influence on the forms of social work intervention and their relation to other welfare institutions" (Abo-El-Nasr, 1997, p. 214). Consequently, institutional care in Egypt is primarily focused on providing basic needs such as food and shelter, while neglecting the child's personality, emotional and cognitive needs (The Arab Urban Development Institute, 2004).

7.2 The Society's Culture and Values

The cultural factor is highly linked to the religious identity of Egyptian society. Islam prohibits adoption as a childcare method, while other forms of childcare provisions, such as institutionalisation, is accepted and even widely practiced. This is despite the damage it can cause for the child's development compared to alternative family-care settings. Nevertheless, the society stereotypes and stigmatises institutionalised children as "it looks at them with pity and perceives them as dependent, needy and completely powerless. The children are treated with suspicion; distrust and avoidance are believed to lack appropriate care (tarbiya)" (The Arab Urban Development Institute, 2004, p. 33).

This negative attitude is compounded if the institutionalised children are out-of-wedlock, as society regards them as the product of illegitimate relations, which is against Islam (ibid). The same applies to street children who are perceived as criminals and

disease-carriers (Fahmy, ibid). Consequently, work with institutionalised street children and youth is not respected and underestimated by the society-at-large and even by social workers in particular. Similarly to the society not allowing or accepting females to work overnight, it is also intolerant of females living on the streets or in residential institutions. There is a lack of residential institutions for girls, since according to Islam and Egyptian society, "the girls are considered 'awrah' which means that they deliberately expose their femininity and sexuality, which is forbidden in Islam" (El Sayed, 2013, p. 65). Establishment of shelters or drop-in centers for girls is opposed for two reasons. Firstly, street girls are frequently subjected to sexual abuse, and can be involved in prostitution and illicit sexual relationships. As a matter of fact, rape is one of the very first experiences a girl has once she arrives on the street. Some NGOs refuse to re-admit a girl who has been raped, and some do not accept pregnant street girls (Johnston, 2007). Second, society fears that providing such alternatives will encourage oppressed and abused girls to leave their family homes, thus undermining prevailing social values and public morals (The Arab Urban Development Institute, 2004).

In conclusion, raising awareness on the plights of street children and youth is necessary, and should encompass all the concerned partners, including the society-at-large, to change the current stereotypes and stigmatisation. In addition, caregivers and governmental officials need to alter their attitudes and beliefs to be more child-rights oriented. Raising awareness is of equal importance to lobbying the government to develop national quality standards for children and youth without parental care. In addition, an effective mechanism of cooperation and coordination between the government, NGOs and donor agencies should be established.

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