Impact of COVID-19 on Privately Run and Funded Residential Care Institutions

Briefing Note for Volunteers and Volunteer Sending Organisations

This briefing paper draws on data and findings from the Impact of COVID-19 on Privately Run Residential Care Institutions study report.

Background

COVID-19 triggered unprecedented disruption on a world-wide scale. Governments enforced far-ranging public health measures, including stay at home orders, curfews and travel restrictions. These measures have had direct and indirect impacts on the provision of residential care for children and have forced residential care institutions (RCIs) to confront the sustainability and effectiveness of institutional models of care.

This study was a small-scale piece of qualitative research that involved 21 semi-structured interviews with founders, funders, and directors of RCIs across 7 countries. It was designed to better understand the impacts of COVID-19 on the operations of residential care institutions including funding, staffing, volunteering, children’s care, education, family connection and reintegration. It also sought to understand whether COVID-19 has catalysed new opportunities for advocacy, awareness raising and stakeholder engagement in relation to transition and care reform efforts.

Summary of Key Findings for Volunteers and Volunteer Sending Organisations

1. Volunteering and Visiting

- **95%** of research participants accepted international volunteers and visitors pre-COVID-19
- **80%** said volunteers/visitors conducted activities with children
- **25%** said volunteers were involved with caregiving
- **62.5%** listed financial benefits as the sole benefit of having volunteers/visitors
- Only **5%** said involving volunteers in activities was of benefit to the institution, and none listed support for caregiving as a benefit of volunteers/visitors
- **19%** noted an effect on children’s activities due to the loss of volunteers, but none reported an impact on caregiving
WAYS FORWARD:

- Organisations who send volunteers/visitors to overseas residential care institutions should consider their continued involvement in light of findings which indicate that volunteers are not required for caregiving purposes and that their involvement may contribute to the unnecessary admission of children into institutional care.
- Volunteer/visitor sending organisations should reflect on the impact of orphanage volunteering on children's care and wellbeing noting the general improvement in wellbeing and child behaviour throughout the pandemic where children had consistent staff caregivers.
- Create safe spaces and forums to engage in open and honest reflection about the ethics of orphanage volunteering and visiting. Recognise the challenges directors face in managing the often-competing interests of funding and children's wellbeing and best interests.
- Explore safe and ethical divestment strategies and seek technical support to implement a divestment process, where required. Use the Orphanage Divestment Resources for the Travel and Volunteering Sectors for guidance.

INSIGHTS:

Orphanage tourism is driven by a perception that residential care centres require assistance with caregiving. However, all residential care institutions included in this study indicated that international volunteers and visitors were not required for this purpose. Rather, the findings showed that international volunteers/visitors were largely superfluous to the actual operation of RCIs. The loss of volunteers had no impact on caregiving and had only a limited effect on children's activities. This finding may be useful for partners, volunteer-sending organisations, and travel companies who are considering divesting from orphanage volunteering and visiting, yet who are concerned about (or justify continuation of orphanage tourism on) the potential impact on children's care.

The study showed that the primary reason for facilitating volunteering and visiting in RCIs was to access a funding source. Having volunteers and visitors in the RCI was a means of transforming individuals into donors, fundraisers and longer-term advocates of the RCI. The connection between the facilitation of volunteering and visiting in RCIs and funding provides an incentive for children to be admitted to, and remain in, institutional care. Participants' limited descriptions of volunteer-led fundraising activities suggest that volunteer involvement in fundraising may tend to be short-term and more likely to yield one-off donations rather than regular commitments. This would explain the need for a constant stream of volunteers/visitors (who then become fundraisers) to sustain funding levels and suggests that orphanage volunteering/visiting as a funding stream is not sustainable.

Some respondents (19%) noted positive impacts on children as a result of volunteering/visiting ceasing throughout the pandemic, including on children's wellbeing and attachments with caregivers.

“Children are not relaxed and free because they have to follow what the visitor wants to do and what they want to train the children in and then the next visitor comes. Having visitors is one of the depressing factors for children. Children have more freedom when there are no visitors at the orphanage.”

One participant specifically mentioned improved ability to focus on internal development and capacity building in lieu of having to take care of visitors.

“Children are disappointed there are no visitors coming to spend time with them and bring games and fun things to play with. So, we’ve just had to try to work harder and not depend on the teams to do that (introduce fun activities) so now we need to create more games and sports or something. Maybe a positive is it gives us more consistency without having to take time to host visitors.”

Despite this, 81% of interview participants intend to fully resume orphanage volunteering/visiting post-pandemic, including the 19% of participants who recognised the benefits of not having volunteers or visitors during the pandemic. This suggests that orphanage volunteering is being perpetuated in some cases due to its profitability, despite the recognised detriment to children.
WAYS FORWARD:

- Organisations who send volunteers/visitors to overseas residential care institutions should consider their continued involvement in light of findings which indicate that volunteers are not required for caregiving purposes and that their involvement may contribute to the unnecessary admission of children into institutional care.

- Volunteer/visitor sending organisations should reflect on the impact of orphanage volunteering on children's care and wellbeing noting the general improvement in wellbeing and child behaviour throughout the pandemic where children had consistent staff caregivers.

- Create safe spaces and forums to engage in open and honest reflection about the ethics of orphanage volunteering and visiting. Recognise the challenges directors face in managing the often-competing interests of funding and children's wellbeing and best interests.

- Explore safe and ethical divestment strategies and seek technical support to implement a divestment process, where required. Use the Orphanage Divestment Resources for the Travel and Volunteering Sectors for guidance.

INSIGHTS:

Most participants (90.5%) stated that to some degree COVID had catalysed reflection and created an opportunity to consider or implement changes or adaptations. For some these were minor, but for others, their experience throughout COVID caused them to confront the suitability and sustainability of institutional models of care.

For some participants, COVID-19 forced or catalysed unplanned extended family visits and/or reintegration, resulting in RCI directors and donors realising that alternative care was not necessary in many cases where they had previously thought it was. Others realised that reintegration worked in situations they otherwise would have deemed too challenging. It made them realise that there was more they can do to support children to reintegrate with families and that, in many cases, institutional care is prolonged for children, who with the right support, could return to their families.

In some cases, where education was the reason for admission into care, participants had begun to recognise that children's access to education should not be contingent upon being separated from their families. These participants were contemplating changing their model to assisting children to remain with family and attend local schools including through providing scholarships, paying school fees and/or shifting to offering enrolment only (rather than residence) to children proximal to their schools.

90.5% of interviewees stated that to some degree COVID had catalysed reflection and created an opportunity to consider or implement changes or adaptations

14.3% were considering scaling back the use of residential care by limiting admissions, focusing on family strengthening and removing barriers to reintegration

19% were considering making changes to services or programs due to their learning throughout the pandemic

33.3% of participants were considering changes to their model of care, including either closure or transition to community and family-based services