CHILDREN FIRST
A GLOBAL PERSPECTIVE ON VOLUNTEERING IN ORPHANAGES AND TRANSFORMING CARE

COMHLÁMH AND THE VOLUNTEERING AND ORPHANAGES WORKING GROUP
This report was produced by Comhlámh and the Volunteering and Orphanages Working Group (OWG).

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The (OWG) was set up in 2016 by Comhlámh and a number of Volunteer Sending Agencies party to Comhlámh’s Code of Good Practice who were concerned at the adverse effects of institutional care on children and the particularly harmful impact of international volunteering in orphanages. Since then, the OWG has worked to raise awareness of the detrimental effects of international volunteering in orphanages and to promote and support the transition to family and community-based care.
1 Summary
2 Recommendations
3 Introduction
4 Definitions:
   - Orphanage/institution
   - Volunteering and voluntourism
5 Negative impacts of institutionalisation on children
   - Negative impact on development and health
   - Attachment disorders
   - Risk of abuse, neglect and exploitation
   - Life chances of children who grow up in orphanages
   - Orphanages and child trafficking
6 Negative impacts of volunteering in orphanages
   - Increases the harm caused by institutionalisation
   - Creating a demand for orphanages
   - Child safeguarding risks
   - Country Profiles: Nepal, Cambodia and Haiti
7 Transforming Care
   - The global care reform movement
   - Legislative and policy framework
   - Moving towards family and community-based care
   - Progress in transforming care systems
   - Moving away from sending volunteers to orphanages
Summary

Over the years many kind and well-intentioned people have volunteered in orphanages. They have done so in order to help some of the world’s most vulnerable children. However increasingly it is being recognised that volunteering and voluntourism in orphanages may cause more harm than good, and there is now a global movement working to end the practice.

Contrary to popular belief, most children who live in orphanages are not actually ‘orphans’ but have at least one living parent and extended family members available to care for them. Yet an estimated 8 million children currently live in institutional care worldwide. The principal drivers of this institutionalisation are poverty and discrimination. Children with a disability and those who are from a minority group are at specific risk. Armed conflict, natural disasters and national emergencies make all children particularly vulnerable.

Research has shown that both volunteerism and volunteering have contributed to this growth as orphanages are created to meet the demand from well-meaning tourists, volunteers and donors. Parents are being persuaded, and sometimes forced, to place their child into institutional care in the hope that they will get adequate food, a good education and proper healthcare.

Living in an orphanage or institution can significantly impair a child’s development and future life chances. Many do not receive the education and health care promised. Growing up in an orphanage from an early age can lead to attachment disorders resulting from the lack of a consistent carer and a continued turnover of staff that mean a child learns not to trust or build relationships. Many also experience abuse, exploitation and trafficking.

Volunteering itself can significantly increase these harmful effects of institutionalised care. Many children living in orphanages have been separated from their caregivers and can be extremely distressed. Some may be traumatised and require specialised care. The most often-transient nature of volunteering in orphanages can intensify a child’s feeling of abandonment and loss increasing the risk of attachment disorders. Most volunteers do not have the required skills to meet the needs of very vulnerable children.

Increasingly there is a global shift in policy and practice away from supporting orphanages towards enabling family and community-based care where the best interests and rights of the child can be better protected. Governments, NGO’s and international child protection specialists are working to develop deinstitutionalisation strategies to prevent family separation and to enable family reunification when possible. These strategies include the development of inclusive education, health, housing and social welfare services. Income generation initiatives, targeted supports for families and communities together with a range of alternative care options including kinship and foster care arrangements, community group homes and adoption. This movement is underpinned by key international human rights instruments, including the UNCRC and UNCRPD, and supported by EU policy. Building or renovating long-stay residential institutions is excluded from funding under the European Structural and Investment Funds, regardless of their size.
This global care reform requires the support of Irish Aid and the Department of Foreign Affairs with the development of a robust policy statement stating that the best interests and rights of the child are protected within a family environment and supported by community-based services; and the allocation of resources to volunteer sending agencies, development organisations and development education actors to support and enable this progressive change. Transforming care at the global level also requires continued and expanded support from the EU within its policy frameworks and funding regulations.

There is a need for greater public awareness of the negative impacts of volunteering and voluntourism in orphanages and a commitment to support child-safe and responsible volunteering. Volunteer sending agencies and other international development actors need to work in partnership with communities, local and national authorities and government departments to support the change from the institutional model of care to family care and community-based services.
Recommendations

Department of Foreign Affairs & Trade / Irish Aid

Develop a policy statement to:

- State that the best interests and rights of the child are best protected within a family environment and supported by community-based services, and to promote the UN Alternative Care Guidelines.
- Highlight the specific harm and risks arising from international volunteering in orphanages, including the risks of sexual abuse and trafficking.
- Provide a commitment to work to end the global institutionalisation of children.

Allocate funding and resources to:

- Support the global movement to transform care from the institutional model to family care and community-based care services.
- Irish volunteer sending agencies currently working with orphanages to support them to transition away from sending volunteers in a responsible manner, and where appropriate to enable them to support their international partners to move to family and community-based care.
- Irish NGO's international programmes to promote and support de-institutionalisation strategies.
- Irish NGO's to bring awareness and understanding of the causes of institutionalisation of children; and the need for responsible, responsive and child safe volunteering through their development education programmes.

Support and advocate for:

- The inclusion of deinstitutionalisation strategies and support for family care, community-based services and alternative care standards as per UN recommendations into all relevant EU policy frameworks and programmes including the European Instrument for Democracy and Human Rights, the European Development Fund, Development Cooperation Instrument, EU Humanitarian Action Programmes and ERASMUS.
- The inclusion and further expansion of the conditionalities under the European Structural and Investment Funds (ESIF) (which currently require national deinstitutionalisation plans and prevent the use of ESIF funds for building or maintaining institutions) under the next programming period post-2020. These measures should include the prevention of institutionalisation, support the process to transition from institutional care to community-based living and the development of accessible community-based services such as housing, health, education and training, employment and transport.
- Ensure all EU funding instruments are not used to build, renovate or support institutions but to support the transition to family and community-based care.
Provide:

- Travel advisory on TravelWise smartphone app encouraging those travelling, living or working abroad to consider child safe volunteering @ www.thinkchildsafe.org and to consider responsible and responsive volunteering options @ www.comhlamh.org and www.facebook.com/volops.

Department of Education:

- Raise awareness of the negative impact of visiting and volunteering in orphanages including in school transition and immersion programmes.

Volunteer Sending Agencies & other NGOs:

- Don't send volunteers to work in orphanages.
- If currently sending, send only skilled volunteers that will work to build the capacity of the institution and other local partners, including staff, to engage with deinstitutionalisation strategies and support the move towards family and community-based care. Skilled volunteers hold a relevant qualification for working with children that has been issued by the national awarding body responsible for that sector, are specially trained to work with vulnerable and traumatised children and have been vetted by the National Vetting Bureau or Access NI.
- Transition away from sending all volunteers in a responsible manner that does not put children at further risk and work in collaboration with local partners.
- Disseminate this report and Comhlámh’s materials on responsible and responsive volunteering.
- Work with communities, local projects and services, national authorities and government departments to support measures to prevent family separation, support families and communities, enable family reunification and community reintegration and the development of inclusive universal and targeted services, including health, education and social services.
- In humanitarian settings actively work to prevent the separation of children from their parents and families and support reunification at the earliest possible juncture in line with the best interests of the child and key international standards.
- Include learning resources and group discussion to develop awareness and understanding of the outcomes of institutionalisation on children, the negative impacts of volunteering in orphanages and the global care reform movement in all development education programmes and materials.

Faith-Based Organisations:

- Disseminate this report and Comhlámh’s materials on responsible and responsive volunteering.
Support the transformation from institutional care to family and community-based care; ring-fence and redirect funding from orphanages to initiatives that support families within their community and prevent separation; family reunification programmes and alternative care arrangements

**Comhlámh’s Code of Good Practice Supporter Network**

- Disseminate this report and Comhlámh’s materials on responsible and responsive volunteering.
- Teaching unions: Engage with teachers on the issues involved in school trips to orphanages.

**Department of Defence/UN Training School Ireland**

- Introduce child-safe guidelines, including guidance for Irish troops not to visit, volunteer or provide funding to orphanages.

**Sporting Bodies:**

- Introduce child-safe guidelines, including guidance for sporting organisations and groups not to visit, volunteer or provide funding to orphanages.

**General Public:**

- Put children first and pledge not to volunteer in an orphanage. Support the ‘Love you Give Campaign’ @ [www.loveyougive.org](http://www.loveyougive.org)
- Check out and only accept volunteering options that are responsible and responsive, where the local community have identified the needs and the volunteering opportunity will develop shared learning and have a sustainable impact @ [www.comhlamh.org](http://www.comhlamh.org) and [www.facebook.com/volops](http://www.facebook.com/volops)
Introduction

Volunteering plays a key role in working to strengthen civic engagement and deepen solidarity, address social injustice, build resilience in the face of multiple local and global challenges and ensure widespread participation in development.¹ Over the years many well-intentioned people have volunteered in orphanages and have done so to help some of the world's most vulnerable children. However, increasingly, it is being recognised that volunteering in orphanages causes more harm than good, involves significant child protection risks, and there is now a global movement working to end the practice.

There is also a growing global momentum to end the institutionalisation of children and move to family and community-based care services to ensure the protection of children’s rights and to enable more quality life outcomes for each child. Decades of research have identified the negative impacts of institutional care on a child’s development and welfare. The best interests of the child have been shown to be protected by growing up in a family environment. Most children can live with their families, with additional supports provided if needed. When this is not possible, alternative care including kinship, foster care and community group homes that are small with a family-style environment and located close to the child’s original community should be provided.

Supports to strengthen and protect families, the development of inclusive health, education and social services and the provision of child-centred alternative care placements are now best practice within international development contexts and human rights frameworks. Many governments are working to reform their child protection and care systems accordingly. However, some countries’ efforts are being undermined by continued support for orphanages through international volunteering, voluntourism and donations.

This report provides an overview of the negative impact of institutional care on children and how international volunteering is working to perpetuate the problem of orphanages worldwide; details the global shift in policy and practice away from the institutional care model to supporting families and community services; and features best practice in working to support this transition. This report also makes a number of recommendations for different stakeholders so that people in Ireland can be part of this progressive change.

¹ Comhlámh ‘Mobilising for a socially just, equitable and sustainable world: Strategic Plan 2017 – 2021’ https://comhlamh.org/about-us/#1541004937691-1f012310-7763
Definitions

Orphanage/ institution:
"An institution is a residential care facility where an institutional culture prevails. The size of the institution matters, but is not the only defining feature. The children are isolated from the broader community and are compelled to live with strangers. These children and their families do not have sufficient control over their lives and over decisions which affect them. Crucially, the requirements of the organisation itself tend to take precedence over the children's individual needs." 2

"An institution would include at least one (often more) of the following key factors that research evidence shows result in harm to children, including:

- Children are arbitrarily separated from their parents (and often their siblings) and raised by personnel who are paid to care for them, and who usually work shifts
- Large numbers of unrelated children live together in the same building or compound
- The child does not have the opportunity to form a healthy emotional attachment to one or two primary caregivers
- The setting is isolated from the broader community and is distinctly identifiable as being outside the broader community (by the use of high walls or fences, barbed wire, guards on the gate, provision of school on site, inter alia)
- Contact with the birth and extended family is not actively encouraged or supported, and is at times discouraged
- Care is generally impersonal and the needs of the organisation come before the individual needs of the child. This often leads to a range of neglectful behaviours on the part of personnel (e.g., children are not fed sufficiently, babies are left in soiled nappies for long periods) and the use of restrictive or dangerous measures to control children’s behaviour (such as severe physical punishment, tying up children or the use of psychotropic drugs, inter alia). “3

Orphanages may also be known as children’s homes, children’s villages or centres.

Orphanage volunteering and tourism:
For the purpose of this paper, the term "volunteer" is understood to include individuals from NGOs, faith-based organisations, immersion programmes, gap years, university societies and corporate or private sectors; and south-south, diaspora, reciprocal, online, local, international and youth volunteering as well as individuals from the voluntourism sector. Comhlámh and the OWG recognise that there are similarities and differences between "voluntourism" and “volunteerism”. However, one of

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https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes

3 https://www.wearelumos.org/what-we-do/issue/orphanage-institution/
the core issues which this paper seeks to address is the impact of people visiting or volunteering with or in institutions, and the risks this poses for the welfare and well-being of vulnerable children. Volunteering in an orphanage can include day or short-term visits, sometimes associated with gifts and performances, or longer-term placements at the institution where a volunteer cares for or interacts with the children daily for a period of time.

**Negative impacts of institutionalisation on children**

Currently, there are an estimated eight million children living in orphanages, and more than 80% of these children are not orphans, having at least one parent living. The principal causes of this institutionalisation are poverty, marginalisation and discrimination. In particular, children with a disability or those who are from a minority group are at specific risk. Armed conflict, natural disasters and national emergencies make all children particularly vulnerable.

*After my father died, this man came on a bodaboda (motorcycle taxi). He told my mother that he knew a place where I could stay and also go to school. I came with him to this place.*

Male aged 24, Kenya, in conversation with Maintain Hope

**Impact on development and health**

The negative effects of institutional care on children’s development, including the risks of long-term physical and psychological harm, are well documented. Children who have grown up in institutions often exhibit significant cognitive and developmental delays. With regard to brain development, the Bucharest Early Intervention Project evidences that young children brought up in institutions had considerably under-developed brains when compared to those placed with foster families. Studies have also researched the effects of institutionalisation on the physical development and health on children including weight, height and head measurements below average, hearing and vision problems, motor skill delays and missed development milestones. Health issues and disabilities can be further exacerbated or result from institutional care. In a study of children under three discharged from

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institutions, the mortality rate for babies with disabilities was found to be 100 times higher than babies without disabilities, and 28% of children with disabilities had been 'discharged' because they had died.⁹ These figures show the extreme vulnerability of this particular group.

**Attachment Disorders**

Children with experience of institutional care in early life are at further risk of developing attachment disorders.¹⁰ Children living in institutions may be extremely vulnerable, not least because many experience ongoing trauma because of separation from their families. Consistent care and love from a parent/long-term caregiver are core to a child’s development, including the child’s ability to develop healthy relationships. Institutions are often characterised by low staff to child ratios, a high turnover of staff (including volunteers) and limited contact with parents or family members. As a result, children with experience of institutional care can struggle in developing healthy social relationships and may present with attachment disorders and unhealthy behaviour, including arbitrary overfriendliness and uninhibited responses, or severe reactions to strangers. Not only are children in orphanages denied the parental bond, but they are also often kept separated from their siblings and the wider family network, and experience high levels of social isolation.

“I haven’t seen my brothers since five years.”
Female aged 21, Kenya, in conversation with Maintain Hope

“I just stayed out of trouble and didn’t speak so that nobody would notice me.”
Male aged 19, Kenya, in conversation with Maintain Hope

**Risk of abuse, neglect and exploitation**

Growing up in an orphanage leaves children vulnerable to physical, sexual and emotional abuse and neglect, often by those responsible for their care.¹¹ The UN World Report on Violence against Children details abuse perpetrated by staff members against children in care institutions. Such violence includes "verbal abuse, beatings, excessive or prolonged restraints, rape, sexual assault or harassment".¹² The report also highlights the use of violence as a form of 'treatment' for children with disabilities, including

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the use of electric shocks and drugs to control children's behaviour.  

"After school the boys were sent to the forest to collect firewood. If the Forest Guards found us they would beat us. Once they broke Stephen’s arm. He was told to say that he fell from the swing."

Male aged 24, Kenya, in conversation with Maintain Hope

Neglect leads to malnutrition, particularly for young children and children with disabilities who need extra time and support to eat. Hearing and vision are specifically impacted by the lack of food, together with the overall immune system, and illness is often left undiagnosed and untreated. The lack of monitoring and inspection are critical factors in the levels of violence and abuse perpetrated.

“When the Children Officer came, she spent the morning in the office drinking chai with the director. She never inspected the dormitories.”

Male aged 22, Kenya, in conversation with Maintain Hope

"Some people got meat every day. We were told it was because they were positive (HIV). Imagine, they were actually cousins of the director."

Female ex-volunteer at children’s home, Kenya, in conversation with Maintain Hope

Children in orphanages are often exploited and used to attract funding from donors, volunteers and tourists. Reports from countries such as Haiti, Cambodia, Nepal and Uganda have shown the establishment of orphanages has become a lucrative business for the owners with children being forced to perform and undertake activities in order to attract further fee-paying tourists. Many children experience forced labour and begging; many others suffer systemic sexual abuse. There are also cases of orphanages being targeted by ‘organ harvesters’; and instances of child traffickers paying for a child.

Life chances of children who grow up in orphanages

Generally, the life chances of children who grow up in orphanages can be significantly poorer than for others. Many children in orphanages do not get the promised access to education and typically gain

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lower levels of literacy and numeracy. Insecure attachment to adult caregivers at the childhood stage is linked to behavioural difficulties and mental health issues such as depression and anxiety in later life. Children who live in orphanages often experience stigma and discrimination during and after their time in care and many struggle to integrate into community life, having had little or no opportunity to develop the necessary social and life skills and support networks. There are few supports provided to care leavers to aid the transition to independent living.

“When I turned 18 I was called to the office. She gave me a letter telling me that I had one week to find some place else to live.”
Male aged 24, Kenya, in conversation with Maintain Hope

Young adults raised in institutions are 10 times more likely to be involved in prostitution as adults, 40 times more likely to have a criminal record and 500 times more likely than their peers to commit suicide.

“I haven’t told my friends that I came through the hands of a Children’s Home.”
Female aged 26 Kenya, in conversation with Maintain Hope

“In primary school we had to clean the latrines and pick the litter.”
Female aged 19, Kenya, in conversation with Maintain Hope

Institutional care also works to place children and young people at risk of exploitation as many children grow up with little or no awareness of their rights and are institutionalised to follow orders. Fundamental civil rights, including inheritance and property rights, are at specific risk.

“My uncle grabbed my grandmother’s plot while I was in the shelter.”
Male aged 24 Kenya, in conversation with Maintain Hope

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18 Save the Children (2009) ‘Keeping Children Out of Harmful Institutions’
https://resourcecentre.savethechildren.net/node/1398/pdf/1398.pdf

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/fulltext


https://lumos.contentfiles.net/media/documents/document/2017/02/Lumos_-_The_Time_is_Now.pdf

https://resourcecentre.savethechildren.net/node/1398/pdf/1398.pdf

Orphanages and child trafficking

The US 2018 Trafficking in Persons Report specifically addresses the links between the institutionalisation of children and trafficking.24 The report highlights how children in orphanages can be easy prey for traffickers who exploit the lack of parental care, supervision and attachment and the levels of social isolation. The report outlines how some institutions, including in Oceania, Central America and Eastern Europe, directly operate as brothels, and details instances of forced labour including for construction projects and domestic work.

The report also focuses on the issue of ‘Child finders’ who target communities affected by poverty, discrimination, war or natural disaster with promises of education, health services, food and safety but instead coerce the children to fundraise through performances and/or interaction with donors, with many kept in ill health to extract further donations. Traffickers recognise the increased vulnerability of care leavers and often target children who are being aged out or leave orphanages. 25

Negative impacts of volunteering in orphanages

Increases the harm caused by institutionalisation

International volunteering in orphanages is now recognised as increasing the harm caused by and perpetuating the problem of institutional care.26 Children living in institutions may be extremely vulnerable, not least because many experience ongoing trauma because of separation from their families. Volunteers often do not have adequate knowledge and professional skills to respond appropriately to their needs. As previously mentioned, growing up in an orphanage from an early age can lead to attachment disorders, resulting from the lack of a consistent carer and a continued turnover of staff that means a child learns not to trust or build relationships. By their very nature, short-term

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24 U.S Department of State Office to Monitor and Combat Trafficking in Persons 2018 Trafficking in Persons Report, page 22

25 U.S Department of State Office to Monitor and Combat Trafficking in Persons 2018 Trafficking in Persons Report, page 22

Better Volunteering Better Care Network ‘Orphanage Volunteering – Why to say no’
volunteer placements put children at further risk of developing these attachment issues. As Nigel Cantwell, the international child protection expert, states:

"Increasing recourse to unqualified and unvetted short-term volunteers in ‘orphanages’ has had devastating effects: more children living in institutions (corresponding to more children being unwarrantedly separated from their families), vulnerable children being exposed to various forms of abuse, in contexts where regulations are weak, with norms and minimum standards rarely being met. Furthermore, the constant succession of foreign faces in these institutions fuels attachment disorders, as well as a feeling of serial abandonment among children."

**Creating a demand for orphanages**

Research also shows that the practice of international volunteering in orphanages in the Global South has become so popular that it is creating a demand, leading to the unnecessary separation of children from their families and communities. As previously noted, orphanages can often be profit-making operations. Volunteering in institutions provides a funding stream, creating a market and a demand for children to populate orphanages to ensure the continued flow of international money. This diverts focus from, and potential financial support for, community-based supports, services and enterprise initiatives which would enable the child to remain in the home. Faced with dire poverty, or the lack of necessary supports, health services and facilities, many parents feel they have no other option but to send their children away in the hope that it will give them a better future.

Often owners purposely neglect the children, keeping them hungry and in poor conditions in order to receive more donations from visiting tourists and unsuspecting, well-intended volunteers. Children themselves are used as fundraisers for the ‘orphanage’, performing for tourists or selling T-shirts with drawings by ‘orphans’ to visitors. The advertising of ‘orphanage tours’ is also standard practice.

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28 Cantwell, N & Gillioz E W ‘The orphanage industry: Flourishing when it should be dying’ in the Scottish Journal of Residential Child Care ISSN 1478 – 1840, page 6 https://bettercarenetwork.org/sites/default/files/2018_Vol_17_1_Cantwell_N_The_orphanage_industry.pdf
“Sometimes we assembled for many hours waiting for the wageni (guests) to arrive. Then we sang and danced and they made pictures. We had to hug and kiss them all before we could go to bed.”

Female aged 21, Kenya, in conversation with Maintain Hope

As previously mentioned, the orphanage industry is becoming increasingly recognised globally as a form of trafficking. International volunteering and voluntourism have been identified as key factors fuelling this industry and the associated child trafficking networks. As the U.S 2018 Trafficking in Persons Report highlights:

"the profits made through volunteer-paid program fees or donations to orphanages from tourists incentivize nefarious orphanage owners to increase revenue by expanding child recruitment operations in order to open more facilities. These orphanages facilitate child trafficking rings by using false promises to recruit children and exploit them to profit from donations. This practice has been well-documented in several countries, including Nepal, Cambodia, and Haiti."33

**Child safeguarding risks**

International volunteering in orphanages presents significant child safeguarding issues. The majority of people have good intentions but may not realise that many of the institutions are putting the children at increased risk of abuse and exploitation by normalising access to vulnerable children. Predators looking to access children often specifically target orphanages.34 State authorities and NGO’s have identified significant links between volunteering and child sex tourism due to the particular vulnerability of children.35 As a result of the lack of regulation and child protection policies, the accessibility and ‘open door’ policies of many orphanages; and the turnaround of volunteers, there is increased risk of individuals sexually exploiting resident children.36

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Before the 2015 earthquake, approximately 15,000 children were in institutional care facilities or 'child care homes' in Nepal with more than 85% having at least one living parent. The most recent government report estimated over 16,500 children are now living in orphanages. However, this estimate only covers registered settings and so the real figure is likely to be considerably higher. National policy sets standards for the operation of child care homes in Nepal and emphasises that institutional care should be the last resort, yet reports indicate that institutionalisation has fast become the first response with few child care homes meeting minimum criteria.

Many institutions in Nepal are run without a clear mandate from the government, funded by foreign donors and charities, and supported by fee-paying volunteers and tourists. The lack of regulation and monitoring has enabled the rise of orphanages as profit-making businesses with children frequently left in poor living conditions and malnourished states in order to attract more donations. Children are often denied contact with their parents and coerced to keep silent about their family to potential donors. Additionally, there are accounts of children being issued with false documentation. NGOs have long highlighted the psychological, cognitive and physical effects of institutionalisation on children in Nepal and reported on the prevalent level of abuse including beatings, sexual abuse and rape by orphanage staff.

owners and staff.\textsuperscript{45} Government reports have documented incidents of sexual abuse by international volunteers.\textsuperscript{46}

The increase in the institutionalisation of children in Nepal stems from the 10-year civil war following the Maoist revolt. Traffickers targeted families at risk in rural areas with promises of safety and education and succeeded in convincing parents to let them bring their children to Kathmandu. Once there, the children were placed in orphanages, with many kept in unhealthy conditions, ill-treated and denied access to schools. Many were starved to attract donors, volunteers and potential adoptive parents, and then forced to beg for survival. Many became ‘paper orphans’ - their identities changed, false documents issued and illegal adoptions organised. Following a clampdown on inter-country adoption from Western European states and the end of the civil war, traffickers moved to exploit the ongoing poverty, food insecurity and the risk of natural disaster by again targeting rural communities to separate children from their parents.\textsuperscript{47}

Orphanage trafficking is now widespread across Nepal. The 2015 earthquake placed children at further risk of being displaced and exploited, as evidenced by the U.S 2017 Trafficking in Persons Report:

"Under false promises of education and work opportunities, Nepali parents give their children to brokers who instead take them to frequently unregistered children’s homes in urban locations, where they are forced to pretend to be orphans to garner donations from tourists and volunteers; some of the children are also forced to beg on the street. Many Nepalese, including children, whose home or livelihood was destroyed by the 2015 earthquakes continue to be vulnerable to trafficking. Traffickers increasingly utilize social media and mobile technologies to lure and deceive their victims."\textsuperscript{48}


Country Profile: Cambodia

Cambodia has seen a rapid institutionalisation of children, with a 75% increase in the number of orphanages between 2005 and 2010, resulting in 269 institutions.\(^49\) This figure only reflects facilities registered with the Ministry of Social Affairs, Veterans and Youth Rehabilitation so actual numbers could be much higher. The number of children in residential care also increased sharply from 6,254 to 11,945 between 2005 and 2010.\(^50\)

Of the estimated 16,000 children currently living in orphanages in Cambodia, 77% have one or both parents alive, and more have living grandparents.\(^51\) This institutionalisation is contrary to national policy, which states that residential care should be the last resort and a temporary solution.\(^52\) The majority of these orphanages are run by private and often faith-based organisations, and regulation is extremely difficult given the surge in numbers and lack of registration. The main reason for children being placed in orphanages in Cambodia is poverty. Traffickers recruiting for orphanages target poor communities and families with promises of food and education, with some recruiters known to pay parents for their child.\(^53\) Traditional and family-based care structures are being quickly eroded by what is now being termed as the ‘orphan industrial complex’.\(^54\)

“It is very hard to leave, in one minute you miss your child, you work but your emotions are with your child, you work but your soul is with your child. When I think of this I want to cry. If we had enough we would never have gone. It is not that we don’t love our children.”

Father of a child living in residential care, Cambodia, in an interview: ‘Study of Attitudes on Residential Care in Cambodia’\(^55\)

This orphanage industry in Cambodia places children at significant risk of neglect through lack of food and education and poor living conditions, forcing them to beg and perform for income.\(^56\) Children are

\(^{50}\) UNICEF ‘Cambodia Issue Brief: Alternative Care – Keeping Children in Families’ https://www.unicef.org/cambodia/research-and-reports (downloaded through E-Document Centre)
\(^{51}\) Cantwell, N & Gillioz E W ‘The orphanage industry: Flourishing when it should be dying’ in the Scottish Journal of Residential Child Care ISSN 1478 – 1840, page 5
https://bettercarenetwork.org/sites/default/files/2018_Vol_17_1_Cantwell_N_The_orphanage_industry.pdf
\(^{52}\) UNICEF (2011) ‘Residential Care in Cambodia’ https://www.unicef.org/cambodia/research-and-reports (downloaded through E-Document Centre)
\(^{54}\) Cantwell, N & Gillioz E W ‘The orphanage industry: Flourishing when it should be dying’ in the Scottish Journal of Residential Child Care ISSN 1478 – 1840, page 5
https://bettercarenetwork.org/sites/default/files/2018_Vol_17_1_Cantwell_N_The_orphanage_industry.pdf
sometimes left to live in squalid conditions in order to attract more donations from funders, volunteers and tourists, and are put at specific risk of physical, emotional and sexual abuse as staff and volunteers are rarely subject to background checks.

“The staff get angry when we get homesick and want to run away from the centre.”
Child in residential care, Cambodia, in a focus group discussion: ‘Study of Attitudes on Residential Care in Cambodia’

It has been found that children who spend long periods in institutional care in Cambodia experience significant difficulties when trying to reintegrate back into the community. They may have dependency issues, lack critical social skills, struggle to find employment and experience discrimination.

“I don’t know how to live in society.”
Child in residential care, Cambodia, in a focus group discussion: ‘Study of Attitudes on Residential Care in Cambodia’

“I never think about marriage. I do not have enough money to get married. If I had stayed in the village I might have been able to get married. I do not have a lot of friends; my only friend is someone who used to be a teacher at the orphanage. I feel lonely. I would like to be a normal person.”
Adult graduate of residential care, Cambodia, in an interview: ‘Study of Attitudes on Residential Care in Cambodia’

**Country Profile: Haiti**

Following the 2010 earthquake, Haiti saw a 150% increase in the number of orphanages, and there are now approximately 30,000 children living in institutions with 80% of these estimated to have at least one living parent. The orphanages are mostly privately run with less than 15% of the operations registered with the Haitian authorities. The lack of regulation means that adequate and appropriate child safeguarding systems are not in place for the majority of orphanages. There is now what is termed an ‘orphanage-crisis’ not an ‘orphan-crisis’, as international support for orphanages works against national efforts to strengthen families and communities and develop child protection and social welfare

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57 Cantwell, N & Gillioz E W 'The orphanage industry: Flourishing when it should be dying' in the Scottish Journal of Residential Child Care ISSN 1478 – 1840 [https://bettercarenetwork.org/sites/default/files/2018_Vol_17_1_Cantwell_N_The_orphanage_industry.pdf](https://bettercarenetwork.org/sites/default/files/2018_Vol_17_1_Cantwell_N_The_orphanage_industry.pdf)


60 UNICEF (2011) 'Residential Care in Cambodia' [https://www.unicef.org/cambodia/research-and-reports](https://www.unicef.org/cambodia/research-and-reports) (downloaded through E-Document Centre)


Lumos, a UK based organisation that works to end the institutionalisation of children around the world, has researched the nature and scale of abuse and trafficking associated with orphanages in Haiti. Their report ‘Orphanage Entrepreneurs: The Trafficking of Haiti’s Invisible Children’ documents active recruitment of children away from their parents with promises of food, education and a better life overall. Many of these children end up living in appalling living conditions, with little access to food, drinking water or sanitation; they can also be subjected to maltreatment, abuse and beatings. Many are purposely left malnourished and without medical treatment in order to attract donations from individual volunteers, tourists, churches and charities. Some are recruited for the purpose of illegal adoption; some are subjected to horrific neglect and cruelty.

The research records specific accounts of children being subjected to sexual abuse, including by orphanage owners and by foreign nationals. It details parents seeking to reclaim their children being refused access or unable to locate their children within the orphanages. In one case, a mother, trying to take her daughter back, is repeatedly beaten by the ‘pastor’ who owns the orphanage until she successfully reclaims her child. Children have gone missing with evidence either that they have been sold or have died in the institution, yet there are few prosecutions and the lack of regulation means that orphanage owners continue with impunity.

**Transforming Care**

**The global care reform movement**

Increasingly there is a global shift in policy and practice away from supporting orphanages and towards enabling family and community-based care where the best interests and rights of the child can be better protected. International child protection specialists including Save the Children and UNICEF;

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63 Lumos (2017) Funding Haitian Orphanages at the Cost of Children’s Rights  

64 Lumos (2016) Orphanage Entrepreneurs: The Trafficking of Haiti’s Invisible Children  

65 Lumos (2014) 'In Our Lifetime: A Global Conference to End the Institutionalisation of Children' Conference Report  
https://lumos.contentfiles.net/media/documents/document/2017/02/Lumos_-_The_Time_is_Now.pdf

66 Rebecca Smith, Save the Children (2018) Orphanages are not the solution  
Save the Children (2007) 'A last resort - The growing concern about children in residential care'  
governments together with other NGOs and civil society actors, are working to support the move from the institutionalisation of children to family caregiving settings or alternative care placements that are child-centered and meet best practice standards.

The EU has also committed to end institutionalisation and to provide support for family and community-based care in line with children's best interests. The European Commission ex-ante conditionality stipulates that countries receiving funding under European Structural and Investment Funds cannot use them to build or maintain institutions and must be working to develop national deinstitutionalisation strategies. As Neven Mimica, European Commissioner for International Cooperation and Development recently stated:

"We know that children thrive best in families and communities, not in orphanages and institutions that are not providing the love and care that every child needs. The EU plays a key role in ensuring that no child is left behind. Prevention, inclusion, quality services and awareness are the key elements needed to succeed and to counter child abuse and neglect. It's not because it's difficult that we should not dare!"

There is also increased recognition of the recruitment of children into orphanages for the purposes of exploitation to be seen as a modern form of slavery. Australia is the first country to recognise orphanage trafficking as a form of modern slavery. The legislation that came into effect in January of this year requires companies to complete a modern slavery statement identifying any risks of trafficking and slavery associated with their supply chains, including the risks of trafficking and exploitation of children.

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68 Lumos (2014) 'Ending the Institutionalisation of Children – the Time is Now' [https://lumos.contentfiles.net/media/documents/document/2017/02/Lumos_-_The_Time_is_Now.pdf]


in orphanages. Campaigners in the UK are now calling for similar provisions to be introduced in a review of its Modern Slavery Act.

Legislative and policy framework

Key international human rights instruments provide the framework for global care reform. The UN Convention on the Rights of the Child (UNCRC) provides for the right of all children to know and to be cared for by his or her parents where possible (Article 7). The UNCRC states that a child should not be separated from his or her parents unless it is in her or his best interests (Article 9); but if separated is entitled to special protection and assistance provided by the State, including alternative care placements which are appropriate for the child’s upbringing and ethnic, religious, cultural and linguistic background (Article 20). The UN Guidelines on the Alternative Care of Children sets out recommendations for the implementation of UNCRC provisions regarding the protection and well-being of children deprived of parental care or those at risk of, including efforts to support children to remain or reunite them with their family. The UN Convention on the Rights of Person with Disabilities (UNCRPD) provides that states recognise and facilitate the right of all persons with disabilities (including children) to live in the community (Article 19). The UNCRPD obliges states to ensure that children with disabilities have equal rights with respect to family life by providing early and comprehensive information, services and support to children with disabilities and their families (Article 23).

Moving towards family and community-based care

Deinstitutionalisation is the process of moving away from childcare systems based on large institutions towards a range of integrated family-based and community-based services. It is important to understand this does not mean just removing children from orphanages but is a systematic process resulting in less reliance on institutional care and an increase in services that aim to keep children in their families and communities. Deinstitutionalisation strategies involve developing accessible universal services including health, education, community and childcare facilities and antenatal and postnatal services at the local level, which are inclusive of the needs of children with disabilities. It also involves the development of targeted services, including child protection, social care and family support services; specialist services for children with disabilities; housing support and income generation initiatives and a range of alternative care options including kinship care, foster care, adoption and community-based group care homes.

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72 https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=r6148
The approach is to prevent family separation in the first place, support family reunification and community integration where possible and provide for alternative care options based on a full assessment of what is in the best interests of each child, in line with the principles of necessity and suitability. Deinstitutionalisation requires advocacy for legislative and policy reform and communications strategies; careful analysis and planning, adequate funding, a multi-disciplinary approach, the engagement of local community structures, the support of relevant NGOs and the full participation of the children and family members in the decision-making process.\(^7^8\)

The UN Guidelines for the Alternative Care of Children give primacy to supporting efforts to keep children in or return them to, the care of the family.\(^7^9\) In situations where this is not possible and not in the best interests of the child, the UN Guidelines promote a range of formal and informal alternative care options including kinship and foster care, adoption and kafala of Islamic law. With regard to residential care, the UN Guidelines specify:

"Facilities providing residential care should be small and be organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation. Their objective should generally be to provide temporary care and to contribute actively to the child’s family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting, including through adoption or kafala of Islamic law, where appropriate."\(^8^0\)

There is a danger of making a separation between children with disabilities or particular needs and all other children. Children with disabilities have the same needs and rights as all other children but may have specific requirements in order to access those rights. Children with complex needs may require specialist services that cannot be provided by the family. However, best practice recommends that community-based support be provided for the child to remain within the home, with specialist residential care being considered as a last resort and for the shortest time possible with reintegration supports available.\(^8^1\) As with all children, if long-term residential care is needed for a child with a disability, it should be within small family style units and as close to the child's family as possible. This issue needs to be prioritised since children with disabilities are more vulnerable to abuse but tend to be left until last in the deinstitutionalisation process.\(^8^2\)

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The determination of the most appropriate form of care for a child should take place through recognized procedures by a multidisciplinary team and in full consultation with the child, according to her/his evolving capacity and with her/his parents or legal guardians; and include detailed assessments, planning and review structures, and legal safeguards if appropriate.83

Providing family supports, community services and alternative care options is more cost effective than institutional care. A report by Save the Children outlines how institutional care can be up to 12 times the per capita cost of community-based care options.84 Maintain Hope, an Irish NGO working in Kenya has worked to support the return of children into family or community-based care settings. Their analysis of their budget for their work in Ngong in Nairobi highlights the benefits for children's health, education and wellbeing, and in terms of the financial cost.

“Twenty-two children, previously supported in an institution, have been supported in a family/community setting since 2016. The institution has since been closed by the authorities. The cost of supporting the children in the institution was €41,000 per annum or €1,863 per child. The average cost per child, per year, since 2016, is €545. This is a cost reduction of 71%. The saving has enabled this organisation to support an additional 15 vulnerable children in their own communities. The most significant savings are in rent/utilities and staff salaries. We still pay some or partial household rent and also subsidise food and utilities in family settings. There has been no diminution in the services provided to the children and their general health has actually improved and they are reported as attending school more regularly and performing well within their ability range.” Maintain Hope

Deinstitutionalisation requires the ring-fencing and redirecting of funding and other resources from institutions to the newly established services in order to ensure their sustainable development. Dedicated resources are needed to support the transition from institutional care in order for each child to return to and settle with her/his direct family or extended family members; or to be successfully placed with foster care parents or in community-based group homes.

The Umbrella Foundation Ireland supports reintegration programmes in Nepal. The Foundation highlights the importance of taking a long-term approach, which is based on the best interests of the child and which includes adequate resources to support families. These resources should include the allocation of social workers, reintegration officers, and financial assistance where necessary, as well as sufficient mechanisms for monitoring and post-integration supports to ensure children’s best interests are being protected and to safeguard against any risk of trafficking.85

85 The Umbrella Foundation: Reintegration - What is it? http://umbrellanepal.org/reintegration/
Progress in transforming care systems

Deinstitutionalisation strategies have brought about significant reductions in the number of children living in institutional care.\(^{86}\) In Moldova, the number of children in institutions reduced by nearly 70% between 2007 and 2013, a reduction supported by clear national strategies, the commitment of key stakeholders and the redirecting of finances from residential care settings to community-based services.\(^{87}\) The Czech Republic saw a near 20% reduction over six years helped by a change in legislation that aimed to prevent admissions to institutional care and support children to stay with their families.\(^{88}\) With the setting up of the Alternative Family Care Task Force in 2003, Khartoum has seen the number of children placed in alternative family care increase substantially and the mortality rates of children placed in the Maygoma orphanage reduced considerably.\(^{89}\)

Moving away from sending volunteers to orphanages

Increasingly, information on volunteering options, voluntourism and travel recommend that people do not volunteer or visit orphanages.\(^{90}\) The particularly adverse effects and child protection risks brought about by international volunteering in orphanages are now being recognised.\(^{91}\) As previously outlined, sending volunteers who are not skilled to work with children in institutional care settings is a child safeguarding issue and is not in the best interests of the child. It disrupts children’s attachment and

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\(^{86}\) Lumos (2014) ‘Ending the institutionalisation of children A summary of progress in changing systems of care and protection for children in Moldova, the Czech Republic and Bulgaria’

\(^{87}\) Lumos ‘Ending the institutionalisation of children A summary of progress in changing systems of care and protection for children in Moldova, the Czech Republic and Bulgaria’ page 4

\(^{88}\) Lumos ‘Ending the institutionalisation of children A summary of progress in changing systems of care and protection for children in Moldova, the Czech Republic and Bulgaria’ page 9

\(^{89}\) UNICEF Sudan ‘Technical Briefing Paper 1 Alternative Family Care’

\(^{90}\) The Love you Give Campaign [www.lovetyougive.org](http://www.lovetyougive.org)

normalises access to vulnerable children. Furthermore, volunteering in an orphanage creates a demand for the setting up of institutions and the recruitment of children.92 Children are being trafficked into orphanages in order to 'garner donations from tourists and volunteers'.93

Comhlámh and the members of the Volunteering and Orphanage Working Group recommend that volunteer sending agencies stop sending volunteers to orphanages. They should do so in a responsible manner that does not put children at further risk. Skilled volunteers may have a role in supporting local partners to build their capacity to meet best practice standards within deinstitutionalisation strategies and processes, but the sending of these volunteers should also be phased out. We define skilled volunteers in relation to two headings:

**Direct contact with children**: Skilled volunteers in this context hold a relevant qualification for working with children that has been issued by the national awarding body responsible for that sector, are specially trained to work with vulnerable and traumatised children and have been vetted by the National Vetting Bureau or Access NI.

**No contact with children**: Skilled volunteers in this context hold an identified qualification as above and/or skills and experience in providing management, capacity building or organisational supports. Skilled volunteers should be working solely in a capacity-building role to support deinstitutionalisation and should have the relevant expertise on deinstitutionalisation strategies and processes.

Comhlámh’s Code of Good Practice for Volunteer Sending Agencies ([www.codeofgoodpractice.org](http://www.codeofgoodpractice.org)) promotes child-safe volunteering and commits organisations that are a party to the Code to stop sending volunteers to orphanages. We will shortly be launching a public pledge campaign.

Comhlámh is a member of ReThink Orphanages Europe ([www.eu.rethinkorphanages.org](http://www.eu.rethinkorphanages.org)) and supports the Love You Give Campaign ([www.loveyougive.org](http://www.loveyougive.org))

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